# *Internal Operations and Performance Plan 2011 - 2014*

**California Department of Public Health**

**Ron Chapman, MD, MPH**

# Message from the Director

## July 2011

As the new Director of the California Department of Public Health, I am proud of the extensive work the department accomplished to develop the Internal Operations and Performance Plan, which ultimately strives to advance public health in California. CDPH experienced a number of changes during the strategic planning process that spanned Fiscal Year (FY) 2010-11. These changes directly affected the priorities and focus of CDPH during the latter half of FY 2010-11, culminating in the decision to release the draft Strategic Plan as the Internal Operations and Performance Plan. Furthermore, we will incorporate a number of changes into the Internal Operations and Performance Plan to better address the changing environment of Public Health, to reflect recent, significant influences, and to ultimately release a new CDPH Strategic Plan.

I would also like to thank our many external partners who contributed to the Internal Operations and Performance Plan, and look forward to our continued partnership moving forward. Together, we will continue to work towards fulfilling our CDPH vision of healthy individuals and families in healthful communities.

Thank you once again for all your hard work and dedication.

Sincerely,

Ron Chapman, MD, MPH

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## *Vision*

***Healthy individuals and families in healthful communities.***

## *Mission*

***The California Department of Public Health is dedicated to optimizing the health and well-being of the people in California.***

## *Goals*

1) Achieve health equities and eliminate health disparities
2) Eliminate preventable disease, disability, injury, and premature death
3) Promote social and physical environments that support good health for all
4) Prepare for, respond to, and recover from emerging public health threats and emergencies
5) Improve quality and availability of data to inform decision making that improves health
6) Promote the quality of the workforce and workplace
7) Promote and maintain an efficient and effective organization

## *CDPH Core Values*

In carrying out our Mission, we embrace the following values:

***Collaboration:*** We value our partners. We reach out to diverse groups and external stakeholders. We foster both internal and external collaboration. We empower and engage our staff.

***Competence:*** We strive for excellence in all that we do. We invest in our staff and value and reward competence.

***Equity:*** We foster policies and programs that promote fairness, social justice, equity, and cultural competence.

***Integrity:*** We adhere to high ethical and professional standards in our work and relationships. We are honest in our interactions and conscientious stewards of the resources entrusted to us.

***Respect:*** We treat all people with respect, courtesy, and understanding.

***Responsibility:*** We follow through on commitments. We hold ourselves and others accountable for results.

***Trust:*** We foster an atmosphere of trust by modeling consistent and professional behaviors and valuing them in others. We strive for transparency in our actions and communications.

***Vision:*** We seek new information and progressive solutions. We encourage innovation and creativity. We work in the present and focus on the future.

### *CDPH Core Activities*

CDPH achieves its mission through the following core activities:

- Promoting healthy lifestyles for individuals and families in their communities and workplaces.
- Preventing disease, disability, and premature death and reducing or eliminating health disparities.
- Protecting the public from unhealthy and unsafe environments.
- Providing or ensuring access to quality, population-based health services.
- Preparing for and responding to public health emergencies.
- Producing and disseminating data to inform and evaluate public health status, strategies and programs.

### *Ten Essential Public Health Services*

In order to implement our Core Activities, CDPH will effectively deliver these Ten Essential Public Health Services directly and/or through strong and effective partnerships. The Ten Essential Services have been further integrated into CDPH activities and decision-making process through their incorporation as one of three primary components of the Public Health Decision Framework. See Appendix E for additional information.

1. Monitoring health status to identify community health problems including health disparities.
2. Detecting and investigating health problems and health hazards in the community.
3. Informing, educating, and empowering people and organizations to adopt healthy behaviors to enhance health status.
4. Partnering with communities and organizations to identify and solve health problems and to respond to public health emergencies.
5. Developing and implementing public health interventions and best practices that support individual and community health efforts and increase healthy outcomes.
6. Enforcing laws and regulations that protect health and ensure safety.
7. Linking people to needed personal health services and ensuring the provision of population-based health services.
8. Assuring a competent public health workforce and effective public health leadership.
9. Evaluating effectiveness, accessibility, and quality of public health services, strategies, and programs.
10. Researching for insights and innovative solutions to public health problems.

# Introduction

The California Department of Public Health (CDPH) experienced a number of changes as it engaged in the development of its second Strategic Plan during Fiscal Year (FY) 2010-2011. During fall 2010, California had the latest budget passed in California history, followed by the change in Administration as Governor Brown took office in January 2011. Although the change in Administration was anticipated, CDPH had already extended the previous Strategic Plan and felt it was important to undertake the development of the next Strategic Plan. During this process, CDPH experienced three different Directors between February and June of 2011. As part of the Administration change, the new Director and Chief Deputies began on June 13, 2011.

Other environmental changes that directly influence the department also occurred. In addition to national and state influences described in the Appendices starting on page 34, such as the Public Health Advisory Committee, the California Health and Human Services Agency (CHHS) released in May 2011 an Independent Review[1] of the Department. This review assessed the organizational structure and management practices within CDPH and described eight specific findings for the department to address. Ultimately, the Independent Review provides CDPH with an opportunity to identify actions to strengthen the department, improve its effectiveness and enhance CDPH's ability to accomplish its vision and mission.

Finally, the Public Health Accreditation Board (PHAB) released the Public Health Accreditation Standards and Measures in early July. The Standards and Measures provide guidance to health departments wishing to prepare for accreditation by outlining the specific activities and corresponding documentation PHAB expects from public health departments. Ultimately, the accreditation process seeks to advance the continuous quality improvement of public health departments and thereby improve and protect the public's health.

Given the above environmental changes, CDPH has established this Internal Operations and Performance Plan, which has performance measures, objectives and targets for 2011-2014. This plan will serve as a transition document between the 2008-2011 CDPH Strategic Plan and a new, revised Strategic Plan that will incorporate recent environmental changes and influences. CDPH will engage in activities necessary to develop the next Strategic Plan and will establish a timeline for the next strategic planning process that reflects the influence of the CHHS Independent Review, the Public Health Advisory Committee Report and Public Health Accreditation.

[1]An Independent Review of the California Department of Public Health, Lynette Iwafuchi, CPA, Spring 2011 (http://www.chhs.ca.gov/Documents/An%20Independent%20Review%20of%20the%20California%20Department%20of%20Public%20Health-%20Spring%202011.pdf)

## Development of the CDPH Internal Operations and Performance Plan

The first CDPH Strategic Plan (2008-2011) identified performance measures for each of the five goals and reported on progress of the associated objectives each year. The goals and performance measures contained in the Internal Operations and Performance Plan (Plan) provide a focus on specific public health activities as well as alignment around a common purpose. In the development of this plan, many influences contributed to the priorities set forth. At the national level, particular influences included the Healthy People 2020 Initiative, the Centers for Disease Control and Prevention (CDC) Six Winnable Battles and Public Health Preparedness Capabilities, Determinants of Health, the Public Health Accreditation Initiative, and the Health Information Technology for Economic and Clinical Health (HITECH) Act. At the state level, particular influences included the previous experience with the 2008-2011 Strategic Plan, the CDPH Decision Framework, the Health in All Policies Initiative, the priorities for Healthy People 2020 as identified by the Public Health Advisory Committee, and diverse input from external and internal stakeholders. For more information about these national and state influences, see Appendix D: National Influences and Appendix E: State Influences.

Based on these national and state influences, CDPH identified seven overarching goals that encompass the range of CDPH activities that together support the Department's vision and mission. The performance measures under each goal represent activities to highlight and focus on over the next three years. While the Internal Operations and Performance Plan focuses on a few of the Department's diverse programs and activities, it represents the belief and understanding that each part of the Department is critical to its success.

This belief is reflected in the balance between the goals and the associated performance measures. Each of these performance measures has associated objectives and strategies. Some performance measures are explicitly linked to CDPH activities while others are dependent on the partnerships and joint activities that CDPH sponsors and participates in for the targets to be met. This is reflected in the grouping of the goals and performance measures shown in the diagram on page 7.

The performance measures for Goals One through Three reflect a cross-section of the department and bring visibility to these important public health measures that will require both internal and external partnerships to achieve the targets that have been set. Goals One, Two and Three also reflect direct alignment with the Healthy People 2020 Goals for the next decade. Resources are critical to achieving targets, but the resources may extend far beyond specific CDPH programs. While some of the targets may seem aspirational in nature, as with Healthy People 2020 itself, CDPH believes the targets set will be achievable given the focus placed on these activities through their presence in the Internal Operations and Performance Plan.

The performance measures for Goals Four through Seven reflect areas that need focused attention from all levels of the department and which are the building blocks that allow both state and local public health to advance long-term goals. Goals Four and Five develop core infrastructure capacity for public health that is critical to both the state and

local public health efforts. Goals Six and Seven reflect a continued focus on internal capacity represented in workforce and business functions that are essential to achieving Goals One through Five. Additionally, to further support these goals, CDPH will focus on expanding the current burden of disease analysis, implementing quality of care standards and implementing the provisions of the federal HITECH Act.

# Department Overview

### State of California Overview

California is the most populous state in the U.S. with an ethnically diverse population of nearly 37 million people, with over one-third of Hispanic descent, 13 percent of Asian descent, and a majority of the population that is of non-White, non-Hispanic descent. The median age of Californians also reached a record high of 35.2 years of age, according to data from the new 2010 U.S. Census. Californians approaching retirement were the fastest growing age groups with the number of 60 to 64 year olds growing by 60 percent between 2000 and 2010. These demographic changes reflect the aging of the California population, as the first so called "baby boomers" reach retirement age, while at the same time the number of Californian children ages 5 to 9 years old dropped by 8 percent from 2000[2].

Counties within California are also demographically diverse, ranging from intensively urbanized Los Angeles County with over 10 million people to rural, mountainous Alpine County, with less than 1,500 people. California is also a decentralized Public Health state in its structure, with 61 local health departments (LHDs), representing California's 58 counties and three city health departments (Long Beach, Pasadena and Berkeley), each with its own governance that reports to the County or City government. CDPH has a long history of working closely with these city and county LHDs to address ongoing public health issues, such as emergency preparedness, infectious disease threats like West Nile Virus and the H1N1 pandemic influenza strain, chronic disease issues such as obesity and diabetes, and responses to various federal initiatives.

### CDPH Background and Structure

CDPH is a fairly new department, established on July 1, 2007, through the enactment of SB 162 (Ortiz, Chapter 241, Statutes of 2006). This legislation split the former California Department of Health Services (CDHS), into two departments, CDPH and the Department of Health Care Services (DHCS). CDPH retained responsibility for the state's public health programs, while DHCS oversees activities funded by, and related to, Medi-Cal services. Overall, the creation of CDPH transformed a number of different programs into one department focused on providing the core public health functions and essential public health services to the populace. These services include the detection, treatment, prevention and surveillance of public health and environmental issues.

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[2]Hendricks, Tyche. The California Report. Governing California: Who Will Care for the Golden State in Its Golden Years? May 12, 2011. URL http://blogs.kqed.org/governingcalifornia/2011/05/12/who-will-care-for-the-golden-state-in-its-golden-years/ Accessed June 1, 2011.

The CDPH organizational structure reflects these varied functions of public health. CDPH's five Centers and three Offices work towards accomplishing the Departmental mission and vision through their programmatic activities and in collaboration with local health departments, agencies and organizations throughout the State. CDPH's five Centers and three Offices are:

- Center for Chronic Disease Prevention and Health Promotion,
- Center for Infectious Diseases,
- Center for Family Health,
- Center for Environmental Health,
- Center for Health Care Quality,
- Emergency Preparedness Office,
- Health Information and Strategic Planning, and
- Office of the State Laboratory Director.

Essential to the activities and efforts of the five Centers and three Offices are the Director's Office, External Affairs, and Operations which advance the CDPH mission by supporting the programmatic work throughout the Department. Operations includes Administration, the Office of Leadership and Workforce Development, Information Technology Services and the Office of Legal Services and Internal Audits. External Affairs includes the Offices of Multicultural Health, Public Affairs, Binational Border Health, Women's Health and Legislative and Government Affairs. The California Conference of Local Health Officers and the Office of Civil Rights are located within the Director's Office. Please see Appendix C for the CDPH Organizational Chart.

## CDPH Budget

Within the Centers and Offices described above, CDPH administers over 200 programs to provide the essential public health functions. CDPH is unique in its personnel and funding composition, which adds to the complexity of business functions within the Department. CDPH employs approximately 3,500 employees in over 60 locations throughout the state with the largest organizations located at headquarters in Sacramento and at the public health lab and campus in Richmond. Nearly 80 fund sources finance CDPH programs, which include federal funding, private funding, fee-based funding, general funds and reimbursements. More specifically, CDPH has over 50 Special Funds and over 75 grants from federal and other sources.

The various fund sources comprise the CDPH budget, which supports activities and services that reinforce the State's commitment to the health and well-being of all Californians. For FY 2011-12, the Governor's proposed May Revise budget provides $3.518 billion for the support of CDPH programs and services, reflecting a slight increase from the previous fiscal year, largely due to Federal Funding increases in the Women, Infants and Children program and Affordable Care Act funding opportunities. The budget proposes $660.5 million for State Operations and $2.858 billion for Local Assistance. Overall, the May Revise budget reflects an increase in federal funds by nearly 10 percent, but a reduction in General Funds by approximately 17 percent from the FY 2010-11 budget.

# 2011-2014 CDPH Internal Operations and Performance Plan Goals, Objectives and Strategies:

## *Overview of the 2011-2014 CDPH Internal Operations and Performance Plan Goals*

### Healthy People 2020 Goals

**Goal One:**
Achieve health equity and eliminate health disparities

- Decrease Childhood Obesity
- Decrease HIV Incidence
- Decrease Infant Mortality

**Goal Two:**
Eliminate preventable disease, disability, injury, and premature death

- Decrease Healthcare Associated Infections
- Increase Immunizations
- Decrease Senior Falls

**Goal Three:**
Promote social and physical environments that support good health for all

- Decrease Tobacco Use
- Improve Water Quality
- Decrease Pedestrian and Bicycle Injuries

### Cross Cutting Goals

**Goal Four:**
Prepare for, respond to, and recover from emerging public health threats and emergencies

- Increase Corrective Actions Implemented
- Increase Staff Training
- Increase Local Preparedness (MCM Rating)

**Goal Five:**
Improve quality and availability of data to inform decision making that improves health

- Increase Demographic Data Collection
- Increase Data Available as GIS Web Services
- Increase Availability of Data Reports

### Administrative / Organization Goals

**Goal Six:**
Promote the quality of the workforce and workplace

- Increase Individual Development Plans
- Increase Succession Plans
- Increase On-Boarding Development Plans

**Goal Seven:**
Promote and maintain an efficient and effective organization

- Increase Invoices Processed
- Increase Personnel Hired
- Increase Contracts Executed

The CDPH Internal Operations and Performance Plan contains seven goals organized into three broad, overarching categories, the Healthy People 2020 Goals, the Cross Cutting Goals and the Administrative/ Organization Goals. The seven goals within each of these overarching categories are described below, along with the associated objectives and strategies.

## *Healthy People 2020 Goals*

Healthy People 2020 establishes national goals and associated objectives to reduce the most significant preventable threats to health. CDPH incorporated the intent of this national effort to the Internal Operations and Performance Plan by incorporating three Goals, along with the associated objectives, as the Healthy People Goals. The three Healthy People 2020 Goals summarized below are derived from, and correspond with, three of the four overarching goals of Healthy People 2020. They are as follows:

Goal One: Achieve health equity and eliminate health disparities
Goal Two: Eliminate preventable disease, disability, injury, and premature death
Goal Three: Promote social and physical environments that support good health for all

CDPH chose objectives under Goals One, Two and Three to highlight specific efforts within CDPH Centers and Offices to fulfill the overarching goals of Healthy People 2020. Furthermore, progress made towards the objectives, while each placed under a particular Goal, often benefits the other two Healthy People 2020 Goals as well. For example, the Goal Three objective focusing on water quality not only promotes environments that support good health, but also addresses both disparities existing in small community water systems (Goal One) and seeks to eliminate preventable disease through ensuring safe drinking water (Goal Two).

These objectives also address the fourth Healthy People 2020 goal to promote quality of life, healthy development, and healthy behaviors across all life stages. For example, the objectives focusing on childhood obesity, immunizations, tobacco and senior falls represent the life stages of childhood, adolescence, adulthood and older adults. Life stages can be seen throughout the Healthy People goals and related objectives.

## *Goal One: Achieve health equity and eliminate health disparities*

Goal One focuses on eliminating health disparities and achieving health equity. To this end, the Internal Operations and Performance Plan includes three objectives that target the elimination of health disparities from three different perspectives: childhood obesity, Human Immunodeficiency Virus (HIV), and infant mortality. Each of these objectives address health disparities for one or more population subgroups.

For example, the childhood obesity objective focuses on reducing childhood obesity rates both for the overall population and particularly for children with the highest rates of obesity, including Latino, African American, Pacific Islander, and lower-income children. This objective measures obesity rates in both pre-school aged children (two to four years), and school-aged children (five to nineteen years old).

The HIV objective seeks to reduce the percentage of AIDS cases that were diagnosed with HIV within the same one-year timeframe as the initial AIDS diagnosis. This objective

seeks to diagnose persons with HIV during the early stages of the disease well before an AIDS diagnosis, as an HIV and AIDS diagnosis within the same year indicates significant delays in diagnosis and treatment. This objective also focuses on reducing the disparity between the White population and both the Hispanic and African-American populations, two populations with higher rates of delayed HIV diagnosis.

Infant mortality rates in California are highest among women in poverty, as indicated by the prenatal care or delivery expected to be paid by Medi-Cal, demonstrating a disparity for women in poverty and associated infant mortality rates. Poverty status is a risk factor for poor birth outcomes and often coincides with the lack of adequate access to health care.

## 1. Childhood Obesity: Reduce the proportion of pre-school and school-aged children in California who are obese

The strategy below seeks to move CDPH towards achieving the childhood obesity objectives contained within the Internal Operations and Performance Plan:

**Strategy:**

1. **Implement and evaluate the California Obesity Prevention Plan:** The 2010 California Obesity Prevention Plan (Plan) focuses on policy and environmental change, and addresses the CDC's six evidence-based target areas: 1). Increase consumption of fruits and vegetables; 2). Increase physical activity; 3). Increase breastfeeding initiation, duration, and exclusivity; 4). Decrease consumption of sugar-sweetened beverages; 5). Decrease consumption of high energy dense foods; and 6). Decrease television or screen viewing time.

   This strategy will bring together leaders from sectors identified in the Plan, including surveillance and evaluation, to assess what obesity prevention policy, systems, and environmental change strategies and interventions are currently being focused on across the state, future plans, and systems for evaluating their impact. Furthermore, this strategy to implement and evaluate the Plan includes a focus on measuring the obesity epidemic's impact on the state's most vulnerable populations and move towards eliminating health disparities.

**Childhood Obesity: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | 17.0 percent for pre-school aged children and 23.1 percent for school-aged children |
| **Year One:** | Reduce the obesity rate for pre-school children to 16.7 percent and for school-aged children to 22.8 percent by June 30, 2012 |
| **Year Two:** | Reduce the obesity rate for pre-school children to 16.4 percent and for school-aged children to 22.5 percent by June 30, 2013 |
| **Year Three:** | Reduce the obesity rate for pre-school children to 16.1 percent and for school-aged children to 22.2 percent by June 30, 2014 |

## 2. HIV: Reduce the Black:White and Hispanic:White ratios in percentage of AIDS cases diagnosed with HIV within one year of AIDS diagnosis

This objective focuses on an indicator of persons receiving late diagnosis of HIV. The timing of HIV diagnosis is important as early diagnosis and treatment improves morbidity and reduces mortality of persons infected with HIV. Early diagnosis also decreases HIV transmission, as HIV positive persons are more likely to change their behavior and to receive appropriate care and treatment, each of which is likely to reduce transmission. This issue is a particular concern among Black and Hispanic populations because they are disproportionately likely to receive late diagnoses.

**Strategies:**

1. **Increase HIV Testing:** This strategy will fund Local Health Jurisdictions (LHJs) and healthcare settings with a high prevalence of people living with HIV/AIDS to integrate HIV testing into their programs. CDPH will also provide training and technical assistance to funded testing venues and measure testing levels.

2. **Expand Access to HIV/AIDS Health Care:** CDPH will fund health insurance premiums for low-income individuals with HIV/AIDS to expand access to comprehensive health care for people living with HIV/AIDS. This strategy includes plans to target African American and Hispanic communities for outreach and educational activities related to the Office of AIDS health insurance premium assistance programs.

3. **HIV Testing Integration with Tuberculosis and Sexually Transmitted Disease Activities:** The Office of AIDS will collaborate with the Tuberculosis (TB) and Sexually Transmitted Disease (STD) Branches within the CDPH Division of Communicable Disease Control (DCDC) to integrate HIV testing activities, targeted by epidemiologic data, into their programs. Activities include engaging providers to increase HIV testing and status determination for TB and gonorrhea cases.

**HIV: Baseline and Targets**

| | |
|---|---|
| **Baseline:** | Black:White ratio of 1.3 and Hispanic:White ratio of 1.4 |
| **Year One:** | Reduce the Black:White ratio to 1.2 and the Hispanic:White ratio to 1.3 by June 30, 2012 |
| **Year Two:** | Reduce the Black:White ratio to 1.1 and the Hispanic:White ratio to 1.2 by June 30, 2013 |
| **Year Three:** | Reduce the Black:White ratio to 1.0 and the Hispanic:White ratio to 1.1 by June 30, 2014 |

## 3. Infant Mortality: Reduce the ratio of infant mortality rate for live births with a Medi-Cal payer source over infant mortality rate for live births with non-Medi-Cal payer sources

Almost half of live birth deliveries in California are paid by Medi-Cal. Medi-Cal qualification can serve as a proxy for poverty status, and demonstrates the existing disparity for women in poverty and infant mortality rates. This issue is important as poverty often coincides with the lack of adequate access to health care and other risk factors for poor birth outcomes, and has an impact across the entire lifecourse.

**Strategies:**

1. **Provide enhanced prenatal care services to Medi-Cal-eligible women through the Comprehensive Perinatal Services Program:** In addition to standard obstetric services, low-income women receive enhanced services in the areas of nutrition, psychosocial and health education. This approach has shown to reduce both low birth weight rates and health care costs in women and their infants.

2. **Provide support services for at-risk pregnant and parenting African American women through the Black Infant Health Program:** This program serves pregnant and parenting African American women through a group intervention as well as complementary case management to improve their maternal and infant health outcomes. The group intervention is a new single core model that addresses health promotion, social support, empowerment and health education during pregnancy and early parenting.

3. **Identify and implement opportunities for quality improvement in maternal and perinatal care through the California Maternal Quality Care Collaborative (CMQCC) and California Perinatal Quality Care Collaborative (CPQCC):** CMQCC aims to eliminate preventable maternal death and injury and promote equitable maternity care in California by bringing resources, tools, measures, and quality improvement techniques to providers, administrators, and public health leaders. The major goal of CPQCC is to develop a collaborative network of providers, insurers, public health professionals and business groups to support a system for benchmarking and performance improvement activities for perinatal care throughout California.

**Infant Mortality: Baseline and Targets**

| | |
|---|---|
| **Baseline:** | Medi-Cal versus Non-Medi-Cal infant mortality disparity ratio of 1.26 |
| **Year One:** | Reduce the Medi-Cal versus Non-Medi-Cal infant mortality disparity ratio to 1.25 by June 30, 2012 |
| **Year Two:** | Reduce the Medi-Cal versus Non-Medi-Cal infant mortality disparity ratio to 1.24 by June 30, 2013 |
| **Year Three:** | Reduce the Medi-Cal versus Non-Medi-Cal infant mortality disparity ratio to 1.23 by June 30, 2014 |

## *Goal Two: Eliminate preventable disease, disability, injury, and premature death*

Goal Two focuses on eliminating preventable diseases that reduce the quality of life and prevent people from reaching their full potential for health due to disability, injury or disease. The three objectives under Goal Two for eliminating preventable disease, disability, injury and premature death focus on: Healthcare Associated Infections (HAI), Immunizations, and preventing falls among seniors (age 65 and over) that result in hospitalization. Each of these objectives represents preventable diseases or injuries that affect significant numbers of Californians.

The first objective, reducing the number of HAI, highlights the most common complication of hospital care, occurring in approximately one in every 20 patients. HAI are also one of the top ten leading causes of death in the United States, but are fully preventable when proper care practices are routinely followed.

The immunizations objective highlights the importance of all age groups receiving yearly immunizations against Influenza, an effective means of reducing Influenza related hospitalizations and deaths. Addressing all age groups reflects the importance of preventing Influenza across the entire population, particularly important as people 18 to 49 years of age were hardest hit by the 2009 H1N1 pandemic virus.

Falls among seniors age 65 and older is a preventable injury with significant health and financial implications. In 2007, nearly 68,000 Californians age 65 and older were hospitalized as a result of a fall, with treatment costs of approximately $2.4 billion. When seniors fall, they often become disabled for the rest of their lives. Many lose their independence and die within a short period of time. California's population is aging rapidly, and the number of these falls increases every year. Fortunately, senior falls can be prevented. Recent research demonstrates the effectiveness of an array of senior fall prevention programs. Prevention programs are the only cost effective way to deal with this growing problem and thereby improve the health and well-being of older Californians while reducing health care costs.

### 1. Healthcare Associated Infections (HAI): Increase the percentage of hospitals preventing healthcare-associated infections by meeting HAI prevention targets

CDPH seeks to facilitate the elimination of Healthcare Associated Infections by continuing to promote best practices and seek further reductions in the rate of infections. Three specific measures have been targeted for reduction:

- Central line associated bloodstream infections (CLABSI)
- Methicillin-resistant staphylococcus aureus bloodstream infections (MRSA BSI)
- Clostridium difficile infections (CDI)

Achieving reduction targets in these measures can be furthered by implementing the two strategies described below.

**Strategies:**

1. **Provide technical assistance and expertise in support of health care providers implementing prevention activities to reduce the incidence of HAI:** This strategy will be implemented through outreach to, and working across, licensed health care facilities on targeted prevention activities.

2. **Publicly report the incidence rates of reportable HAI in California acute care hospitals on an annual basis:** This strategy will report HAI incidence rates in a useful and accessible manner and provide confidential and regular feedback of performance data to healthcare providers to encourage implementation of targeted prevention activities.

**Healthcare Associated Infections: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | Baseline of hospital HAI prevention targets to be developed |
| **Year One:** | Publish preliminary baseline of hospital HAI prevention targets and incidence rates by June 30, 2012 |
| **Year Two:** | Increase by 5 percent (projected) the percentage of hospitals meeting HAI prevention targets by June 30, 2013 |
| **Year Three:** | Increase by 10 percent (projected) the percentage of hospitals meeting HAI prevention targets by June 30, 2014 |

## 2. Immunizations: Increase Influenza vaccination coverage

This objective focuses on increasing Influenza vaccination coverage for the following age groups:

- Persons under 18 years of age,
- Persons aged 18 – 49, and
- Persons over the age of 50

**Strategies:**

1. **Provide Influenza vaccines at location based clinics:** This strategy includes providing LHDs with a supply of flu vaccines for use in location-based clinics, providing strategies to LHJs for increasing access and developing a forum for local Immunization Coordinators to share ideas.

2. **Promote automated Flu Reminder & Recall systems to vaccines for Children providers:** This strategy promotes the reminder recall systems for Vaccines for

Children providers and promote the use of the California Immunization Registry (CAIR).

**Immunization: Baseline and Objective Targets**

*Persons under age 18*

| | |
|---|---|
| **Baseline:** | 29.3 percent of persons under age 18 received seasonal influenza vaccine |
| **Year One:** | 29.6 percent of persons under age 18 by June 30, 2012 |
| **Year Two:** | 29.9 percent of persons under age 18 by June 30, 2013 |
| **Year Three:** | 30.2 percent of persons under age 18 by June 30, 2014 |

*Persons aged 18 - 49 years old*

| | |
|---|---|
| **Baseline:** | 20.6 percent of persons aged 18 – 49 years old received seasonal influenza vaccine |
| **Year One:** | 20.8 percent of persons aged 18 – 49 years old received seasonal influenza vaccine by June 30, 2012 |
| **Year Two:** | 21.0 percent of persons aged 18 – 49 years old received seasonal influenza vaccine by June 30, 2013 |
| **Year Three:** | 21.2 percent of persons aged 18 – 49 years old received seasonal influenza vaccine by June 30, 2014 |

*Persons aged 50 and over*

| | |
|---|---|
| **Baseline:** | 50.7 percent of persons aged 50 and over received seasonal influenza vaccine |
| **Year One:** | 51.2 percent of persons aged 50 and over by June 30, 2012 |
| **Year Two:** | 51.7 percent of persons aged 50 and over by June 30, 2013 |
| **Year Three:** | 52.2 percent of persons aged 50 and over by June 30, 2014 |

## 3. Senior Falls: Decrease the senior fall injury rate (non-fatal, hospitalized, for persons aged 65 and over)

Falls are the number one non-fatal injury resulting in emergency room visits and hospitalizations. This objective focuses on decreasing the injury rate from non-fatal falls that result in hospitalization for persons age 65 and over. Measuring the fall injury rate for seniors is essential, as 65 acts as a pivotal age, with the percentage of persons discharged home from the hospital after a fall injury starts to dramatically decrease after the age of 65. Significantly, less than half of seniors are discharged home after a fall, resulting in significant reductions in the quality of life and high health care costs.

**Strategy:**

1. **Monitor and explain senior fall trends and risk factors:** This strategy includes following risks, trends, and consequences of falls among senior Californians, based on data already available to CDPH. Additional activities include annually placing up-to-date data on the EpiCenter website for query purposes, and publishing an annual summary of findings to provide intelligence to citizens, policy makers and professionals responsible for the well-being of seniors.

**Senior Falls: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | Senior fall injury rate of 17 per 1000 of population |
| **Year One:** | Decrease the rate of senior fall injuries to 16.5 per 1,000 of population by June 30, 2012 |
| **Year Two:** | Decrease the rate of senior fall injuries to 15.8 per 1,000 of population by June 30, 2013 |
| **Year Three:** | Decrease the rate of senior fall injuries to 15.0 per 1,000 of population by June 30, 2014 |

## *Goal Three: Promote social and physical environments that support good health for all*

Goal Three looks at natural and built environments, as well as social environments and policies that support and promote good health for Californians. These factors are incorporated through these three objectives: Tobacco use, Water Quality, and Pedestrian and Bicyclist Injuries.

The first objective, decreasing the prevalence of adult tobacco use, seeks to address a significant preventable cause of illness in the environment, both to tobacco users and those around them. Reductions in tobacco use have been proven to have significant positive effects on preventing disease and promoting good health. For example, past reductions in tobacco use prevalence in California have contributed to a decline in lung cancer rates at nearly four times faster than the rest of the nation.

The water quality objective focuses on improving water quality in California's small, economically disadvantaged water systems. California has approximately 2,100 small water systems, each serving a population of less than 1,000 people. These small water systems represent the bulk of water systems in California that do not meet federal and state Safe Drinking Water standards, with about one in twelve small water systems currently out of compliance. Bringing small water systems into compliance will help ensure all Californians have access to clean, safe drinking water, an essential building block for public health.

The third objective seeks to reduce pedestrian and bicycle injury rates. As Californians include more physical activity in their lives by walking and biking, they expose themselves to an additional source of injury that can often be mitigated with better education and community planning. Efforts to reduce pedestrian and bicyclist injuries help support changes to positive social norms for walking and bicycling, including safer environments, and have the potential to reduce costs associated with long-term disability through injury prevention. This objective also promotes safe physical activity becoming an integral part of everyday life, creating lifelong habits that lead to a lower life-long weight and better health outcomes.

### 1. Tobacco Use: Decrease the prevalence of adult tobacco use

This objective seeks to decrease the prevalence of tobacco use, resulting in long-term public health impacts in disease prevention and health promotion.

**Strategies:**

1. **Support efforts to identify additional resources to promote tobacco control prevention programs and activities:** This strategy will implement public awareness efforts regarding the relationship between tobacco price and decreasing tobacco consumption and preventing initiation of smoking by youth. This strategy includes the dissemination of educational materials, such as fact sheets and sample media materials.

2. **Expand smoke free environments and tobacco free zones:** This strategy will raise awareness about the dangers of secondhand smoke and benefits of establishing smoke-free environments and tobacco free zones to protect non-smokers from secondhand smoke exposure. These efforts will also promote quitting behavior, protect the environment from toxic cigarette waste, and denormalize tobacco use behavior.

3. **Counter Tobacco industry advertising through media campaigns:** This strategy includes promoting cessation and providing education about the deadly effects of tobacco use and secondhand smoke by implementing aggressive, edgy, multi-cultural anti-tobacco media campaigns.

**Tobacco Use: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | 13.1 percent of adults report using tobacco |
| **Year One:** | Reduce adult tobacco use to 11.5 percent by June 30, 2012 |
| **Year Two:** | Reduce adult tobacco use to 11.0 percent by June 30, 2013 |
| **Year Three:** | Reduce adult tobacco use to 10.0 percent by June 30, 2014 |

## 2. Water Quality: Increase the percentage of small community water systems meeting Safe Drinking Water Act regulations

**Strategy:**

1. **Provide technical resources, infrastructure funding and increased surveillance of small community water systems:** This strategy includes improvements in the way CDPH implements existing technical assistance and infrastructure programs, and identifies and targets small community water systems with water quality issues to receive technical resources and infrastructure funding.

**Water Quality: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | 92 percent of small community water systems meet Safe Drinking Water Act regulations |
| **Year One:** | Increase to 93 percent the percentage of small community water systems meet Safe Drinking Water Act regulations by June 30, 2012 |
| **Year Two:** | Increase to 94 percent the percentage of small community water systems meet Safe Drinking Water Act regulations by June 30, 2013 |

| | |
|---|---|
| **Year Three:** | Increase to 95 percent the percentage of small community water systems meet Safe Drinking Water Act regulations by June 30, 2014 |

## 3. Pedestrian and Bicycle Injuries: Reduce pedestrian and bicycle injury rates

**Strategy:**

1. **Provide targeted technical assistance, resources and training to high need, eligible applicants to increase the number of schools that receive Safe Routes to School (SRTS) funds:** This strategy represents a targeted focus on assisting high need schools and communities in developing and successfully implementing SRTS grant programs to reduce injuries due to walking and bicycling. This strategy also supports efforts to increase opportunities for safe physical activity by assisting communities to create safe roadway infrastructure and facilitate walking and biking.

**Pedestrian and Bicycle Injuries: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | 11.7 per 100,000 population for bicycles 10.6 per 100,000 population for pedestrians |
| **Year One:** | Reduce injury rates to 11.1 per 100,000 population for bicycles, 10.1 per 100,000 population for pedestrians by June 30, 2012 |
| **Year Two:** | Reduce injury rates to 10.8 per 100,000 population for bicycles, 9.8 per 100,000 population for pedestrians by June 30, 2013 |
| **Year Three:** | Reduce injury rates to 10.5 per 100,000 population for bicycles, 9.5 per 100,000 population for pedestrians by June 30, 2014 |

## *Goal Four: Prepare for, respond to, and recover from emerging public health threats and emergencies*

Goal Four focuses on improving public health emergency preparedness at both the State and local levels through the following three objectives: implementing Corrective Actions, expanding CDPH staff training & readiness, and improving Medical Countermeasures Technical Assistance Review scores at LHDs. Focusing on achieving each of these objectives will decrease morbidity and mortality to the California population in the long-term following a public health emergency.

The first objective, implementing corrective actions, represents the activities done by public entities at the conclusion of both planned emergency response exercises and responding to significant public health disasters and emergencies to assess the effectiveness of their response and look for ways to improve. The corrective actions identified in after action reports represent "to-dos" for the entities involved to eliminate sources of confusion or error and improve performance. This objective emphasizes follow through and completion of corrective actions identified across all CDPH programs.

The staff training objective focuses on two essential training requirements to ensure sufficient preparedness in the event of a public health disaster or emergency. The basic disaster and emergency preparedness training courses prepare all CDPH staff for their potential roles in responding to public health disasters, while the Emergency Operations Center (EOC) management training courses ensure that CDPH has a cadre of staff trained to provide leadership in directing the EOCs.

The Medical Countermeasures objective measures preparedness across jurisdictional boundaries. The Federal government, in coordination with state and local public health entities, maintains medicine and medical equipment throughout the state to deal with national emergencies like terrorist attacks, epidemics, earthquakes, or other public health emergencies. This objective focuses on improving local jurisdiction planning and management of their Medical Countermeasures (MCM) responsibilities and ensuring jurisdictions receive a minimum score of 70 percent on their Technical Assistance Review (TAR) score, a comprehensive measure of local preparedness that demonstrates the need to maintain strong partnerships between the different levels of government. The Medical Countermeasures was formerly known as the Strategic National Stockpile (SNS).

### 1. Corrective Actions: Increase the number of high priority corrective actions, as identified in After Action Reports written after exercises and real events, implemented on or before the target completion date

Improving the implementation of identified corrective actions requires a multi-faceted approach that includes both the better identification and prioritization of corrective actions and better follow-through to ensure a high level of preparedness.

**Strategy:**

1. **Create realistic, measurable corrective actions with appropriate timelines for completion:** This strategy also includes the development of a single monitoring system to track all corrective actions, and a point of contact for each Center/Program to track the implementation of high priority corrective actions. Additional activities include strengthening the development of corrective actions and monitoring the completion of corrective actions.

**Corrective Actions: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | 50 percent of high priority corrective actions implemented on or before the target completion date (estimate) |
| **Year One:** | Increase to 70 percent the percentage of high priority corrective actions implemented on or before the target completion date by June 30, 2012 |
| **Year Two:** | Increase to 75 percent the percentage of high priority corrective actions implemented on or before the target completion date by June 30, 2013 |
| **Year Three:** | Increase to 80 percent the percentage of high priority corrective actions implemented on or before the target completion date by June 30, 2014 |

## 2. Staff Training: Increase the number of CDPH staff trained in both the introductory emergency training courses required for all CDPH staff and the critical management positions in Emergency Operations Centers (EOC).

This objective will monitor the progress made on two separate trainings, both considered essential for emergency preparedness.

### *a) Introductory Training: Disaster Service Worker and EPO-100 (SEMS/NIMS)*

All state employees are considered Disaster Service Workers and may be asked to serve in an emergency at any time. Consequently, all CDPH staff are required to complete two introductory emergency training courses; 1.) “Disaster Service Worker” (DSW) training, and 2.) “EPO-100: Introduction to the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

**Strategy:**

1. **Continuance of training for all CDPH staff:** This strategy focuses on increasing departmental awareness of the DSW and SEMS/NIMS training required for all CDPH staff.

**Introductory Training (DSW and SEMS/NIMS): Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | 17 percent of CDPH staff completed DSW and SEMS/NIMS training |

| | |
|---|---|
| **Year One:** | Increase to 50 percent the percentage of CDPH personnel who have successfully completed DSW and SEMS/NIMS training by June 30, 2012 |
| **Year Two:** | Increase to 60 percent the percentage of CDPH personnel who have successfully completed DSW and SEMS/NIMS training by June 30, 2013 |
| **Year Three:** | Increase to 70 percent the percentage of CDPH personnel who have successfully completed DSW and SEMS/NIMS training by June 30, 2014 |

***b) Emergency Operations Center Management Position Training***

When a public health emergency occurs, CDPH must staff the Joint Emergency Operations Center (JEOC), the Richmond Campus Coordination Center (RCCC), and other EOCs with specially trained personnel to effectively coordinate the emergency response. This objective focuses on increasing the number of staff identified and trained to serve in management positions within the EOC to ensure CDPH is ready to respond in case of an emergency and can fulfill its commitment to the health and well-being of Californians.

**Strategy:**

1. **EOC management position training:** Continue required participation of Centers and programs in the identification and training of appropriate staff for critical management positions in the JEOC, RCCC, and RSS Warehouse.

**\EOC Management Position Training: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | Establish a baseline of 2 deep (CDPH staff identified and trained to serve in management positions) per position during Year One. |
| **Year One:** | Increase the number of CDPH staff identified and trained to serve in management positions in the JEOC, RCCC, and RSS Warehouse to 3 deep per position by June 30, 2012 |
| **Year Two:** | Increase the number of CDPH staff identified and trained to serve in management positions in the JEOC, RCCC, and RSS Warehouse to 4 deep per position by June 30, 2013 |
| **Year Three:** | Increase the number of CDPH staff identified and trained to serve in management positions in the JEOC, RCCC, and RSS Warehouse to 5 deep per position by June 30, 2014 |

## 3. Local Preparedness-MCM rating: Increase the number of LHDs with a rating of at least 70 percent on their Medical Countermeasures (MCM) Technical Assistance Review (TAR) score.

This objective focuses on ensuring LHDs have a minimum rating of 70 percent on their MCM TAR score. LHDs must collaborate with local hospitals, law enforcement and fire to

obtain at least a 70 percent rating on the MCM TAR, with the MCM TAR acting as a good measure of a LHDs ability to react to a natural or man-made disaster.

**Strategy:**

1. **Identify most common problems LHDs have on TAR and provide technical assistance on the functional areas with the lowest scores:** This strategy includes providing regional coordination and planning and assisting with standardized training and exercises for advanced preparation at the LHD level. CDPH will also promote the development of regional sites for receipt, staging and shipping of the medical countermeasures and inventory control systems. These regional efforts are a more efficient use of CDPH staff time and allow LHDs to share products rather than develop independent resources. Standardizing LHD staff training will also increase the potential pool of trained responders for a regional public health crisis.

**Local Preparedness-Medical Countermeasures Rating: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | 46 LHDs with a rating of at least 70 percent on their MCM TAR score |
| **Year One:** | Increase to 50 the number of LHDs with a rating of at least 70 percent on their MCM TAR score by June 30, 2012 |
| **Year Two:** | Increase to 54 the number of LHDs with a rating of at least 70 percent on their MCM TAR score by June 30, 2013 |
| **Year Three:** | Increase to 58 the number of LHDs with a rating of at least 70 percent on their MCM TAR score by June 30, 2014 |

## *Goal Five: Improve quality and availability of data to inform decision making that improves health*

CDPH collects and publishes a variety of important health related data that inform decisions by the public and the government. This goal relates to improving the quality, ease of use, analysis, and availability of that data. Goal Five identifies three objectives for continued improvement, including: Data Collection, Data Management, and Data Analysis/Dissemination.

The Data Collection objective highlights the need to increase the number of programs collecting demographic information that facilitates the analysis of data. Due to the increased reliance on Information Technology (IT) systems to collect this data, addition of these fields to collect specific demographic data will often require IT system development or upgrades. This will be accomplished by increasing the number of CDPH programs that collect at least 4 of the following 6 demographic items:

- Date of birth (or age)
- Gender
- Race/Ethnicity as required by California law
- Preferred language
- Education level
- Address

The Data Management objective focuses on increasing the data resources available as a GIS web service as a way to manage public health data. A GIS web service helps manage data through technology for sharing GIS resources, including the distribution of geospatial data and maps to a wide audience of internal and external clients, and disseminating GIS functionality via services and applications. For example, the GIS web service can facilitate the identification of specific disease outbreaks or clusters by providing a visual graphic of disease locations using geospatial data and maps.

The Data Analysis and Dissemination objective relates to increasing the availability of information about data on the CDPH Internet Website to facilitate appropriate distribution, usage and analysis. A complete data profile is defined as a program providing relevant information regarding its data on the CDPH Internet (www.cdph.ca.gov). For programs that create data sets through data collection methods, a complete data profile includes a presence on the Data Resource and Technology and Infrastructure pages, as well as a presence on *either* the Statistics/Data Tables/Query Systems pages *or* the Publications and Reports page on the CDPH Internet. A complete data profile for all other programs includes a presence on *either* the Statistics/Data Tables/Query Systems pages *or* the Publications and Reports page. Links to these pages on the CDPH Internet are included below.

- Data Resources page; (http://www.cdph.ca.gov/data/dataresources/Pages/default.aspx)

- Technology and Infrastructure page; (http://www.cdph.ca.gov/data/informatics/tech/Pages/default.aspx )

- Statistics/Data Tables/Query Systems pages: (http://www.cdph.ca.gov/data/statistics/Pages/default.aspx, and/or http://www.cdph.ca.gov/data/Pages/DataQueries.aspx)

- Publications and Reports. (http://www.cdph.ca.gov/pubsforms/Pages/PubsReports.aspx )

This objective highlights the importance of easily finding and accessing available health data, as well as providing analyses of the data to better inform public health policy, programs, interventions and processes.

### 1. Data Collection: Increase the number CDPH programs collecting at least four of six demographic data elements.

Data collection is the first step in providing public health data to inform decision making for improved health outcomes. For example, the collection of race/ethnicity is essential for identifying health disparities that may affect a particular ethnic or racial group.

**Strategy:**

1. **Standardize data collection activities, including the prioritization of data fields, definitions and collection methods:** This strategy focuses on ensuring the approval process (Feasibility Study Report (FSR) requirement) for new or modified IT systems incorporates the inclusion of the above data elements when appropriate. Additional activities include training and outreach regarding the importance of collecting the specified demographic fields, both within the FSR approval process and for data collection systems outside of the FSR process as well.

**Data Collection: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | Baseline to be developed by December 2011 (Year One) |
| **Year One:** | Increase by one (from baseline) the number of programs that collect at least 4 of 6 specified demographic information by June 30, 2012 |
| **Year Two:** | Increase by 3 (from baseline) the number of programs that collect at least 4 of 6 specified demographic information by June 30, 2013 |
| **Year Three:** | Increase by 5 (from baseline) the number of programs that collect at least 4 of 6 specified demographic information by June 30, 2014 |

## 2. Data Management: Increase the number of CDPH data resources available as a GIS web service

Displaying public health data through a GIS web service improves the availability of data and contributes to state and national open data initiatives, and addresses the California Technology Agency (CTA) policy to geocode all data resources, an interim step to making data available as a GIS web service.

**Strategy:**

1. **Develop and implement a comprehensive plan to facilitate the use of GIS web services as a method of delivering public health data:** Activities include increasing understanding regarding the potential for using GIS web services, including providing specific technical support to identify and prepare datasets for deployment as a service, utilizing best practices and standards, and ensuring data protection and confidentiality.

**Data Management: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | Baseline to be developed by December 2011 (Year One) |
| **Year One:** | Increase by 3 (from baseline) the number of data resources available as a GIS web service by June 30, 2012 |
| **Year Two:** | Increase by 6 (from baseline) the number of data resources available as a GIS web service by June 30, 2013 |
| **Year Three:** | Increase by 9 (from baseline) the number of data resources available as a GIS web service by June 30, 2014 |

## 3. Data Analysis and Dissemination: Increase the percentage of CDPH programs with a complete data profile on the Internet Website

A complete data profile will increase the transparency of data (and maintain data confidentiality as required) to facilitate its usage for a variety of public health needs. For example, complete data profiles will facilitate data usage to highlight burdens of diseases, health disparities, determining cost effectiveness and a variety of other public health policy and program uses to inform decision making both within the department and by the public at large.

**Strategies:**

1. **Provide training for website publishing, technical support and outreach to programs to facilitate development of a complete data profile on the CDPH Internet Website:** This strategy includes assisting programs by providing education and outreach, website publishing training, technical support and

showcasing examples of complete data profiles currently on the CDPH website. Additional activities include documenting best practices and conducting an assessment of training and resource needs.

2. **Streamline and improve the report review process for public reports, including the development of a document tracking system:** Activities include identifying barriers to releasing reports, developing recommendations to improve the process and developing a document tracking system as part of the streamlining effort.

**Data Analysis and Dissemination: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | Baseline to be developed by December 2011 (Year One) |
| **Year One:** | 50 percent of CDPH programs with a complete data profile on the CDPH Internet Website by June 30, 2012 |
| **Year Two:** | 75 percent of CDPH programs with a complete data profile on the CDPH Internet Website by June 30, 2013 |
| **Year Three:** | 100 percent of CDPH programs with a complete data profile on the CDPH Internet Website by June 30, 2014 |

## *Goal Six: Promote the quality of the workforce and workplace*

Goal Six seeks to continue the emphasis of performance management as a priority and guide CDPH toward developing programs, services, and practices that support staff development, performance appraisal, recognition, and retention. Goal Six is addressed through three objectives: Individual Development Plans, Succession Planning and developing written on-boarding plans for new staff for implementation during their probationary periods.

The first objective focuses on individual development plans and annual performance appraisals. The Individual Development Plan, coupled with ongoing feedback and communication of expectations, assessment of performance, and acknowledgement of accomplishments, promotes a collaborative effort among supervisors and staff. It also supports achievement of individual performance objectives, which leads to improving organizational performance.

Succession planning is a future focused tool to combat the potential loss of institutional knowledge due to retirements or promotions of experienced employees and general attrition. The succession planning objective concentrates on the systematic process of identifying and developing candidates for key managerial or professional leadership positions to ensure continuity. Succession planning is accomplished by identifying staff with high potential leadership talent and providing them with experiences and training that will prepare them to assume higher level leadership positions. Succession planning also includes risk assessment for critical knowledge loss and risk mitigation strategies. Key to these activities is the development of policies and procedures to capture institutional knowledge on an ongoing basis and targeted knowledge transfer activities to prepare for the loss of staff based upon the amount of advanced notice provided by individual employees.

The on-boarding objective is a systematic and comprehensive approach to orienting an employee to a new job, emphasizing the early establishment of clear goals and expectations. The high-level goals of the on-boarding process include making new employees feel welcome and comfortable in their new surroundings; and minimizing the time before new employees are productive members of their new workgroup. Requiring completed reports of performance for probationary employees also provides a standardized method to clearly communicate expectations to new employees.

1. **Individual Development Plans (IDPs): Increase the percentage of CDPH employees who receive a written annual performance review and individual development plan by their direct supervisor (non-probationary employees working with the program for entire fiscal year).**

**Strategy:**

1. **Promote access to specific training and development activities:** This strategy includes providing access to core, leadership and public health competencies through on-site training, scholarship awards, and posting developmental activities and training opportunities that support specific competencies. Additional activities include providing consultation, technical assistance and training to supervisor/managers on implementing the Performance Partnership Plan, incorporating Public Health Core Competencies and increasing the accountability of managers to complete IDPs for all staff.

**Individual Development Plans: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | Baseline in development |
| **Year One:** | 100 percent of non-probationary employees receive a written annual performance review and individual development plan by their direct supervisor by June 30, 2012 |
| **Year Two:** | 100 percent of non-probationary employees receive a written annual performance review and individual development plan by their direct supervisor by June 30, 2013 |
| **Year Three:** | 100 percent of non-probationary employees receive a written annual performance review and individual development plan by their direct supervisor by June 30, 2014 |

**2. Succession Plans: Increase the percentage of Units (Division, Branch, and Section) that have written succession plan(s)**

**Strategy:**

1. **Develop succession planning strategies, guidelines and tool kits for use by CDPH programs:** This strategy includes training to increase competency and support for succession planning and developing targeted succession plans for CDPH programs with the highest need.

**Succession Plans: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | Baseline to be developed by end of Year One |
| **Year One:** | Develop baseline, templates, tools, and begin awareness/education process by June 30, 2012 |
| **Year Two:** | 50 percent of Units have written succession plan(s) by June 30, 2013 |
| **Year Three:** | 75 percent of Units have written succession plan(s) by June 30, 2014 |

### 3. Employee On-Boarding Development Plans: Increase the percentage of new employees with written individualized on-boarding development plans discussed and finalized with their supervisors; and percentage of employees with reports of performance (STD 636) completed during the probationary period

This objective focuses on increasing the percentage of new employees with written individualized on-boarding development plans discussed and finalized with their supervisors. The on-boarding process also includes ensuring all probationary employees receive written reports of performance (STD 636) completed during the probationary period. The development of on-boarding tools and strategies will help establish uniformed processes and procedures throughout CDPH.

**Strategy:**

1. **Develop On-Boarding Tools and Strategies for new employees:** This strategy includes identifying best practices, posting samples of on boarding plan templates and developing sample orientation plans for key classifications. Additional activities include conducting new employee orientations, and providing technical assistance, consultation and training on developing on-boarding plans and reports of performance in conjunction with the Human Resources Branch.

**Employee On-Boarding: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | Baseline to be developed by December 2011 (Year One) |
| **Year One:** | Obtain baseline information, provide templates, begin awareness/education process by June 30, 2012 |
| **Year Two:** | • 50 percent of new employees with a written on-boarding development plan by June 30, 2013; and<br>• 100 percent of new employees with reports of performance for probationary employees completed during the probationary period by June 30, 2013 |
| **Year Three:** | • 90 percent of new employees with a written on-boarding development plan by June 30, 2014; and<br>• 100 percent of new employees with reports of performance for probationary employees completed during the probationary period by June 30, 2014 |

## *Goal Seven: Promote and maintain an efficient and effective organization*

An effective and efficient administrative infrastructure is essential to CDPH's ability to fulfill its mission. Goal Seven focuses on key measures of operational efficiency that the department wishes to improve over the coming years to better serve both CDPH staff and external partners. The three Goal Seven objectives, invoice processing, filling vacant positions and processing contracts, are continuations from, and build upon, efforts made during the first CDPH Strategic Plan. The Goal Seven objectives focus on performance from a department-wide perspective, by looking at the processes and procedures both within the Administrative Division as well CDPH program areas.

The invoice processing objective incorporates improvements initiated in the first CDPH strategic planning cycle to reduce the overall invoice processing time, with the goal of all invoices processed for payment within 30 days.

The Human Resources objective focuses on decreasing the average time required to fill vacant positions through targeted training, enhanced communications and outreach.

The contracts objective seeks to improve the contract processing performance through streamlining procedures and implementing a comprehensive training program. These strategies will help ensure contracts are executed by the requested start date.

### 1. Invoices: Increase the percentage of invoices processed for payment by CDPH within 30 days

The invoice processing objective seeks to improve two components of the invoicing process: reducing the time between when a CDPH program receives an invoice and transmittal to accounting, as well as reducing the time necessary to forward invoices from the Accounting Office to the State Controller's Office (SCO) for payment. CDPH will ensure invoice payment within 30 days through a combination of process improvement, collaboration and education.

**Strategies:**

1. **Evaluate and streamline the Department's Invoice Processing:** This strategy includes documenting the department's current invoice payment process and evaluating each step for redundancies, duplication of effort, and State requirements to identify ways to streamline the process.

2. **Establish and Develop CDPH Invoice Processing Coordinators Workgroup:** The Workgroup, consisting of both program and Administration staff, will discuss invoice processing issues and collaborate on solutions to ensure invoices are processed within the 30 day timeframe.

**Invoice Processing: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | • 58 percent of the invoices received from the vendor are sent to Accounting within 15 days;<br>• 47 percent of the invoices were sent to the State Controller through a claim schedule within 15 days |
| **Year One:** | • Increase the percentage of invoices received from the vendor and sent to Accounting within 15 days to 65 percent; by June 30, 2012<br>• Increase the percentage of invoices sent to the State Controller through a claim schedule within 15 days to 55 percent by June 30, 2012 |
| **Year Two:** | • Increase the percentage of invoices received from the vendor and sent to Accounting within 15 days to 73 percent by June 30, 2013;<br>• Increase the percentage of invoices sent to the State Controller through a claim schedule within 15 days to 62 percent by June 30, 2013 |
| **Year Three:** | • Increase the percentage of invoices received from the vendor and sent to Accounting within 15 days to 80 percent by June 30, 2014;<br>• Increase the percentage of invoices sent to the State Controller through a claim schedule within 15 days to 70 percent by June 30, 2014 |

## 2. Personnel: Decrease the average number of days to fill a position

**Strategies:**

1. **Develop an outreach program between the Human Resources Branch (HRB) and CDPH Programs to provide updates and assistance on hiring processes and issues:** This strategy will establish a variety of communication methods to promote HRB and program awareness of the hiring processes, including e-blasts, meetings, postings on the HRB website, and identifying hard to recruit classifications and strategies to reduce hiring challenges.

2. **Develop and provide training specific to the filling of CDPH positions:** This training is targeted to hiring supervisors to ensure an understanding of the CDPH hiring process.

**Personnel: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | Baseline to be developed by December 2011 |
| **Year One:** | Reduce the average time to fill vacant positions by 3 percent by June 30, 2012 |

| | |
|---|---|
| **Year Two:** | Reduce the average time to fill vacant positions by 7 percent by June 30, 2013 |
| **Year Three:** | Reduce the average time to fill vacant positions by 10 percent by June 30, 2014 |

## 3. Contracts: Increase the percentage of contracts CDPH executes on or before the requested start date.

**Strategies:**

1. **Develop and implement a comprehensive Contracts training program:** This strategy seeks to increase knowledge, skills and abilities of CDPH Program Contract Analysts to ensure the timely execution of contracts.

2. **Evaluate opportunities and improved business practices to streamline contract processing:** This strategy includes reviewing all aspects of the Contracts process to identify opportunities to streamline processes and procedures.

**Contracts: Baseline and Objective Targets**

| | |
|---|---|
| **Baseline:** | Baseline currently in development. |
| **Year One:** | Increase the percentage of contracts CDPH executes on or before the requested start date to 100 percent by June 30, 2012. |
| **Year Two:** | Increase the percentage of contracts CDPH executes on or before the requested start date to 100 percent by June 30, 2013. |
| **Year Three:** | Increase the percentage of contracts CDPH executes on or before the requested start date to 100 percent by June 30, 2014. |

# Next Steps

CDPH experienced a number of changes during the planning process that spanned FY 2010-11. These changes directly affected the priorities and focus of CDPH during the latter half of FY 2010-11, culminating in the decision to release the draft Strategic Plan as the Internal Operations and Performance Plan. Furthermore, CDPH will incorporate a number of changes into the Internal Operations and Performance Plan to better address the changing environment of Public Health, to reflect these recent, significant influences and to ultimately release a new CDPH Strategic Plan.

Specifically, the Year One objectives for each of the seven goals outlined within this Plan will serve as the basis for the CDPH Internal Operations and Performance Plan. CDPH will continue to monitor and report on progress made towards each of these objectives to allow refinement in its approach. Furthermore, this continual assessment provides the Department with the information necessary to effectively manage its programs and operations and help make the department's activities more accessible to its external stakeholders, including the public.

CDPH will also identify additional, specific performance measures during the first part of FY 2011-12 to address the findings outlined in the Independent Review of CDPH released by the California Health and Human Services Agency in May 2011. These performance measures will have demonstrable results during 2011-2012 and ultimately will enhance the overall performance and culture of CDPH.

Additionally, the Public Health Advisory Committee released its report with recommendations for CDPH and Healthy People 2020 in May 2011. These recommendations and insight from the Public Health Advisory Committee are valuable as we confront ongoing and emerging public health challenges. Soon afterwards, in July 2011, the Public Health Accreditation Board Standards and Measures were released. This release provides CDPH with the opportunity to review the Standards and Measures and ensure the next Strategic Plan supports any future efforts to move towards accreditation.

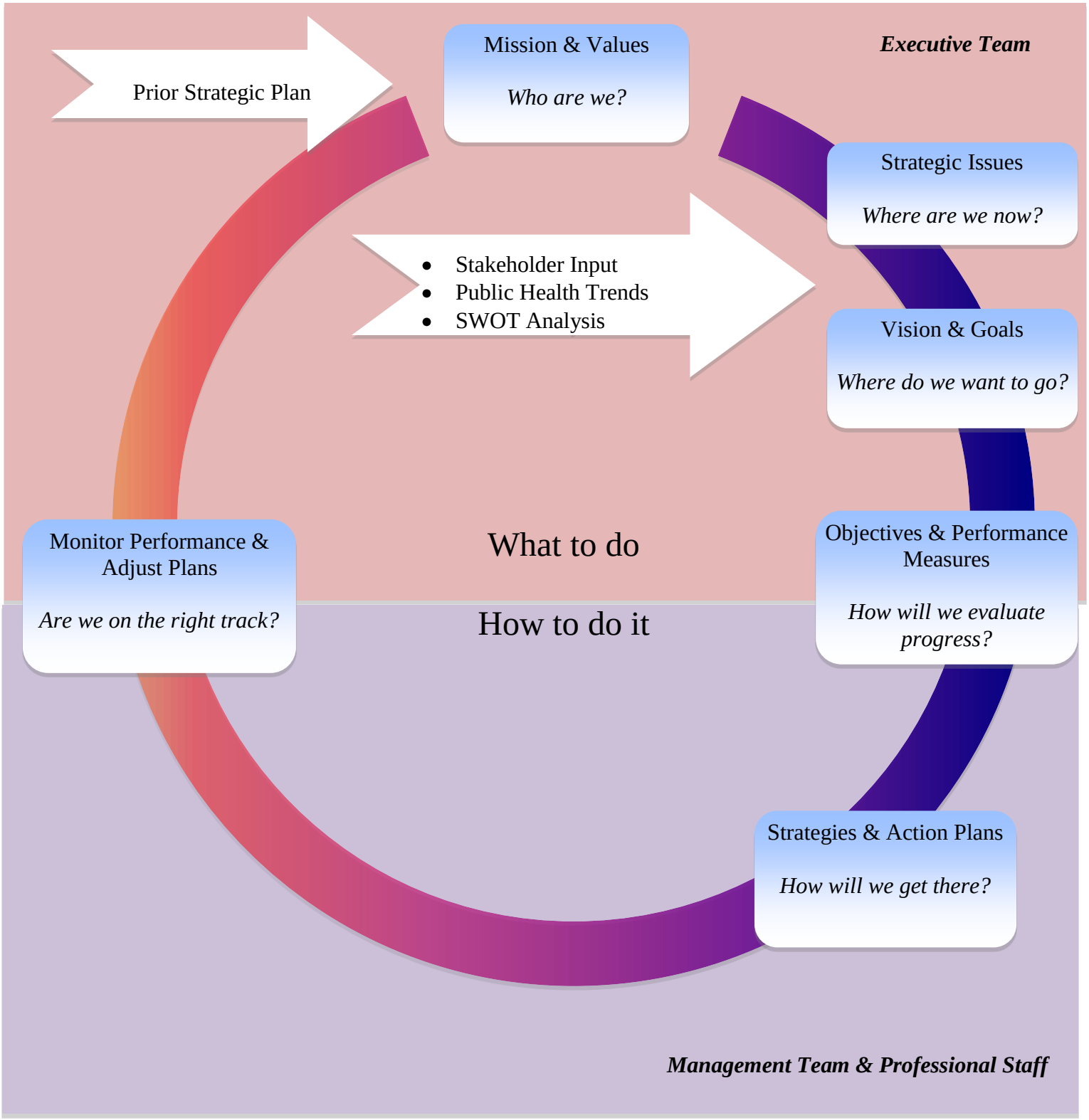
Overall, incorporating these changes into a new CDPH Strategic Plan will ultimately position CDPH to better address today's pressing public health issues in a more efficient and effective manner.

# *Appendices*

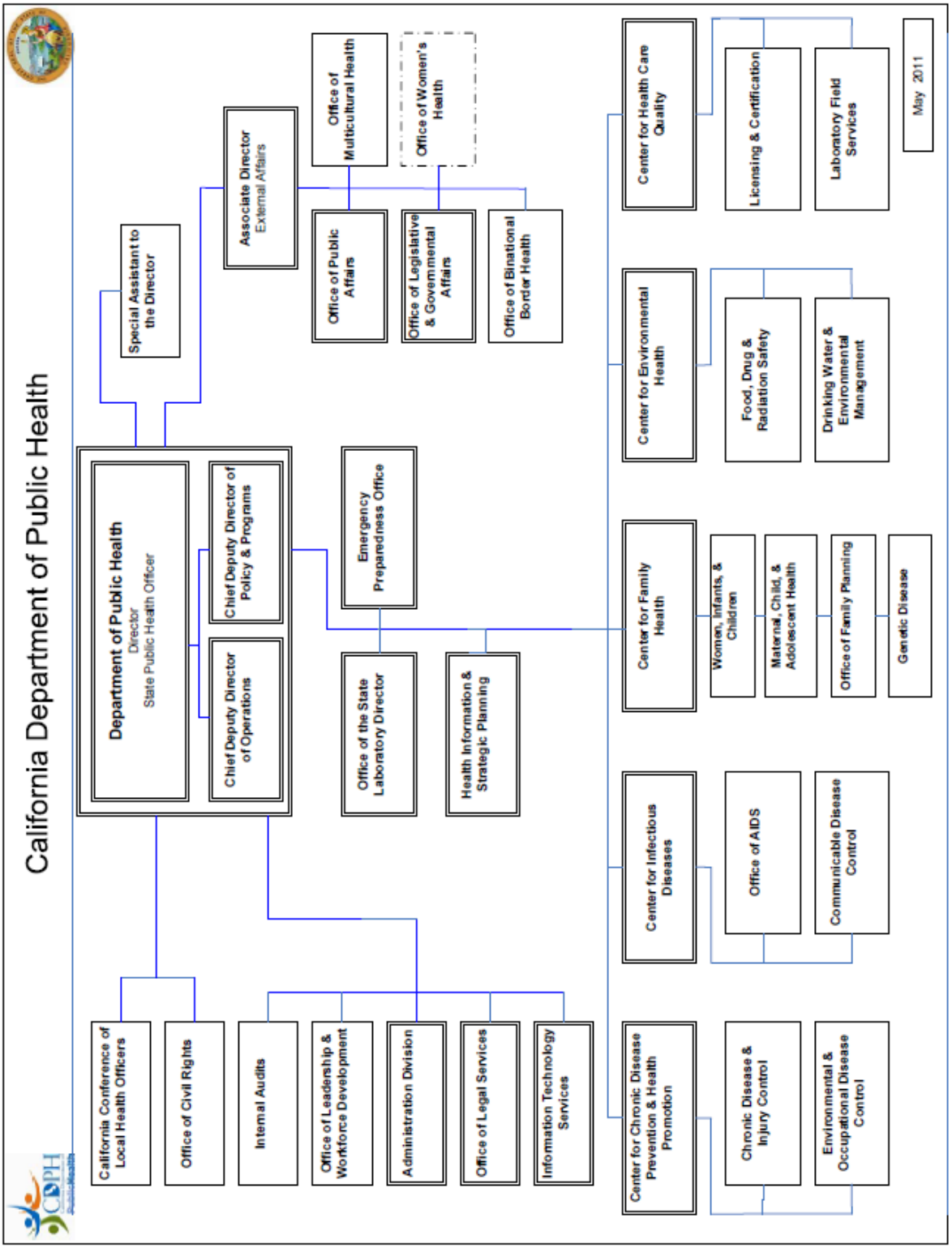
## *A. CDPH Strategic Planning Process Timeline and Steps Taken*

| Timeframe | Activity |
|---|---|
| June 2010 | Strategic Plan Project Charter developed and approved |
| June 2010 – August 2010 | Outreach to external stakeholders (CCLHO, PHAC, CHEAC & others) |
| July 2010 | Conduct SWOT analysis, review CDPH Mission & Vision, and draft Goals with CDPH Executive Management Team |
| August 2010 | Additional meetings held with Executive Management Team to refine Goal language and confirm Goals, Mission and Vision |
| September 2010 | Goal stewards identified and oriented |
| October 2010 – November 2010 | • Goal stewards solicit input from external stakeholders and CDPH subject matter experts to develop performance measures<br>• Survey sent out to external stakeholders regarding potential performance measures<br>• Focus group meetings with Executive Management Team<br>• Presentations to internal CDPH staff workgroups and external stakeholders |
| December 2010 | Review and prioritize proposed performance measures with Executive Management Team |
| January 2011 | Presentations given to internal CDPH staff |
| February 2011 | • Webinars conducted for external and internal stakeholders regarding the draft Strategic Plan<br>• Focus group sessions held with CDPH staff to discuss draft strategy proposals<br>• Presentations given to external stakeholders<br>• CDPH subject matter experts begin development of draft strategy proposals |
| March 2011 | • CDPH Subject matter experts finalize draft strategy proposals<br>• Proposed strategies presented to Executive Management Team |
| April 2011 | Action plan training provided to CDPH subject matter experts |
| April 2011 – May 2011 | CDPH subject matter experts develop action plans, refine strategies |
| May 2011 | Refined strategies and action plans presented to CDPH Executive Management Team for final approval |
| August 2011 | 2011-2014 Internal Operations and Performance Plan published |

## *B. CDPH Strategic Planning Process Overview Diagram*



## *C. CDPH Organizational Chart*



## *D. National Influences*

At the national level, particular influences included the Healthy People 2020 Initiative, the CDC Six Winnable Battles and the Public Health Preparedness Capabilities, Determinants of Health, the Public Health Accreditation Initiative and the Health Information Technology for Economic and Clinical Health Act (HITECH) Act.

### *Healthy People 2020*

Healthy People 2020 provides a ten year agenda and a national framework for prevention for improving the Nation's health, resulting from a multiyear process that reflects a collaborative process, with input from a diverse group of individuals and organizations. Healthy People 2020 establishes national goals and associated objectives to identify health improvement priorities and reduce the most significant preventable threats to health. Part of the Healthy People mission is to provide nationwide health improvement priorities with measurable objectives and goals applicable at not only the national level, but the state and local levels as well.

Healthy People 2020 also contains four overarching Goals, an increase from the two overarching Goals contained in Healthy People 2010. The four Healthy People 2020 overarching Goals are:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Additional changes to Healthy People 2020 in past ten years includes a renewed focus on identifying, measuring, tracking, and reducing health disparities and using a determinants of health approach to achieve health equity and improve health overall[3].

### *The CDC Six Winnable Battles and Public Health Preparedness Capabilities*

The CDC established in 2010 six public health priorities for the United States, as follows: 1.) healthcare-associated infections; 2.) HIV; 3.) motor vehicle injuries; 4.) obesity, nutrition and food safety; 5.) teen and unintended pregnancy; and 6.) tobacco. The topics chosen represent public health areas in which significant progress can be made within one to four years. These priorities also represent leading causes of death and disability in which the implementation of evidence-based interventions have shown to have significant impacts within the CDC's stated time frame. The six winnable battles

[3]Healthy People.Gov. About Healthy People. URL http://www.healthypeople.gov/2020/about/default.aspx. Accessed June 1, 2011.

have directly influenced the CDPH Internal Operations and Performance Plan, with concerted effort made to select objectives that support the CDC priorities.

The CDC has also implemented the Public Health Preparedness Capabilities: National Standards for State and Local Planning. The Public Health Preparedness Capabilities is a systematic process for defining a set of public health preparedness capabilities to assist state and local health departments with their strategic planning. These capabilities create national standards for public health preparedness capability-based planning and will assist planners in identifying gaps in preparedness, determining specific priorities and developing plans for building and sustaining capabilities. These capabilities influenced the objectives and strategies included in Goal Four.

### *Determinants of Health*

Healthy People 2020 is not alone in focusing on the determinants of health to reduce and ultimately eliminate health disparities and improve health for all people. The determinants of health look beyond individual behaviors to explain a person's health status by also examining the social, environmental, and economic factors, along with policies, that influence a person's health.

Furthermore, these factors and policies extend beyond the traditional public health realm and reach into other sectors, such as education, transportation and land use planning, housing and environmental aspects to explain differences in health status among individuals or communities. As described by the World Health Organization, the health status of people and communities is determined by their circumstances and environment, as factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact[4]. This effort to improve health status by examining and addressing the determinants of health across a variety of sectors is a key component in health prevention and promotion.

### *Public Health Accreditation Initiative*

The Public Health Accreditation Board (PHAB) has developed a national voluntary accreditation program for state, local, territorial and tribal public health departments. The accreditation program measures the degree to which state, local, tribal and territorial public health departments meet nationally recognized standards and measures, organized around 10 domains that mirror the Public Health Ten Essential Services and two domains that focus on Administrative Capacity and Governance.

The goal of the accreditation program is to improve and protect the health of every community by advancing the quality and performance of public health departments.

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World Health Organization. Health Impact Assessments: The Determinants of Health. URL http://www.who.int/hia/evidence/doh/en/index.html. Accessed June 1, 2011.

Accreditation will drive public health departments to continuously improve the quality of the services they deliver to the community.

For public health departments, accreditation means demonstrated accountability and improved quality. Nationally, public health accreditation means that people across the county can expect the same quality of public health programs and services no matter where they live. The expectation is that accreditation will strengthen public health departments and the services they provide, which will contribute to improved health outcomes in communities.

***HITECH Act***

The federal HITECH Act provides incentives for providers to adopt Electronic Health Records (EHR) and to include “Meaningful Use” requirements for automated reporting from EHR systems to Public Health in the following areas: Electronic Laboratory Reporting, Immunization Reporting, and Syndromic Surveillance. CDPH is coordinating communication between providers, local health departments, and CDPH to clarify where providers can submit their Public Health-related Meaningful Use reporting. CDPH is also engaged in planning activities to redevelop its surveillance IT systems to accept Public Health-related Meaningful Use messages from EHR systems. These activities align with the Goal to “Improve quality and availability of data to inform decision making that improves health.”

The expectation is that HITECH will result in CDPH receiving better quality, more timely, and more complete surveillance data due to the improved efficiency and decreased workload in automated reporting, in contrast to current paper, Fax, or other manual methods of reporting. The end result will be the improved efficiency of CDPH program activities and interventions.

## *E. State Influences*

At the state level, particular influences include the previous experience with the 2008-2011 Strategic Plan, the Health in All Policies Initiative, the priorities for Healthy People 2020 as identified by the Public Health Advisory Committee, the CDPH Decision Framework, and diverse input from external and internal stakeholders.

### *2008-2011 Strategic Plan*

In July 2008, CDPH released its first Strategic Plan and established a unified vision for the Department's future. The Strategic Plan contained five broadly defined goals, developed in response to issues identified by internal and external stakeholders, which serve to prioritize and focus CDPH's efforts. The Strategic Plan also incorporated performance-based management methods into critical public health and internal support areas to achieve measurable improvement.

The initial CDPH Strategic Plan outlined the Department's direction and priorities for two Fiscal Years (FYs), from July 2008 through June 2010. However, the Strategic Plan was extended one additional year, to June 2011. This extension enabled CDPH to incorporate valuable insights and make necessary adjustments for the third year, including increasing Year Three targets to maintain successes for those objectives that significantly surpassed their initial targets, and adjusting targets for those objectives facing various challenges, such as budget cuts.

Finally, CDPH will review and analyze the progress made by all 2008-2011 Strategic Plan objectives once the final data for Year Three is compiled and evaluated. This information will be compiled into a final report released by the end of calendar year 2011.

***Comparison of Performance Measures:***
***2008-2011 Strategic Plan and 2011-2014 Internal Operations and Performance Plan***

| **2008-2011 Strategic Plan Performance Measures** | **2011-2014** Internal Operations and Performance **Plan Performance Measures** |
|---|---|
| ***Goal One: Increase quality and years of healthy life, reduce disparities, promote health equity***<br>• Increase Planning Documents<br>• Decrease Pressure Ulcers<br>• Increase Water Quality<br>• Decrease Childhood Blood Lead Levels<br>• Increase Influenza Immunizations<br>• Increase Pneumococcal Immunizations<br>• Decrease Infant Deaths<br>• Increase Adult Physical Activity | ***Goal One: Achieve health equity and eliminate health disparities***<br>• Decrease Childhood Obesity<br>• Decrease HIV Incidence<br>• Decrease Infant Mortality<br><br>***Goal Two: Eliminate preventable disease, disability, injury, and premature death***<br>• Decrease Healthcare Associated Infections<br>• Increase Influenza Immunizations<br>• Decrease Senior Falls |

| **2008-2011 Strategic Plan Performance Measures** | **2011-2014** Internal Operations and Performance **Plan Performance Measures** |
|---|---|
| • Decrease Smoking<br>• Decrease HIV<br>• Decrease Tuberculosis<br>• Decrease Adult Obesity | ***Goal Three: Promote social and physical environments that support good health for all***<br>• Decrease Tobacco Use<br>• Improve Water Quality<br>• Decrease Pedestrian and Bicycle Injuries |
| ***Goal Two: Prepare for, respond to, and recover from public health threats and emergencies***<br>• Increase Staff Training<br>• Decrease Duty Officer Response Time<br>• Increase Laboratory Preparedness (LIMS)<br>• Increase Local Preparedness (SNS Rating)<br>• Increase State Level Exercises | ***Goal Four: Prepare for, respond to, and recover from public health threats and emergencies***<br>• Increase Corrective Actions Implemented<br>• Increase Staff Training<br>• Increase Local Preparedness (MCM Rating) |
| ***Goal Three: Improve quality and availability of data to inform public health decision-making***<br>• Increase Common Core Data Element Collection<br>• Increase Race/Ethnicity Data Collection<br>• Increase Geocoded Data<br>• Increase Data on CDPH Internet | ***Goal Five: Improve quality and availability of data to inform decision making that improves health***<br>• Increase Demographic Data Collection<br>• Increase Data Available as GIS Web Services<br>• Increase Availability of Data Reports |
| ***Goal 4: Promote quality of workforce and workplace environment***<br>• Increase Individual Development Plans<br>• Conduct Employee Survey | ***Goal Six: Promote the quality of the workforce and workplace***<br>• Increase Individual Development Plans<br>• Increase Succession Plans<br>• Increase On-Boarding Development Plans |
| ***Goal Five: Improve effectiveness of business functions***<br>• Increase Regulations Promulgated<br>• Increase Invoices Processed<br>• Increase Personnel Hired<br>• Increase Contracts Executed<br>• Increase Expenditure Forecast Reports<br>• Increase Budgets (BUDS) Distributed | ***Goal Seven: Promote and maintain an efficient and effective organization***<br>• Increase Invoices Processed<br>• Increase Personnel Hired<br>• Increase Contracts Executed |

### *Health in All Policies Initiative*

Recognizing the impact that non-health policies have on health, as well as the complex relationship between sustainability and health, the State of California, through Executive Order S-04-10, created a Health in All Policies (HiAP) Task Force in 2010, placed under the auspices of the Strategic Growth Council (SGC).

On March 17, 2010, the SGC convened the HiAP Task Force, designating 19 State agencies, departments, and offices to participate and enlisting CDPH staff to facilitate the Task Force. Over an eight-month period, Task Force members came together in individual and group meetings, held public input workshops, and received written comments from a diverse array of stakeholders. These State leaders developed a broad-ranging set of recommendations geared toward improving the efficiency, cost-effectiveness, and collaborative nature of State government, while promoting health and sustainability. The HiAP represents a collaborative approach that has been used internationally to address complex health issues that are multi-factorial with many interdependencies, difficult to fully define and are not the responsibility of any single organization or government department. The HiAP Task Force represents the first formal use of HiAP by a United States state governmental panel, releasing the Health in All Policies Task Force Report to the Strategic Growth Council on December 3, 2010.

As outlined in its report, the Task Force identified the following aspirational goals:

- All California residents have the option to safely walk bicycle, or take public transit to school, work, and essential destinations
- All California residents live in safe, healthy, and affordable housing
- All California residents have access to places to be active, including parks, green space, and healthy tree canopy
- All California residents are able to live and be active in their communities without fear of violence or crime
- All California residents have access to healthy, affordable foods at school, at work, and in their neighborhoods
- California's decision makers are informed about the health consequences of various policy options during the policy development process.

Overall, the HiAP Task Force was charged with identifying "priority programs, policies, and strategies to improve the health of Californians while advancing the goals of improving air and water quality, protecting natural resources and agricultural lands, increasing the availability of affordable housing, improving infrastructure systems, promoting public health, planning sustainable communities, and meeting the climate change goals"[5].

[5]Health in All Policies Task Force. Report to the Strategic Growth Council. December 3, 2010 URL http://www.cdph.ca.gov/programs/CCDPHP/Documents/HiAP_Final_Report_12%203%2010.pdf. Accessed June 3, 2011.

The HiAP Task Force continues to meet and is developing implementation plans for eleven priority recommendations. These recommendations encompass the areas of active transportation, housing and indoor spaces, parks, urban greening, places to be active, community safety through violence prevention, healthy food, and healthy public policy.

***Priorities for Healthy People 2020 as identified by the Public Health Advisory Committee***

The Public Health Advisory Committee (PHAC) identified the work of the national Healthy People 2020 Initiative as an opportunity to prioritize and develop specific goals for California to focus its efforts. The PHAC prioritized issues and objectives that addressed health conditions through solutions that emphasized policy and place, rather than those that would focus solely on individual behaviors. The PHAC acknowledged the role of individual behavior and the need for clinical interventions to improve health outcomes, but also wanted to provide a roadmap for public health work within the context of policy and environmental factors that impact health status.

To this end, the PHAC prioritized the Healthy People 2020 objectives to promote the health of all Californians and to guide public health agencies and other stakeholders. The PHAC also affirmed that achieving health equity is a core principle to integrate into the work of public health. In addition, as part of the focus on policy and place, the PHAC agreed that addressing the social determinants of health in each of the priority issue areas below, along with the following list of criteria, is important to focus work upstream.

Criteria used by the PHAC to prioritize the Healthy People 2020 objectives:

- **Overall burden** – Does it have a significant impact on the population?
- **Inequities** – Will it significantly impact the health of the disadvantaged?
- **Synergy** – Will the interventions have co-benefits addressing other diseases, risk factors, or health determinants?
- **Feasibility** – Are the interventions cost-effective, able to achieve results in a reasonable timeframe, and have the political will to implement?
- **Cross sectoral collaboration** – Does it promote multiple departments working together to achieve a common goal?
- **Innovative** – Does it address upstream determinants of health?
- **Community resilience** – Does it build upon existing community assets and capacity?
- **Net health benefit** – Compared with other interventions, is it proven to be more effective, especially in improving the health of disadvantaged populations?

The PHAC also prioritized the Healthy People 2020 Issue Areas, and focused on the objectives under these Issue Areas for further prioritization:

1. **Physical Activity;**
2. **Nutrition & Weight;**
3. **Injury & Violence** (including Occupational Safety);
4. **Tobacco Use and Substance Abuse;**

5. **Mental Health;**
6. **Access to Quality Health Care;**
7. **Environmental Health** (including Climate Change);
8. **Oral Health** (emphasizing Preventive Measures); and
9. **Public Health Infrastructure** (including workforce, data, health IT, communications)

The PHAC recommended these priorities to complement existing public health programs that focus on specific diseases or conditions. Looking at individual diseases and health conditions within a broader context that emphasizes policy approaches and environmental factors will positively impact health status and health outcomes.

***Public Health Decision Framework***

The Public Health Decision Framework (Framework) better positions CDPH to respond to the changing public health concerns of the 21st century, while maintaining the gains and achievements made in public health during the past century. The Framework guides CDPH in proactively prioritizing our work, and serves as an outline to develop and revise the CDPH Internal Operations and Performance Plan. The Framework also supports the CDPH mission to optimize the health and well-being of the people in California and helps CDPH move closer to its Vision of healthy individuals and families in healthful communities.

Additionally, this Framework focuses CDPH efforts on core public health functions and provides guidelines for all CDPH programs. The Framework provides for unified messaging throughout CDPH, and enables CDPH to promptly address the shifting population burden for public health and proactively respond to budget concerns and programmatic changes.

The Framework consists of three facets, as follows:

- Determinants of Health,
- Healthy People 2020 Advisory Committee Criteria, and,
- Core Public Health Functions and Ten Essential Public Health Services.

<u>Determinants of Health</u>

"Determinants of Health", include social factors such as socio-economic status, race/ethnicity and immigration status, institutional factors, such as policies adopted by the private or public sector (e.g. farm subsidies for specific crops), and factors in the physical environment that influence health, such as exposure to toxins or infectious agents, the availability of open space and healthy foods, and land use patterns. Examining Determinants of Health considers how the above factors contribute to unhealthy outcomes and how addressing them might improve health. Addressing Determinants of Health requires including other policy sectors (e.g., education, housing, etc.) in health policy decisions. The Bay Area Regional Health Inequities Initiative (BARHII) is one model for examining Determinants of Health.

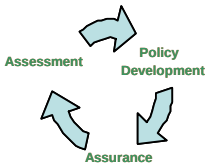
Healthy People 2020 Advisory Committee Criteria

The Framework uses four Healthy People 2020 Advisory Committee Criteria to help prioritize programs and policies:

- The overall burden of disease, including the overall number of persons affected or potentially affected,
- The potential of an intervention to reduce health inequities, due to race, ethnicity, socio-economic status, etc.,
- The degree to which the burden is preventable or reducible, and
- The cost effectiveness of an intervention.

Core Public Health Functions and Ten Essential Public Health Services

The Core Public Health Functions identified in the Institute of Medicine's 1988 document *The Future of Public Health* (Assessment, Policy Development and Assurance) also correlate into the Ten Essential Services of Public Health. The Core Public Health Functions and Ten Essential Public Health Services focus attention on CDPH's core businesses, and provide a common Public Health reference point for all CDPH employees and activities.




| **Core Public Health Functions** | **Assessment** | **Policy Development** | **Assurance** |
|---|---|---|---|
| **Ten Essential Public Health Services** | 1. Monitor<br>2. Detect and Investigate | 3. Inform, Educate and Empower<br>4. Partner<br>5. Interventions | 6. Enforce<br>7. Link<br>8. Workforce<br>9. Evaluate<br>10. Research |

## *F. Definitions and Acronyms*

***Strategic Planning Definitions:***

**Vision:** Describes the future state intended by the effective organization. Example: *Healthy Individuals and Families in Healthful Communities*

**Mission:** Explains why an organization exists. Example: *The California Department of Public Health is dedicated to optimizing the health and well-being of the people in California*

**Goal:** Identifies a direction the organization will take to address an issue and achieve the vision; provides focus for the organization's work, but not specific actions to be taken. Example: *Achieve health equity and eliminate health disparities*

**Performance Measure:** Identifies what will be measured to determine progress toward accomplishing a specific goal. Good performance measures are:

- Meaningful – Have a clear connection to the goal
- Measurable – Mechanisms exist or are relatively easy and inexpensive to implement
- Manageable – Action is likely to show measurable results

**Objective:** Specific target for change of a performance measure to be accomplished by a specified date. Objectives should be S.M.A.R.T. (Specific, Measurable, Achievable, Relevant, and Time-Bound). Example: *Reduce the obesity rate for pre-school children to 16.7 percent by June 30, 2012.*

**Strategy:** Specific courses of action (activities, projects or initiatives) that describe how an objective will be accomplished. Example: *Increase the percentage of maternal and infant couples breastfeeding for six months.*

**Action Plan:** Steps taken within a specific fiscal year to complete strategies. Action plans identify necessary steps to achieve a strategy, responsible parties for accomplishing the outlined steps, the time frame (typically within one year), necessary resources, and estimated completion dates.

**SWOT Analysis**: A method used to evaluate the internal Strengths and Weaknesses, along with the external Opportunities and Threats of an organization or project.

***Additional Definitions:***

**California Immunization Registry (CAIR):** A collaboration of immunization registries that ensures the secure, electronic exchange of immunization records to support the elimination of vaccine preventable diseases.

**CDC:** Centers for Disease Control and Prevention. The CDC is one of the major operating components of the federal Department of Health and Human Services. The CDC mission is to collaborate to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

**Central line associated bloodstream infections (CLABSI):** A serious infection that occurs when germs enter the bloodstream through a central line. A central line is a tube that healthcare providers place in a large vein in the neck, chest, or arm to give fluids, blood, or medications or to do certain medical tests quickly.

**Clostridium difficile infections (CDI):** A bacterium that may develop due to the prolonged use of antibiotics during healthcare treatment. Clostridium difficile infections cause diarrhea and more serious intestinal conditions such as colitis. Patients can be exposed to this bacterium through contaminated surfaces or the spores can be transferred on unclean hands of others.

**Data Analysis:** An analysis of findings, including data analysis that incorporates aggregate results and trends over time, root cause analysis or barrier analysis to identify the reasons for the results or similar types of analysis.

**GIS Web Service:** An Information Systems Server technology for sharing GIS resources, including the distribution of geospatial data and maps to a wide audience of internal and external clients, as well as to other computers, and the dissemination of GIS functionality via services and applications.

**Healthcare Associated Infection (HAI):** An infection that patients develop during the course of receiving healthcare treatment for other conditions.

**Healthy People 2020:** Provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to: encourage collaborations across sectors; guide individuals toward making informed health decisions; and, measure the impact of prevention activities.

**Health Information Technology for Economic and Clinical Health Act (HITECH):** HITECH incentives for providers to adopt Electronic Health Records (EHR) include “Meaningful Use” requirements for automated reporting from EHR systems to Public Health.

**Metadata**: Data that provides information about one or more aspects of the data, such as how the data was created, purpose of the data, time and date of creation, creator or author of data, and standards used.

**Methicillin-resistant staphylococcus aureus bloodstream infections (MRSA BSI**): A type of staph bacteria resistant to certain antibiotics called beta-lactams. These antibiotics include methicillin and other more common antibiotics such as oxacillin, penicillin, and amoxicillin. In the community, most MRSA infections are skin infections. More severe or potentially life-threatening MRSA infections occur most frequently among patients in healthcare settings.

**Program:** Contains activities that have distinct goals and objectives and are implemented to accomplish the CDPH mission. Program activities are designed to produce a set of desired outcomes that affect public health policy.

**Report:** A Public Health document meant to inform the public that includes any amount of quantitative or qualitative data and frames that data in any way (as compared to a table of raw, aggregate data with no descriptive text to frame displayed data).

***ACRONYMS***

| | |
|---|---|
| AIDS | Acquired Immunodeficiency Syndrome |
| CCLHO | California Conference of Local Health Officers |
| CDPH | California Department of Public Health |
| CHEAC | County Health Executives Association of California |
| CTA | California Technology Agency |
| DALY | Disability Adjusted Life Years |
| DCDC | Division of Communicable Disease Control |
| DHCS | Department of Health Care Services |
| DSW | Disaster Service Worker |
| EHR | Electronic Health Record |
| EOC | Emergency Operations Center |
| EPO | Emergency Preparedness Office |
| FSR | Feasibility Study Report |
| FY | Fiscal Year |
| GF | General Fund |
| GIS | Geographic Information System |
| HiAP | Health in All Policies |
| HITECH | Health Information Technology for Economic and Clinical Health Act |
| HAI | Healthcare Associated Infection |
| HIV | Human Immunodeficiency Virus |
| HRB | Human Resources Branch |
| H1N1 | Novel H1N1 Influenza Virus |
| IDP | Individual Development Plan |
| JEOC | Joint Emergency Operations Center |
| LHD | Local Health Department |
| MCM | Medical Countermeasures |
| MPH | Master of Public Health |
| NIMS | National Incident Management System |
| PHAB | Public Health Accreditation Board |
| PHAC | Public Health Advisory Committee |
| RCCC | Richmond Campus Coordination Center |
| RSS | Receipt, Staging, and Storing |
| SCO | State Controller's Office |
| SEMS | Standardized Emergency Management System |
| SGC | Strategic Growth Council |
| SME | Subject Matter Expert |
| SNF | Skilled Nursing Facility |
| SRTS | Safe Routes to Schools |
| STD | Sexually Transmitted Disease |
| SWOT | Strengths, Weaknesses, Opportunities and Threats analysis |
| TAR | Technical Assistance Review |
| TB | Tuberculosis |
| WIC | Women, Infants, and Children Supplemental Nutrition Program |
| YLL | Years of Life Lost |
| YLD | Years Lived with a Disability |