Healthy California 2020

Recommendations from the Public Health Advisory Committee to the California Department of Public Health

May 13, 2011

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Executive Summary

The Public Health Advisory Committee (PHAC) was established by SB 162 to provide expert advice and recommendations to the Director of the California Department of Public Health (CDPH) on the development of policies and programs that seek to prevent illness and promote the public's health. The 15 member committee first convened in April 2008 (please refer to Appendix A for a list of committee members) and identified the work of the national Healthy People 2020 Initiative as an opportunity to develop specific goals for California.

The Healthy People 2020 Initiative represents a broad set of goals and objectives for the Nation's health (please refer to Appendix B for more information). The breadth and encyclopedic nature of Healthy People 2020 requires California to focus its efforts to make the scope of the assessment and monitoring activities achievable, as well as drive initiatives that will improve health outcomes.

Throughout the process, 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 (people). While the committee acknowledges the role of individual behavior and the need for clinical interventions to improve health outcomes, it wanted to provide a roadmap for public health work within the context of policy and environmental factors that impact health status. This approach parallels much of the work already being done throughout the state, such as incorporating "health in all policies," which recognizes that decisions by non-health entities, such as housing, transportation, and education, have a large role in promoting health and well-being. The recommendations provided in this document represent PHAC's desire to align the state's forward-thinking efforts to advocate for an expanded approach to public health with a national initiative, Healthy People 2020. We hope our work will inform public health practice in California, for the Department of Public Health, local health jurisdictions, as well as other community and private public health efforts.

Healthy California 2020 Priority Areas

As part of the process of identifying priority issue areas on which the state should focus, the PHAC affirmed that achieving health equity is a core principle that should be well integrated into the work of public health. In addition, as part of the focus on policy and place, PHAC agreed that addressing the social determinants of health in each of the priority areas is important to begin working upstream.

In identifying the priority areas, the PHAC created a list of criteria that was used to screen relative importance. The criteria included:

- **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?

We also wanted to incorporate the Healthy Community Indicators being developed by CDPH into the Healthy California 2020 framework. (Please see Appendix C for a crosswalk highlighting linkages between the Healthy California 2020 priority issue areas and objectives and the Healthy Communities Indicators.) As a result, PHAC prioritized the following nine issue areas:

1. Physical Activity
2. Nutrition & Weight
3. Injury & Violence (including Occupational Safety)
4. Tobacco Use/Substance Use
5. Mental Health
6. Access to Health Care
7. Environmental Health (including Climate Change)
8. Oral Health (emphasizing Preventive Measures)
9. Public Health Infrastructure (including workforce, data, health IT, communications)

These issue areas are not meant to replace existing public health programs that focus on specific diseases or conditions, but complement them. Public health will continue to address individual diseases and health conditions, but needs to do so in a broader context which emphasizes policy approaches and environmental factors that impact health status and health outcomes.

Healthy California 2020 Objectives

The objectives for each of the nine priority areas were identified based on data and information about measurable indicators that would demonstrate a large impact on health based on the number of people affected, focus on structural interventions (policy and place), and interventions proven to be effective. Where appropriate, the Healthy People 2020 objectives are referenced.

Injury & Violence

Each year in California, injuries cause more than 17,000 deaths, over 75,000 people to be permanently disabled, over 250,000 nonfatal hospitalizations, and more than 2,000,000 emergency department visits. Overall, injuries rank as one of our most

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pressing health problems, yet they are probably the most under-recognized. They are the leading cause of death for persons from the first year of life to middle age and the fourth leading cause of death among persons of all ages. Furthermore, injuries cause many more hospitalizations, emergency department visits, and doctor's office visits than deaths. Injuries and their consequences account for more than 10 percent of annual medical spending, approximately $260 billion each year. Overall, fatal and non-fatal injuries exact a terrible personal and societal toll, and are a tremendous drain on society in terms of lost productivity and other societal impacts[1].

Motor Vehicle Related Morbidity and Mortality

- Reduce pedestrian and bicyclist injuries and deaths.
- Reduce nonfatal motor vehicle crash-related injuries. (IVP HP2020–25)
- Reduce motor vehicle crash-related deaths. (IVP HP2020–24)

Reduce Violence

- ***Placeholder – insert positive youth development/resilience objective, such as suicide prevention, reducing self injury/harm among youth and adults***
- Reduce firearm-related deaths and injuries (IVP HP2020-3)
- Reduce homicides (IVP HP 2020-2), especially in those 25 years old and younger
- Reduce all types of bullying among adolescents (including school, cyber bullying, etc.). (IVP HP2020–41)
- Reduce violence by current or former intimate partners. (IVP HP2020–31)
- Reduce sexual violence. (IVP HP2020–32)

Child Maltreatment

- Reduce incidents of child maltreatment (including physical, psychological, neglect, etc.). (IVP HP2020–29)
- Reduce child maltreatment (physical) deaths. (IVP HP2020–30)

Older Adult

- Reduce older adult falls.
- Reduce incidents of elder abuse (Physical, sexual, emotional/psychological, financial and neglect)
- ***Add an alcohol indicator linked to injury and violence.***

Comment [sc1]: Could relate to poisoning and accidental overdoses, DV injury/deaths, child maltreatment, suicide, motor vehicle crashes, firearm related accidental shootings, etc

Tobacco Use and Substance ABUSE

Tobacco use remains the number one cause of premature, preventable deaths in the United States, killing more people than deaths from HIV, illegal drug use, alcohol use, motor vehicle injuries, suicides, and murders combined (CDC). Substance abuse causes immeasurable destruction to families, jobs, and society, while being a key

[1] "Filling the Gaps: Strategic Directions for a Safer California, 2010 – 2013" California Department of Public Health, Safe and Active Communities Branch, June 2010. Page 5.

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ingredient in violent and nonviolent crimes, and intentional and unintentional injuries. The PHAC combined these two issue areas because of the frequent co-morbidities they cause, while simultaneously acknowledging that while the strategies employed to work on these different risk factors contain some areas of overlap, they also have many nuances that must be addressed in unique strategies. Building on California's historic tobacco control work under Proposition 99, the PHAC considers the socio-ecological and comprehensive tobacco control model as a model for multiple Healthy California initiatives as well as many chronic diseases. At its core, the tobacco control model changes social norms, works across the Spectrum of Prevention, and integrates strategies across policy, place, price, and people. The objectives chosen are broad and allow for cutting edge work across multiple domains and determinants of health.

- Reduce the initiation of tobacco use among children, adolescents, and young adults. (TU HP2020–7)
- Reduce tobacco use by adults. (TU HP2020–5)
- Reduce tobacco use by adolescents. (TU HP2020–6)
- Reduce the proportion of nonsmokers exposed to secondhand smoke. (TU HP2020–11)
- Reduce the illegal sales rate to minors. (TU HP2020–3)
- Reduce the proportion of adolescents and young adults who are exposed to tobacco advertising and promotion—reduction in the proportion of adolescent's grades 6 through 12 exposed to tobacco advertising and promotion. (TU HP2020–14)
- Increase the age and proportion of adolescents who remain alcohol and drug free.
- Reduce per capita consumption of alcohol.

Mental Health

After automobile accidents and homicide, suicide is the third leading cause of death for adolescents and young adults, according to the National Adolescent Health Information Center. California has worked to improve mental health services and suicide prevention resources through the passage of the mental health parity law in 1999 and the Mental Health Services Act in 2004, and most recently, through efforts to integrate behavioral health services with primary care. However, Californians still experience barriers in receiving the mental health screening and services they need, and mental health disparities still exist. According to CHIS, 17.2 percent of African Americans, 12.7 percent of Latinos, and 17.6 percent of Native American/Alaska Native adults reported feeling unhealthy almost half the time during the past 30 days due to poor mental health. The PHAC identified the following areas of importance when selecting the mental health objectives: reducing the proportion of children with adverse childhood experiences, increasing regular screening for behavioral health issues (depression, substance use, tobacco use), and increasing percentage of high-risk families receiving home-based visits.

- Increase the proportion of children with mental health problems who receive treatment. (MHMD HP2020–6)

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- Increase the proportion of adults with mental disorders who receive treatment. (MHMD HP2020–13)
- Reduce the suicide rate. (MHMD HP2020–1)
- Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders. (MHMD HP2020–14)
- Decrease the annual prevalence of Major Depressive Disorders (MDO). (MHMD HP2020–16)
- Increase the proportion of homeless adults with mental health problems who receive mental health services. (MHMD HP2020–3)
- Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral. (MHMD HP2020–5)

Access to Quality Health Care

Every Californian has a right to health coverage and access to quality health care. However, according to the 2009 California Health Interview Survey, seven million Californians were uninsured for all or part of 2009. Through the implementation of the Affordable Care Act, almost 4.7 of these uninsured will be eligible for insurance through the Health Benefit Exchange and Medi-Cal expansion.[2] Even with these coverage expansion efforts, there will still be about 2 million, primarily people of color, who will remain uninsured, who will still need access to care. The PHAC identified the following access objectives to determine the state's progress in providing quality care to all Californians.

- Increase the proportion of persons who receive appropriate evidence-based clinical preventive services. (AHS HP2020–9)
- Reduce hospitalization rates for three ambulatory-care-sensitive conditions, such as Asthma, Diabetes, and Cardio-vascular disease.
- Increase the proportion of persons with a usual primary care provider. (AHS HP2020–3)
- Increase the proportion of persons who have a specific source of ongoing care. (AHS HP2020–6)
- Increase the proportion of insured persons with coverage for clinical preventive services. (AHS HP2020–2)
- Reduce the proportion of individuals that experience difficulties or delays in obtaining necessary medical care, dental care, or prescription medicines. (AHS HP2020–7)
- Increase the diversity of the health workforce.
- Increase (availability of) health care for low income, or underinsured children in grades K through 12, by increasing the number of school nurses in the schools.

[2] "Two-Thirds of California's Seven Million Uninsured May Obtain Coverage Under Health Care Reform," UCLA Center for Health Policy Research, February 2011.

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- Increase the number of primary care providers including physicians, nurse practitioners, physician assistant, and community health professionals

Environmental Health

Eight of the ten most ozone-polluted counties in the U.S. are in California. Air pollution in California comes from vehicles, power plants, and industrial and agricultural activities. In addition, studies show that communities of color and low-income communities are more likely to live close to areas where they are exposed to pollutants, which can lead to higher levels of asthma and other respiratory conditions, cardiovascular events, premature deaths, and low birth weight. For example, it is more common for people of color to live near high-traffic areas due to a lack of affordable housing options in lower-traffic areas. Latino children with asthma are more than twice as likely to live near high-traffic areas (28 percent) as White children (12 percent). African American children also face this disparity, with 20 percent living near high-traffic areas.

The state's position as the nation's foremost agricultural producer also has a profound impact on air quality, particularly in the Central Valley. Agriculture related pollution stems from activities like land cultivation, pesticides, and harvesting. As a result, in the Central Valley — which suffers from some of the worst air quality in the country — air pollution increasingly leads to premature deaths from respiratory disease, and asthma is quickly becoming an epidemic. Fresno and Kings Counties have the highest asthma rates in the state (over 20 percent compared to an average of 14 percent). Asthma can lead to missed school and work, increased health care costs, and ultimately death.

For this priority area, the PHAC identified both broad goals, and more specific objectives that are related to the goals. In addition, while we believe that noise and safety issues are important components of safe and healthy housing, we were not able to identify measurable objectives for these issues.

- Reduce the number of days the Air Quality Index (AQI) exceeds 100. (EH HP2020–1)
  - Increase use of alternative modes of transportation for work commutes to reduce motor vehicle emissions and improve the nation's air quality. (EH HP2020–2)
  - Increase overall fuel efficiency to reduce motor vehicle emissions and improve the State's air quality
  - Increase use of cleaner burning fuels to reduce industrial and transportation-related emissions.
- Reduce the amount of toxic pollutants released into the environment. (EH HP2020–11)
  - Increase rate of compliance among industrial sources of wastewater discharge and air pollution.
  - Increase use of non-toxic alternatives to conventional industrial chemicals in order to reduce toxic releases to the environment.
- Minimize human exposure to toxic chemicals in the environment.

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  - Reduce exposure to selected environmental chemicals in the population, as measured by blood and urine concentrations of the substances or their metabolites. (EH HP2020–21)
  - Increase the number of local land use agencies that have established minimum distance "buffer zones" between emission sources and sensitive populations.
- Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act. (EH HP2020–4)
- Reduce the proportion of occupied housing units that have moderate or severe physical problems. (EH HP2020–19)
  - Eliminate elevated blood lead levels in children. (EH HP2020–8.1)
  - Increase the proportion of persons living in pre-1978 housing that has been tested for the presence of lead-based paint hazards. (EH HP2020–17)
  - Decrease the number of U.S. homes that are found to have lead-based paint or related hazards. (EH HP2020–18)
  - Reduce exposure to mold, insect debris, second-hand smoke and other asthma triggers identified during regulatory inspections of commercial housing.
  - Reduce proportion of persons living in housing units with non-compliant gas-fired heating devices.
- Increase the proportion of the Nation's elementary, middle, and high schools that have official school policies and engage in practices that promote a healthy and safe physical school environment. (EH HP2020–16)
- Reduce the occurrence of CDC foodborne illness risk factors identified during regulatory inspections of retail food establishments. (FS HP2020-6).]
- Increase the proportion of days that beaches are open and safe for swimming. (EH HP2020-7)
- Increase the number of local health departments which have assessed the impacts of climate change on their public health programs, and have established adaptation strategies to ensure the continued effectiveness of those programs.

Oral Health

According to the CDC, tooth decay is the number one chronic health problem among children and is four times more common than childhood asthma and seven times more common than hay fever. The US Surgeon General's 2000 report on oral health in the US found that children lose over 50 million hours from school and adults 160 million hours from work annually from dental illness and visits. Recognizing that the vast majority of tooth decay is almost entirely preventable, and that one dollar spent on oral health prevention saves eight to fifty dollars in restorative care, (http://www.adha.org and http://nidr.nih.gov) the PHAC prioritized oral health objectives with a strong emphasis on primary prevention. PHAC recognizes that 80 percent of dental disease occurs in 20 percent (low income) of the population, and that there is much room for health equity improvement in this area. Non-Hispanic blacks, Hispanics, American Indians and Alaska Natives generally have the poorest oral health of any of the racial and ethnic groups in the US population, according to the CDC.

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- Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water. (OH HP2020–2)
- Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year. (OH HP 2020-3)
- Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth. (OH HP2020–6)
    - Reduce the proportion of young children with dental caries experience in their primary teeth (aged 3-5 years)
    - Reduce the proportion of children with dental caries experience in their primary and permanent teeth (aged 6-9 years)
    - Reduce the proportion of adolescents with dental caries experience in their permanent teeth (aged 13-15 years)
- Reduce the proportion of children, adolescents, and adults with untreated dental decay. (OH HP2020–7)
- Increase the proportion of local health departments that have oral health education and prevention programs. (OH HP 2020-13b)

Physical Activity

The 2009 California Health Interview Survey found that nearly one-third (33 percent) of children – a ten percent increase from just two years earlier – did not engage in vigorous physical activity at least three days per week, many because of unsafe social and physical environments. In addition, a majority (52 percent) of the state's residents feel that the park nearest to their home is not safe at night. Ensuring access to safe places to be physically active is critical to help reverse rising obesity rates. According to the Centers for Disease Control and Prevention, regular physical activity can help control weight, strengthen bones and muscles, improve mental health, and reduce the risk of cardiovascular disease, diabetes, and some cancers. The PHAC selected several objectives that addressed increasing the amount and quality of physical ***activity*** in schools (compared with physical ***education***), since California already requires PE in schools. In addition, the worksite wellness incentives included in the new health law provides an opportunity to promote physical activity in the workplace. These objectives also address the growing evidence that prolonged periods of sitting contribute independently to chronic disease and obesity risk. Lastly, we prioritized joint use of public facilities as it has become an important solution in rural and low-income areas as a way to create safe places for physical activity using existing resources.

- Increase the proportion of adolescents who spend at least 50 percent of school physical education class time being physically active. This objective has been dropped in the final version of Healthy People 2020. We should keep it in
- Increase the proportion of the Nation's public and private schools that require daily physical education for all students. (PAF HP2020–2)
- Increase the proportion of States and school districts that require regularly scheduled elementary school recess. (PAF HP2020–12)
- Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time. (PAF HP2020–13)

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- Increase the proportion of trips made by walking, biking, and transit.(PAF HP2020–10)
- Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs. (PAF HP2020–9)
- Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations). (PAF HP2020–5)

Nutrition and Weight

Obesity is on the rise in California. According to the 2009 California Health Interview Survey, 54.2 percent of adults and teens in the state were either overweight or obese – nearly a 10 percent increase from 2001. In California, lost productivity and medical care costs of the consequences of obesity and overweight are estimated to be about $41.2 billion.[3] In their 2007 study, *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*, the California Center for Public Health Advocacy found that for every grocery store or farmers' market in the state, there are 4.48 fast food restaurants or convenience stores. Because of the strong link between a communities' access to affordable healthy food options and obesity rates, the PHAC tried to identify the most policy and place-based oriented objectives to address this priority area. We also focused on sodium intake as there is strong evidence that decreasing sodium consumption reduces hypertension.

- Increase the proportion of children and adults who are at a healthy weight. (NWS HP2020–1)
- Reduce the proportion of children and adolescents who are overweight or obese. (NWS HP2020–5)
- Eliminate very low food security among children in U.S. households. (NWS HP2020–14)
- Increase the number of States that have State-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines. (NWS HP2020–18)
- Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in childcare. (NWS HP2020–19)
- Reduce consumption of sodium in the population aged 2 years and older. (NWS HP2020–10)
- Increase the proportion of primary care physicians who regularly measure the body mass index of their patients. (NWS HP2020–16)

Public Health Infrastructure

Public health has not had adequate resources to ensure its staff capacity, infrastructure, and programs can effectively and efficiently respond to the health needs of the public. While the new health law presents opportunities to focus on community health efforts,

[3] Chenoweth, David. The Economic Costs of Overweight, Obesity, and Physical Inactivity Among California Adults. June 2009.

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policymakers and the public need to continue to prioritize prevention and primary care services and provide the appropriate funding necessary to meet our public charge.

Core Competencies
Individual competence is at the core of organizational competence. It is estimated that 80 percent of public health professionals in the state do not have formal public health training[4]. Further assessment of the impact of this gap as well as a systematic approach to improving the skills of public health workers is needed to advance the health improvement and protection initiatives within the state. California cannot move toward accreditation or other activities without increasing public health core competencies.

- Increase the proportion of Federal, Tribal, State, and local public health agencies that incorporate core competencies for public health professionals into job descriptions, performance evaluations, and organizational training and development plans. (PHI HP2020–6)

Data
Data is key to analyzing and assessing the health of population groups, identifying disparities, and managing performance. Due to its diversity and size, California needs to establish data systems that measure county and local level data, as well as information about subpopulations.

- Increase the proportion of population-based Healthy People 2020 objectives for which national data are available for all major population groups. (PHI HP2020–3)

Performance Assessment/Quality Improvement

- Increase the proportion of State and local public health jurisdictions that assess organizational performance and improve the quality of services in the public health system using national standards. This objective has been modified in the final release of Healthy People 2020. It now says "Increase the proportion of State and local public health jurisdictions that conduct a public health system assessment using national performance standards." (PHI HP2020–9)
- Increase the proportion of Tribal, State, and local public health agencies that have implemented a health improvement plan and increase the proportion of local health jurisdictions that have implemented a health improvement plan linked with their State plan. (PHI HP2020–10)
- Increase the proportion of Tribal, State, and local public health agencies that have implemented an agency wide quality improvement process. (PHI HP2020–18)
- Increase the proportion of Public Health Agencies that have a written strategic plan with explicit performance measures for accountability and linked to the health improvement plan

[4] "Public Health Education and the University of California". Final Report of the Health Sciences Committee. April 2004. (http://www.ucop.edu/hss/documents/public_health.pdf)

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Workforce

- Increase the proportion of 4-year colleges and universities that offer public health or related majors and/or minors that are consistent with the core competencies of undergraduate public health education. (PHI HP2020–15)
- Expand enrollment in existing Schools of Public Health in the state and create new Schools of Public Health to train greater numbers of graduate prepared public health professionals who will meet the documented shortages.

Laboratory Capacity

Laboratory capacity is essential to ensure appropriate public health response. While additional laboratories may not be necessary, the current ones may need additional resources to improve responsiveness.

- Increase the proportion of public health laboratory systems (including State, Tribal, and local) that perform at a high level of quality in support of the 10 Essential Public Health Services. (PHI HP2020–12)
- Increase the proportion of Tribal, State and local public health agencies that provide or assure comprehensive laboratory services to support essential public health services. (PHI HP2020–11)

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Appendix A: Public Health Advisory Committee Members

The California Public Health Act of 2006, Chapter 241, Statutes of 2006, (SB 162, Ortiz) established a Public Health Advisory Committee (PHAC) of 15 members; nine appointed by the Governor, three appointed by the Speaker of the Assembly, and three by the Senate Committee on Rules. The Committee's members represent a broad cross-section of public health stakeholders, including academia, biotechnology, business, community based organizations, emergency services, local government, health departments, medicine, nursing, public health laboratories, social marketing, consumers and other sectors of the public health community such as California-based nonprofit public health organizations and health consumer advocates. Members serve at the pleasure of their appointing authority and are not compensated.

Dolores Apodaca, Nursing Coordinator, Los Angeles Unified School District (LAUSD)

Rodney Borger, MD, Chair, Department of Emergency Medicine, Arrowhead Regional Medical Center and staff physician in the emergency department of San Gorgonio Memorial Hospital

Robin Cox, MPH, CPH, Health Education Manager, Solano County Health and Social Services

Jeannette Dong, Director of Development for Peralta Community Colleges in Oakland

Jonathan E. Fielding, MD, Director, Los Angeles County Department of Public Health and professor at the Schools of Public Health and Medicine at the University of California, Los Angeles

Cynthia Gómez, Ph.D., Founding Director, Health Equity Institute (HEI), San Francisco State University

Susan Harrington, MS, RD, Director, Public Health, Riverside County

Anthony Iton, MD, JD, MPH, Senior Vice President, Healthy Communities, The California Endowment

Christopher Kennedy Lawford, Public Policy Consultant, Caron Addiction Treatment Centers and national spokesperson for The Hepatitis C Awareness Campaign for Roche Pharmaceuticals.

Franklin Pratt, MD, Medical Director, Los Angeles County Fire Department and Medical Director of the emergency department at Torrance Memorial Medical Center

Phoebe Seaton, Directing Attorney, California Rural Legal Assistance Incorporation, Delano

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Stephen Shortell, Blue Cross of California distinguished professor of health policy and management and Professor of Organizational Behavior, and Dean, UC Berkeley's School of Public Health

Harold Sterker, Health Education Consultant, Los Angeles County Department of Health Services

Ellen Wu, MPH, Executive Director, California Pan-Ethnic Health Network

Antronette (Toni) Yancey, MD, MPH, Professor, Department of Health Services, UCLA School of Public Health, and Co-Director of the UCLA Kaiser Permanente Center for Health Equity

Public Health Advisory Committee Statutory Authority
The Public Health Advisory Committee was created through the enactment of the California Public Health Act of 2006, Chapter 241, Statutes of 2006, (SB 162, Ortiz). The Section below outlines the composition and the responsibilities of the Public Health Advisory Committee.

Health and Safety Code, Section 131230.
(a) The director shall convene a Public Health Advisory Committee to provide expert advice and make recommendations on the development of policies and programs that seek to prevent illness and promote the public's health.

(b) The advisory committee shall include representatives from a broad cross section of public health stakeholders which may include academia, biotechnology, business, community based organizations, emergency services, local government, health departments, medicine, nursing, public health laboratories, social marketing, consumers, and other sectors of the public health community.

(c) The advisory committee shall consist of 15 members. The Governor shall appoint nine members, the Speaker of the Assembly three members, and Senate Committee on Rules three members. All appointees shall have experience or background working in a part of the broad cross section of public health stakeholders identified in subdivision (b).

(d) Committee members shall serve on a voluntary basis and shall not receive any compensation.

(e) The advisory committee shall identify strategies to improve public health program effectiveness, identify emerging public health issues, and make recommendations, as necessary, on programs and policies to improve the health and safety of Californians.

(f) The committee shall be under the direction of the director and shall be advisory in character and shall not be delegated any administrative authority or responsibility.

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(g) The advisory committee shall convene twice per year, and may convene more often, if necessary, to provide expert advice to the department. Meetings of the committee shall be open to the public and shall comply with applicable open meeting laws.

(h) The director or his or her designee shall serve as chair of the public health advisory committee. Nothing in this section shall be construed as preventing or restricting the State Public Health Officer from creating other advisory committees to advise the director with regard to other issues and problems.

(i) This chapter shall remain in effect only until June 30, 2011, and as of that date is repealed, unless a later enacted statute extends or deletes that date.

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Appendix B: Healthy People 2020 Goals and Objectives

Healthy People 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.
- Measure the impact of prevention activities.

The Vision of Healthy People 2020 is a society in which all people live long, healthy lives, while through its Mission, Healthy People 2020 strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Healthy People 2020 resulted from an extensive stakeholder feedback process unparalleled in government and health. It integrated input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and the public, with more than 8,000 comments considered during the development of the Healthy People 2020 objectives.

Healthy People 2020 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.

Healthy People 2020 has incorporated additional changes since Healthy People 2010, including a renewed focus on identifying, measuring, tracking, and reducing health disparities through a determinants of health approach.

Additionally, the number of topic areas was expanded from 28 to 42 topic areas. New Topic Areas are highlighted in bold below:

Access to Health Services
Adolescent Health
Arthritis, Osteoporosis, and Chronic Back Conditions
Blood Disorders and Blood Safety

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Cancer
Chronic Kidney Disease
Dementias, Including Alzheimer's Disease
Diabetes
Disability and Health
Early and Middle Childhood
Educational and Community-Based Programs
Environmental Health
Family Planning
Food Safety
Genomics
Global Health
Health Communication and Health Information Technology
Healthcare-Associated Infections
Health-Related Quality of Life & Well-Being
Hearing and Other Sensory or Communication Disorders
Heart Disease and Stroke
HIV
Immunization and Infectious Diseases
Injury and Violence Prevention
Lesbian, Gay, Bisexual, and Transgender Health
Maternal, Infant, and Child Health
Medical Product Safety
Mental Health and Mental Disorders
Nutrition and Weight Status
Occupational Safety and Health
Older Adults
Oral Health
Physical Activity
Preparedness
Public Health Infrastructure
Respiratory Diseases
Sexually Transmitted Diseases
Sleep Health
Social Determinants of Health
Substance Abuse
Tobacco Use
Vision

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Appendix C: Healthy People 2020 Prioritized Objectives and Healthy Communities Framework

Healthy Communities Framework

A Healthy Community provides for the following through all stages of life:

Meets basic needs of all

- Safe, sustainable, accessible and affordable transportation options
- Affordable, accessible and nutritious foods and safe drinking water
- Affordable, high quality, socially integrated and location-efficient housing
- Affordable, accessible and high quality health care
- Complete and livable communities including affordable and high quality schools, parks and recreational facilities, child care, libraries, financial services and other daily needs
- Access to affordable and safe opportunities for physical activity
- Able to adapt to changing environments, resilient, and prepared for emergencies
- Opportunities for engagement with arts, music and culture

Quality and sustainability of environment

- Clean air, soil and water, and environments free of excessive noise
- Tobacco and smoke free
- Green and open spaces, including healthy tree canopy and agricultural lands
- Minimized toxics, GHG emissions and waste
- Affordable and sustainable energy use
- Aesthetically pleasing

Adequate levels of economic and social development

- Living wage, safe and healthy job opportunities for all and a thriving economy
- Support for healthy development of children and adolescents
- Opportunities for high quality and accessible education

Health and social equity

Social relationships that are supportive and respectful

- Robust social and civic engagement
- Socially cohesive and supportive relationships, families, homes and neighborhoods
- Safe communities, free of crime and violence

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Crosswalk between Healthy People 2020 Prioritized Objectives and Healthy Communities Framework

Healthy People 2020 Prioritized Objectives	**Healthy Communities Framework**
Social Determinants of Health • Overarching topic area	**Health and social equity** **Meets basic needs for all** **Quality and sustainability of environment** **Adequate levels of economic and social development** **Social relationships that are supportive and respectful**
Physical Activity • Physical Activity in Schools • Adult Physical Activity • Joint Use Facilities	**Meet basic needs for all** • Access to affordable and safe opportunities for physical activity **Adequate levels of economic and social development** • Support for healthy development of children and adolescents **Health and social equity**
Nutrition and Weight • Obesity/Healthy weight • Food Security and Food Nutrition • Sodium Consumption • Body Mass Index	**Meet basic needs for all** • Access to affordable and safe opportunities for physical activity **Adequate levels of economic and social development** • Support for healthy development of children and adolescents **Health and social equity**
Injury and Violence • Firearms • Motor Vehicle Accidents • Types of Violence • Child Maltreatment	**Social relationships that are supportive and respectful** • Socially cohesive and supportive relationships, families, homes and neighborhoods • Safe communities, free of crime and violence **Health and social equity**
Tobacco Use/Substance Abuse • Tobacco use • Exposure to secondhand smoke • Enforcement of tobacco related laws • Tobacco advertising and promotion	**Quality and sustainability of environment** • Tobacco and smoke free **Adequate levels of economic and social development** • Support for healthy development of children and adolescents **Health and social equity**

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• Substance abuse use	
Mental Health • Mental health treatment • Suicide rate • Major Depressive Episodes • Primary care facilities with onsite mental health treatment	**Health and social equity** **Social relationships that are supportive and respectful** • Socially cohesive and supportive relationships, families, homes and neighborhoods **Meets basic needs of all** • Affordable, accessible and high quality health care • Able to adapt to changing environments, resilient, and prepared for emergencies
Access to Health Care • Evidence-based clinical preventive services • Ambulatory-care sensitive conditions • Primary care providers • Ongoing care	**Health and social equity** **Meets basic needs of all** • Affordable, accessible and high quality health care
Environmental Health • Air quality • Toxic pollutants • Safe drinking water • Healthy and safe housing (quality housing) • Healthy and safe physical school environment	**Health and social equity** **Quality and sustainability of environment** • Clean air, soil and water, and environments free of excessive noise • Tobacco and smoke free • Green and open spaces, including healthy tree canopy and agricultural lands • Minimized toxics, GHG emissions and waste • Affordable and sustainable energy use **Meets basic needs of all** • Affordable, accessible and nutritious foods and safe drinking water • Safe, sustainable, accessible and affordable transportation options • Affordable, high quality, socially integrated and location-efficient housing • Complete and livable communities including affordable and high quality schools, parks and recreational facilities, child care, libraries, financial services and other daily needs
Oral Health • Fluoridated water • Dental caries in children and adolescents • Untreated dental decay	**Health and social equity** **Quality and sustainability of environment** • Clean air, soil and water, and environments free of excessive noise **Meets basic needs of all**

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	• Affordable, accessible and nutritious foods and safe drinking water • Affordable, accessible and high quality health care
Public Health Infrastructure • Core competencies • National data • Performance assessment/ Quality improvement • Workforce (including addressing disparities/inequities) • Laboratories	**Adequate levels of economic and social development** • Living wage, safe and healthy job opportunities for al and a thriving economy • Opportunities for high quality and accessible education

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