

**California Department of Public Health
Strategic Plan Progress Report
Fiscal Year 2009-2010**



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Section 1: Introduction

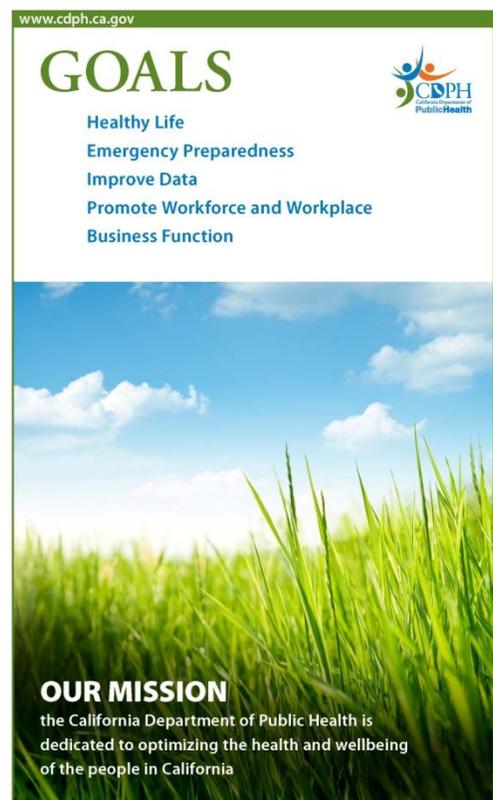
The California Department of Public Health (CDPH) is dedicated to optimizing the health and well-being of the people in California. CDPH achieves its mission primarily through population-based programs, strategies, and initiatives that seek to prevent illness in, and promote the health of, the public. To this end, CDPH employs approximately 3,500 people in over 60 locations around the state and administers a budget of over \$3.4 billion. These efforts work towards CDPH's overall vision of healthy individuals and families in healthful communities.

CDPH's five Centers and two Offices work towards accomplishing this mission and vision through their programmatic activities and in collaboration with local health departments, agencies and organizations throughout the State. CDPH's five Centers and two Offices are:

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

A. *Strategic Plan Background*

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



The initial CDPH Strategic Plan outlined the Department's direction and priorities for two fiscal years (FYs), from July 2008 through June 2010. However, CDPH recently extended the current Strategic Plan one additional year, to June 2011. This extension will enable CDPH to continue its focus on the five goals outlined in the Strategic Plan, incorporate valuable insights and make necessary adjustments. These adjustments include both increasing Year Three targets to maintain successes for those objectives that significantly surpassed their initial targets, and adjusting targets for those objectives significantly affected by various

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challenges, such as the H1N1 Influenza outbreak and corresponding activation of the Joint Emergency Operations Center (JEOC) that deferred other essential public health activities until the public health emergency subsided.

ACCOMPLISHMENTS

CDPH had many accomplishments during FY 2009-10, several of which are highlighted below.

CDPH deployed a portion of the state's emergency stockpile of N95 respirators to local health departments for dispersal to hospitals and clinics during the H1N1 Influenza outbreak. The State purchased the cache of respirators in 2006 as part of its pandemic planning, and through this dispersal, CDPH ensured local hospitals and clinics would be able to protect patients and their staff from the spread of H1N1 and continue to safely provide care to those infected with H1N1. CDPH also coordinated closely with the federal Centers for Disease Control and Prevention on the distribution of H1N1 vaccine during the outbreak, and by October 2009 had registered more than 12,000 providers as able to administer vaccine.

In the Center for Family Health, the Women, Infants and Children (WIC) Nutrition Program began offering a healthier selection of foods to program participants in October 2009, following six months of staff engagement efforts and six months of promotion and education to WIC families. Pre and post food package implementation studies¹ showed significant increases in fruit, vegetable, lower fat milk and whole grain consumption among WIC participants. Notably, many of these shifts in behavior began with the nutrition education alone, prior to the new foods being offered. These controlled studies clearly demonstrate that nutrition education along with improved access to healthy foods can change California WIC family behaviors supporting the consumption of a healthier diet.

The California Tobacco Control Program, housed within the Center for Chronic Disease Prevention and Health Promotion, announced the findings of a CDPH survey on tobacco sales, indicating that fewer California stores are selling cigarettes to minors. Overall, the rate of illegal tobacco sales to minors dropped from 12.6 percent in 2008 to a record low of 8.6 percent in 2009. CDPH's 2009 Youth Tobacco Purchase Survey further showed this rate is a historical low from 37 percent in 1995, when the state first started monitoring the illegal sales to minors. This decline is attributed to a variety of factors including the increased price of cigarettes, strong local tobacco retailers licensing laws, state and local enforcement plus ongoing public education via media ads placed on television and on major motion picture DVDs.

In the Center for Environmental Health, the Division of Drinking Water and Environmental Management (DDWEM) successfully distributed \$149 million in federal

¹ Source: The California Nutrition Education and Food impact Study (NEFPI- 2009/2010) and the California Food Shopping and Consumption Study (FSC-2007/2010))

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American Recovery and Reinvestment Act (ARRA) funds for water system improvements and works with community water systems to provide technical assistance and supply funding for critical infrastructure projects. DDWEM also finalized the ranking criteria to provide grants for small community water systems, particularly those serving disadvantaged communities. These efforts are critical to both maintain the high compliance rate with the federal Safe Drinking Water Act regulations and to increase compliance among the small number of non-compliant water systems.

In the Center for Health Care Quality, the Licensing and Certification Branch surpassed its target for reducing the number of pressure ulcers diagnosed in long term stay nursing home residents through its concerted efforts to educate nursing home staff and patient advocates in prevention methods. The Licensing and Certification Branch also developed quality improvement strategies and additional trainings for both new and existing staff to further reduce pressure ulcer incidence.

In the Center for Infectious Diseases, the Tuberculosis Control Branch reported a decrease of 8.6 percent in active Tuberculosis cases for 2009, the largest decline in nearly a decade. Further, the Tuberculosis rate reached 6.4 cases per 100,000 residents, the lowest rate on record in California. The Tuberculosis Control Branch has been involved in several strategies to reduce the number of Tuberculosis cases, including providing consultation on complex drug resistant TB cases and working with external partners to screen legal immigrants for Tuberculosis before arrival in California.

Health Information and Strategic Planning successfully implemented the Electronic Verification of Vital Events (EVVE) system that provides real time verification and certification of California's birth and death records for authorized State and Federal users. This real time verification is essential as many Federal and State agencies rely on birth certificates for proof of age, citizenship, to help determine eligibility for public programs or to issue benefits or other documents (e.g. driver's licenses, Social Security cards and passports). The EVVE system also provides an essential tool in the fight to prevent identity theft and fraud by confirming the information on a birth certificate.

CHALLENGES

Many of the challenges CDPH faced during the first year of the Strategic Plan continued into FY 2009-10. State staffing reductions continued, with the implementation of Executive Order S-13-09 in July 2009 increasing the total number of furlough days from two per month to three per month. The furlough program limited the work week to 32 hours and prohibited overtime during the three furlough weeks each month. Overall, the furloughs resulted in the reprioritization of workload and delays in achieving some of the Strategic Plan Year Two objective targets.

The activation of the Joint Emergency Operations Center (JEOC) in Sacramento and the Richmond Campus Coordinating Center (RCCC) for response to the H1N1 pandemic influenza continued during FY 2009-10, with staff from programs throughout CDPH playing key roles in the JEOC/RCCC activation. The JEOC acts as the State's health operational center that coordinates and provides multi-jurisdictional response

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support for CDPH's federal, state, and local partners, while the RCCC in Richmond is a satellite to the JEOC to provide response coordination for staff located on the Richmond Campus. CDPH was the lead state agency for the H1N1 response and provided a number of essential services, including additional laboratory capacity, distribution of stockpiled equipment and supplies, and developing and disseminating public information campaigns.

D. Next Steps

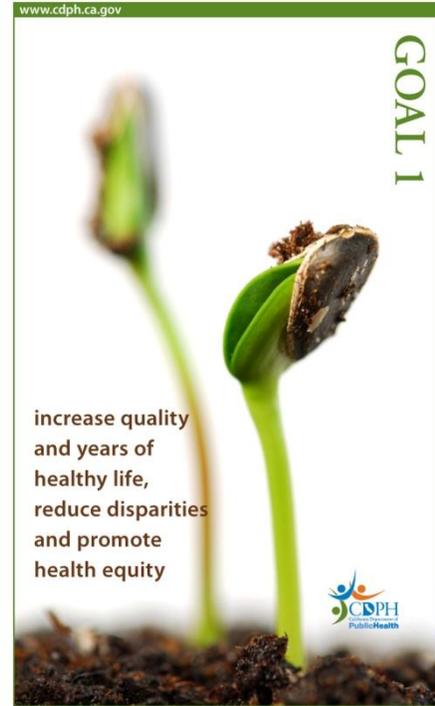
CDPH is currently developing the next Department-wide Strategic Plan, effective July 2011 through June 2014. CDPH is using the current Strategic Plan as a basis for reviewing the current Objectives and Targets and evaluating the lessons learned from the current Strategic Plan. CDPH is also ensuring that the Strategic Plan development is inclusive with CDPH staff and external stakeholders, with input requested during various stages of the process. Finally, the next Strategic Plan correlates with the Federal Health and Human Services Agency's release of the national Healthy People 2020 goals and objectives.

Section 2: Goal 1: Increase quality and years of healthy life, reduce disparities, promote health equity

A. *Healthy People 2010*

Healthy People 2010 provides a national framework for prevention by identifying the most significant preventable threats to health and establishing national goals and associated objectives to reduce these threats. The Strategic Plan Goal 1 objectives summarized below correspond with the specific health indicators outlined in Healthy People 2010. CDPH chose these objectives to highlight specific efforts being made by various Centers and Offices throughout CDPH to fulfill the overarching goals of Healthy People 2010.

B. *Objective 1-2: Increase to 90 percent the percentage of recent planning documents on file to support the prioritized 13 Healthy People 2010 objectives*



Measurement:	Percentage of thirteen prioritized objectives with planning documents on file	
Programmatic Lead:	Health Information and Strategic Planning	
	Target	Actual
Year One	50 percent	38 percent
Year Two	90 percent	38 percent
Year Three	100 percent	

While existing planning documents on file were updated during Year Two, the percentage of planning documents on file remained at 38 percent. The planning documents include evidence-based interventions, stakeholder communication plans, funding plans, and recent assessments of disparities/inequities.

The following Healthy People 2010 objectives currently have planning documents on file:

1. Reducing deaths of infants under one year of age,
2. Reducing the proportion of adults who are obese,
3. Increasing the proportion of adults who engage in moderate to vigorous physical activity,
4. Reducing cigarette smoking by adults, and

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5. Reducing tuberculosis.

C. Objective 3-4: Increase by an average of 10 percent the progress California makes towards ten prioritized Healthy People 2010 objectives:

Measurement:	Percentage of progress made on each of the ten prioritized objectives	
Programmatic Lead:	Health Information and Strategic Planning	
	Target	Actual
Year One	5 percent	5.7 percent
Year Two	10 percent	9.6 percent
Year Three	15 percent	

The ten Healthy People 2010 objectives, outlined in detail below, nearly met the Year Two target of 10 percent, with an average progress of 9.6 percent. This average percentage reflects the overall progress made towards the specified Healthy People objectives during the Strategic Plan's second year.

1. Reduce the proportion of nursing home residents with a current diagnosis of pressure ulcers.

Measurement:	Percentage of nursing home residents diagnosed with a pressure ulcer	
Programmatic Lead:	Licensing and Certification	
	Target	Actual
Year One	13.3 percent	13 percent
Year Two	12.6 percent	12 percent
Year Three	11.9 percent	

Licensing and Certification successfully reduced the incidence of pressure ulcers to 12.0 percent of residents in nursing homes, surpassing the Year Two target of 12.6 percent. Licensing and Certification developed and completed trainings and focused enforcement to reduce the incidence of pressure ulcers. Additional activities that positively influenced the reduction in pressure ulcers included working with industry and other leaders on joint efforts, and establishing a baseline and met targets.

Licensing and Certification still faces challenges in further reducing pressure ulcer incidence, including systemic issues existing in many facilities, such as high staff

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turnover, low levels of involvement in quality improvement efforts by the most at-risk facilities, and insufficient funding to support health information technology (HIT) in skilled nursing facilities.

2. Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets Safe Drinking Water Act regulations

Measurement:	Percentage of persons served by community water systems with drinking water meeting Safe Drinking Water Act regulations	
Programmatic Lead:	Division of Drinking Water and Environmental Management (DDWEM)	
	Target	Actual
Year One	99 percent	99 percent
Year Two	99 percent	99 percent
Year Three	99 percent	

DDWEM, located within the Center for Environmental Health, met the Year Two target that a minimum of 99 percent of persons served by community water systems receive drinking water meeting Safe Drinking Water Act regulations. This percentage exceeds both the current national baseline of 86 percent compliance and the Healthy People 2010 objective target of 95 percent compliance.

3. Decrease the proportion of children found to have elevated blood lead levels

Measurement:	Percentage of children with elevated blood lead levels	
Programmatic Lead:	Environmental and Occupational Disease Control/Childhood Lead Poisoning Prevention Branch (CLPPB)	
	Target	Actual
Year One	0.57 percent	0.44 percent
Year Two	0.54 percent	0.39 percent
Year Three	0.44 percent	

CLPPB met and exceeded the Year Two target, when 0.39 percent of children had elevated blood lead levels. Reducing the childhood blood lead proportion to a minimum continues to be one of the fundamental goals of the Branch's prevention efforts, and tracking it helps CLPPB assess progress toward the Centers for Disease Control and

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Prevention’s (CDC) call for lead poisoning elimination on a national level. CLPPB is steadily increasing the number of children tested, a key element of its prevention strategy. CLPPB now receives electronically blood lead results on the over 700,000 children tested each year in California, with results available in its statewide surveillance system. The directed provider outreach program is also identifying geographic areas with high risk coupled with low screening rates.

To combat the challenge of ensuring providers are aware of anticipatory guidance and lead testing requirements, CLPPB conducts outreach to high volume medical providers in priority areas, based on risk and screening participation, and facilitates their compliance. These efforts facilitated CLPPB’s ability to meet its Year Two target.

4. Increase the proportion of adults who are vaccinated annually against influenza

Measurement:	Percentage of adults in long term care vaccinated annually against influenza	
Programmatic Lead:	Licensing and Certification	
	Target	Actual
Year One	87 percent	85 percent
Year Two	91.5 percent	87 percent
Year Three	89 percent	

While Licensing and Certification did not reach the Year Two target of 91.5 percent, the percentage of adults in long term facilities receiving annual influenza vaccinations continues to increase, rising from 85 to 87 percent. Licensing and Certification developed and conducted trainings and focused enforcement as a strategy to increase the percentage of adults in long-term care (LTC) facilities annually vaccinated against influenza. Successful strategies include the development of tools for LTC facilities to use in addressing vaccinations; the development of integrated materials into an All Facilities Letter (AFL) disseminated to LTC facilities, and focused enforcement during existing survey procedures. However, extremely limited opportunities exist to impact influenza immunization rates because they are only given at the beginning of flu season.

5. Increase the proportion of adults who are vaccinated against pneumococcal disease

Measurement:	Percentage of adults in long term care vaccinated at any time against pneumococcal disease
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Programmatic Lead:	Licensing and Certification	
	Target	Actual
Year One	84 percent	82 percent
Year Two	88 percent	86 percent
Year Three	86 percent	

The percentage of adults in long term facilities receiving Pneumococcal vaccinations increased from 82 to 86 percent, short of the Year Two target of 88 percent. As with the influenza vaccination objective above, Licensing and Certification developed and conducted trainings and focused enforcement as a strategy to increase the percentage of adults in LTC facilities annually vaccinated against pneumococcal disease. Successful strategies include the development of tools for LTC facilities to use in addressing vaccinations; the development of integrated materials into an AFL disseminated to LTC facilities, and focused enforcement during existing survey procedures. One challenge to increasing the vaccination rates for pneumococcal disease is its status as a new requirement for LTC facilities.

6. Reduce deaths of infants under one year of age

Measurement:	Rate of infant deaths under one year of age per 1,000 live births	
Programmatic Lead:	Maternal, Child and Adolescent Health (MCAH)	
	Target	Actual
Year One	5.0 deaths per 1,000 live births	5.5 deaths per 1,000 live births
Year Two	4.5 deaths per 1,000 live births	5.2 deaths per 1,000 live births
Year Three	5.2 deaths per 1,000 live births	

MCAH saw a decrease to 5.2 in the infant death rate per 1,000 live births, short of the Year Two target, derived from Healthy People 2010, of 4.5 deaths per 1,000 live births. MCAH completed activities within its action plan using multiple strategies to focus on reducing infant mortality, including addressing health disparities and completing local health jurisdiction needs assessments that provide valuable information for the federal Title V annual reports. MCAH uses the needs assessment as an opportunity to discuss, identify and prioritize with stakeholders the needs at the local level. Infant mortality reduction activities are highlighted in the recently completed Federal Fiscal Year 2011 Title V Annual Report/Application and the 2011-2015 Title V Block Grant Five-Year

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Needs Assessment. The federal government has used California's Title V report as a model for other states.

7. Increase the proportion of adults who engage in moderate/vigorous physical activity

Measurement:	Percentage of adults engaged in moderate/vigorous exercise	
Programmatic Lead:	Chronic Disease and Injury Control/Chronic Disease Control Branch	
	Target	Actual
Year One	51.45 percent	51.9 percent
Year Two	52.7 percent	51.3 percent
Year Three	53.95 percent	

The Chronic Disease Control Branch used a number of strategies to increase the percentage of adults engaged in moderate to vigorous exercise, such as organizing webinars and teleconferences on physical activity related topics and holding regional trainings on moderate and vigorous physical activity in various locations. The Chronic Disease Control Branch also held physical activity forums attended by key stakeholders from state, local, nonprofit, and private sectors to promote physical activity. In spite of these efforts, the Chronic Disease Control Branch fell short of its Year Two target, with 51.3 percent of adults engaged in moderate/vigorous exercise.

8. Increase the proportion of the population based prioritized subset of HHS Healthy People 2010 objectives for which California data are available for all population groups identified in the objective

Measurement:	Percentage of data available for identified population groups	
Programmatic Lead:	Health Information and Strategic Planning	
	Target	Actual
Year One	55 percent	46.8 percent
Year Two	100 percent	46.8 percent
Year Three	Not Applicable	

For Year Two, 46.8 percent of data was available for the identified population groups. This objective is primarily dependent on the timely preparation of two CDPH data files, the Death Statistical File and Immunization data, and does not measure the public

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availability of data from various sources within CDPH. Subsequently, this objective has been deleted for Year Three of the Strategic Plan, as it duplicates the intent contained in objectives under Goal Three, particularly Objective 1-2 and Objective 3-4, which measure the percentage of data sets containing Common Core Data Elements and State-mandated Race/Ethnicity information respectively.

9. Increase the proportion of HHS Healthy People 2010 objectives for which CDPH data are released within one year of data collection

Measurement:	Percentage of data released within one year of collection	
Programmatic Lead:	Health Information and Strategic Planning	
	Target	Actual
Year One	57.5 percent	64.5 percent
Year Two	100 percent	46.8 percent
Year Three	Not Applicable	

For Year Two, 46.8 percent of data was released within one year of data collection. Similar to the objective immediately above, this objective is also primarily dependent on the timely preparation of two CDPH data files, the Death Statistical File and Immunization data, and does not accurately measure the length of time between collection and the public release of other data sets within CDPH. This objective has also been deleted for Year Three of the CDPH Strategic Plan, as it duplicates the intent of Objective 7-8 under Goal Three, which measures the timeliness of publicly released data.

10. Reduce cigarette smoking by adults

Measurement:	Percentage of adults who smoke cigarettes	
Programmatic Lead:	Chronic Disease and Injury Control/California Tobacco Control Program (CTCP)	
	Target	Actual
Year One	13 percent	13.3 percent
Year Two	12 percent	13.1 percent
Year Three	12 percent	

CTCP used a number of strategies to reduce the percentage of adults who smoke, but did not meet its Year Two target of 12 percent, with 13.1 percent of adults smoking

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cigarettes. CTCP’s strategies include conducting research and evaluation, developing and distributing educational materials and resources, and funding the infrastructure and delivery of comprehensive tobacco control programs throughout the State. CTCP also coordinates monthly teleconferences of Proposition 99-funded agencies, and provides spokesperson trainings for internal and external regional stakeholders to ensure that groups speak with “one voice” on the best practices in tobacco control.

D. Objective 5-6: Increase by an average of 2.5 percent the progress California makes towards three prioritized Healthy People 2010 objectives:

Measurement:	Average percentage of progress made on each of the three prioritized objectives	
Programmatic Lead:	Health Information and Strategic Planning	
	Target	Actual
Year One	2.5 percent	2.2 percent
Year Two	5 percent	4.45 percent
Year Three	7.5 percent	

The three prioritized Healthy People 2010 objectives outlined below did not, on average, exceed the Year Two target of 5 percent of progress made. In spite of not meeting the targeted overall average progress, two of the three objectives did meet their Year Two targets.

1. Reduce deaths due to HIV infection

Measurement:	Number of rapid test kits distributed	
Programmatic Lead:	Office of AIDS	
	Target	Actual
Year One	125,000	143,275
Year Two	150,000	100,675
Year Three	60,000	

In July 2009, all state General Fund was eliminated for HIV prevention services, including HIV testing. This budget reduction constituted 80 percent of total funding for these activities. The Office of AIDS consequently reduced the amount of funds available for rapid test kit purchases and reduced the number of local health

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jurisdictions funded from 61 to 17. Consequently, the Office of AIDS fell short of its Year Two target, with 100,675 rapid test kits distributed to local health jurisdictions and clinics.

The Office of AIDS has applied for additional federal funding to support expanded HIV (rapid and conventional) testing in primarily clinical settings targeted toward African American, Latino, men who have sex with men, and injection drug using populations. The Office of AIDS may be able to distribute a limited additional amount of Rapid HIV tests if awarded addition funding through this funding opportunity.

2. Reduce tuberculosis

Measurement:	Percentage of Multidrug Resistant Tuberculosis cases with access to expert consultation	
Programmatic Lead:	Communicable Disease Control/Tuberculosis Control Branch	
	Target	Actual
Year One	100 percent	100 percent
Year Two	100 percent	100 percent
Year Three	100 percent	

The Tuberculosis Control Branch met its Year Two target that all cases (100 percent) of multidrug resistant tuberculosis (MDR-TB) in California have access to expert consultation during treatment. Maintaining this 100 percent target is essential to CDPH's efforts to reduce and control tuberculosis (TB), and acts as an important measurement of CDPH's efforts.

Furthermore, the existence of these cases threatens statewide success in controlling TB, with approximately 30 to 40 MDR-TB cases occurring in California each year, and MDR-TB on the rise globally. MDR-TB cases are costly, difficult to treat and patients are often infectious for a long time and are more likely to fail treatment and die than patients with drug susceptible TB. Subsequently, special expertise is needed to ensure that MDR-TB cases become non-infectious and do not develop additional resistance. Many local health departments rarely see MDR-TB cases and are unable to sustain local expertise. The CDPH MDR-TB service provides laboratory, medical and public health consultation to support local TB control activities, with the CDPH Microbial Diseases Laboratory providing rapid testing for drug resistance and conventional drug susceptibility testing. This support is particularly important as resources and expertise are diminishing at the local level.

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3. Reduce the proportion of adults who are obese

Year One Target	Year One Actual	Year Two Target	Year Three Target
2	1	3	5
Measurement:	Number of identified program initiatives successfully completed		
Programmatic Lead:	Chronic Disease and Injury Control/California Obesity Prevention Program		
	Target		Actual
Year One	2		1
Year Two	3		3
Year Three	5		

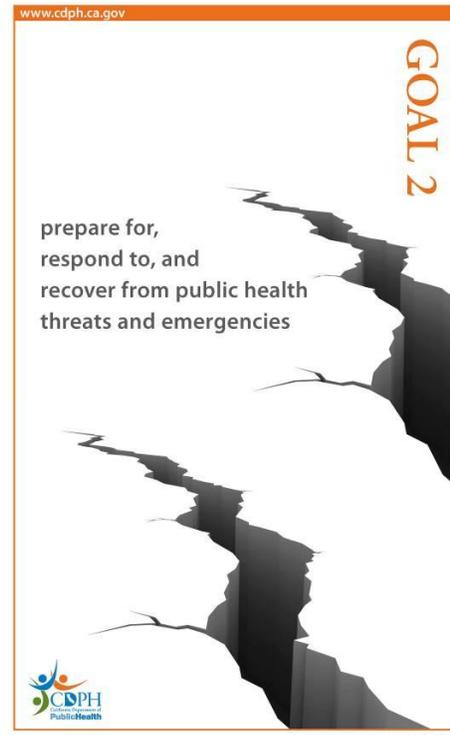
The California Obesity Program met its Year Two target by successfully completing two identified program initiatives, the enhanced California Obesity Prevention Plan, which contains specific, time limited, action steps for implementation, as well as tracking and evaluation, along with successfully partnering with state agencies and statewide organizations to support messaging consistent with the rollout of the new WIC food package.

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Section 3: Goal 2: Prepare for, respond to, recover from public health threats and emergencies

The Emergency Preparedness Office (EPO) and the Office of the State Laboratory Director faced challenges similar to many other CDPH programs during the current Strategic Plan, including staff furloughs that required a reprioritization of activities.

- A. Objective 1-2: Increase to 90 percent the percentage of CDPH staff and managers who have successfully completed training in National Incident Management System (NIMS)/Standardized Emergency Management System (SEMS) and Joint Emergency Operations Center positions, and are available for deployment**



Measurement:	Percentage of CDPH personnel completing the SEMS/NIMS and JEOC trainings	
Programmatic Lead:	Emergency Preparedness Office	
	Target	Actual
Year One	80 percent	7 percent
Year Two	90 percent	16 percent
Year Three	90 percent	

This objective articulates the importance of preparing CDPH personnel to respond during an emergency incident and focuses on the foundational training required of all CDPH personnel to understand their role as a Disaster Service Worker (DSW) and the use of the SEMS and the NIMS in the department’s emergency response efforts. The quality and accessibility of emergency response trainings offered to CDPH personnel has been significantly improved, including the availability of the DSW and EPO-100 trainings online, via a newly developed training website, along with a streamlined Basic Emergency Operations Center Training with a two-day Basic Emergency Center Operations course plus a one-day course for management of each Emergency Operations Center section.

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B. Objective 3-4: Decrease the average response time between an urgent incident reported to the CDPH duty officer and program response initiated to 0.25 hours

Measurement:	Average response time from when an urgent incident is reported to when program response is initiated	
Programmatic Lead:	Emergency Preparedness Office	
	Target	Actual
Year One	0.50 hours	0.13 hours
Year Two	0.25 hours	0.08 hours
Year Three	0.13 hours	

The Emergency Preparedness Office maintained an average duty officer response time of 0.08 hours in FY 09-10, surpassing both its Year One and Year Two targets respectively. The response time, as measured by this objective, is the period from when an urgent incident is initially reported to the CDPH duty officer to when the individual program response is initiated (i.e. notification of the Program Duty Officer/Subject Matter Expert).

In order to meet and maintain this objective, the CDPH duty officer program reviews this objective monthly to determine any delays in response. The duty officer program continues to provide outreach and training to the duty officers of any CDPH programs that fail to meet the objective.

C. Objective 5-6: Increase to 90 percent the percentage of laboratory tests supported by the CDPH enterprise wide Laboratory Information Management System (LIMS)

Measurement:	Percentage of state laboratory tests supported by LIMS	
Programmatic Lead:	Office of the State Laboratory Director	
	Target	Actual
Year One	80 percent	70 percent
Year Two	90 percent	70 percent
Year Three	80 percent	

The Office of the State Laboratory Director did not meet its Year Two target for the percentage of state laboratory tests supported by the LIMS system primarily as a result

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of software system upgrades from version 9 to version 10 in three of the six State laboratories. Other challenges also hindered efforts to ensure all state laboratory tests are supported by LIMS, including inconsistent funding and the lengthy procedures necessary to implement information technology projects such as software upgrades. However, this effort has resulted in increased trainings, and an enhancement of the Department's ability to send data electronically, which meets the nationally established mandates for health information exchange. This strategic planning effort has also facilitated the development of best practices and collaborative efforts within the Department, including the Change Advisory Board (CAB) and the CDPH StarLims Executive Advisory Committee.

D. Objective 7-8: Increase to 54 the number of local health departments with a rating of at least 70 percent on their Strategic National Stockpile

Measurement:	Number of local health departments with ratings of at least 70 percent on their Strategic National Stockpile	
Programmatic Lead:	Emergency Preparedness Office	
	Target	Actual
Year One	43	29
Year Two	54	46
Year Three	54	

CDC and CDPH measure public health preparedness planning readiness with the CDC's Technical Assistance Review (TAR) Tool. The TAR Tool scores the planning efforts of local health departments (LHDs) in 12 functional areas and provides a composite score as well. While CDPH did not meet the Year Two target, the number of local health departments with a rating of at least 70 on their Strategic National Stockpile rose significantly during Year Two, from 29 to 46 local health departments scoring at least 70 percent. This increase occurred despite various challenges, such as reduced staffing and budgets at local health departments that hamper planning efforts.

E. Objective 9-10: Increase the number of state level exercises with a public health component or health care surge component with completed After Action Reports and successful completion of Corrective Action Plans to two

Measurement:	Number of state level exercises completed	
Programmatic Lead:	Emergency Preparedness Office	

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	Target	Actual
Year One	2 exercises	2 exercises
Year Two	2 exercises	2 exercises
Year Three	3 exercises	

CDPH successfully met its Year Two target of completing two state level exercises during Year Two of the Strategic Plan. CDPH supports and participates in two state level exercises: the California Emergency Management Agency (Cal EMA) Golden Guardian Exercise series and the CDPH Statewide Medical-Health Exercise series. Both series encompass a comprehensive “all-hazards” emergency response approach, engaging local, state, and federal emergency responders.

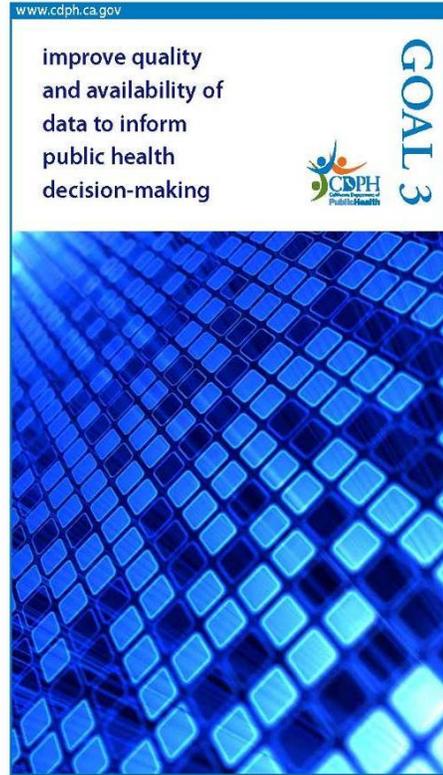
Section 4: Goal 3: Improve quality and availability of data to inform public health decision-making

Health Information and Strategic Planning (HISP) is responsible for department-wide initiatives, including the improvement of health information systems and improving the quality and availability of data, embodied by Goal Three of the Strategic Plan.

Data Resource Inventory

The Data Resource Inventory (DRI) is an essential component of all Goal 3 objectives, as CDPH uses the DRI to measure the progress made towards each of the four objectives contained within Goal Three. The DRI will continue to be evaluated and refined to help improve reporting on the quality and availability of CDPH data.

- A. Objective 1-2: Increase to 18 percent the datasets in the CDPH Data Resource Inventory that collect the Common Core Data Elements²**



Measurement:	Percentage of datasets in the DRI that collect the Common Core Data Elements	
Programmatic Lead:	HISP/Public Health Informatics Program	
	Target	Actual
Year One	16 percent	13 percent
Year Two	18 percent	20 percent
Year Three	18 percent	

At the end of Year Two the DRI reflects that CDPH surpassed the Year Two target of 18 percent, with 20 percent of datasets collecting the Common Core Data Elements. This increase reflects improved understanding of Core Common Data Elements and reporting by programs. Due to budgetary restraints, further increasing the percentage

² Common Core Data Elements are defined as: birth name, birth date, location of birth, gender, and mother's first name.

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of datasets is difficult, as it requires information technology (IT) changes to add fields to databases to collect the Common Core Data Elements.

B. Objective 3-4: Increase to 18 percent the datasets in the CDPH Data Resource Inventory that collect the State-mandated race/ethnicity information

Measurement:	Percentage of datasets in the DRI that collect race/ethnicity information	
Programmatic Lead:	HISP/Public Health Informatics Program	
	Target	Actual
Year One	16 percent	13 percent
Year Two	18 percent	19 percent
Year Three	18 percent	

At the end of Year Two the DRI reflects that CDPH surpassed the Year Two target of 18 percent, with 20 percent of datasets collecting the Common Core Data Elements. This increase reflects improved understanding of Core Common Data Elements and reporting by programs. Due to budgetary restraints, further increasing the percentage of datasets is difficult, as it requires information technology (IT) changes to add fields to databases to collect the Common Core Data Elements.

The status of the DRI at the end of Year Two reflects that CDPH exceeded the Year Two target, with 19 percent of datasets collecting the State-mandated race/ethnicity information. As with the Common Core Data Elements above, this increase reflects improved understanding of the State-mandated race/ethnicity information and reporting by programs. Budgetary restraints restrict CDPH's ability to add database fields to collect ethnicity and race to additional existing databases, as this requires modifications to existing IT systems or the development of new systems.

C. Objective 5-6: Increase the percentage of datasets in the CDPH Data Resource Inventory that have geocoded data to 30 percent

Measurement:	Percentage of datasets in the Data Resource Inventory that contain geocoded information	
Programmatic Lead:	HISP/Public Health Informatics Program	
	Target	Actual
Year One	20 percent	7 percent

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Year Two	30 percent	5 percent
Year Three	30 percent	

The Public Informatics Program fell short of its Year Two target of 30 percent. The recently updated DRI indicated that 5 percent of databases contain geocoded information, defined as containing the geocoded coordinates for locational information included in the DRI. CDPH has dedicated a full-time staff person to serve as the GIS coordinator for the department. This person provides consultation and services to programs anticipating or continuing GIS use, including helping programs with mapping services, geocoding, and data visualization.

D. Objective 7-8: Increase to 70 percent the percentage of datasets in the CDPH Data Resource Inventory from which de-identified and/or non-confidential data are publicly available via the internet

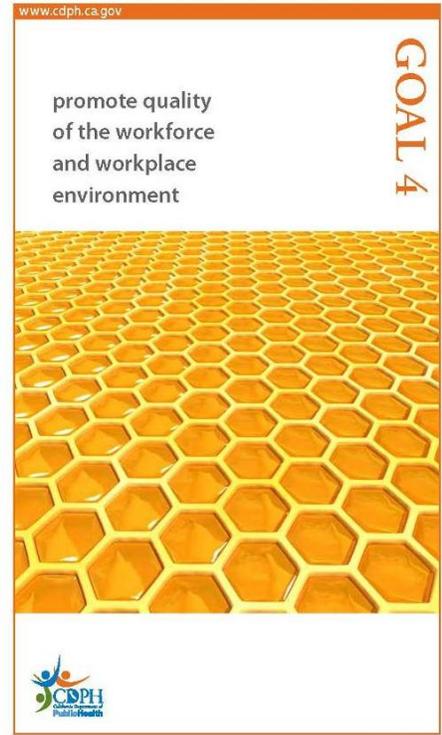
Measurement:	Percentage of datasets in the Data Resource Inventory with de-identified/confidential data publicly available on the internet	
Programmatic Lead:	HISP/Public Health Informatics Program	
	Target	Actual
Year One	50 percent	33 percent
Year Two	70 percent	86 percent
Year Three	70 percent	

At the end of Year Two, the DRI reflects that CDPH exceeded its Year Two target of 70 percent, with 86 percent of datasets with de-identified/confidential data publicly available on the internet. The CDPH Web Services Group developed standards and procedures to place public reports and data on the CDPH Internet and provided training and technical assistance on an ongoing basis. As a result, the number of links to published statistical data and reports included on the CDPH Internet Data Section has significantly increased in the past two years.

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Section 5: Goal 4: Promote quality of workforce and workplace environment

To support Goal 4 of the Strategic Plan and promote workforce quality and workplace environment, CDPH created the Office of Leadership and Workforce Development (OLWD). OLWD’s goal is to develop “leadership consistency and a competent workforce capacity to meet the future demand for quality public health services in California.” OLWD spearheads the Department’s efforts in employee training and leadership development, conducts succession planning to address the aging workforce, and promotes and develops a competent and effective public health workforce.



- A. Objective 1-2: Increase to 50 percent the percentage of CDPH employees who receive a written annual performance review and Individual Development Plan (IDP) by their direct supervisor**

Measurement:	Percentage of rank and file employees who have received a written annual performance review	
Programmatic Lead:	OLWD	
	Target	Actual
Year One	50 percent	30 percent
Year Two	100 percent	63 percent
Year Three	100 percent	

OLWD successfully developed new performance appraisal and development forms for rank and file employees during the first two years of the Strategic Plan, and increased the percentage of rank and file employees receiving written annual performance reviews to 63 percent, falling short of the Year Two target of 100 percent. OLWD continues to provide trainings with an overview of the IDPs to all staff, with supervisors and managers receiving additional training on IDP development and conducting the evaluation process.

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B. Objective 3: Increase to 40 percent the percentage of employees surveyed who rate the CDPH as “very good” or “good” on an anonymous survey of ten aspects of the workplace environment

Measurement:	Percentage of surveyed employees that rate CDPH as very good or good	
Programmatic Lead:	OLWD	
	Target	Actual
Year One	40 percent	survey not released
Year Two	40 percent	67.9 percent
Year Three	40 percent	

OLWD released the CDPH employee survey in November 2009 to address Objective 3 for Year Two of the Strategic Plan. The CDPH employee survey included 10 aspects of the workplace environment, as follows:

- Organizational Image/Perception of Others,
- Leadership,
- Work Conditions,
- Treatment of Employees,
- Rewards and Recognition,
- Teamwork,
- Supervision,
- Job Satisfaction,
- Customer Focus, and
- Overall Satisfaction.

OLWD also included one additional aspect, Training and Staff Development, as a critical area that needed to be included in the employee survey. However, the rating on this aspect is not included in these calculations.

Overall, 67.9 percent of survey respondents rated their overall satisfaction with employment at CDPH as “good” or “better.” Furthermore, nine of the ten aspects of the workplace environment were also rated as “good” or better, with an average percentage of 63.7 percent.

Rewards and Recognition was the one aspect rated “good” or “better” by less than 40 percent of survey respondents. Correspondently, CDPH has implemented an employee recognition program (PHAME, or Public Health Acknowledging My Efforts) to address this deficiency.

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Section 6: Goal 5: Improve effectiveness of business functions

Many of the challenges faced by the CDPH business functions during the Strategic Plan’s first year, including furloughs, staff reductions, and the reprioritization of work, continued into Year Two of the Strategic Plan. Overall, the business functions progressed toward their targets despite these challenges.

- A. Objective 1-2: Increase by 10 percent the number of pending regulation packages filed with the Secretary of State within 36 months of development**



Measurement:	Number of regulation packages completed in 36 months	
Programmatic Lead:	Office of Legal Services/Office of Regulations and Hearings (ORH)	
	Target	Actual
Year One	1 regulation package	1 regulation package
Year Two	2 regulation packages	2 regulation packages
Year Three	2 regulation packages	

The ORH met its Year Two target of two packages filed with the Secretary of State (SOS). ORH staff continues to work diligently to meet the objectives, goals, and targets of the Strategic Plan. Through the open exchange of ideas among executive leadership, program, and ORH staff, OHR anticipates that this teamwork will result in an increased number of packages filed with SOS in the near future.

The challenges ORH encountered in achieving the Strategic Plan’s target included furloughs and staff training on the regulatory process. ORH has been successful in its efforts at staff development and implementing the Department’s new rulemaking process. ORH has also developed and implemented monitoring and statistical reporting mechanisms to assist department staff in tracking the status of the active proposed regulation packages. ORH annually updates the pending regulation assignment list, enabling ORH to identify proposed regulatory actions and provide this information to all involved in the rulemaking process.

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B. Objective 3-4: Increase to 95 percent the percentage of invoices processed by Accounting within 30 days of receipt in the Accounting Section

Measurement:	Percentage of invoices processed within 30 days of receipt	
Programmatic Lead:	Financial Management Branch/Accounting Section	
	Target	Actual
Year One	85 percent	70 percent
Year Two	90 percent	63 percent
Year Three	90 percent	

The Accounting Section did not meet its Year Two target of 90 percent due to numerous challenges faced during FY 09-10 and prior fiscal years. Challenges include furloughs and staff reductions concurrent with an increase in invoices received due to H1N1 activities and new ARRA grants from the Federal Government. General Fund budget reductions and the subsequent decrease in payments made through the General Fund Clearing Account reduced the number of invoices processed per claim schedule, also resulting in an increase in workload.

The successful implementation of the invoice tracking system has streamlined processes by reducing the number of inquiries made by programs concerning invoice status and the time spent by the Accounting Section looking for a particular invoice. The implementation of trainings for both program staff and Accounting staff has both reduced the number of invoices returned to programs due to insufficient information, and the number of invoice processing errors by Accounting Section staff. Additionally, a procedure change to attach invoice copies to the invoice payment successfully reduced vendor calls by 75 percent.

C. Objective 5-6: Increase to 95 percent the percentage of Requests for Personnel Action (RPA) receiving approval within 30 days of receipt.

Measurement:	Percentage of RPAs approved within 30 days of receipt	
Programmatic Lead:	Human Resources Branch (HRB)	
	Target	Actual
Year One	85 percent	86 percent
Year Two	95 percent	88 percent
Year Three	95 percent	

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HRB increased from Year One its average percentage of RPAs approved within 30 days, but fell short of meeting its Year Two target of 95 percent. The successful move to an automated, on-line RPA system, from processing all RPAs manually, helped HRB increase its percentage. However, various challenges, such as staff vacancies and furloughs, impacted HRB's ability to meet the Year Two target of 95 percent.

D. Objective 7-8: Increase to 95 percent the percentage of contracts processed within 30 days of receipt by the Contracts Management Unit

Measurement:	Percentage of contracts processed within 30 days of receipt	
Programmatic Lead:	Program Support Branch/Contracts Management Unit (CMU)	
	Target	Actual
Year One	85 percent	84 percent
Year Two	95 percent	87 percent
Year Three	95 percent	

CMU improved upon its percentage of contracts processed within 30 days from Year One, with 87 percent of contracts meeting the 30 day timeline. However, this percentage did not meet the Year Two target of 95 percent as a result of various challenges experienced during FY 09-10. Specifically, CMU experienced an increase in the number of contracts and purchase orders resulting from the H1N1 emergency and the distribution of ARRA funds at the same time staff levels decreased as a result of furloughs. Despite these challenges, CMU initiated efforts to implement additional tracking tools and processes to help identify and streamline contract procedures.

E. Objective 9: Increase distribution of Expenditure Forecast Reports (EFRs) to programs to 100 percent by December 1, 2009, and ensure 100 percent are distributed monthly thereafter

Measurement:	Percentage of EFRs distributed to programs during regular distribution months (November through May)	
Programmatic Lead:	Financial Management Branch/Accounting Section	
	Target	Actual
Year One	100 percent	100 percent
Year Two	100 percent	100 percent
Year Three	100 percent	

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The Accounting Section met its Year Two target of 100 percent of EFRs distributed to programs by December 1, 2009. The Accounting Section conducts training sessions to programs every October and November to review the EFR process with new staff and refresh the process with other staff. An EFR handbook is posted on the CDPH Intranet, with additional reports added to the EFR system to assist programs with making accurate projections. While furloughs have resulted in the EFR drill occurring later in the month, the Accounting Section has still been able to ensure distribution to programs on a monthly basis.

F. Objective 10: Increase distribution of current fiscal year budgets (BUDS) to programs to 100 percent within 45 days of budget enactment

Measurement:	Percentage of programs receiving BUDS within 45 days of budget enactment	
Programmatic Lead:	Financial Management Branch/Budget Section	
	Target	Actual
Year One	100 percent	100 percent
Year Two	100 percent	100 percent
Year Three	100 percent	

Through continuous monitoring, planning and maintenance, the Budget Section has met the Year Two target to maintain the BUDS distribution at 100 percent to ensure that all programs receive BUDS within 45 days of budget enactment.

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Section 7: Summary

The CDPH Strategic Plan is a performance-based, living document containing regularly reported objectives and targets for measurement. The Strategic Plan represents a unified vision for the Department's future and the continued prioritization and focus on the five goals and associated objectives. While many programs faced various challenges in moving towards and meeting their objectives, the Strategic Plan has provided valuable insights into whether specific strategies or activities were successful and the adjustments needed to enable the Department to continue to progress towards meeting these objectives.