

Strategic Plan 2010–2013



California Department of Public Health
Tuberculosis Control Branch

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Final

<http://www.cdph.ca.gov/programs/tb>

MESSAGE FROM THE CHIEF

It is my pleasure to share with you this strategic plan for the Tuberculosis Control Branch of the California Department of Public Health. The Branch protects Californians by providing leadership and resources to control and eliminate tuberculosis in the state. Drafted in the context of economic crisis and diminished resources, this plan defines how the Branch can best provide leadership and engage partners in evidence-based tuberculosis control strategies over the next four years.

Our strategic plan goals include:

- ***Developing and leading the California tuberculosis control strategy*** by continuing to monitor the epidemiologic trends of tuberculosis in California, assessing the evidence basis for existing and new tuberculosis control strategies, supporting partner efforts to prioritize activities in the face of diminished resources, assembling a proactive statewide plan for tuberculosis control and articulating our short- and long-term needs to relevant audiences;
- ***Being a contributing and responsive tuberculosis control partner*** by understanding and responding to the needs and priorities of critical partners, particularly local health departments and other state agencies; actively participating in important tuberculosis-related dialogues at the national, state and local levels and supporting the efforts of other partners insofar as they are consistent with the Branch’s mission and resource limitations;
- ***Maximizing California’s tuberculosis control resources*** by preserving existing and cultivating new resources in California; enhancing the role and efficacy of existing and new statewide partners, such as private providers; supporting statewide workforce development initiatives and facilitating the adoption of significant new technologies; and
- ***Enhancing organizational effectiveness at the Branch*** by maximizing communication and collaboration practices, enhancing participatory decision-making, encouraging an innovative work environment and cultivating an organizational culture that fosters trust and accountability.

These goals and strategies were crafted using a research-based, participatory process. This process was led by a planning team comprised of Branch employees with deep experience in tuberculosis control. Additionally, most Branch staff engaged in the planning process in some manner, primarily through planning-related research, concept development or plan review.

I invite you to browse this document to learn more about the Branch’s planning context and our rationale for the framework presented above. I firmly believe that our chosen strategy will further the Branch mission of speeding the decline of tuberculosis morbidity and mortality in California today.

James Watt, M.D., M.P.H.
Branch Chief

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The following individuals spent considerable time and energy contributing to this strategic plan. Thank you for your vision, critical thinking and support.

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**No longer with the Branch*

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
TUBERCULOSIS CONTROL BRANCH**

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CHAPTER 1: INTRODUCTION

The Tuberculosis Control Branch (TBCB) of the California Department of Public Health (CDPH) leads statewide tuberculosis control efforts and is dedicated to speeding the decline of tuberculosis morbidity and mortality throughout California. Headquartered in Richmond, California, the Branch has four areas of programmatic focus: **surveillance and epidemiology, outbreak prevention and control, program development** and **resource planning and management**. Together, these focus areas enable the Branch to protect and improve the health status of all Californians by providing leadership and resources to control and eliminate tuberculosis.

California’s population today exceeds 35 million people. The size and demographic complexity of the state contribute to the challenge of tuberculosis control in California. In 2008, the state had the second-highest annual tuberculosis incidence rate in the nation: 7.0 cases per 100,000 people, compared to the national average of 4.2 cases per 100,000 people. Of the 13,000 cases of tuberculosis reported in the United States in 2008, 21 percent were reported in California. Following a large increase in tuberculosis in the late 1980s and early 1990s, state, local and national tuberculosis control efforts were strengthened. Subsequently, the tuberculosis case rate in California declined 50 percent between 1992 and 2008. However, the annual rate of decline has slowed significantly and was just one percent in 2007-2008.¹

To further reduce the burden of tuberculosis in California, it is important for the Branch to have a clear understanding of the state’s tuberculosis control priorities and a clear strategy for how to approach these priorities and appropriately calibrate the Branch’s response to state, local and national issues and trends. Consequently, the Branch has developed this strategic plan. Crafted using a research-based and participatory process, this plan assesses the “landscape” of tuberculosis, identifies the Branch’s strategic direction in response to this planning context and details essential goals, objectives and strategies required for the next four years. While this plan is dedicated to exploring and optimizing the Branch’s response to tuberculosis in the state of California, it incorporates statewide and national initiatives related to tuberculosis control, including the CDPH Strategic Plan for 2008-2010 and the strategic priorities of the Centers for Disease Control and Prevention, Division of Tuberculosis Elimination (CDC/DTBE).



Planning Process

Branch staff carried out the majority of the research, analysis and planning that resulted in this document, building the capacity to support future strategic planning efforts in the process. The Branch's work was led by a "core planning team" (CPT) from all levels and programmatic sections of the Branch. External consultants assisted the Branch by recommending a planning process, facilitating key meetings and retreats, advising on research and strategy development and drafting this final document. The Branch's planning process included the following key steps:

- **Preliminary Research:** Branch staff participated in two workgroups that researched current and future issues and trends for the Branch specifically and for tuberculosis control generally. This research formed the basis for much of the material presented in Chapter 2 (Planning Context). Research topics are explained below.
 - The "Who/Where Are We Now?" workgroup conducted an assessment of the Branch's current status by studying relevant mandates and statutory authorizations; developing an inventory of organizational skills, services and products within the Branch; surveying Branch operations and processes; examining Branch staffing and financial statistics; and listing local, state, national and international partners in tuberculosis control.
 - The "Future Trends" workgroup assessed issues likely to impact the Branch in coming years, including demographic trends in California, trends in the delivery of public health services, trends in tuberculosis diagnosis and treatment and likely funding changes. The workgroup also examined critical internal issues, such as leadership and technology, to ascertain how the Branch may need to evolve in response to external trends.
- **Survey (OCI and OEI ²):** all staff participated in an anonymous, externally administered online survey designed to assess organizational culture and effectiveness. This survey identified the "existing" and "ideal" organizational cultures of the Branch as well as several "causal factors" that were potentially responsible for the gap between the Branch's existing and ideal states of being. These findings formed the basis for several of the internal observations presented in Chapter 2.
- **Planning Meetings:** all staff participated in two facilitated planning meetings at which the results of the preliminary research and the survey were presented, additional organizational development topics were explored and visions for the Branch were articulated. The input generated during these meetings informed strategic discussions and helped shape the plan as it developed.
- **Key informant interviews with leadership from local TB programs in California:** TBCB staff and a consultant conducted structured telephone interviews with leadership from 17 local health jurisdictions in California. The purpose of the interviews was to seek input from local TB programs to help TBCB chart its strategic direction over the next five years.
- **Iterative Plan Development:** plan content was drafted in response to issues and priorities that surfaced during planning-related research. Numerous internal parties worked on the development of the plan over a period of time, including the CPT, the Senior Management Team (SMT), the Assistant Branch Chief, the Branch Chief and several ad hoc plan development teams.

Planning Horizon

The timeline associated with implementing this plan is four calendar years, spanning 2010 through 2013. This timeline was selected to coincide with the CDC funding cycle. The Cooperative Agreement application is the Branch's major funding request, submitted every five years to the CDC. Therefore, the second half of 2013 should be used to update this plan and subsequently derive programmatic and funding priorities for the 2015 to 2019 Cooperative Agreement application, which will likely be due in early 2014. The research and planning activities summarized in this document significantly informed the Cooperative Agreement application submitted in 2009.

Plan Organization

This strategic plan is organized as follows:

- A **Planning Context** articulates the external and internal factors that the Branch is facing and will likely continue to face as it works to speed the decline of tuberculosis case morbidity and mortality in California.
- A **Four-Year Plan** presents CDPH's mission and state mandates for the prevention and control of tuberculosis; the vision, mission and values of the Branch; the Branch's four-year strategic direction in response to its planning context; and the goals, objectives and strategies that will comprise the Branch's focus over the next four years.
- **Appendix A** concludes this document, summarizing partner (e.g., CDC) priorities that are relevant to the Branch.

CHAPTER 2: PLANNING CONTEXT

To appropriately focus this strategic plan, the Branch researched the opportunities and issues most likely to assist or hinder Branch efforts to speed the decline of tuberculosis morbidity and mortality. External factors were identified and evaluated to craft a relevant strategy for the organization. Internal factors were identified and evaluated to maximize the Branch's potential for delivery on this strategy.

External Factors

The findings below were determined through the planning process to be most relevant for the plan. These findings surfaced as a result of staff research and critical thinking about the situation of tuberculosis and tuberculosis control locally, statewide, nationally and globally.

- ***Finding 1: Tuberculosis incidence rates in California are at an historic low, in part due to local, state and federal public health efforts.*** In the late 1980s and early 1990s, California and the nation as a whole experienced a substantial rise in the incidence of tuberculosis after many years of decline. The Institute of Medicine (IOM) prepared a special report on this resurgence and identified the HIV epidemic and decreased resources for public health as important contributors.³ In 1992, there was a significant increase in state and federal resources allocated to tuberculosis control. Subsequently, the incidence of tuberculosis declined steadily, reaching 7.0 cases per 100,000 persons in 2008, the lowest in California's history. This decline has started to level off—the decrease in incidence between 2007 and 2008 was only one percent—prompting questions about how to maintain and further the historical progress.⁴
- ***Finding 2: Despite declines in overall incidence rates, tuberculosis case rates are still elevated among certain at-risk population groups in California.*** California's position as an international crossroads substantially shapes the epidemiology of tuberculosis in the state and complicates tuberculosis control efforts. In 2008, 75 percent of new California tuberculosis cases were foreign-born, and the rate of tuberculosis among foreign-born persons was eight times greater than the rate among those born in the United States.⁵ Among persons born in the United States, African Americans are most disproportionately impacted by tuberculosis in California.⁶ Reducing case rates in disproportionately impacted populations is a longstanding and widely embraced national goal; CDPH and the Branch share this public health priority.
- ***Finding 3: Population groups disproportionately impacted by tuberculosis often lack ready access to health services, challenging individual and public health efforts.*** Tuberculosis disproportionately impacts persons who are socially and economically marginalized, in part because these individuals often lack ready access to health services. These circumstances can delay diagnosis, prolong infectious periods and complicate adherence to prescribed medication. While insufficient access to health services represents great risk for any individual's health status, it also imperils the health of the public at large because it decreases the ability of individual tuberculosis patients to be rendered non-infectious and cured of disease. Ultimately, lack of prevention and early detection contributes to the continued spread of the disease and to the emergence of drug-resistant tuberculosis strains.
- ***Finding 4: Latent tuberculosis infection (LTBI) is widespread in California, further complicating efforts to control and eradicate the disease.*** While exact figures are not available, ongoing

immigration from countries where tuberculosis is common has resulted in a large number of people in California with LTBI. The Branch estimates that two million Californians have LTBI, which may progress to active, infectious tuberculosis at any time. Additionally, persons at highest risk for LTBI often also lack access to health care and thus the opportunity to be evaluated and treated. LTBI represents an ongoing but difficult-to-contain source of tuberculosis disease.

- ***Finding 5: Public health capacity to control tuberculosis is diminishing and faces significant, ongoing threats.*** Decreased resources for tuberculosis control contributed to a spike in cases in the late 1980s and early 1990s. In response, significant resources were invested in tuberculosis control, enabling intensified public health activities that contributed to the currently low incidence rate of the disease. However, resources for tuberculosis control have fallen steadily, potentially threatening the gains made in the past decade and a half. Competing priorities, new responsibilities and reduced resources are stretching the capacity of local public health programs and laboratories, which are responsible for front-line tuberculosis control. At the same time, many local public health departments are eliminating or reducing clinical services and can no longer provide a strong safety net for those without adequate access to health services. Innovative strategies to respond to public health capacity limitations are vitally needed.
- ***Finding 6: Tuberculosis patients managed by private providers in California are less likely to receive appropriate case management and meet national standards of care than patients treated by public health entities.*** Tuberculosis treatment through private providers is an option for supplementing public health capacity for tuberculosis control in California. Shifting clinical care to the private sector may enable public health workers to focus on public health activities that the private sector is not equipped to provide, such as contact investigation. However, analyses nationally and in California have revealed that private provider expertise in tuberculosis is variable and compliance with treatment standards needs improvement. Further, coordination of public health activities with private sector care is complex. For instance, of the 29 percent of tuberculosis cases managed by private providers in California in 2007, 21 percent of those recommended for directly observed therapy were receiving self-administered therapy, compared to 3 percent of those managed by health departments. Enhancing private provider expertise in tuberculosis treatment, better defining the roles and responsibilities of the private and public sectors in tuberculosis control and developing efficient systems for public-private partnership are necessary.⁷
- ***Finding 7: New technologies and practices have emerged that can make tuberculosis control more effective. However, questions exist about how to best apply these new methods and make them more broadly available.*** New drugs are being developed that could reduce the duration of treatment for LTBI and active tuberculosis, making treatment completion more likely and providing new options for treating multi-drug resistant (MDR) tuberculosis. Likewise, advances have been made in diagnostics that could assist in the detection of LTBI and MDR tuberculosis. While these advances hold promise for tuberculosis control, it is essential to identify which new technologies will be cost-effective and useful in California. The Branch will need to be engaged in dissemination of tools that are found to be valuable.
- ***Finding 8: The laboratory is an essential partner in tuberculosis control.*** Tuberculosis control activities depend on accurate and timely laboratory services. With the increasing complexity of tuberculosis-related laboratory tests, microbiologists also play an important role in interpreting test results. Finally, laboratory-based reporting is critical for ensuring timely public health action (e.g.,

isolating infectious patients) and sustaining complete tuberculosis surveillance. Public health laboratory capacity is severely threatened in the current fiscal climate.

- ***Finding 9: Efforts to identify the most important tuberculosis control practices are underway in the state.*** The California Tuberculosis Controllers Association (CTCA) is a membership organization of local health department tuberculosis control staff. The mission of CTCA is to increase collaboration, communication and leadership to eliminate tuberculosis in California. Members of CTCA and the Branch are currently collaborating in a workgroup to assess and prioritize tuberculosis control practices in an era of budget constraints. Building consensus about program elements that are critical to protecting the public from tuberculosis will help determine a statewide strategy for maximizing available resources and protecting crucial capacities. Thus, this process is a significant opportunity for the Branch.
- ***Finding 10: Many external audiences and factors exist to which the Branch must respond.*** The Branch serves many audiences, including the general public, local health jurisdictions, CDPH, other state agencies, the CDC and academic partners. While many of these audiences frequently collaborate, use similar research methods and share general priorities, each represents a unique viewpoint to which the Branch must respond. Partner priorities are numerous; a selected list of partner priorities most relevant to the Branch is provided in Appendix A.

Internal Factors

Internal findings are based on staff research and input from the all-staff survey, all-staff retreat and strategic planning sessions.

- ***Finding 1: The Branch's diverse scope complicates operations and can limit consensus about Branch-wide priorities.*** The Branch has many audiences to which it must respond and the various responsibilities have a wide range of operational implications. For instance, the Branch's role as a statewide leader for tuberculosis control demands a stable work environment in which strategic initiatives can be developed, launched and evaluated in an organized fashion. However, the Branch's role as a responder to urgent tuberculosis and other public health events, such as the recent outbreak of pandemic H1N1 influenza, calls for high levels of staff and resource flexibility. The variable nature of the Branch's responsibilities can complicate daily operations, which over time can interfere with consensus about Branch-wide priorities.
- ***Finding 2: The nature of the Branch's operating environment necessitates strong communication practices and high levels of organizational trust.*** Early plan research and the all-staff survey revealed that the Branch had more limited communication than was desirable given the Branch's complex operating environment. Incomplete and inconsistent communication hindered staff understanding of organizational priorities and lessened collaboration, trust and employee morale. In response to these findings, efforts to improve communication were launched during the strategic planning process, aiming to share information in a more timely fashion, particularly with regard to organizational priorities, decisions and activities. This approach has been embraced by staff and an improvement in collaboration and morale is already evident. Taking this new approach to scale is a continuing strategic need. Maintaining efficient operations and ensuring appropriate confidentiality will be key challenges to furthering the communication initiative.

- ***Finding 3: Interest exists in enhancing participatory decision-making at the Branch, where feasible.*** One challenge created by the Branch’s operating environment is that some decision-making must be centralized, particularly when the Branch is entering into or is already in an urgent response mode. In addition, the Branch is part of a larger government entity which sets general policy and organizational structure. Consensus exists within the Branch that not all decisions can or need to be centralized, and leadership recognizes that decentralizing decision-making responsibilities can increase staff investment in the Branch’s mission, as well as morale and efficiency. Enhancing staff input into strategy- and goal-setting processes, clarifying how decisions are generally made and increasing transparency around specific decisions before and after they are made are key strategic initiatives for the Branch.

- ***Finding 4: Strong support exists for enhancing innovation at the Branch.*** In the past, the culture of the Branch has tended to be risk-averse and slow to adapt to change. These characteristics are partly related to constraints of the larger governmental organizational context. However, given the changing landscape of tuberculosis control and the need to prioritize evidence-based, proven activities, strong internal support exists for a less static, more innovative operating environment. As with communication, plan research findings prompted action on the part of staff and Branch leadership to address some innovation-related issues before this plan was complete. Numerous discussions surfaced the need for more forums to encourage idea-sharing and collaboration, and one such structure has already been created: the Forum for Information Sharing (FISH). Capitalizing on this momentum is a focus of this strategic plan, as is targeting innovation to enhance efficiency and effectiveness.

- ***Finding 5: The Branch has limited human and financial resources and an ever-increasing need for organizational effectiveness. The skills, expertise and good will of leadership and staff are critically needed at this time to support the Branch’s mission.*** As noted earlier, the Branch must respond to numerous external audiences, many of whom are having increasing needs. Internal staff are an additional key audience and have their own unique and reasonable needs from the organization. Balancing the expectations and priorities of all of these groups, particularly in today’s operating environment, is a notable challenge for both Branch leadership and staff. As such, a need exists for an operating environment that promotes good communication, encourages collaboration and innovation, furthers staff investment, enables organizational trust and enhances organizational effectiveness. Branch leadership needs to set the tone for a revitalized organizational culture; in turn, staff need to maintain and further positive transitions in the Branch.

CHAPTER 3: FOUR-YEAR STRATEGIC PLAN

CDPH Mission

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

CDPH Mandates

CDPH is required to:

- Be a lead agency for tuberculosis at the state level
- Maintain a program for the control of tuberculosis
- Examine the causes of communicable diseases occurring in the state
- Advise and, when necessary, control and regulate the actions of local health authorities when the health of the public is menaced

CDPH may:

- Take all proper and necessary actions to protect and preserve the public health
- Advise all local health authorities

TBCB Vision

The Tuberculosis Control Branch will speed the decline of tuberculosis case morbidity and mortality

TBCB Mission

To protect and improve the health status of all, the Tuberculosis Control Branch provides leadership and resources to control and eliminate tuberculosis

CDPH-TBCB 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.

Four-Year Strategic Direction

Provide leadership and engage TB control partners in evidence-based TB control strategies in the context of diminished resources

Goal 1: Develop and lead the California TB control strategy

Objectives:

- TBCB is a leading source of TB program guidance and TB control information for the State of California
- TBCB clearly articulates state and local TB control activities, accomplishments, priorities and needs to CDPH, external audiences and potential resource partners

Supporting Strategies:

- Strategy 1: Collect, analyze and disseminate data about TB and TB control in California
- Strategy 2: Develop a long-range, proactive TB control plan for California
- Strategy 3: Support statewide efforts to craft a prioritized response to declining TB control resources
- Strategy 4: Articulate California's long- and short-term TB control priorities to relevant audiences

Goal 2: Be a contributing and responsive TB control partner

Objectives:

- TBCB remains a respected and acknowledged facilitator and innovator in TB prevention and control
- TBCB appropriately responds to national, state and local mandates, initiatives and calls to action

Supporting Strategies:

- Strategy 1: Continue to inform and help shape national, state and local TB control objectives
- Strategy 2: Be aware of and respond to partner mandates and initiatives
- Strategy 3: Be aware of and respond to LHM needs and priorities

Goal 3: Maximize California's TB control resources

Objective:

- TBCB and its state and local partners maintain and increase their capacity to reduce California's TB burden and appropriately respond to urgent disease control events

Supporting Strategies:

- Strategy 1: Preserve existing and cultivate new resources for TB control in California
- Strategy 2: Enhance the role and efficacy of existing and new statewide partners
- Strategy 3: Support statewide workforce development initiatives
- Strategy 4: Evaluate and facilitate the adoption of new technologies and initiatives

Goal 4: Enhance organizational effectiveness

Objectives:

- TBCB supports universal staff ownership of TBCB's mission, priorities and strategic direction
- TBCB promotes a communicative, collaborative and innovative organizational culture

Supporting Strategies:

- Strategy 1: Modify organizational practices to improve communication
- Strategy 2: Modify organizational practices to improve collaboration
- Strategy 3: Modify organizational structures and processes to enhance participatory decision-making
- Strategy 4: Promote innovation at the Branch
- Strategy 5: Cultivate a workplace environment that fosters trust and accountability

APPENDICES

APPENDIX A: Partner Priorities Relevant to the Branch

CDC Mandates and Strategic Initiatives:

- Achieve national tuberculosis program objectives and performance targets
- Improve tuberculosis control by using standardized indicators and objectives to identify areas for evaluation and intervention
- Improve evaluation by launching the cohort review process
- Launch and maintain web-based reporting
- Invest in workforce development
- Increase opportunities for Program Collaboration and Service Integration Initiative (PCSI)
- Implement B notification surveillance system (Electronic Disease Notification)

CDPH Strategic Plan Objectives (adapted for the Branch):

- Increase progress toward the tuberculosis-related U.S. Department of Health and Human Services' *Healthy People 2010* objectives
- Increase the percentage of Branch managers and staff who have successfully completed training for various statewide and national disaster response positions, and are available for deployment
- Increase the percentage of tuberculosis datasets in the CDPH Data Resource Inventory that collect the following: Common Core Data Elements and State-Mandated Race/Ethnicity Information
- Increase the percentage of tuberculosis datasets in the CDPH Data Resource Inventory that have geocoded data and from which de-identified or non-confidential data are publicly available via the Internet
- Every Branch employee will receive a written annual performance review and an Individual Development Plan by their direct supervisor
- Enhance Branch employee opinions of CDPH's workplace environment

ENDNOTES

¹ California Department of Public Health, "Report on Tuberculosis in California, 2008," August 2009: 2.

² Human Synergistics International develops and administers organizational assessment surveys for businesses, nonprofit organizations and public agencies across the United States. The assessment tool administered for TBCB surfaced data relating to the Branch's existing and ideal organizational cultures and organizational effectiveness. Please see www.humansynergistics.com for more information.

³ Institute of Medicine, "Ending Neglect: The Elimination of Tuberculosis in the United States," 2000.

⁴ California Department of Public Health: 3.

⁵ California Department of Public Health: 2.

⁶ Tuberculosis Control Branch, "November 2009 Data Review."

⁷ Tuberculosis Control Branch, "2010–2014 Tuberculosis Elimination Cooperative Agreement – California Department of Public Health, Tuberculosis Control Branch, #5 U52 PS900515-28."