

Healthy California 2020

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

May 13, 2011

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.

As part of this report's recommendations, the objectives described below are intended to promote the health of all Californians and to guide public health agencies, provider organizations, community-based organizations, funding agencies, policy makers and elected officials. The Committee intends these objectives to be included in strategic plans; grant proposals and applications; cross sector communication; and evaluation of our collective efforts over time in tracking progress towards these objectives. We recognize that some of these objectives are aspirational in nature, requiring varying degrees of funding. In this time of scarce resources, this document can be used to set priorities that can help drive goals, directions and policies through our cross-sector collaborative efforts (including public and private entities in public health, health care and others whose work impacts the health of Californians). These cross-sector collaborative efforts will also require an inter-professional approach to education. We

hope this work, as described within this report, will inform all involved in promoting the health of Californians.

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 focus work upstream. You will find this reflected in many of the objectives contained in this report.

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 and Substance Abuse**
5. **Mental Health**
6. **Access to Quality 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.

Physical Activity

The 2009 California Health Interview Survey (CHIS) 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. (new objective)
- Increase the proportion of the California’s public and private schools that require daily physical education for all students. (PA-4)
- Increase the proportion of California school districts that require regularly scheduled elementary school recess. (PA–6.1 and 6.2)
- Increase the proportion of school districts that require or recommend elementary school recess for an appropriate period of time. (PA-7)
- Increase the proportion of trips made by walking, biking, and transit. (PA-13 and 14 and new objective)
- Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs. (PA-12)
- Increase the proportion of California’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). (PA-10)

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.¹ 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 new objective and 8)
- Reduce the proportion of children and adolescents who are overweight or obese. (NWS-10)
- Eliminate very low food security among children in California households. (NWS-12)
- Increase the number of localities with policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines. (NWS-3)
- Increase the number of localities with nutrition standards for foods and beverages provided to preschool-aged children in childcare. (NWS-1)
- Decrease the consumption of sugar sweetened beverages and increase the consumption of safe and free water and other healthy beverages. (new objective)
- Reduce consumption of sodium in the population aged 2 years and older. (NWS-19)
- Increase the proportion of primary care physicians who regularly measure the body mass index of their patients. (NWS-5)

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 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

¹ Chenoweth, David. The Economic Costs of Overweight, Obesity, and Physical Inactivity Among California Adults. June 2009.

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 impacts².

Alcohol related injuries and violence

- Reduce alcohol related injuries, violence and motor vehicle accidents. (new objective)

Motor Vehicle Related Morbidity and Mortality

- Reduce pedestrian and bicyclist injuries and deaths. (IVP-18 and 20)
- Increase the access and availability of safe transportation options for pedestrians and bicyclists (new objective)
- Reduce nonfatal motor vehicle crash-related injuries. (IVP-14)
- Reduce motor vehicle crash-related deaths. (IVP-13)

Reduce Violence

- Reduce the incidence of self-injury/harm among youths and adults (new objective)
- Reduce firearm-related deaths and injuries (IVP-30 and 31)
- Reduce homicides (IVP-29), especially in those 25 years old and younger
- Reduce all types of bullying among adolescents (including school, cyber bullying, etc.). (IVP-35)
- Reduce violence by current or former intimate partners. (IVP-39)
- Reduce sexual violence. (IVP-40)

Child Maltreatment

- Reduce incidents of child maltreatment (including physical, psychological, neglect, etc.). (IVP-37)
- Reduce child maltreatment (physical) deaths. (IVP-38)

Older Adult

- Reduce older adult falls. (IVP-23.2)
- Reduce incidents of elder abuse (Physical, sexual, emotional/psychological, financial and neglect) (new objective)

Tobacco Use and Substance Use

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. Substance abuse causes immeasurable destruction to families, jobs, and society, while being a key ingredient in

² "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.

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-3)
- Reduce tobacco use by adults. (TU-1)
- Reduce tobacco use by adolescents. (TU-2)
- Reduce the proportion of nonsmokers exposed to secondhand smoke. (TU-11)
- Reduce the illegal sales rate to minors. (TU-19)
- 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-18)
- Increase the age and proportion of adolescents who remain alcohol and drug free. (new objective)
- Reduce per capita consumption of alcohol. (SA-16)

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-6)

- Increase the proportion of adults with mental disorders who receive treatment. (MHMD–9)
- Reduce the suicide rate. (MHMD–1)
- Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders. (MHMD–10)
- Decrease the annual prevalence of Major Depressive Disorders (MDO). (MHMD–4)
- Increase the proportion of homeless adults with mental health problems who receive mental health services. (MHMD–12)
- Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral. (MHMD–5)

Access to Quality Health Care

Every Californian has a right to health coverage and access to quality health care. However, according to CHIS, 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.³ 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–7)
- Reduce preventable hospitalization rates for ambulatory-care-sensitive conditions, as defined by the Centers for Medicare and Medicaid Services or local data.(new objective)
- Increase the proportion of persons who receive primary and coordinated care. (AHS–3 and AHS-5)
- Reduce the proportion of individuals that experience difficulties or delays in obtaining necessary medical care, dental care, or prescription medicines. (AHS–6)
- Increase the diversity of the health workforce to better serve diverse populations. (new objective)
- Increase health care for low income, or underinsured children in grades K through 12, by increasing the availability of school-based care, including school nurses and school-based health centers. (new objective)
- Increase the number of primary care providers and health professionals, including physicians, nurse practitioners, physician assistants, and other community health professionals. (new objective)

³ [“Two-Thirds of California’s Seven Million Uninsured May Obtain Coverage Under Health Care Reform,”](#) UCLA Center for Health Policy Research, February 2011.

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-1)
- Increase use of alternative modes of transportation for work commutes to reduce motor vehicle emissions and improve the nation's air quality. (EH-2)
- Increase use of cleaner burning fuels to reduce industrial and transportation-related emissions. (new objective)
- Reduce the amount of toxic pollutants released into the environment and minimize human exposure. (EH-11)
- Increase the proportion of persons served by community water systems who receive a supply of clean and safe drinking water. (EH-4)
- Reduce the proportion of occupied housing units that have moderate or severe physical or toxic problems. (EH-19)
- 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. (new objective)

Oral Health

According to the Centers for Disease Control and Prevention (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.

- Increase the proportion of the California population served by community water systems with optimally fluoridated water. (OH-13)
- Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year. (OH-8)
- Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth. (OH-1)
- Reduce the proportion of children, adolescents, and adults with untreated dental decay. (OH-2)
- Increase the proportion of children that receive oral health education and prevention programs. (OH-10.2)

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 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 training⁴. 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 California 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)

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)

Data

Data are 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 California data are available for all major population groups. (PHI-3)

Performance Assessment/ Quality Improvement

- Increase the proportion of California public health jurisdictions that conduct a public health system assessment using national performance standards. (PHI-14)
- Increase the proportion of California 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-15)
- Increase the proportion of California public health agencies that have implemented an agency wide quality improvement process. (PHI-16)
- Increase the proportion of California public health agencies that have a written strategic plan with explicit performance measures for accountability and linked to the health improvement plan. (new objective)
- Increase the number of California public health agencies that achieve Public Health Accreditation. (new objective)

Workforce

- Increase the proportion of 4-year California 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-5)
- 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. (new objective)

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

Appendix A: Public Health Advisory Committee Members and Statutory Authority

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, 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

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.

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 29 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
<p>Social Determinants of Health</p> <ul style="list-style-type: none"> • Overarching topic area 	<p>Meets basic needs of all Quality and sustainability of environment Adequate levels of economic and social development Health and social equity Social relationships that are supportive and respectful</p>
<p>Physical Activity</p> <ul style="list-style-type: none"> • Physical Activity in Schools • Adult Physical Activity • Joint Use Facilities 	<p>Meets basic needs of all</p> <ul style="list-style-type: none"> • Access to affordable and safe opportunities for physical activity • Complete and livable communities including quality schools, parks and recreational facilities, child care, libraries, financial services, and other daily needs <p>Adequate levels of economic and social development</p> <ul style="list-style-type: none"> • Support for healthy development of children and adolescents <p>Health and social equity</p>
<p>Nutrition and Weight</p> <ul style="list-style-type: none"> • Obesity/Healthy weight • Food Security and Food Nutrition • Sodium Consumption • Body Mass Index 	<p>Meets basic needs of all</p> <ul style="list-style-type: none"> • Affordable, accessible and nutritious foods and safe drinkable water <p>Quality and sustainability of environment</p> <ul style="list-style-type: none"> • Green and open spaces, including healthy tree canopy and agricultural lands <p>Adequate levels of economic and social development</p> <ul style="list-style-type: none"> • Support for healthy development of children and adolescents <p>Health and social equity</p>
<p>Injury and Violence</p> <ul style="list-style-type: none"> • Alcohol related • Motor Vehicle related • Reduce Violence • Child Maltreatment • Older Adult 	<p>Meets basic needs of all</p> <ul style="list-style-type: none"> • Safe, sustainable, accessible, and affordable transportation options <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 <p>Health and social equity</p>

	<p>Social relationships that are supportive and respectful</p> <ul style="list-style-type: none"> • Socially cohesive and supportive relationships, families, homes and neighborhoods • Safe communities, free of crime and violence
<p>Tobacco Use/Substance Abuse</p> <ul style="list-style-type: none"> • Tobacco use • Exposure to secondhand smoke • Enforcement of tobacco related laws • Tobacco advertising and promotion • Substance abuse 	<p>Quality and sustainability of environment</p> <ul style="list-style-type: none"> • Tobacco and smoke free <p>Adequate levels of economic and social development</p> <ul style="list-style-type: none"> • Support for healthy development of children and adolescents <p>Health and social equity</p> <p>Social relationships that are supportive and respectful</p> <ul style="list-style-type: none"> • Socially cohesive and supportive relationships, families, homes and neighborhoods
<p>Mental Health</p> <ul style="list-style-type: none"> • Mental health treatment • Suicide rate • Major Depressive Episodes • Primary care facilities with onsite mental health treatment 	<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>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 • Support for healthy development of children and adolescents <p>Health and social equity</p> <p>Social relationships that are supportive and respectful</p> <ul style="list-style-type: none"> • Socially cohesive and supportive relationships, families, homes and neighborhoods • Safe communities, free of crime and violence
<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>Meets basic needs of all</p> <ul style="list-style-type: none"> • Affordable, accessible and high quality health care <p>Health and social equity</p>

<p>Environmental Health</p> <ul style="list-style-type: none"> • Air quality • Toxic pollutants • Safe drinking water • Healthy and safe housing (quality housing) • Climate change 	<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>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>Health and social equity</p>
<p>Oral Health</p> <ul style="list-style-type: none"> • Fluoridated water • Dental caries in children and adolescents • Untreated dental decay • Preventive services and education 	<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>Quality and sustainability of environment</p> <ul style="list-style-type: none"> • Clean air, soil and water, and environments free of excessive noise <p>Adequate levels of economic and social development</p> <ul style="list-style-type: none"> • Support for healthy development of children and adolescents <p>Health and social equity</p>
<p>Public Health Infrastructure</p> <ul style="list-style-type: none"> • Core competencies • Data • Performance Assessment/Quality Improvement • Workforce • Laboratory Capacity 	<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 • Opportunities for high quality and accessible education

Appendix D: Healthy California 2020 - Timeline

October 22, 2008: Discussion of how to adopt Healthy People 2020 in California as the Healthy California 2020 initiative, and the role of the Public Health Advisory Committee in developing the initiative.

January 23, 2009: Work plan and objectives developed for Healthy California 2020.

April 9, 2009: Vision, Mission, and Goals of Healthy People 2020 presented to PHAC. Healthy People 2020 criteria for prioritizing Healthy People 2020 objectives were discussed as to how they could be applied to Healthy California 2020.

October 29, 2009: Continuation of discussion and ranking of Healthy People 2020 criteria that would support Healthy California 2020. Presentations of data sources that could support use of proposed criteria, plus a review of the draft Healthy People 2020 objectives that had been released at this time by the federal government.

January 29, 2010: Recap of CDPH feedback to the federal government on the draft Healthy People 2020 objectives. Discussion on envisioned Healthy California 2020 rollout, including resources needed to support rollout.

April 30, 2010: Consensus building on top priority Healthy People 2020 Topic Areas, plus review of objectives and current data collection activities for two of the top priority topics. Agreement that priority would go to Topic Areas and objectives that emphasized place and policy to reflect the Social Determinants of Health framework.

July 30, 2010: Discussions began on the ranking of objectives under the Healthy People 2020 Topic Areas selected by PHAC, plus further discussion on the timeline for Healthy California 2020.

October 29, 2010: Continued discussion on ranking of objectives under Topic Areas, as well as continued discussion on the timeline of Healthy California 2020.

January 28, 2011: Discussions completed on objectives. PHAC reviewed draft report. Work plan and timeline established to ensure report completion by the time of the last PHAC meeting.

February 22, 2011: Draft Public Health Advisory Committee Report placed on CDPH Internet for member review and comments.

March 4, 2011: Draft Public Health Advisory Committee Report - Revision 1, placed on CDPH Internet for member review and comments.

April 13, 2011: Draft Public Health Advisory Committee Report - Revision 2, placed on CDPH Internet for member review and comments.

April 19, 2011: Draft Public Health Advisory Committee Report - Revision 3, placed on CDPH Internet for member review and comments.

May 3, 2011: Draft Public Health Advisory Committee Report - Revision 4, placed on CDPH Internet for member review and comments.

May 6, 2011: Draft Public Health Advisory Committee Report - Revision 5, placed on CDPH Internet for member review and comments.

May 13, 2011: The final version of the Public Health Advisory Committee Report reviewed and approved by PHAC.