

Healthy California 2020

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

April 30, 2011

Executive Summary

The Public Health Advisory Committee (PHAC) was established 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 on individual behaviors. While the committee acknowledges the role of individual behavior and need for clinical interventions to improve health outcomes, it wanted 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 decision 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 Abuse
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

- Reduce firearm-related deaths. (IVP HP2020-3)
- Reduce homicides. (IVP HP 2020-2)

Motor Vehicle Related Morbidity and Mortality

- Increase use of safety belts. (IVP HP2020–8)
- Reduce nonfatal motor vehicle crash-related injuries. (IVP HP2020–25)
- Reduce motor vehicle crash-related deaths. (IVP HP2020–24)

Reduce Violence

- Placeholder – positive youth development/resilience objective
- Reduce bullying among adolescents. (IVP HP2020–41)
- Reduce violence by current or former intimate partners. (IVP HP2020–31)

- Reduce sexual violence. (IVP HP2020–32)

Child Maltreatment

- Reduce nonfatal child maltreatment. (IVP HP2020–29)
- Reduce child maltreatment (physical and psychological) deaths. (IVP HP2020–30)

Tobacco and Substance Abuse

The PHAC combined these two issue areas because of the frequent co-morbidities. We also wanted to emphasize objectives that would sensitize children to what is healthy and not healthy to address social norms. The objectives chosen focus on the use of tobacco and other substances and exposure to secondhand smoke, as well as the advertising and promotion of tobacco and enforcement of existing tobacco related laws.

- 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)
- Decrease per capita consumption of alcohol.

Mental Health

The PHAC identified the following areas of importance when selecting the objectives: reducing the proportion of children with adverse childhood experiences, increasing regular screening for behavioral health issues (depression, substance abuse, tobacco), and increasing percentage high-risk families receiving home-based visits.

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

The PHAC believes that every Californian has a right to health coverage and access to quality health care.

- 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.
- 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.

Environmental Health

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 HP2020–8)
 - Increase use of alternative modes of transportation for work commutes to reduce motor vehicle emissions and improve the nation’s air quality. (EH HP2020–9)
- Reduce the amount of toxic pollutants released into the environment. (EH HP2020–15)
 - 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 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 HP2020–1)
- Reduce the proportion of occupied housing units that have moderate or severe physical problems. (EH HP2020–5)
 - Eliminate elevated blood lead levels in children. (EH HP2020–13)
 - Increase the proportion of persons living in pre-1978 housing that has been tested for the presence of lead-based paint hazards. (EH HP2020–20)
 - Decrease the number of U.S. homes that are found to have lead-based paint or related hazards. (EH HP2020–24)
- 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 HP2020–19)

Oral Health

- Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water. (OH HP2020–2)
- 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 children, adolescents, and adults with untreated dental decay. (OH HP2020–7)

Physical Activity

The PHAC selected several strategies 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. Lastly, we prioritized joint use of public facilities as it has become an important solution in rural, 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.**
- 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)
- 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

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

Core Competencies

Currently, 80% of public health professionals in the state do not have formal public health training. California cannot move to 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 and performance evaluations. (PHI HP2020–6)

Data

Data is key to analyzing and assessing population groups, identify disparities, and conduct performance management. 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 conduct performance assessment and improvement activities 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)

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)

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 HP2020–19)
- Increase the proportion of Tribal and State public health agencies that provide or assure comprehensive laboratory services to support essential public health services. (PHI HP2020–1)

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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 Geronio 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, 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

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.

(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

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

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

Crosswalk between Healthy People 2020 Prioritized Objectives and Healthy Communities Framework

Healthy People 2020 Prioritized Objectives	Healthy Communities Framework
Social Determinants of Health <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Physical Activity in Schools • Adult Physical Activity • Joint Use Facilities 	Meet basic needs for all <ul style="list-style-type: none"> • Access to affordable and safe opportunities for physical activity Adequate levels of economic and social development <ul style="list-style-type: none"> • Support for healthy development of children and adolescents Health and social equity
Nutrition and Weight <ul style="list-style-type: none"> • Obesity/Healthy weight • Food Security and Food Nutrition • Sodium Consumption • Body Mass Index 	Meet basic needs for all <ul style="list-style-type: none"> • Access to affordable and safe opportunities for physical activity Adequate levels of economic and social development <ul style="list-style-type: none"> • Support for healthy development of children and adolescents Health and social equity
Injury and Violence <ul style="list-style-type: none"> • Firearms • Motor Vehicle Accidents • Types of Violence • Child Maltreatment 	Social relationships that are supportive and respectful <ul style="list-style-type: none"> • Socially cohesive and supportive relationships, families, homes and neighborhoods • Safe communities, free of crime and violence Health and social equity
Tobacco Use/Substance Abuse <ul style="list-style-type: none"> • Tobacco use • Exposure to secondhand smoke • Enforcement of tobacco related laws • Tobacco advertising and promotion • Substance abuse use 	Quality and sustainability of environment <ul style="list-style-type: none"> • Tobacco and smoke free Adequate levels of economic and social development <ul style="list-style-type: none"> • Support for healthy development of children and adolescents Health and social equity
Mental Health <ul style="list-style-type: none"> • Mental health treatment • Suicide rate 	Health and social equity Social relationships that are supportive and respectful <ul style="list-style-type: none"> • Socially cohesive and supportive relationships,

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<ul style="list-style-type: none"> • Major Depressive Episodes • Primary care facilities with onsite mental health treatment 	<p>families, homes and neighborhoods</p> <p>Meets basic needs of all</p> <ul style="list-style-type: none"> • Affordable, accessible and high quality health care • Able to adapt to changing environments, resilient, and prepared for emergencies
<p>Access to Health Care</p> <ul style="list-style-type: none"> • Evidence-based clinical preventive services • Ambulatory-care sensitive conditions • Primary care providers • Ongoing care 	<p>Health and social equity</p> <p>Meets basic needs of all</p> <ul style="list-style-type: none"> • Affordable, accessible and high quality health care
<p>Environmental Health</p> <ul style="list-style-type: none"> • Air quality • Toxic pollutants • Safe drinking water • Healthy and safe housing (quality housing) • Healthy and safe physical school environment 	<p>Health and social equity</p> <p>Quality and sustainability of environment</p> <ul style="list-style-type: none"> • 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 <p>Meets basic needs of all</p> <ul style="list-style-type: none"> • 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
<p>Oral Health</p> <ul style="list-style-type: none"> • Fluoridated water • Dental caries in children and adolescents • Untreated dental decay 	<p>Health and social equity</p> <p>Quality and sustainability of environment</p> <ul style="list-style-type: none"> • Clean air, soil and water, and environments free of excessive noise <p>Meets basic needs of all</p> <ul style="list-style-type: none"> • Affordable, accessible and nutritious foods and safe drinking water • Affordable, accessible and high quality health care
<p>Public Health Infrastructure</p> <ul style="list-style-type: none"> • Core competencies • National data 	<p>Adequate levels of economic and social development</p> <ul style="list-style-type: none"> • Living wage, safe and healthy job opportunities for all and a thriving economy

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<ul style="list-style-type: none">• Performance assessment/ Quality improvement• Workforce (including addressing disparities/inequities)• Laboratories	<ul style="list-style-type: none">• Opportunities for high quality and accessible education
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