

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Accountable Communities for Health</b>				
<b>HP 2020 Objective: HO ECBP-10 Community - Based Primary Prevention Services</b>				
<b>Impact Objective 1: Select and implement pilot Accountable Communities for Health.</b>				
Will <i>review two resources generated by Fusion Center</i> , Blue Sky Consulting, and UC Berkeley (e.g., toolkit of best practices, description of the public health role, performance measures, evaluation framework of the statewide effort with partners), to support establishment of ACHs in California to reduce cost, improve population health, and improve the quality of health care.	Partially met. In addition to the resources developed by Blue Sky, Fusion Center staff reviewed two documents from UC Berkeley, all of which have been deliverables of their contract that should be functional and usable. This includes a bibliography of resources and research as well as a summary of lessons learned and best practices from informational interviews/ environmental scan. While the final tool from UC Berkeley is in draft, the bibliography and presentation along with the toolkit would total to three tools which would exceed the minimum number of resources.			
<b>Activity 1: Encourage prevention activities - will participate in at least two pilot partner convenings</b> to ensure collective impact in prevention, and leverage partnerships, including in-person and virtual participation in the statewide chronic-disease-prevention Community of Practice, to enhance the efforts of the ACH pilots.	Met. Fusion Center staff coordinated and participated in two convening with stakeholders and partners to gather input for the evaluation framework. The convenings were held on August 24th with the foundation partners and the other was on September 9th with health, health care, and community partners. Collective impact is the commitment of a group of people/organizations from different sectors to a common agenda for solving a specific social problem, using a structured form of collaboration. The Fusion Center staff served as the convener of these actors from different sectors. Fusion Center staff ensured that all of these right players were in attendance and that everyone understood the common agenda, resulting in an evaluation framework that can measure the level of collective impact in local ACH sites. The common agenda is addressing a chronic health or community condition.			
<b>Activity 2: Provide expertise in the selection of pilot sites - will provide subject-matter expertise</b> in selection and oversight of the implementation of six ACH pilot sites statewide.	Partially Met. Actively participating in the development of the criteria that is required of applicants to even be considered and then selected for funding is one form of oversight and informs the selection process. Fusion Center staff participated in the MOU development process between the funders and the state as well as the communications, branding, and logo development process which is another form of oversight to ensure consistency in communications and brand management.			
<b>Activity 3: Develop metrics and evaluation framework for pilot - will assist</b> Blue Sky Consulting and the California Health and Human Services Agency <b>in the development of one set of metrics in an evaluation framework</b> , to ensure that the ACH pilot efforts effectively address community conditions and chronic diseases for target and high-risk populations.	Partially Met. Fusion Center staff, in collaboration with Blue Sky consulting, developed a broad set of metrics-that make up the evaluation framework- that can be used and tailored by local entities to develop metrics specific to their jurisdiction or coalition to evaluate the level of success in effectively addressing community conditions and chronic disease for their target and high-risk population.			

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

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<p><b>Activity 4: Develop toolkit outlining data and information needs - will assist</b> the Center for Health Organizational Innovation Research at UC Berkeley <b>in the development of one report</b> summarizing the findings of the program and intervention index and literature review and one toolkit that outlines the spectrum of data and information needs of an ACH to create a data- and information-sharing capacity where none exists, or improve upon and maximize an existing system to meet optimum standards.</p>	<p>Partially Met. Fusion Center staff provided subject matter expertise and professional guidance to the UC Berkeley research staff collecting data for the report every time they met with them. Fusion Center staff told the UCB team who to talk to for their informational interviews and suggested additional research to review during the bi-weekly phone calls. Fusion Center staff let the UCB team know if they were going in the right or wrong direction. This guidance informs the development of the report. The UCB team provided Fusion Center staff with an outline of their final report and highlights of the research that would be in the report. Fusion Center staff provided feedback on the outline and highlights, which ultimately will inform the final report.</p>			
<p><b>California Active Communities: Older-Adult Falls Prevention</b></p>				

**HP 2020 Objective: HO IVP-23 Deaths from Falls**

**Impact Objective 1: Conduct fall-prevention classes for older adults.**

<p><b>Will conduct 27</b> SO or TCMBB Program <b>community-based classes</b> throughout California to prevent falls by promoting strength and balance among older adults at risk for falls.</p>	<p>Partially Met. 27 SO or TCMBB classes are scheduled to be completed by the end of the project period (June 30, 2017). For this reporting period, only one SO class was conducted. The majority of the classes are scheduled to occur October 2016 through April 2017.</p>			
<p><b>Activity 1: Fund LHDs to provide fall-prevention classes for older adults -will provide funding to seven LHDs</b> to implement and evaluate community-based SO and TCMBB Program classes for older adults within their jurisdictions to promote strength and balance among older adults at risk for falls.</p>	<p>Met. Funding has been provided to seven LHDs.</p>			

**Impact Objective 2: Increase LHDs' ability to implement TCMBB Program.**

<p><b>Will establish four LHD staff</b> or their designees as new TCMBB instructors, to provide them with the ability to promote strength and balance among older adults at risk for falls.</p>	<p>Exceeded. This objective was to train four LHD staff/designees to become TCMBB instructors. This objective was exceeded because five instructors have been trained.</p>			
<p><b>Activity 1: Fund LHDs' to participate in TCMBB training - staff will provide funding for a minimum of four LHD staff</b> or their designees to participate in TCMBB leader trainings, increasing the LHDs' ability to implement TCMBB in their counties.</p>	<p>Exceeded. Five LHD staff or their designees have been funded to be trained as TCMBB leaders.</p>			
<p><b>Activity 2: Conduct TCMBB training activities - will conduct at least one two-day training to certify LHD staff</b> or their designees as TCMBB Instructors/ Master Trainers, and provide video-based fidelity checks, support webinars, and technical assistance consultations to newly trained Instructors/Master Trainers.</p>	<p>Met. One two-day training took place in San Diego on Sept. 15-16, 2016.</p>			

**Impact Objective 3: Increase LHDs' ability to implement the SO Program.**

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Older-Adult Falls-Prevention Program staff will establish ten LHD staff or their designees as new SO Leaders or Master Trainers, to provide them with the ability to promote strength and balance among older adults at risk for falls.	Partially Met. This objective was to train ten LHD staff/designees as new SO Leaders or Master Trainers by the end of the project period (June 30, 2017). This objective was partially met because, while the scheduled training did not take place during the reporting period, preparation for the training, including materials development, recruitment, and registration, were completed.			
<b>Activity 1: Fund LHDs' to participate in SO Program training - will provide funding for a minimum of ten LHD staff</b> or their designees to participate in SO Program leader trainings. This enables the goal of increasing the LHDs' ability to implement the SO Program.	Met. Funding has been provided for a minimum of at least ten LHD staff or their designees to participate in SO trainings.			
<b>Activity 2: Conduct SO Program training activities</b> - staff will conduct at least one three-day training to certify LHD staff or their designees as new SO Leaders/Master Trainers, and conduct follow-up video-based fidelity checks, support webinars, and technical-assistance consultations to newly trained Leaders/Master Trainers, to provide trainers with the ability to promote strength and balance among older adults at risk for falls.	Partially Met. The three-day training is scheduled for Oct. 14-16, 2016. Preparation activities and registration have been completed.			
<b>Impact Objective 4: Promote safer community mobility for older adults.</b>				
Will develop one Safe Routes for Seniors toolkit, to promote strength and balance among older adults at risk for falls.	Partially Met. This objective is partially met because research and the compiling of resources were conducted during the reporting period.			
<b>Activity 1: Develop a Safe Routes for Seniors toolkit - will conduct one background literature search, research three potential elements, perform two key informant interviews, and field test one draft Safe Routes for Seniors Toolkit,</b> to promote strength and balance among older adults at risk for falls.	Partially Met. Research has begun on developing a Safe Routes for Seniors resource tool.			
<b>Impact Objective 5: Promote universal design and older-adult mobility in community planning.</b>				
Will increase the number of LHDs that incorporate universal-design and older-adult mobility programs, planning, and policies into their strategic plans, to promote strength and balance among older adults at risk for falls from zero to five.	Partially Met. This objective is partially met because some of the activities were conducted during the reporting period. The process of incorporating universal-design and older-adult mobility programs into LHDs' strategic plans is an ongoing process which will be completed and evaluated by the end of the project period.			
<b>Activity 1: Fund LHDs' to participate in strategic planning - will fund five LHDs</b> to conduct universal-design and older-adult mobility strategic planning with their local partners, to promote strength and balance among older adults at risk for falls.	Met. Five LHDs have been funded to conduct universal-design strategic planning.			
<b>California Health Alert Network</b>				

**HP 2020 Objective: HO PREP-1 Public Health Emergency Alert**

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<b>Impact Objective1: Increase CAHAN competency and reduce alert distribution time.</b>				
Will develop three outreach programs to increase awareness of, participation in, and competency with the CAHAN program among partners at CDPH, public health and medical designated-response programs at the state level, and local jurisdictions. Outreach program content will help HAN coordinators use the system to its fullest extent, including shortcuts and template tips to reduce alert distribution time.	Partially Met.			
<b>Activity 1: Reduce alert distribution time - will conduct five or more presentations and develop two or more guidance documents</b> to increase awareness of, participation in, and competency with the CAHAN program's CDPH participants. The content included in these presentations and guidance documents will help HAN coordinators use the system to its fullest extent, including shortcuts and template tips to reduce alert distribution time.	Partially Met. CAHAN has completed three presentations to state, local, and hospital CAHAN coordinators; and five more presentations are scheduled before December 31st. Two guidance documents are currently being developed.			
<b>Activity 2: Develop relationships that advance capacity building - will conduct at least three outreach presentations</b> to public health and medical response partners within California Health and Human Services Agency to increase partner awareness of, participation in, and competency with the CAHAN alerting and notifications. The content included in these presentations will help HAN coordinators use the system to its fullest extent, including shortcuts and template tips to reduce alert distribution time.	Partially Met. Presentations have been completed for the California Department of Corrections and Rehabilitation, as well as the Department of Social Services.			
<b>Activity 3: Conduct region-specific CAHAN training - will conduct two or more advanced regional training sessions</b> with CAHAN local partners to increase HAN coordinator competency in the CAHAN system. The content included in these presentations will help HAN coordinators use the system to its fullest extent, including shortcuts and template tips to reduce alert distribution time.	Partially Met. Two advanced CAHAN training sessions are scheduled before December 31st, and one is in the process of being scheduled.			
<b>Activity 4: Develop a training procedure for HAN coordinators - will develop a curriculum of requirements, including five basic training objectives</b> , that HAN coordinators must meet to independently train their own HAN coordinators. Will also develop one comprehensive step-by-step training manual to assist HAN coordinators in frequently used aspects of the new alerting system. A required component for the training procedure will be to demonstrate quick, effective use of the system.	Partially Met. The curriculum of requirements is complete, and the training manual is currently being developed.			

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<b>California Wellness Plan Implementation, Program A</b>					
<b>HP 2020 Objective: HO PHI-15 Health Improvement Plans</b>					
<b>Impact Objective 1: Improve chronic-disease surveillance.</b>					
<p><i>Will conduct one conceptual framework</i> for improved statewide chronic-disease surveillance beyond stroke and cancer registries, starting with a pilot on the burden of diabetes in California.</p>	<p>Partially Met. Dr. Nunez de Ybarra described her conceptual framework for improved statewide chronic-disease surveillance in a “CDPH Chronic Disease Surveillance in California Project Update “previously to the California Conference of Local Health Officers Health Information and Data Committee Meeting on Wednesday, January 6, 2016 from 12:05 to 12:25pm in Sacramento, CA. Dr. Nunez received input and continues to plan the framework (Quest Pilot and pScanner Network) which will be conducted before March 2017.</p>				
<p><b>Activity 1: Convene stakeholders to develop conceptual framework - will convene one statewide CWP Goal-3 Work Group of partners</b> in at least four meetings to ensure “Accessible and Usable Health Information” by developing the strategic and conceptual framework for improved chronic-disease surveillance in California via electronic health-record data.</p>	<p>Partially met. Planning underway for May 17, 2017 statewide conference, entitled, "Advancing Prevention in the 21st Century (P21) 2.0: Sharing Successes, Promoting Best Practices and Setting Future Directions." P21 2.0 will showcase progress on CWP Objectives and Focus Areas shared at the February 2014 P21 that brought together experts and partners from multiple organizations and sectors. Objectives: • Share CWP Progress Report 2016 and how chronic disease prevention efforts have contributed to improvement in LGH Goals • Highlight successes &amp; best practices</p>				
<p><b>Activity 2: Collaborate on pre-diabetes and diabetes pilot project - will collaborate with Quest Diagnostic Laboratories, Inc.,</b> to develop one pilot proof-of-concept proposal to assess the frequency, distribution, and quality of care of patients with diabetes and those at risk of diabetes (i.e., pre-diabetics) by evaluating Quest hemoglobin A1c laboratory results.</p>	<p>Partially met. Dr. Nunez de Ybarra has negotiated the details of a data use agreement with Quest Laboratory Diagnostics which is under review by CDPH currently. Institutional Review Board approvals have already been granted for the pilot. Data use agreement will be submitted to Quest and data will be received prior to December 2016.</p>				
<b>Objective 2: Maintain Chronic-Disease Prevention Coalition.</b>					
<p><i>Will conduct four meetings and attend partner meetings</i> to promote CWPI in collaboration with partners committed to utilizing evidence-based chronic-disease–prevention practices that have a measurable impact on population health, patient experience, and health care cost.</p>	<p>Partially met. Dr. Nunez de Ybarra has attended greater than 4 meetings to promote CWPI; and has conducted 3 meetings.</p>				

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<p><b>Activity 1: Plan and convene statewide conference - will, in partnership with internal and external stakeholders, host one statewide chronic-disease-prevention meeting</b> to share successes and promote best practices for implementing chronic-disease prevention and health promotion in alignment with Let's Get Healthy California (LGHC) goals and California Wellness Plan (CWP) objectives to make California the healthiest state in the nation by 2022.</p>	<p>Partially met. Planning underway for May 17, 2017 statewide conference, entitled, "Advancing Prevention in the 21st Century (P21) 2.0: Sharing Successes, Promoting Best Practices and Setting Future Directions." P21 2.0 will showcase progress on CWP Objectives and Focus Areas shared at the February 2014 P21 that brought together experts and partners from multiple organizations and sectors.</p> <p>Objectives:</p> <ul style="list-style-type: none"> <li>• Share CWP Progress Report 2016 and how chronic disease prevention efforts have contributed to improvement in LGH Goals</li> <li>• Highlight successes &amp; best practices</li> </ul>			
<p><b>Activity 2: Convene Work Group - will engage internal and external partners and stakeholders to prevent, diagnose, treat, and control chronic disease by promoting seven interventions:</b> (1) Asthma In-Home Services for Children/ California Breathing; (2) Standard Tobacco Cessation Benefit/ California Tobacco Control; (3) National Diabetes Prevention Program Benefit/ Heart Disease and Diabetes Prevention; (4) Colorectal Cancer Screening using Fecal Immunochemical Test Preferred Policy/ California Colon Cancer Control Program; (5) Perinatal Home Visiting Benefit/ California Home Visiting; (6) Breastfeeding-Friendly Hospital Preferred Policy/ Maternal, Child and Adolescent Health; and (7) Comprehensive Medication Management/ California Wellness Plan Implementation and Prevention First.</p>	<p>Exceeded. Dr. Nunez de Ybarra has conducted and attended greater than 4 meetings to promote CWPI in all seven intervention areas.</p>			
<p><b>Activity 3: Promote best practices, training, and collaboration - will maintain two mechanisms for communication</b> (e.g., listserv, website) of CWPI progress and opportunities for internal and external collaboration to promote and utilize best practices to prevent, treat, and control chronic disease, and promote use of measures such as return on investment and cost of prevention.</p>	<p>Exceeded. Dr. Nunez de Ybarra has maintained in-person communication, phone meetings, webinars and email communications with stakeholders.</p>			

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<p><b>Activity 4: Participate in partner conferences and meetings - will provide guidance in CWPI to partners</b> attending six conferences/meetings, to ensure collective impact in prevention, diagnosis, treatment, and control of chronic disease.</p>	<p>Exceeded. Dr. Nunez de Ybarra has participated or presented in the following: September 26, 2016, California Prevent Diabetes: Screen, Test, Act - Today™ meeting in Sacramento to launch California’s Diabetes Prevention Action Plan.                      Guest Speaker, invited to present on California Department of Public Health’s work on Comprehensive Medication Management to Sierra Sacramento Valley Medical Society’s Public and Environmental Health Committee Meeting on September 20, 2016 in Sacramento, CA from 12:45 pm to 1:30 pm.                      Sept 14-15, 2016 attended workshop of the California Chronic Disease Prevention Leadership Team Project working to bring Public Health and Planners together in Monterey, CA to build healthy communities.                      2016 Guest Presenter, invited to present “California Wellness Plan Implementation: Addressing Health Inequity and Chronic Disease through Prevention and Collaboration” to California Department of Health Care Services Learning Series on Thursday, August 25, 2016 in Sacramento from noon to 1:00 pm.                       2016 Panelist, invited to provide State Perspective during hour and 15 minute Panel Discussion: Chronic Illness Across Disease States at the Addressing California’s Leading Cost in Health Care: The Growing Burden of Patients with Multiple Chronic Conditions Briefing Event sponsored by the Partnership to Fight Chronic Disease, Nation Patient Advocate Foundation and the California Chronic Care Coalition on Tuesday, August 2, 2016 in Sacramento, CA.                      Attended July 27, 2016 quarterly meeting of the CA Chronic Disease Prevention Leadership Team.</p>			
<p><b>Objective 3: Monitor California Wellness Plan Implementation.</b></p>				
<p><b>Will maintain one process for providing progress on CWP Goals</b>, including all 266 CWP Objectives, to inform partner chronic-disease–prevention priorities and planning efforts.</p>	<p>Partially met. CWP Progress Report draft has been written. Final review underway before submitting for approvals through CDPH leadership starting November 15, 2016.</p>			
<p><b>Activity 1: Maintain online CWP Data Reference Guide - will maintain one CWP Data Reference Guide on the California Health and Human Services Open Data Portal</b> by ensuring that data is accurate and current every year.</p>	<p>Partially met. Once CWP Progress Report is approved updates will be made to online data reference guide.</p>			
<p><b>Activity 2: Disseminate CWP progress report - will disseminate one CWP progress report to a statewide audience of partners and stakeholders</b>, to provide state-level updates on CWP health objectives to inform partner chronic-disease–prevention priorities and planning efforts</p>	<p>Not met. Anticipated approval of CWP progress report is May 2017. Once approved it will be distributed at the statewide convening and made available online.</p>			
<p><b>Activity 3: Track, monitor, and evaluate CMM update statewide - will collaborate with partners and stakeholders to develop one article of recommendations to track, monitor, and evaluate comprehensive medication management uptake statewide</b>, to provide evidence of impact and effectiveness of team-based care approach for high-risk patients.</p>	<p>Partially met. Evaluation subcommittee on CMM will be gathering in-person on Friday, October 21, 2016 to develop core measures for evaluation including:</p> <ul style="list-style-type: none"> <li>• Minimum Data Set (universal, standardized)</li> <li>• Site specific Data Points (hospital, ambulatory care clinic, FQHC)</li> <li>• Business Models (financial configuration for reimbursement – hospital, commercial pharmacy, clinics)</li> <li>• Collaborative Practice Agreement Templates – Core Elements</li> <li>• Connectivity/ Communications for Data Flow across Partners</li> <li>• Training Standards and Training Options – for Pharmacy</li> </ul>			

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<b>California Wellness Plan Implementation, Program B</b>					
<b>HP 2020 Objective: HO PI-14 Health System Assessment</b>					
<b>Impact Objective 1: Increase capacity for economic analysis of public health interventions.</b>					
<p><i>Will analyze three centers or programs within CDPH</i> to develop a summary of staffing resources, including the level of readiness to utilize and incorporate economic analysis, and build capacity within the centers to support economic-analysis activities.</p>	<p>Partially met. In quarter one, Fusion Center staff assembled a Think Tank composed of the following programs: Tobacco, Nurse Home Visiting Program, Maternal/Child/Adolescent Health (MCAH), Asthma, Community Fluoridation, STD Control, Environmental and Occupational Health, Health Statistics and Informatics, and Immunization. Initial work encompassed informal conversations between these programs around current economic evaluations taking place and the type of methodologies being utilized. In quarter two, a staffing capacity report will be generated that will include both informal anecdotes and a short survey from the Think Tank membership. Findings will be available for Block Grant leadership by quarter three.</p>				
<p><b>Activity 1: Evaluate or survey programs for economic-analysis capability</b> - <i>Will follow up with three centers or programs, after reviewing the results of an environmental scan</i>, to conduct key information interviews, that will provide robust baseline data and information to develop a strategy for increasing economic-analysis capacity within the department.</p>	<p>Partially met. The health data scientist is currently conducting key informant interviews with MCAH staff, WIC staff, and staff in the asthma program.</p>				
<p><b>Activity 2: Research public health economic-analysis tools</b> - <i>will, in partnership with Lets' Get Heathy California Goal team members, conduct research on at least two public health economic-analysis tools</i> developed by CDC, NACCHO, and ASTHO, to develop a strategy for increasing economic-analysis capacity within the department.</p>	<p>Partially met. One of the Think Tank team members will be reporting out to the team on the success of using the ASTHO health economics tool for analyzing Community Fluoridation. Based on the results the next tool will be identified and reviewed.</p>				
<p><b>Activity 3: Develop list of economic-analysis resources and tools</b> - <i>will, in partnership with Lets' Get Heathy California Goal team members, develop one list of recommended tools and instructions</i> in how to use them to increase economic-analysis capacity within the department.</p>	<p>Partially met. This is currently in process. The health data scientist has developed an initial draft that is being reviewed. The final outcome will include a list of literature review resources that will be part of this list.</p>				
<b>Cardiovascular Disease Prevention Program</b>					
<b>HP 2020 Objective: HO HDS-2 Coronary Heart Disease Deaths.</b>					
<b>Impact Objective 1: Analyze CVD and economic data.</b>					

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<p><b>Will conduct three data analyses</b> to measure CVD burden, risk factors associated with CVD, and return on investment of public health interventions. These measures will determine the success of interventions and inform program and policy decisions of CDPP and the Chronic Disease Control Branch (CDCB).</p>	<p>Partially met. Though the Research Scientist III for Block Grant continues to be vacant, Research Scientist Brendan Darsie, donated in-kind time to perform data analyses for CDPP activities. Brendan analyzed the data from the California Behavioral Risk Factor Surveillance Survey (BRFSS) Brendan also completed data analyses for the CDPP state health objectives for all semi-annual and annual progress reports. CDPH and Dr. Paul Brown of UC Merced convened a meeting on investment of public health interventions was conducted in March 2016. From this meeting, a tool was developed to assist public health professionals with return on investment needs.</p>			
<p><b>Activity 1: Train on economic and statistical techniques - will present at least two trainings to managers and staff</b> on health economics (e.g., conducting cost studies, health impact assessments) to identify the cost and effect of public health programs aimed at reducing CVD.</p>	<p>Not Met. Block Grant Health Economist III is vacant and activities were not performed.</p>			
<p><b>Activity 2: Collect and analyze data on sodium awareness - will: (1) analyze 2015 data from one California Behavioral Risk Factor Surveillance System (BRFSS) module question to measure awareness of reducing sodium intake, to help prevent and control hypertension; (2) produce one fact sheet on sodium awareness, highlighting the 2015 BRFSS data; (3) purchase the same question for the 2017 BRFSS survey, to track trends over time that may help inform goals and objectives regarding sodium reduction.</b></p>	<p>Partially met. Though the Research Scientist III for Block Grant continues to be vacant, Research Scientist Brendan Darsie, donated in-kind time to perform data analyses for CDPP activities. Brendan analyzed the data from the California Behavioral Risk Factor Surveillance Survey (BRFSS). Brendan also completed data analyses for the CDPP state health objectives for all semi-annual and annual progress reports. Sodium Awareness Fact Sheet will be completed by 12/31/16.</p>			
<p><b>Activity 3: Develop policy recommendation - will (1) lead at least two peer-reviewed health-economic studies to quantify the fiscal burden of CVD, (2) provide at least two estimates of county-level health care costs for treating the most common chronic conditions, including CVD, and (3) develop at least two policy recommendations for CDCB and the Health Economic Advisory Committee, to inform policy and/or program decisions that may impact staff efforts in CVD prevention.</b></p>	<p>Not Met. Block Grant Health Economist III is vacant and activities were not performed.</p>			
<p><b>Impact Objective 2: Establish and support a statewide heart-disease alliance.</b></p>				
<p><b>Will conduct 12 Healthy Hearts California meetings</b> and support Healthy Hearts California, a dynamic, diverse statewide alliance of individuals and organizations working to reduce the burden of heart disease and stroke in California by creating synergy between alliance members that will maximize the impact of each member's contribution to reducing coronary heart disease.</p>	<p>Partially met. CDPH Staff conducted 18 Healthy Hearts California meetings before 9/30/16, but some of the activities are ongoing.</p>			

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<p><b>Activity 1: Implement statewide heart disease alliance - will (1) develop one steering committee</b> composed of state and local heart disease leaders and experts; (2) in conjunction with American Heart Association partners, <b>lead the steering committee in developing a framework</b>—including a Vision, Mission, Goals, Guiding Principles, and Objectives—to be rolled out through a statewide alliance. Healthy Hearts California alliance members will share information and increase the ability to leverage resources and the visibility for heart disease prevention and control, to maximize public health impact.</p>	<p>Met. CDPH convened stakeholders on February 22, 2016. The convening resulted in the development of a vision, mission, goals, guiding principles, and objectives for Healthy Hearts California.</p>			
<p><b>Activity 2: Organize statewide Conference - will plan, organize, facilitate, and host one statewide Healthy Hearts California Conference</b> and invite heart disease and stroke prevention and control leaders to promote, discuss, and create synergy toward national, state, and local efforts relating to heart disease and stroke, bringing together Healthy Hearts stakeholders to set goals and objectives and monitor progress toward reducing heart disease and stroke.</p>	<p>Partially Met. CDPH staff has planned and organized a statewide Healthy Hearts California Symposium which will take place on October 28, 2016 in Sacramento, California.</p>			
<p><b>Activity 3: Implement heart-disease awareness campaign - will implement one heart-disease awareness campaign</b> to be promoted by members of the Healthy Hearts California alliance. Heart-disease prevention and control concepts and materials will be developed and published online and in print and marketed to create awareness of heart disease risks and designed to shape behavior toward positive health outcomes.</p>	<p>Met. CDPH staff developed a heart disease awareness campaign that has been promoted by members of the Healthy Hearts California alliance. The campaign centers around Million Hearts and Healthy Hearts California messaging which was tested via survey through the Healthy Hearts California Membership. The campaign is currently being rolled out and will be completed by 12/31/2016.</p>			
<p><b>Activity 4: Distribute provider toolkits - will develop and distribute 100 provider toolkits</b> to targeted clinical providers throughout California. Toolkits will include quality-improvement tools and resources to improve health care delivery through health information technology, and tools to increase the engagement of non-physician team-members (e.g., nurses, pharmacists, and community health workers). Materials will include evidence-based protocols and algorithms from the Million Hearts Initiative, the American Heart Association, and the Right Care Initiative.</p>	<p>Partially Met. CDPH staff has developed a Healthy Hearts California Provider Resource Toolkit. Toolkit has been approved by CDPH leadership and materials are currently being printed and will be distributed by 12/31/16.</p>			

**Impact Objective 3: Maintain and expand partnerships to prevent CVD.**

\* Comprehensive assessment based on submission of: (1) Annual Reports; (2) Semi-Annual Reports; (3) Monthly Exp. Reports; and (4) the Value Statement (\*\*Describe how the funded activities contributed to advancing PH)

**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p><b>Will maintain ten partnerships</b> with key national, statewide, and local stakeholders that support cardiovascular risk reduction, with an emphasis on high blood pressure, leading to implementation of evidence-based guidelines and public health best practices.</p>	<p>Exceeded. CDPH staff actively coordinated with and maintained partnerships with over 20 stakeholder groups including CA4Health, California Chronic Care Coalition, Be There San Diego, Health Services Advisory Group, WISEWOMAN, The Skinny Gene Project, The Right Care Initiative University of Best Practices, Center for Well-Being, American Heart Association, American Diabetes Association, California Health Collaborative, Intrepid Ascent, University of Southern California, School of Pharmacy, Saving our Legacy, African Americans for Smoke-free Places, California Health Sciences University, Department of Health Care Services- Office of Health Information Technology, Department of Health Care Services- Office of the Medical Director, Sacramento County Department of Health and Human Services, Madera County Health Department, University of California, San Diego, Merced County Department of Public Health, Los Angeles County Department of Public Health, San Joaquin Public Health Services, San Diego City/County Department of Public Health, Shasta County Department of Public Health, Tulare County Public Health Department, Fresno County Department of Public Health, and Solano County Department of Public Health (among others).</p>			
<p><b>Activity 1: Participate in partner meetings and conferences - will maintain and expand at least ten partnerships</b> by participating in meetings and conferences hosted by partner programs working to reduce CVD in California. Staff will provide requested presentations at conferences, webinars, and events hosted by partner programs, and sign letters of support.</p>	<p>Exceeded. CDPH staff participated and supported monthly Right Care Initiative Meetings at the Sierra Health Foundation in Sacramento, CA; American Heart Association Blood Pressure Task Force Meeting in Los Angeles, CA in June 2016; Be There San Diego Blood Pressure Symposium in San Diego, CA in June, 2016. CDPH staff presented on Healthy Hearts California at the California Health Collaborative Stakeholder meeting in July 2016; CDPH staff presented on the Healthy Hearts California at the California Chronic Care Coalition Board Meeting in May 2016.</p>			
<p><b>Impact Objective 4: Maintain the Sodium Awareness Leadership Team (SALT) taskforce.</b></p>				
<p><b>Will conduct 12 monthly SALT taskforce meetings</b> to strategize on taskforce objectives and monitor and track progress toward SALT taskforce goals. Evaluation of this activity will be through taskforce agendas and meeting minutes.</p>	<p>Met. CDPH staff convened 12 SALT taskforce meetings by 9/30/2016 and will convene in-person in Sacramento, CA at the Healthy Hearts California Meeting on October 28, 2016.</p>			
<p><b>Activity 1: Implement sodium-reduction awareness campaign - will implement one sodium-reduction awareness campaign</b> that will: (1) distribute sodium-related information to parents at K–12 schools; (2) educate state employees on the risks of excess sodium consumption at the CDPH Public Health Showcase; (3) distribute nutrition and sodium-related materials to partners, including Healthy Hearts California, the Chronic Care Coalition, Lifetime of Wellness, Sodium Reduction in Communities grantees, and WISEWOMAN clinics; (4) add a sodium-awareness message to CDPH employee paystubs; (5) include sodium-awareness messages on social media sites. Measures will be taken to increase awareness of the dangers of consuming too much sodium and designed to shape behavior toward positive health outcomes.</p>	<p>Met. 1) 100 flyers on "sodium and kids" were distributed to parents at a KinderCare facility.                  2) Sodium flyers were distributed to 800 state employees at two health and wellness fairs (April and June, 2016).                  3) Nutrition and sodium-related materials were shared with the California Health Collaborative, California Chronic Care Coalition, California Department of Education, 3 WISEWOMAN clinics and 6 Lifetime of Wellness grantees.                  4) CDPP contacted the CDPH Office of Public Affairs to secure a date for a sodium message for the September 2017 paystub. The lead time for messages on paystubs is about one year. CDPP secured the first available date.                  5) A Salty Six message was sent to all CDPH employees via e-mail through the Healthier U Worksite Wellness Campaign in July, 2016. An article on SALT was featured in the CDPH Health and Safety Newsletter in April 2016, which was e-mailed to all CDPH employees.                  Two sodium awareness messages were placed on the CDPH Facebook website in June, 2016.</p>			

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p><b>Activity 2: Implement policies on nutrition and sodium reduction - will apply policies related to one sodium-reduction campaign</b> that will promote lower-sodium menu options at the CDPH office buildings in the East End Complex in Sacramento, which includes the Sports Grill, coffee bars, and snack shops. Campaign activities will also include surveying local area restaurants to collect and analyze data on the sodium content of menu items.</p>	<p>Partially Met. During this period, the food services vendor that supplied the East End Complex ended their contract and as a result, the Sports Grill and snack shops have remained closed. The Department of Rehabilitation (DOR) is in the process of contracting with a vendor. A SALT member met with the DOR to provide input on healthier food options for consideration by the new vendor and the DOR will consider those policies when executing the final contract. The SALT member also drafted a survey for state employees working in the East End Complex to determine interests and needs regarding healthy food. SALT members also conducted extensive research on laws and policies impacting California restaurants to determine how to address sodium reduction. We determined that an attempt to survey local restaurants may not be the best use of our resources since state law only requires calories to be posted. We came across "healthydiningfinder," a website that provides nutritional analysis on menu items in restaurants. CDPP is promoting this website to our Healthy Hearts membership.</p>			
<p><b>Impact Objective 5: Participate in the CWP: CMM Implementation Work Group.</b></p>				
<p>Staff will provide information and resources to 20 individuals working on Comprehensive Medication Management (CMM), to engage pharmacists to provide services resulting in medication adherence and improved health outcomes.</p>	<p>Exceeded. Staff attended and actively contributed to bi-weekly California Wellness Plan, Goal 2: Comprehensive Medication Management Work Group. Staff presented to, and provided resources to over 20 individuals working statewide on the implementation of Comprehensive Medication Management. In addition, staff developed an infographic and supported webinars promoting the CMM model which engages pharmacists to provide services resulting in medication adherence and creating better health outcomes.</p>			
<p><b>Activity 1: Support CWP: CMM Work Group - will (1) attend monthly meetings, conferences, and activities in support of the CWP: CMM Work Group.</b> The CMM model engages pharmacists to provide services resulting in medication adherence and creating better health outcomes, and (2) share information and resources provided during CWP: CMM Work Group meetings with local health departments and Healthy Hearts California alliance members.</p>	<p>Exceeded. Staff attended bi-weekly CWP, G2: CMM Work Group Meetings and participated in activities in support of the CWP: CMM Work Group. Staff shared information and resources during CWP: CMM Work Group meetings and coordinated efforts with local health departments and Healthy Hearts California alliance members.</p>			
<p><b>Commodity-Specific Surveillance: Food &amp; Drug Program</b></p>				
<p><b>HP 2020 Objective: HO FS-2 Outbreak-Associated Infections Associated with Food Commodity Groups</b></p>				
<p><b>Impact Objective 1: Increase analysis of food commodities for microbial contamination.</b></p>				
<p>Will collect 600 samples of high-risk food commodities that are known to be susceptible to microbial contamination. Staff will investigate the distribution of adulterated foods and take steps to ensure removal from commerce to decrease consumer exposure to contaminated foods and reduce the risk of contracting food-borne illness.</p>	<p>Partially met. As of 10/1/2016 a total of 655 food samples including sprouts and seeds have been collected and tested for Salmonella and Listeria. These samples were composited to result in 262 testing results.</p>			

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p><b>Activity 1: Collect and evaluate high-risk food commodities for microbial contamination - will analyze approximately 600 samples of food commodities for microbial contamination.</b> Microbial analysis will be conducted to isolate and serotype pathogens. Pulsed-field Gel Electrophoresis (PFGE) or Whole Genome Sequencing (WGS) may also be conducted on isolates to determine if they are linked to any reported illnesses.</p>	<p>Partially met. As of 10/1/2016 a total of 262 test results have been reported. All results to date have been negative for pathogens.</p>			
<p><b>Activity 2: Investigate processors to determine source and distribution of contaminated foods - will investigate all firms involved in the manufacture and distribution of foods identified with bacterial contamination</b> to determine the likely source of the contaminant and the distribution of the contaminated food(s) to ensure removal from commerce. Distribution and handling records will be evaluated to determine product distribution, and processing and growing practices will be evaluated to determine the source of the contaminant or the failure in the processing system that allowed the contaminant to proliferate.</p>	<p>Partially met. Considering all samples have been negative to date, additional investigation has not been needed. Staff are prepared to investigate upon positive pathogen findings.</p>			
<p><b>Community Water Fluoridation Implementation Project</b></p>				
<p><b>HP 2020 Objective: HO OH-13 Community Water Fluoridation</b></p>				
<p><b>Impact Objective 1: Provide leadership, technical assistance, and training.</b></p>				
<p><b>Will provide ongoing leadership and guidance</b> to a minimum of two communities, local health departments, or water systems interested in fluoridating their water or maintaining their fluoridation efforts.</p>	<p>Partially met. Some of the Activities are ongoing, but approximately 13 communities, local health departments, and water systems received leadership and guidance. In addition, the CWF program has an Internal Agency Agreement with the State Water Resources Control Board- Drinking Water Program to provide technical assistance (TA). TA was provided throughout the year and DWP provided data and collaboration on various topics regarding fluoridation.</p>			
<p><b>Activity 1: Identify priorities, challenges, and opportunities - will meet quarterly with the Fluoridation Advisory Council</b> to identify priorities, gaps, and progress of fluoridation efforts, as well as opportunities, challenges, and resources for fluoridation and to problem solve and determine where to provide technical assistance to implement or maintain water fluoridation in strategic areas.</p>	<p>Exceeded. The Fluoridation Advisory Committee met on 8/5/15, 10/7/15, 12/9/15, 2/10/16, 3/30/16, 6/1/16, 8/3/16, and 10/5/16. Members represent SWRCB- Drinking Water Program (DWP), California Dental Association, UCSF, dentists and other dental health professionals, Local Health Departments, public water systems water retailers, dental plan, community-based organizations and other interested representatives.</p>			

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Activity 2: Track fluoridated water systems - will collaborate with DWP to identify at least 57 optimally fluoridated water systems</b> that are fluoridating to provide information to health providers and the public. This information will inform providers regarding the efficacy of prescribing fluoride supplements.	Exceeded. Staff worked with the DWP to identify and track the 57 community water systems that are currently fluoridating. In addition, program staff have been working to develop a fluoridation look-up service where providers and parents could look up by address to see if their water system fluoridates its water. This is still in the development stage but it will be very beneficial to all providers and residents in CA.			
<b>Activity 3: Provide technical assistance - will provide (1) technical assistance to at least three local health departments, water systems, or communities</b> (e.g., to provide scientific expertise and testimony regarding the safety and efficacy of water fluoridation, interpret fluoridation studies and technical reports, identify educational materials, list of resources), and (2) information to rebut anti-fluoridation information to at least four local communities (such as San Jose, Sonoma County, Woodland, and Davis) interested in implementing or maintaining fluoridation, and to stop rollback efforts, and (3) information to DWP regarding the public health benefits, safety, cost effectiveness, and efficacy of community water fluoridation.	Exceeded. Technical Assistance was provided to the following: San Jose Water District, Valley Water District, San Jose Trust, Santa Clara Public Health Department, Sonoma County, Marin County, Monterey County Public Health Department, City of Healdsburg, City of Vacaville, City of Fountain Valley, City of San Diego, and Yolo County. Significant activity: After 9 years of planning and preparation and through collaborative efforts San Jose will begin fluoridating in December 2016. Fluoridation will start in phases. In addition to providing TA on the outreach plan, and other activities. CWF staff assisted in the development of a Provider Notification Letter. The letter was co-signed by the State Dental Director and the SCC Local Health Officer. San Jose is the largest city in the nation that doesn't fluoridate.			
<b>Activity 4: Identify new fluoridation formula - will identify one new methodology to determine the fluoridation status of the population receiving fluoridated water</b> from public water systems in California. An appropriate numerator and denominator will be identified to better reflect the number of people served by fluoridated water systems. This will help to align the methodology with other states and provide a more accurate fluoridation status.	Partially met. Held ongoing meetings regarding the rationale to revisit the fluoridation formula. Meetings were held internally and with the Division of Drinking Water, National Fluoridation Engineer at the Centers for Disease Control and Prevention, and the Fluoridation Advisory Committee. Revising the formula is very complicated due to the complex nature of California's public water systems.			
<b>Activity 5: Promote CDC water-fluoridation course - will identify and recruit two to five water engineers and/or operators</b> to attend one national water fluoridation training course.	Met. The CDC Water fluoridation course was held in Sacramento on February 22-25, 2016. There were 5 attendees from California. CDC has to limit the number of participants due to the limited space for the lab.			

**Let's Get Healthy California Dashboard and Website**

**HP 2020 Objective: HO PHI-14 Public Health System Assessment**

**Impact Objective 1: Implement a community engagement plan.**

Will implement one community engagement plan to (1) promote and track local- and state-level innovation and collective impact activities to reduce disparities and improve health outcomes; and (2) promote application of the LGHC framework through communications and outreach, data analytics, and fostering collaborative state and local innovation to improve health outcomes in targeted priority areas.	Partially Met. The community engagement plan for LGHC has been developed and includes activities to be implemented throughout the program year. Implementation has started as of July 2016, and will continue through June 2017. All objectives for the first quarter of implementation have been completed.			
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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p><b>Activity 1: Implement a communications and outreach plan - will implement one communications and outreach campaign</b> to increase awareness and engagement of state and local audiences with the LGHC dashboard website. The communication plan will include at least four sub-campaigns: (1) building awareness of the recently launched website and soliciting user feedback; (2) building active participation and encouraging users to submit stories of activities “moving the dial” on indicator outcomes; (3–4) promoting each of the two major content releases on the website (see Objective #1), highlighting priority focus areas that represent key opportunities for collective action and disparities reduction.</p>	<p>Partially Met. Fusion Center staff developed a draft communications and outreach plan to build awareness of the LGHC website and framework.</p> <p>During the first quarter reporting period, the communications and outreach plan was drafted, and activities were implemented in each of the sub-campaign categories.</p> <p>(1.) Outreach presentations were conducted with two stakeholder groups to build awareness of the website, and a user survey was conducted of 2015-16 Innovation Challenge participants.</p> <p>(2.) The statewide Innovation Challenge 2.0 campaign was launched to encourage users to submit examples of efforts “moving the dial” on indicator outcomes</p> <p>(3.) The first of two major content releases was implemented focused on social determinants of health; incorporating 8 enhanced blog posts and social media content on priority focus areas.</p> <p>The initial plan addresses building awareness and participation with three audiences; internal CDPH programs, local health departments (LHD), and interdepartmental partners within California Health and Human Services (CHHS) Agency.</p> <p>Outreach and awareness activities were implemented this quarter with each audience. Future work will take place in the next three quarters, including finalizing the plan, sharing it with LGHC Goal Teams, Directorate and Agency to further develop and target activities and identifying additional resources and partners to assist.</p> <p>The plan is a working document that will be continually revised based on evaluative feedback for communication activities implemented. Activities will continue in each quarter of the program year. Community engagement and outreach activities will continue through all four quarters of implementation.</p>			
<p><b>Activity 2: Facilitate Innovation Challenge 2.0 - will coordinate the next iteration of this open innovation activity, Innovation 2.0.</b> This targeted challenge will focus on specific LGHC priorities. Challenge and selection criteria will be framed and promoted to target audiences. Two facilitated workshops will expose state and local audiences to user-centered design. Submissions will be evaluated, and selected innovations will be showcased on the LGHC website as well as at a Statewide Innovation Conference in January 2017.</p>	<p>Partially met. Fusion Center staff team coordinated the planning and implementation of the statewide Innovation Challenge 2.0, requesting submissions of innovative efforts focused on addressing the LGHC Goals. This year’s challenge was focused around a theme of social determinants of health. The Challenge will close October 31, 2016.</p> <p>Selected innovations will be highlighted at the Statewide Innovation Conference and on the LGHC website in early 2017.</p>			

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p><b>Activity 3: Collaborate around indicator priorities - will implement at least one collaborative project to effectively link programs within CDPH.</b> This cross-cutting collaboration will be supported by “goal teams” of staff from programs organized around common objectives, and will be implemented by aligning efforts between CDPH and a local health department partner.</p>	<p>Exceeded. The Fusion Center, along with Goal Teams and other internal and external partners, facilitated five collaborative projects linking cross-cutting program efforts around LGHC indicator priorities. These were 1.) an internal cross-cutting collaborative effort to explore opportunities to clarify and enhance the Public Health role in violence prevention, 2.) six social determinants of health issue highlights for Innovation Challenge 2.0, 3.) development of the LGHC Data Analytics Action plan with participation from multiple departments, 4.) Goal Team review of indicator page content, 5.) Goal Team-hosted screening of Raising of America documentary.</p> <p>The LGHC Goal Teams will be also proposing additional projects based on the outcome of the CDPH Program Survey.</p>			
<p><b>Impact Objective 2: Maintain, update, and enhance the newly launched website.</b></p>				
<p><b>Will maintain one statewide LGHC dashboard and website;</b> manage technical maintenance, facilitate regular content and data updates, and implement design and feature enhancements to improve the functionality and utility of the LGHC website and dashboard.</p>	<p>Partially met. The statewide LGHC dashboard and website has been actively maintained since its launch in January 2016 by two different groups, LGHC Website Team and the Data Team. The LGHC Website Team is composed of CDPH staff, facilitated by the Fusion Center with team members from ITSD. This team implements website updates, new content uploads, design changes and feature enhancements. The Taborda Solutions contracted vendor (who implemented the initial development of the website) has shifted into the role of hosting and maintenance as of August 2016.</p> <p>The LGHC Website Team also works closely with the LGHC Data Team, facilitated by the Fusion Center with team members from CHSI. The LGHC Data Team collects and reviews the annual data indicator updates and produces data visualizations for display; which the LGHC Website Team makes available on the website.</p> <p>This objective was noted as “Partially met” because “Activity 2: Conduct Data Indicator Updates” is still underway. The 2016 data update began in October 2016, and is currently in progress, scheduled for completion in January 2017.</p>			
<p><b>Activity 1: Conduct ongoing maintenance and updates - will support the ongoing technical maintenance for one LGHC website and dashboard.</b> This includes responding to user feedback, conducting regular performance testing and content review, and facilitating the review and inclusion of user-generated content to maintain the dynamic and participatory aspects of the website (such as submissions to the site inbox, additions to the listserv, and “share your story” features).</p>	<p>Met. (ongoing) The Fusion Center coordinated and implemented training activities and process development for a CDPH staff team (facilitated by the Fusion Center with team members from ITSD) to take over LGHC website management.</p> <p>The CDPH team has now assumed responsibility for website updates, new content uploads and design changes, while the Taborda vendor team has shifted into a hosting/maintenance role as of August 2016.</p>			
<p><b>Activity 2: Conduct data indicator updates - will collaborate with the LGHC Data Analytics Workgroup</b> to post updated indicator data for 2016 for 39 selected indicators. Indicator data pages, visualizations, and dashboard progress will be updated on a rolling basis as the updated results from each data source are made available.</p>	<p>Partially met. Fusion Center staff in collaboration with CHSI, facilitate the LGHC Data Team which developed an updated indicator data update process for 2016 to incorporate data hosting on the Open Data portal.</p> <p>Outreach was initiated with data stewards to pilot test the updated process, with plans for the annual rolling indicator update to begin in October 2016.</p>			

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Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p><b>Activity 3: Release content - will, in addition to regular content updates, plan, organize, collect, and publish two major content releases</b> on highlighted focus areas (sub-themes that represent opportunities for collective action and disparities reduction) to include enhanced data presentation, stories of local- and state-level activities, and opportunities for community engagement.</p> <p>These major releases will be coordinated with communications campaigns and community engagement activities (see Objective #2), to bring users to the site to connect with, learn from, and participate in collective impact opportunities around the highlighted focus areas.</p>	<p>Met. The Fusion Center and LGHC Website Team implemented two major content releases.</p> <p>The first the launch of seven new data map visualizations presenting indicator data in geographic display broken out by county.</p> <p>The second major content release was the development and launch of a new Innovation Challenge 2.0 landing page, along with eight additional supporting pages including enhanced blogs with new design elements featuring content highlighting the theme of social determinants of health.</p>			
<p><b>Activity 4: Enhance website - will assess feedback from user surveys and partner feedback and identify two opportunities to improve the user experience and functionality of the website.</b> The team will test options to enhance the staging environment. When new features are rolled out to the production site, additional user feedback will be solicited to evaluate their effectiveness.</p>	<p>Exceeded. The LGHC Website team has facilitated four website enhancements based on user feedback from several channels. These included: integrating the “Progress Dashboard” with indicator pages, sourcing data visualizations from the Open Data portal, establishing a venue for highlighting featured content, and simplifying the “Sign Up for Updates” form.</p> <p>User feedback is collected through user surveys, LGHC inbox contact email, stakeholder meetings, Goal Team review, LGHC website team quality review, as well as Google Analytics and WordPress web-trends.</p>			
<p><b>Microbial Diseases Laboratory Branch/Select Agent and Biosafety</b></p>				
<p><b>HP 2020 Objective: HO PHI-11 Public Health Agencies Laboratory Services</b></p>				
<p><b>Impact Objective 1: Finalize biosafety and biosecurity policies.</b></p>				
<p><b>Will implement one Tier-1 select agents and toxins program</b> to maintain the ability to perform critical activities in detecting and preventing the spread of bio-threat agents in California.</p>	<p>Met. Maintained Tier 1 select agents program.</p>			
<p><b>Activity 1: Conduct compliance review</b> - will complete one review of laboratory procedures and inventory, to ensure adherence to compliance requirements.</p>	<p>Met. Performed inspection of Tier 1 lab procedures in preparation for FSAP renewal inspection.</p>			
<p><b>Activity 2: . Complete facility review - will inspect one High-Risk Pathogens Section laboratory and its equipment,</b> to ensure adherence to compliance standards.</p>	<p>Met. Performed corrective action and improvements post-FSAP inspection.</p>			
<p><b>Impact Objective 2: Implement biosafety and biosecurity outreach.</b></p>				
<p><b>Will conduct eight outreach activities with internal and external partners,</b> to establish and refine emergency communication channels.</p>	<p>Partially met. Reached out to all LRN-B Reference labs, CDPH LRN-C coordinator, and 8 CDPH partners to identify gaps and routes for outreach activities.</p>			

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Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Activity 1: Increase coordination between EPO and CDER - will establish close contacts with at least two parties in the EPO and CDER offices, to ensure coordination in response to a bio-threat event.</b>	Partially met. Maintained existing contacts in EPO and CDER.			
<b>Activity 2: Increase external coordination - will reach out to 14 California Laboratory Response Network (LRN)-B laboratories.</b> Two webinars and two mailings will be undertaken, to engage laboratories in: (1) performance of MDL Tier-1 duties in reference testing of <i>Bacillus anthracis</i> , <i>Burkholderia mallei</i> , <i>Burkholderia pseudomallei</i> , <i>botulinum neurotoxins</i> , botulinum neurotoxin-producing species of <i>Clostridium</i> , and <i>Francisella tularensis</i> , and (2) sharing of resources to increase capacity for such testing in the LRN-B laboratories.	Partially met. Provided consult and updates on monthly statewide LRN-B calls; presented program resources and reference testing capabilities to CA county and LRN-B laboratories at 2016 CAPHLD Institute.			
<b>Activity 3: Increase preparedness - will send one state-of-preparedness document to at least 35 contacts</b> in local and state police, FBI, local and state fire departments, and the U.S. Postal Service, to serve as a ready reference. Will follow up with an annual on-site meet-and-greet event, to familiarize principals likely to be involved in responding to an actual bio-threat event.	Partially met. Made contact with new FBI WMD coordinator.			
<b>Impact Objective 3: Improve biosafety and biosecurity practices.</b>				
Specialist <b>will develop at least two detailed procedures binders</b> , to prescribe handling, processing, storage, and shipment of select agents.	Exceeded. Reviewed and updated more than 2 select agents plans, laboratory procedures, and policies, and developed 2 program policies.			
<b>Activity 1: Provide annual biosafety training - will provide annual training in biosafety, security, and incident response to approximately 12 MDL staff members.</b> This training is mandated by federal select-agent regulations.	Exceeded. Provided select agents training to 15 staff members.			
<b>Activity 2: Respond to mock and real security incidents - will perform one mock security incident exercise</b> , to test the level of preparedness of staff and obtain hands-on experience for actual breach events.	Exceeded. Performed 3 drills and exercises.			
<b>Microbial Diseases Laboratory Branch/Valley Fever</b>				
<b>HP 2020 Objective: HO PHI-11 Public Health Agencies Laboratory Services</b>				
<b>Impact Objective 1: Conduct diagnostic reference services for <i>Coccidioides</i> species.</b>				

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Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p>Will analyze 400 clinical specimens for diagnostic reference services for the isolation of pathogenic fungi from clinical specimens and identification of <i>Coccidioides</i> species isolates submitted to state and local public health laboratories.</p>	Partially Met.			
<p><b>Activity 1: Provide fungal laboratory reference services - will (1) complete mycology laboratory proficiency testing from the College of American Pathologists</b> and meet the licensing requirements for a comprehensive mycology laboratory; (2) process 400 specimens and isolates for reference testing. This activity will ensure that California patients receive reference services for fungal infections, including <i>coccidioidomycosis</i>.</p>	Partially Met. MDL successfully completed mycology laboratory proficiency testing from the College of American Pathologists. MDL currently has the capability of processing 400 specimens each year for fungal reference services.			
<p><b>Activity 2: Foster internal and external partnerships - will (1) reach out to 34 local public health laboratories and academic centers</b> involved with Valley Fever; (2) collaborate with epidemiologists at CDPH to have six conference calls, two webinars, and three mailings. These activities will introduce specialized <i>Coccidioides</i> tests in the regular work flow of local public health laboratories.</p>	Partially Met. MDL currently provides fungal reference services to 34 local public health laboratories and academic centers. MDL will collaborate with epidemiologists at CDPH to publicize <i>Coccidioides</i> tests to local public health laboratories.			
<p><b>Impact Objective 2: Develop fungal genotyping by whole-genome sequencing.</b></p>				
<p>Will analyze 25 isolates of <i>Coccidioides</i> species from clinical specimens and environmental samples from suspected Valley Fever outbreaks. These will be genotyped by multi-locus sequencing typing and whole-genome sequence typing. The results will improve surveillance of <i>Coccidioides</i> in California, eventually helping to remediate the "hotspots" of <i>Coccidioidomycosis</i> in the Central Valley.</p>	Partially Met			
<p><b>Activity 1: Support prevention, control, and surveillance of coccidioidomycosis - will validate multi-locus sequence typing and whole-genome sequence typing of <i>Coccidioides</i> species.</b> Two next-generation sequencing platforms will be employed to seek the optimal sequencing solution, leading to standardized genotyping methods and real-time genomic data for up to 25 <i>Coccidioides</i> isolates obtained from outbreak investigations in California.</p>	Partially Met. MDL completed the whole genome sequencing of 5 environmental isolate of <i>Coccidioides</i> on two platforms. The data analyses is ongoing. This is an important step for the development of multi-locus sequence typing for valley fever outbreak investigations.			
<p><b>Activity 2: Support public health policy development - will collaborate with CDPH and 34 local public health laboratories</b> to establish guidelines for utilization of <i>Coccidioides</i> species genotyping data during an outbreak investigation, to standardize the application of whole-genome sequencing platforms in public health laboratories, such that uniform results are obtained for outbreak investigations.</p>	Not Met. MDL lost the PHM member in the mycology team and there is a personnel shortage.			

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Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p><b>Activity 3: Support public health related investigations - use 25 <i>Coccidioides</i> species outbreak isolates to compare multi-locus sequence typing and whole-genome sequence typing from various outbreaks to find the best laboratory method for the outbreak investigation. The genotyping results will enhance surveillance activities aimed at disease control and prevention.</b></p>	<p>Not Met. MDL lost the PHM member in the mycology team and there is a personnel shortage.</p>			
<p><b>Impact Objective 3: Identify <i>Coccidioides</i> species by rapid real-time PCR.</b></p>				
<p><b>Will identify 100 clinical isolates of <i>Coccidioides</i> species by two rapid DNA tests.</b> The first test uses DNA sequencing to identify fungal species. The second test employs more-sensitive DNA probes to identify two pathogens of Valley Fever, <i>Coccidioides immitis</i> and <i>C. posadasii</i>.</p>	<p>Partially Met. All submitted isolates are now being tested by two rapid DNA tests.</p>			
<p><b>Annual Activities 1: Provide specialized and reference fungal tests - will introduce the two validated rapid molecular tests,</b> the real-time PCR assays for the differentiation of <i>Coccidioides immitis</i> and <i>C. posadasii</i>, and internal transcribed spacer sequencing for fungal identification, to partner public health laboratories, to promote rapid and accurate diagnosis of pathogenic fungi, especially <i>Coccidioides</i> species, in clinical specimens and ensure better clinical management of <i>coccidioidomycosis</i> patients.</p>	<p>Met. MDL has provided a real-time PCR assay and ribosomal DNA sequencing service to all California local public health laboratories. Both rapid assays enhance the public health lab service.</p>			
<p><b>Annual Activities 2: Support validation of new assays - will identify and diagnose <i>Coccidioides</i> in 100 clinical specimens</b> from California public health laboratories and publish the validation and improvement of the testing methods. This activity will contribute to the knowledge of <i>Coccidioides</i> in the public health and academic communities.</p>	<p>Partially Met. MDL currently has the capability of diagnosing <i>Coccidioides</i> in 100 clinical specimens each year for fungal reference services. All submitted clinical specimens are now being tested using new rapid methods.</p>			

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Impact Objective	Objective Outcome	9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Nutrition Education and Obesity Prevention Branch</b>					
<b>HP 2020 Objective: HO NWS-10 Obesity in Children and Adolescents</b>					
<b>Impact Objective 1: Advance education and prevention policy.</b>					
<p><i>Will maintain 35 educational opportunities, resources, and technical assistance on evidence-based and evidenced-informed strategies to partners statewide to support the advancement of nutrition education and obesity prevention on policy, systems, and environmental (PSE) changes to reduce the incidence of obesity and chronic disease in California.</i></p>	<p>Partially Met. The NEOPB training calendar is complete with PSE training opportunities and regional best practices forums scheduled throughout the year. Additionally, the PSE resource guide being updated and staff supported Smarter Lunchroom strategic planning process to provide training and resources to improve school cafeterias.</p>				
<p>Activity 1: Implement Childhood Obesity Conference - <i>will (1) collaborate with four partners: The California Endowment, Kaiser Permanente, University of California Nutrition Policy Institute, and the California Department of Education</i>, to implement this nationally recognized conference; (2) convene the conference Executive Committee, responsible for implementing the conference and providing subject-matter expertise and content development; (3) through the Executive Committee, the agenda and associated content, prioritize evidence-based and evidence-informed resources and best practices to advance PSE changes for childhood obesity prevention.</p>	<p>Partially Met. Conference is scheduled for 5/30 - 6/1/17 in San Diego. Planning Committee meets regularly. 161 proposals were reviewed for the 40 workshops and mini-plenary sessions. Now identifying keynote speakers for three general sessions: racial equity in obesity prevention, government's role in food, and the childhood obesity landscape for the future. Planned three mobile workshops: food systems, active transportation, policy adoption, urban growing, community advocacy, and placemaking.</p>				
<p><b>Activity 2: Promote physical activity in early childhood and school settings - will (1) provide policy-related and programmatic technical assistance</b> on physical-activity promotion efforts to five to ten early childhood, school, and after-school settings; (2) provide technical assistance, best practices, and guidance in the area of safe and active transportation through education and PSE change strategies.</p>	<p>Partially met. To date, staff have provided training, technical assistance and resources on playground stencils for the ECE and elementary school environment that have resulted in the transformation of 66 sites serving over 10,000 children. NEOPB is working with 5 county-based agencies to serve 10 school districts to promote safe and active transportation.</p>				
<b>Impact Objective 2: Coordinate healthy eating, physical activity, and food security activities.</b>					
<p><i>Will maintain 25 partnerships with internal and external partners to coordinate state and local efforts in the priority focus areas of food and beverage, physical activity, and food security to reduce the prevalence of obesity in California.</i></p>	<p>Partially met. As a result of last year's partnership summit, NEOPB is cultivating 18 partnerships to advance access to healthy foods and physical activity. Through the work of the Childhood Obesity Conference planning, we are partnering with TCE, Kaiser, CDE and NPI (as noted above). And we are in the early stages of establishing relationships with Alliance for a Healthier Generation.</p>				

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p><b>Activity 1: Implement NEOPB's three-year Strategic Framework - will distribute and implement one completed NEOPB three-year Strategic Framework</b> that will include strategies and strategic directions in the priority focus areas of food and beverage, food security, and physical activity. It will also include recommendations, including barriers and challenges. The Strategic Framework will be shared with more than 100 internal and external partners, including LHDs, that will use the Framework as a tool for their three-year work plans.</p>	<p>Partially met. NEOPB has developed a designed draft of the strategic framework and supporting speaking points. Pending approvals, we plan to distribute in February to over 100 internal and external partners.</p>			
<p><b>Activity 2: Advance education and prevention policy - will (1) actively initiate, foster, pursue, and engage in 10–15 strategic partnerships across multiple sectors</b>, especially among low-income populations and ethnic communities; (2) continue to develop and maintain partnerships with agencies and programs regarding food and beverage, physical activity, and food security. These partnerships include statewide public and private organizations in areas of retail, health care, faith-based organizations, government, education, and agriculture; and (3) cultivate and maintain relationships with traditional and nontraditional partners.</p>	<p>Partially met. Partnership building efforts are ongoing. Approximately 18 partnerships are being pursued following a NEOPB partnership meeting last year.</p>			
<p><b>Impact Objective 3: Support obesity-prevention interventions.</b></p>				
<p><b>Will conduct ten obesity-prevention trainings and ongoing technical assistance to at least 20 local jurisdictions</b> statewide to support obesity-prevention interventions and promote healthy community changes that foster healthy and active California communities.</p>	<p>Partially met. To date we have provided the following 10 trainings: Local School Wellness Policy Basics, Culturally Sensitive Approaches to Nutrition Education Delivery, Fundamentals for Designing a Healthy Retail Program, Getting Your School Wellness Policy Engaged, Recruiting and Engaging Youth, Healthy Retail Policy Playbook, Growing and Sustaining School Gardens, Sprouting Healthy Kids in ECE Settings, PA Integration, Joint Use and PA. Will continue to provide supportive technical assistance.</p>			
<p><b>Activity 1: Provide training, technical assistance, and resources to LHDs - Will help 10–15 LHDs achieve sustainable, healthy community change</b> that supports obesity prevention, targeting youth and adults. PHHSBG funds will leverage SNAP-Ed promotion funding with technical assistance on policy-driven change with PSE consultation and multiple trainings.</p>	<p>Partially met. NEOPB is reviewing county work plans for PSE priorities and will develop training and technical assistance packages accordingly.</p>			
<p><b>Office of AIDS: Re-engagement in HIV Care and Partner Services Using HIV Surveillance Data</b></p>				
<p><b>HP 2020 Objective: HO HIV-1 HIV Diagnoses</b></p>				
<p><b>Impact Objective 1: Analyze Orange County Linkage to HIV Care and Partner Services Activities.</b></p>				

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p><b>Will analyze two linkages to HIV care</b> (LTC) and/or partner services policies, protocols, or work flows, and suggest improvements to the division Manager of Disease Control and Epidemiology in Orange County.</p>	Partially met.			
<p><b>Activity 1: Investigate LTC and partner-services processes - will develop two improvements to LTC</b> and/or partner-services policies, protocols, or work flows and present them to the Division Manager of Disease Control and Epidemiology in Orange County.</p>	Partially met. Contractor has developed one improvement in data sharing between LTC, partner services and HIV surveillance.			
<p><b>Activity 2: Improve LTC/partner-services activities - will interview 75% of Orange County staff currently providing LTC and partner services</b> to determine processes, protocols, or work flows to improve.</p>	Partially met. Contractor has met with 45% of Orange County staff in LTC and partner services to discuss processes, protocols and work flows.			
<p><b>Impact Objective 2: Develop Alameda County-specific database of people with HIV.</b></p>				
<p><b>Will develop one database to assist in determining people with HIV who are not in HIV care</b> or not virally suppressed, and/or have become co-infected with syphilis or gonorrhea (GC).</p>	Met. Contractor has developed database, but usage protocols still being developed.			
<p><b>Activity 1: Evaluate available data sources - will assess 100% of available sources</b> and, if appropriate, include them in the database.</p>	Partially met. Contractor has assessed 85% of available resources for inclusion in database.			
<p><b>Activity 2: Develop protocol for usage of database information - will develop one protocol for HIV LTC and partner services</b> staff to use information from the database to provide services to people who need them.</p>	Not met. Anticipate meeting this activity in next six months as database is implemented.			
<p><b>Impact Objective 3: Link HIV care and partner services in San Diego.</b></p>				
<p><b>Will conduct 250 interviews with people co-infected with non-virally suppressed HIV and GC</b> to provide linkage to HIV care, ascertain appropriate GC treatment, and elicit information about sex or needle sharing partners.</p> <p>People with HIV and GC co-infection must receive appropriate GC treatment to decrease the possibility of developing drug-resistant GC. It is also important to find the partners of people with HIV and GC co-infection because if the partner has GC it may make them more likely to have become infected with HIV. Finding and testing partners is critical to decreasing HIV transmission.</p>	Partially met. Contractor has interviewed 50 with co-infected with GC and have non-virally suppressed HIV to elicit information about their sex and needle-sharing partners.			
<p><b>Activity 1: Identify those co-infected with HIV and GC - will use laboratory and Enhanced HIV/AIDS Reporting System (eHARS) data</b> to identify 325 people recently diagnosed with GC who are also HIV positive.</p>	Partially met. Contractor has used lab and eHARS data to identify 125 people recently diagnosed with HIV and also HIV positive.			

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Activity 2: Interview identified patients - will (1) contact all identified patients and determine if they are currently in HIV care</b> and have received appropriate GC treatment and (2) elicit identifying information about their sex and/or needle-sharing partners that can allow for anonymous third-party notification.	Partially met. Contractor has interviewed 50 people to determine if they are in HIV care and elicit information about their sex and needle-sharing partners.			

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Office of Health Equity</b>				
<b>HP 2020 Objective: HO PA-15 Built Environment Policies</b>				
<b>Impact Objective 1: Coordinate stakeholder engagement initiatives focused on improving health equity.</b>				
<p><b>Will develop at least three opportunities</b> to embed physical-activity—promoting health and equity components into state-issued land-use and transportation grants, guidelines, programs, data collection, or processes to support efforts to build healthy and equitable communities.</p>	<p>Partially met. Below are 5 grant programs and guidance in which staff have worked with other departments and agencies to provide health and equity consultation (through facilitated meetings, providing input on drafts of document, connecting State staff to LDH, etc.). The lead agency for each of the grants/guidance are listed in parentheses</p> <ol style="list-style-type: none"> <li>1. Regional Transportation Guidelines (CTC/Caltrans)</li> <li>2. Active Transportation Program (cycle 3) (CTC/Caltrans)</li> <li>3. Active Transportation Program newly funding Greenhouse Gas Emission Grants Funding (CTC/Caltrans)</li> <li>4. California Transportation Plan Guidelines (CTC/Caltrans)</li> <li>5. General Plan Guidelines Update (OPR)</li> </ol> <p>Example of how staff embed health and equity into these grants and guidance are as follows:</p> <ul style="list-style-type: none"> <li>-HiAP Staff have been involved with the ATP for 3 years now and is responsible for writing the community engagement, the public health, and the co-benefits sections. Additionally, staff have spent many hours working with CTC and Caltrans staff to develop the scoring criteria and training materials for grant reviewers. Staff have built close working relationships with staff from CTC and Caltrans and gained their trust and respect and are turned to regularly to provide advise and assistance in many aspects of the ATP. The result has been that public health has a voice in the room in really driving what types of projects are awarded funds. The ATP awards approximately \$300M.</li> <li>-Additionally HiAP Staff represent CDPH on the ATP Technical Advisory Committee which meets approximately once every two months for day long meetings. Staff are responsible for representing the larger public health and equity perspective and advocate for things like the public health section of the ATP receiving more point.</li> <li>-Staff serve as liaisons between the LHD and public health and equity advocates during the RTP guidelines update. This entails ensuring that organizing LHD and advocates to provide draft initial language for the Guidelines update and then attending meetings with all stakeholder to advocate and behalf of the public health and equity interests. The result is that for the first time the RTP Guidelines contain a section on health and equity and was largely written by staff with support for LHD and advocates. This is a huge step forward for public health as there was no public health voice represented at the last Guidelines update in 2010 and the result is that billions of dollars of state transportation funds will have guidance on considering health and equity.</li> </ul>			

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p><b>Activity 1: Expand relationships with state non-health departments - will, in response to input from agency partners, facilitate four multi-agency forums</b> with at least 15 state departments, agencies, and offices through the Health in All Policies (HiAP) Task Force to assess capacity for non-health departments to consider physical-activity-related health and health-equity components; identify and lift up successes, creating a venue for sharing and trouble shooting; and identify gaps where training and tools are needed when developing grant applications and guidance documents.</p>	<p>Met. Staff expanded relationship with more than 16 departments/agencies/offices and have held four non-health, multi-agency forums including the following:                      1. TF meeting-Oct 19 (SGC, OPR, Caltrans, HCD, DSS, CSD, CNRA, Parks, CalFIRE, EPA, CDFA, OTS, CalSTA, CDPH)                      2. ATP LUSH meeting-Sept 28 (CDE, CDPH, Caltrans)                      3. CalSTA one-on-one-Sept 21 (CalSTA, Caltrans, DMV, HSR, CHP)                      4. Caltrans one-on-one-Oct 8</p>			
<p><b>Activity 2: Increase collaboration and coordination with local health departments - will gather input from at least two local health department leaders</b> through the California Conference of Local Health Officers to ensure that their needs are incorporated in policies of the California Departments of Education and Transportation to promote physical-activity-related health and equity components in state policies, programs, and processes related to active transportation and school facilities siting.</p>	<p>Partially met. Staff have increased collaboration and coordination with local health departments by identifying one local health department to incorporate input and feedback on State active transportation policies and are planning on sharing with other LHD.</p>			
<p><b>Activity 3: Increase collaboration and coordination with CDPH - will provide technical assistance and partnership to at least two branches within CDPH</b> to support coordination of healthy-community and health-equity initiatives such as Let's Get Healthy California through activities that convene staff and align physical-activity-related program planning and implementation, and communications efforts to create organizational efficiency and increase CDPH's collective impact toward improving the health of Californians.</p>	<p>Exceeded. Staff have increased collaboration and coordination within CDPH by partnering with three branches within CDPH to align physical activity related programming and implementation. 1. HiAP Staff organized and facilitated a meeting between CDPH NEOP, OHE, and SACB, Caltrans, and CDE, to explore better coordination and alignment of activities around Safe Routes to School.                      2. Introductory meeting with MCAH representatives discussing how they can be involved with HiAP related Physical Activity work                      3. HiAP Staff is the lead for the Let's Get Healthy California Goal Team 5, Building Healthy Communities. The team currently consists of staff from SACB, OLS, CCLHO, Fusion Center, Environmental, and are in the process of recruiting others.</p>			
<p><b>Impact Objective 2: Develop healthy public policy.</b></p>				
<p><b>Will develop at least three opportunities</b> to embed physical-activity-related health and equity components into state-issued land-use and transportation grants, guidelines, programs, data collection, or processes to support efforts to build healthy and equitable communities.</p>	<p>Met. Below are 5 initiatives in which staff have worked with other departments and agencies to provide health and equity consultation (through facilitated meetings, providing input on drafts of document, connecting State staff to LDH, etc.). The lead agency for each of the grants/guidance are listed in parentheses                      1. Title V (CDE)                      2. Affordable Housing and Sustainable Communities (HCD/SGC)                      3. Transformative Climate Communities (SGC)                      4. Urban Greening Grants Program (CNRA)                      5. Vibrant Communities (SGC, CalSTA)</p>			

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Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p><b>Activity 1: Promote sustainable, equitable land-use planning and development - will partner with one HiAP Task Force</b> by providing guidance and technical input to the Departments of Education and Transportation on including equity and health promotion considerations in school facilities siting guidelines and practices and active-transportation projects. These policy areas promote sustainable, equitable land-use planning and development supportive of regular daily physical activity and other behaviors that will lead to improved health outcomes.</p>	<p>Met. CDE recently announced that they are revising the Title V Guidelines which are the guiding documents that all local educational agencies must follow when they are building new schools or doing major modernizations projects at existing schools. HiAP Staff organize a multi-agency workgroup called the Land use, Schools, and Health workgroup which brings together staff from CDE, Caltrans, OPR, SGC, CDPH (numerous branches), DGS, DPR, and CNRA. Staff are organizing input on the Title V Guidelines both directly through that workgroup as well by bringing in other departments and external public health and equity advocates and LHD. Primarily, staff have made recommendations to CDE that would change the existing Guidelines to allow for more infill development by reducing the minimum required square footage lot and parking requirements, thereby reducing sprawl and encouraging more compact development and facilitating increased accessibility of pedestrian and cyclist trips. It is still early in the Guidelines update process and activities will continue over the next six to eight months. HiAP staff will include the final results of the Title V update process in the Block Grant end of year report.</p>			
<p><b>Activity 2: Promote greater equity in CDPH policies, programs, and processes - will build on at least two existing organizational relationships</b> by partnering with the Government Alliance on Race and Equity to assess CDPH policies, programs, and processes that present barriers to racial equity and develop a plan for CDPH to address institutional racism. Reasons OHE is focusing on racism include that government institutions and employees must be aware of their role in promoting proportionate health and well-being outcomes across populations, and prioritizing efforts targeted to populations with the greatest need, particularly those historically and currently disadvantaged, including in built-environment policies that affect access to physical-activity opportunities.</p>	<p>Exceeded. Staff have promoted greater equity in CDPH policies, program, and processes by leading a twelve member CDPH Government Alliance on Racial Equity (GARE) cohort with representation from eleven divisions within CDPH. At the request of the Director, HiAP staff have lead the GARE initiative starting in January 2016 and will conclude in December 2016. Following the conclusion of the formal GARE cohort, HiAP staff will continue to support this initiative by being the lead staff on implementing the 27 page Racial and Health Equity Action Plan developed by the GARE cohort and currently being reviewed by the Deputy Directors. In addition to leading the cross-departmental GARE cohort, HiAP staff have also started to implement the Action Plan through numerous activities including the OHE Equity Speaker Series. In October 2016, 2017. HiAP Staff launched a mini-series focused on Racial Equity. To date, two Speaker Series sessions on this topic have been concluded (Sept and Oct) and speakers are currently scheduled through February. These speaking events have drawn more than 100 CDPH staff plus a handful of individuals from other departments to each event. The goal of these events are to start to provide education and baseline knowledge to CDPH staff about how racial equity impacts health outcomes and opportunities to address institution racism from where we each sit. HiAP Staff are also now hosting and facilitating brown bag lunches in partnership with the Let's Get Healthy CA, Goal Team 5 to provide additional opportunity for staff to engage in the conversations around racial and health equity.</p>			

**Office of Quality Performance and Accreditation**

**HP 2020 Objective: HO PHI-17 Accredited Public Health Agencies**

**Impact Objective 1: Assess needs.**

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Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p><b>Will develop two assessments of accreditation readiness</b>, for one local and one tribal public health agency, to determine which resources are available and which are lacking.</p>	<p>Partially met. In collaboration with County Health Executives Association of California (CHEAC), released the 2016 Local Public Health Accreditation Survey in September 2016. California Rural Indian Health Board's (CRIHB) research department is currently reviewing the Tribal survey questioning; As of October 18, 2016, the Tribal survey has not been released.</p>			
<p><b>Activity 1: Evaluate needs assessment data - will evaluate the information gathered to determine the TA areas to address</b> with at least two local and/or tribal public health agencies.</p>	<p>Not Met. The 2016 CHEAC assessment data collection is in process. Once data is received (projected December 2016), OQPA will evaluate it to determine local health departments' (LHDs) TA needs. No estimated date for receiving Tribal data.</p>			
<p><b>Impact Objective 2: Maintain internal personnel capacity.</b></p>				
<p><b>Activity 1: Provide infrastructure and personnel support - will provide TA services</b>, including documentation selection and submission, site-visit preparation, strategic planning, QI, and performance management to at least two local and/or tribal public health agencies, to augment and facilitate their accreditation planning activities.</p>	<p>Exceeded. Provided documentation selection and submission TA to four LHDs (San Bernardino, Nevada, Monterey, and Tulare).</p>			
<p><b>Impact Objective 3: Provide Financial Assistance.</b></p>				
<p><b>Will provide financial assistance to increase accreditation readiness</b> to at least one local and/or tribal public health agency to improve the capacity to apply for national public health accreditation.</p>	<p>Not met. OQPA did not have sufficient funding to provide financial assistance.</p>			
<p><b>Activity 1: Establish mini-grant program - will establish an accreditation readiness mini-grant program for at least two local and/or tribal public health agencies</b> to apply for financial assistance. Mini-grants may be used to fund the PHAB application fee when applying for accreditation or support the development of accreditation-related activities such as workforce development, QI, and performance management. The allocation of financial assistance will increase the capacity of at least one local and/or tribal public health agency that has demonstrated limited economic resources to pursue and apply for public health accreditation.</p>	<p>Not met. OQPA is in process of planning and developing a mini-grant framework. Additional funding will be requested to support the mini-grant program.</p>			
<p><b>Impact Objective 4: Support interventions.</b></p>				
<p><b>Will provide accreditation-readiness TA to at least three local and/or tribal public health agencies</b>, to address identified accreditation needs and increase agency capacity to apply for and achieve national public health accreditation.</p>	<p>Exceeded. Provided accreditation-readiness TA to four LHDs (San Bernardino, Nevada, Monterey, and Tulare).</p>			

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<b>Activity 1: Provide TA - will provide at least two webinars, educational seminars, and conference calls</b> that provide guidance on the national public health–accreditation process to local and/or tribal public health agencies.	Exceeded. Provided accreditation education materials and consultation via email and/or conference calls with four LHDs (San Bernardino, Nevada, Monterey, and Tulare).			
<b>Activity 2: Provide accessible accreditation resources - will utilize the information provided by at least two needs assessments</b> to identify materials and tools to support local and/or tribal public health agency accreditation-related activities. These resources will be posted on the California Performance Improvement Management Network's (CalPIM) website.	Partially met. Awaiting the 2016 assessment data to determine current TA needs and will update the CalPIM website accordingly. In the absence of 2016 data, continued to utilize the 2015 assessment data to provide ongoing management and accreditation resource updates to the CalPIM Network website.			
<b>Prescription Drug Overdose Surveillance Project</b>				
<b>HP 2020 Objective: HO IVP-11 Unintentional Injury Deaths</b>				
<b>Impact Objective 1: Increase capacity for using surveillance data.</b>				
<i>Will analyze quarterly data reports to 25 state and local stakeholders</i> to inform policy and program implementation.	Met. 2014 Alcohol and Drug Health Consequences data analyzed, prepared and loaded on EpiCenter			
<b>Activity 1: Prepare and upload data on EpiCenter website - will design and/or update at least three functionalities for EpiCenter</b> , to capture data sources using International Classification of Diseases (ICD) coding and upload the most current data to increase availability for surveillance activities.	Met. 2014 Alcohol and Drug Health Consequences data uploaded to EpiCenter			
<b>Activity 2: Provide TA to EpiCenter users - will provide TA to at least ten state or local partners</b> on how to use data from the EpiCenter, to conduct surveillance activities to enhance planning and implementation of policies and programs.	Met. Conduct two trainings at CPI regional conferences on use of EpiCenter Alcohol and Drug Consequences query system (n=100+)			
<b>Impact Objective 2: Support statewide workgroup.</b>				
<i>Will provide surveillance and programmatic technical assistance to ten state agency members</i> of the Director's Prescription Opioid Drug Overdose Prevention Workgroup to promote policy and program planning, implementation, and evaluation at state and local levels.	Exceeded. Designed, created and implemented a new CA Opioid Overdose Surveillance Dashboard			
<b>Activity 1: Provide data support - will provide four regular reports on data sources and data-sharing activities</b> to Workgroup members to support policy and program planning and implementation.	Exceeded. Provided multiple data reports for CHCF Live Stories and website serving 17 regional Opioid Safety Coalitions; Data summaries are on the CDPH Opioid webpage;			

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Activity 2: Provide TA - will provide data and programmatic TA to the Workgroup and its partners</b> (e.g., Department of Health Care Services) to assist with program planning, implementation, and evaluation at least 10 times annually.	Exceeded. Conducted trainings on the Data Dashboard to at least 6 separate groups including a regional conference to more than 400+ people			
<b>Impact Objective 3: Translate data into useful information.</b>				
<b>Will distribute quarterly data reports to 25 state and local stakeholders</b> , to inform policy and program implementation.	Exceeded. CA Opioid Overdose Surveillance Dashboard provides custom data reports for users; high usage documented through web log; Presented dashboard at multiple webinars and presentations			
<b>Activity 1: Prepare and analyze available data - will, using three data sources, annually prepare and analyze data</b> on prescription-drug-related deaths, hospitalizations, and emergency department visits to be included in multiple dissemination platforms (e.g., websites, webinars, conferences, TA).	Exceeded. CA Opioid Overdose Surveillance Dashboard provides custom data reports for users; high usage documented through web log; Presented dashboard at multiple webinars and presentations			
<b>Activity 2: Disseminate reports to stakeholders - will produce and disseminate ten data reports to at least 100</b> state and local prevention/public health stakeholders to inform program planning and implementation.	Exceeded. CA Opioid Overdose Surveillance Dashboard provides custom data reports for users; high usage documented through web log; Conducted trainings on the Data Dashboard to at least 6 separate groups, including a regional conference to more than 400+ people			
<b>Preventive Medicine Residency Program</b>				
<b>HP 2020 Objective: HO PHI-1 Competencies for Public Health Professionals</b>				
<b>Impact Objective 1: Increase the number of trainees who gain Preventive Medicine and Applied Epidemiology competencies.</b>				
<b>Will increase the number of trainees</b> who, over the course of their training period, have satisfactorily achieved moderate or high competency in American College of Preventive Medicine (ACPM)/ACGME or CSTE competencies, by working in local or state public health agency programs or community-based settings and/or completing academic coursework, from 111 Residents and 145 Fellows to 113 Residents and 155 Fellows.	Partially Met. Increased the number of trainees: 2 PGY3 Residents completed training and met ACGME/ACPM competencies and 8 Fellows achieved moderate or high CSTE competencies.			

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Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Activity 1: Recruit and interview applicants for PMRP and Cal EIS Fellowships - Will recruit and interview at least seven PMRP applicants and 26 Cal-EIS applicants.</b> The competitive recruitment and selection process includes distributing PMRP and Cal-EIS information to schools of public health, residency programs, and local health departments, and posting on various websites, such as FREIDA Online, Electronic Residency Application Service (ERAS), and Public Health Connection. Applications from this pool will be reviewed by the PMRP and Cal-EIS Advisory Committees, and top candidates will be selected for interview.	Not Met. Program national recruitment and review of applicants is in process. Candidates will be selected and interviews will be scheduled following PMRP and Cal-EIS Advisory Committee review.			
<b>Activity 2: Place trainees for a public health training experience - will train at least 12 individuals</b> (at least ten Cal-EIS trainees to achieve CSTE competencies and at least two Residents to meet ACPM/ACGME competencies). Experienced preceptors mentor and guide trainees to meet competencies through applied state and local public health experiences, training required for the State's public health workforce.	Partially Met. Placed and trained 2 Residents and 8 Fellows at Local Health Departments and State programs to meet ACPM/ACGME or CSTE competencies.			
<b>Activity 3: Develop and implement public health practice curriculum - will conduct at least 14 public health/preventive medicine (PM) seminars</b> for PMRP and Cal-EIS trainees. These bimonthly PM seminars address ACPM/ACGME or CSTE competencies and provide trainees with insights and resources on public health practice, epidemiologic investigation procedures, and other processes that prepare trainees to enter the public health workforce.	Partially Met. Conducted 6 public health/preventive medicine (PM) seminars for PMRP and Cal-EIS Trainees.			
<b>Rape Prevention Program</b>				
<b>HP 2020 Objective: IVP-40 Sexual Violence (Rape Prevention)</b>				
<b>Impact Objective 1: Increase delivery of evidence-informed rape-prevention programs.</b>				
<b>Will increase the number of evidence-informed sexual-offense-prevention programs</b> provided to victims, potential victims, and potential perpetrators, by promoting the use of the Nine Principles of Effective Prevention (Principles), <b>from 10 to 20.</b>	Partially met. This objective is partially met because, while education and training was provided during this reporting period, these activities are ongoing and the outcome will be evaluated by the end of the project period.			

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Activity 1: Assess knowledge and application of Principles among RCCs - will conduct organizational assessments with 34 RCCs</b> to determine to what extent they are implementing sexual-offense-prevention programs using <i>Principles</i> .	Partially met. Organizational assessments have been conducted with 20 RCCs. The remaining assessments will be completed by January 2017.			
<b>Activity 2: Increase knowledge and skills of RCCs to use "Principles."</b> - Will conduct a minimum of four <i>Principles</i> -based educational activities to contracted RCCs so they may conduct evidence-informed sexual-offense (rape)-prevention programs for potential victims and perpetrators, to change behaviors that lead to sexual offenses.	Partially Met. Trainings are scheduled and registration is underway for 5 trainings that will be conducted in the fall of 2016 and the spring of 2017.			
<b>Activity 3: Fund MyStrength Clubs - Will fund eight local RCCs to conduct MyStrength Clubs</b> with young men to change behaviors that have been shown to contribute to the perpetration of sexual offenses.	Met. Eight local RCCs were funded to conduct MyStrength Clubs in their local high schools.			
<b>Receptor Binding Assay for Paralytic Shellfish Poisoning Control</b>				
<b>HP 2020 Objective: HO EH-22 Monitoring Diseases Caused by Exposure to Environmental Hazards</b>				
<b>Impact Objective 1: Conduct a feasibility study of regulatory testing in California.</b>				
<i>Will conduct one feasibility study of the RBA</i> for routine regulatory testing in California. This study will compare performance of the RBA and the currently used testing method (MBA). The greater sensitivity and higher throughput of the RBA compared to the MBA has the potential to reduce risk of illness due to food-borne intoxication.	Not met.			
<b>Activity 1: Test all shellfish samples submitted to CDPH using the RBA - Will analyze every shellfish sample received by CDPH for PSP toxin testing</b> by the RBA and the MBA for one calendar year. It is necessary to test samples with both methods to (1) establish that the results generated from the two tests are similar; and (2) demonstrate that the RBA is as protective to public health as the MBA before considering changing methods.	Not met. Current shellfish extracts have been collected from the Preharvest Shellfish Program, stored and archived to facilitate future testing exercises. Some current sample extracts that have been tested on the RBA and compared to historical MBA results have demonstrated a strong agreement at low to mid-range saxitoxin concentrations. However, due to the poor quality of commercially available tritiated saxitoxin (3H-STX) that is currently available, we do not have enough material to keep pace with the volume of samples generated on a weekly basis.			

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Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p><b>Activity 2: Validate commercial porcine membrane for use in the RBA - will validate use of one type of commercial porcine membrane for use in the RBA.</b> Previous validation work for the RBA used a rat-brain homogenate as the source of PSP toxin binding sites. The rat homogenate is not commercially available and must be prepared in batches by the laboratory. Homogenate preparation is complex and labor intensive. A recently available commercially made porcine brain homogenate (1) uses tissue from animals slaughtered for other products, removing the need to slaughter animals solely for RBA-reagent preparation; and (2) is made in larger lots, reducing variability that can result from in-house homogenate preparation.</p> <p>Staff will test the performance of the commercial porcine membrane through side-by-side comparison to sample testing with the in-house prepared homogenate. Validation of the porcine reagent's performance has the potential to streamline the RBA workflow and yield a more uniform assay reagent.</p>	<p>Met. The commercially available porcine membrane has been thoroughly tested on oyster extracts and compared directly to results generated using rat membrane reagents. The rat vs. porcine membrane homogenates have been tested on spiked oyster samples and on 20 different naturally incurred oyster extracts over a wide seasonal period. The range of saxitoxin concentrations span from 65--1000 µg STX eq /100g tissue. The data generated using the different membranes exhibited solid agreement across samples for quantifying saxitoxin equivalence. We are currently analyzing the two data sets for statistical significance and are drafting a publication that incorporates the comparison of the two membranes on the RBA to results generated from the MBA</p>			
<p><b>Activity 3: Evaluate rapid toxin extraction method - will evaluate performance of one rapid toxin-extraction method.</b> When the International Shellfish Sanitation Conference approved the RBA for testing mussels for PSP toxin, they approved it for use with a rapid small-scale toxin-extraction method.</p>	<p>Partially met. The rapid extraction method has been tested on a set of mussel samples that ranged in saxitoxin concentrations from 50-350 µg STX eq /100g tissue. The method was tested using different protocols to determine the robustness of the assay, as well as the most efficient practice for managing larger sample numbers. The results generated demonstrated similar levels of measured saxitoxin equivalence compared to the currently employed commercial extraction method and quantification using the MBA. Future plans include using the rapid extraction method on shellfish homogenates acquired for Activity 1, and measuring the SXT levels on the RBA concurrently with the MBA</p>			
<p><b>Activity 4: Develop a laboratory information management system for use with the RBA - will develop one laboratory information management system (LIMS) for use by the Preharvest Shellfish Program and the DWRL.</b></p> <p>The current LIMS used for shellfish samples is a commercial product; the portion of the LIMS for shellfish data entry will be discontinued due to system upgrades. A DWRL staff member will build a LIMS using Microsoft Access. The system will have fields for entering sample collection information, including environmental conditions at the time of sample collection, laboratory testing method, and laboratory results.</p> <p>The LIMS will be searchable and have the ability to export data into Excel and Adobe Acrobat. By building a LIMS specific to RBA, staff will not be constrained by commercial product limitations and will be able to generate a system tailored to DWRL needs.</p>	<p>Partially met. A pilot laboratory information management system (LIMS) has been built and tested using archived oyster samples that were processed in Activity 2. A demonstration of the systems interface and functionality was presented at a joint meeting with staff scientists from the Preharvest Shellfish Program and DWRL. The meeting discussed refinement and optimization of pilot system for the next iteration of changes to be introduced to the software that will help streamline data acquisition of quality control parameters and generation of final reports. Overall, there was a solid consensus between the attending scientists on the subsequent steps and directions to take to improve the pilot system closer to the final product that will be fully implemented for sample management</p>			

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Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report

Impact Objective	Objective Outcome	9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Safe and Active Communities Branch</b>					
<b>HP 2020 Objective: HO IVP-11 Unintentional Injury Deaths</b>					
<b>Impact Objective 1: Analyze the prevalence and impact of Adverse Childhood Experiences (ACEs).</b>					
Staff <b>will analyze one ACEs module of questions</b> to assess the prevalence and impact of ACEs on population health.	Met. SACB staff analyzed the BRFSS 2011-2103 ACEs Module				
<b>Activity 1: Fund the ACEs module of questions</b> - staff will fund one ACEs module of questions in the Behavioral Risk Factor Surveillance System (BRFSS) to document the impact of ACEs on population health.	Met. ACEs Module questions were funded and included in the 2015 BRFSS				
<b>Activity 2: Analyze and report on ACEs data from BRFSS. will analyze and prepare one report on ACEs</b> from BRFSS data to document the impact of ACEs on population health.	Met. SACB staff analyzed the BRFSS 2011-2013 ACEs Module and produce an ACEs Fact Sheet "Adverse Childhood Experiences (ACEs): California Update, 2011-2013 Data"				
<b>Impact Objective 2: Improve access to data on traffic-related injuries.</b>					
<b>Will conduct two web-based trainings</b> to at least 20 local health department (LHD) staff and stakeholders on locally identified data from the Crash Medical Outcomes Data Project.	Met. A survey of LHD traffic safety data needs was successfully created and conducted. Survey responses were analyzed and the results were shared with LHDs by email report. Follow technical assistance is in process.				
<b>Activity 1: Assess training needs</b> - will assess the needs of California's LHD staff and other partners to identify at least two data issues for web-based trainings.	Met. "Survey of Local Health Department Data Needs for Traffic-Related Crashes/Injuries" was successfully created and conducted.				
<b>Activity 2: Conduct training webinars and provide technical assistance</b> - will conduct at least two webinars and provide follow-up technical assistance consultations to participants to increase their ability to use traffic-injury surveillance data from the Crash Medical Outcomes Data Project.	Partially met. Survey responses were analyzed and the results were shared with LHDs by email report. Follow-up technical assistance is in process.				
<b>Impact Objective 3: Increase access to occupant-protection data.</b>					
Staff <b>will develop one uniform process to collect standardized child passenger safety-seat misuse data</b> to inform program, policy, and evaluation.	Partially met. Planning with CDPH and CHP on ways to standardize the collection of misuse data is underway; draft data collection instrument has been identified/developed.				
<b>Activity 1: Develop data collection system</b> - will develop one data-collection instrument and system to obtain local child passenger safety-seat misuse data from local stakeholder organizations to increase access to occupant-protection data.	Partially met. Draft data collection instrument has been identified/developed.				

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Activity 2: Conduct pilot test of data-collection system - will conduct one pilot test of the data-collection instrument and system</b> with at least three local stakeholder organizations to increase access to occupant-protection data.	Not Met. Planning and development have to be completed first before piloting starts.			
<b>Activity 3: Disseminate findings at additional venues - will identify and utilize at least two additional venues to disseminate findings</b> to state and national injury-prevention/public health community stakeholders to inform them about key findings on critical or emerging injury issues, such as participation on national expert panels, preparation of comprehensive reports and manuscripts for peer-reviewed journals, and presentations at state and national public health conferences	Not met. Dissemination will occur after completion of other activities.			
<b>Impact Objective 4: increase capacity for conducting injury surveillance.</b>				
<b>Will publish three sets of data on the EpiCenter web-based query system</b> , to provide information on California injury deaths (approx. 16,200 annually); non-fatal hospitalizations (approx. 256,000 annually); and, nonfatal emergency departments treatments/transfers (approx. 2,220,000 annually).	Met. Overall surveillance hospital and ED data sets uploaded; 2014 hospital and ED Alcohol and Other Drug Health Consequences data uploaded.			
<b>Activity 1: Develop data for the EpiCenter website - staff will develop at least two data elements</b> on injury deaths, non-fatal hospitalizations, and non-fatal emergency department treatments/transfers to post on the EpiCenter website to increase the availability of data for injury surveillance.	Met. Hospital and ED data sets were prepared.			
<b>Activity 2: Publish data on the EpiCenter website - will provide at least two of the most current fatal, emergency department, and nonfatal hospitalized injury-data elements</b> on the EpiCenter's predefined and custom query systems to increase the availability of data for injury surveillance.	Met. Overall surveillance hospital and ED data sets uploaded; 2014 hospital and ED Alcohol and Other Drug Health Consequences data uploaded.			
<b>Activity 3: Provide technical assistance to EpiCenter website users - will provide technical assistance to at least 25</b> state and local policy makers, academicians, program advocates, health departments, and others to increase their ability to use data from the EpiCenter website for injury surveillance.	Met. Conducted three webinars/presentations to over 150 people on use of data and the EpiCenter functionalities.			

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Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report

Impact Objective	Objective Outcome	9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Emergency Medical Dispatch Program/EMS Communications</b>					
<b>HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)</b>					
<b>Impact Objective 1: Maintain active partnerships with key EMS communication stakeholder groups.</b>					
Will increase the percent of participation in key EMS communications stakeholder association groups that represent EMSA in California EMS communications operations from 30% to 50%.	Not met. Staffing shortage for this position is an issue meeting this objective.				
<b>Activity 1: Attend 9-1-1 Advisory Board meetings - will participate in at least four 9-1-1 Advisory Board meetings</b> to (1) develop relationships with key EMS communication stakeholders, (2) receive up-to-date 9-1-1 service information, and (3) to ensure statewide coordination of efficient pre-hospital medical responses.	Partially met. EMSA personnel attended one 9-1-1 Advisory Board meeting on September 1, 2016. The meetings are held quarterly.				
<b>Activity 2: Attend NAPCO meetings - will attend at least three NAPCO meetings</b> to develop relations with key communication stakeholders and provide EMS related information in NAPCO activities.	Partially met. Attended one NAPCO meeting on August 11, 2016.				
<b>Impact Objective 2: Review EMS manual.</b>					
Will review one "Statewide EMS Operations and Communications Resource Manual" to determine the need for addition/deletion of information. Revisions will improve interoperability communications among EMS agencies and public-safety responders.	Partially met. Started reviewing the Statewide EMS Operations and Communications Resource Manual.				
<b>Activity 1: Update manual - will revise one "Statewide EMS Operations and Communications Resource Manual"</b> by implementing suggested addition/deletion of content, to improve access to information that enables interoperability of communications systems among responders to crash sites.	Not met. Upon completion of review, will start the revision process.				
<b>Activity 2: Establish Communication Technical Advisory Committee will identify six to ten stakeholders</b> and communicate with all appropriate agencies to get current information for revision of the resource manual.	Partially met. Identified potential stakeholders.				
<b>EMS For Children</b>					

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<b>HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)</b>					
<b>Impact Objective 1: Develop EMSC regulations.</b>					
Will develop one set of draft regulations for the EMSC program. EMSC regulations are being drafted to provide the LEMSAs and other local facilities with minimum requirements to establish and maintain EMSC program(s).	Partially met. A set of regulations was drafted and is in the process of being approved in-house with EMSA, but have not been finalized.				
<b>Activity 1: Coordinate Work Group meetings - will schedule at least two meetings and two conference calls with the EMSC Regulations Work Group</b> to discuss draft regulations and come to an agreement on regulatory language.	Partially met. EMSA had one conference call with the EMSC regulations workgroup. Another meeting/conference call will occur prior to the regulations being sent for public comment.				
<b>Activity 2: Draft EMSC regulations - will (1) provide one final draft of regulations for EMSC Work Group review and feedback,</b> (2) revise the draft regulations based on Work Group comments, and (3) circulate draft regulations to internal EMSA management for approval.	Not met. The final draft of the EMSC regulations has not yet been drafted.				
<b>Activity 3: Obtain approval of the draft EMSC regulations - will present for approval one set of final draft regulations</b> to (1) the EMSC Regulation Work Group, (2) the Emergency Medical Services Administrators' Association of California (EMSAAC); and (3) the Commission on EMS, to satisfy required regulation standards.	Not met. The EMSC regulations have not yet been completed to go out for approval.				
<b>Activity 4: Develop one Rulemaking File for EMSC regulations - will (1) complete one Notice of Publication form</b> (Std 400) to begin the review process with the California Office of Administrative Law (OAL); (2) develop one Notice of Proposed Rulemaking, announcing the proposed rulemaking to the regulated public (required by California law); (3) submit one Std 400, Notice of Proposed Rulemaking, the Initial Statement of Reason Statement (ISORS), and one draft regulations to OAL. The ISOR is the primary rulemaking document that satisfies the necessity standard in the rulemaking process.	Partially met. The STD 400 and the ISOR have been drafted; however, not yet completed for approval in-house with EMSA.				
<b>EMS Health Information Exchange</b>					
<b>HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)</b>					

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Impact Objective	Objective Outcome	9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Impact Objective1: Provide funding to LEMSAs for HIE programs.</b>					
Will implement at least one EMSA-approved, LEMSA-proposed HIE project, to enhance patient medical information exchange services.	Not Met. This activity has yet to be developed and implemented.				
<b>Activity 1: Develop contracts - will develop at least one contractual agreement with a LEMSA</b> to receive PHHSBG funds, to ensure that their HIE-related pilot projects adhere to the approved proposal scope of work.	Not Met. This activity has yet to be developed and implemented.				
<b>Activity 2: Coordinate quarterly project reports - will coordinate quarterly project reports from the LEMSAs</b> , to ensure that scope-of-work and project objectives are being met.	Not Met. This activity has yet to be developed and implemented.				
<b>Activity 3: Coordinate final project report - will coordinate the receipt of one final project report from the LEMSA</b> , to ensure completion of the HIE project as described in the contract.	Not Met. This activity has yet to be developed and implemented.				
<b>Impact Objective 2: Provide leadership and coordination of HIE.</b>					
Will provide technical assistance and support to 100% of LEMSAs that request assistance in areas associated with health information exchange system developments and operations to improve statewide EMS patient care.	Met. EMSA has provided technical assistance and support to <b>100%</b> LEMSA with inquiries associated with Health Information Exchange.				
<b>Activity 1: Participate in teleconferences - will attend at least six teleconference calls</b> with the Office of the National Coordinator for Health IT (ONC), the California Association of Health Information Exchanges, the California Office of Health Information Integrity, and/or other participating EMS entities. These teleconferences provide a forum for discussion of HIE designs and sharing of successes and program implementation issues for states that are operating HIE programs under an ONC grant.	Partially Met. During the reporting period EMSA staff participated and attended <b>three</b> teleconference calls with the Office of the National Coordinator for Health IT (ONC).				
<b>Activity 2: Participate in HIE workshop - will organize and host at least one event to share LEMSA HIE successes</b> to (1) inform EMS partners how best to use HIE to improve patient care, and (2) measure that improved care.	Not Met. This activity is currently in progress. <b>One</b> HIE workshop/event is being planned for Spring 2017.				

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<b>EMS Partnership for Injury Prevention and Public Education</b>					
<b>HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)</b>					
<b>Impact Objective 1: Create trauma system public-information web page.</b>					
Will develop one public-information page on the EMSA website for the trauma system to make injury-prevention information available.	Not Met. This activity has yet to be developed and implemented due to the trauma coordinator position being vacant.				
<b>Activity 1: Review public information pages from other states - will review at least five trauma-related websites</b> that provide public information that may be used for California.	Not Met. This activity has yet to be developed and implemented due to the trauma coordinator position being vacant.				
<b>Activity 2: Draft public-information web page - will develop one draft web page providing public information</b> on state and local trauma programs to provide injury-prevention information.	Not Met. This activity has yet to be developed and implemented due to the trauma coordinator position being vacant.				
<b>Activity 3: Distribute draft public-information web page - will review the draft web page with at least four LEMSAs and four trauma centers</b> through regional meetings or e-mail. Review of draft public information by essential stakeholders is essential for statewide uniformity and transparency.	Not Met. This activity has yet to be developed and implemented due to the trauma coordinator position being vacant.				
<b>Activity 4: Obtain approval of trauma public-information web page - will review and make necessary revisions to one web page</b> based on administrative comments, to maximize accuracy and usability of web-page content.	Not Met. This activity has yet to be developed and implemented due to the trauma coordinator position being vacant.				
<b>Activity 5: Go live with trauma public-information web page - will activate one public-information web page</b> and inform all trauma partners that it is live, to disseminate injury-prevention information.	Not Met. This activity has yet to be developed and implemented due to the trauma coordinator position being vacant.				
<b>Impact Objective 2: Develop an injury-report template.</b>					
Will develop one template for reporting injury data to requesting entities. A standardized reporting process will assist the State of California in completing a state report on injuries seen at trauma centers.	Not Met. This activity has yet to be developed and implemented due to the trauma coordinator position being vacant.				
<b>Activity 1: Collaborate on injury-report template development - will meet at least three times with CDPH staff to draft one injury-report template</b> , taking into consideration available data in EpiCenter and CEMSIS.	Not Met. This activity has yet to be developed and implemented due to the trauma coordinator position being vacant.				

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<b>Activity 2: Generate data reports for each selected population - will generate at least two EpiCenter and CEMSIS data reports</b> on select demographics, location, age, and gender (at a minimum) to determine the best categories for the template.	Not Met. This activity has yet to be developed and implemented due to the trauma coordinator position being vacant.			
<b>Activity 3: Draft injury-report template - will review one draft injury-report template</b> with trauma regions and Trauma Managers Association of California for suggested revisions.	Not Met. This activity has yet to be developed and implemented due to the trauma coordinator position being vacant.			
<b>Activity 4: Complete injury-report template - will provide electronic access to one injury-report template</b> on the EMSA website that has the ability to electronically complete a local report.	Not Met. This activity has yet to be developed and implemented due to the trauma coordinator position being vacant.			
<b>Impact Objective 3: Update the EMSA injury- and illness-prevention website.</b>				
Will update four EMSA injury- and illness-prevention website links, at least quarterly. Updating the website links provides education for EMS partners and promotes injury prevention in the EMS community.	Met. Updates occur quarterly.			
<b>Activity 1: Verify functionality of website links - will check 63 links for connectivity and correct links</b> as needed to ensure access to and accuracy of injury- and illness-prevention data.	Met. Links are checked and validated following each quarter.			
<b>Activity 2: Inquire with trauma partner organizations</b> - will collaborate with one Trauma Managers Association, five California Trauma Regions. and the 27 LEMSAs that have trauma centers, to add any new programs to the website as information becomes available.	Not Met. This activity has yet to be developed and implemented due to the trauma coordinator position being vacant.			
<b>EMS Poison Control System</b>				
<b>HP 2020 Objective: HO IVP-9 Poisoning Deaths</b>				
<b>Impact Objective 1: Provide program oversight.</b>				
Will provide oversight to CPCS to promote rapid and effective telephone emergency advise service to 398,000 Californians exposed to poisons.	Met. Provided oversight to CPCS through communication, coordination, and review of Quarterly Activity Reports.			
<b>Activity 1: Submit reports - will coordinate with the CPCS Business Operations Director</b> to ensure timely report submissions following each reporting quarter.	Met. Coordinated with the CPCS Business Operations Director on the submission of the 1st Quarter Activity Report.			
<b>Activity 2: Review quarterly activity reports - review the quarterly reports submitted by CPCS</b> to verify that the work performed is consistent with the contractual scope of work.	Met. Reviewed the 1st Quarter Activity Report submitted by CPCS to verify contractual obligations were met.			

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Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report

Impact Objective	Objective Outcome	9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>EMS Prehospital Data and Information Services and Quality Improvement Program</b>					
<b>HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)</b>					
<b>Impact Objective 1: Fund LEMSA local QI or data-related programs.</b>					
<p><b>Will provide PHHS funds to at least one LEMSA</b>, to support the implementation of their local QI or data-related pilot. Pilot projects will include efforts to more clearly define clinical performance measure data in the EMSA Core Measures Report and conduct periodic testing to ensure the data collected in NEMSIS 3.4 provide the information needed for the future Core Measures performance data.</p>	<p>Not Met. This objective is to be addressed by EMSA in the near future.</p>				
<p><b>Activity 1: Develop contracts - will develop at least one contractual agreement with a LEMSA receiving PHHSBG funds</b>, to ensure that their QI or data-related pilot project adheres to the approved proposal scope of work during this federal fiscal year.</p>	<p>Not met. This activity is to be addressed by EMSA in the near future.</p>				
<p><b>Activity 2: Coordinate reports - will coordinate quarterly and final LEMSA project reports</b>, to ensure that scope-of-work and project objectives are met. Providing contract oversight presents a mechanism for EMSA to ensure that local areas are improving data quality and program operations that emanate from those data. It is important that the EMSA staff stay informed and aware of the scope and progress of the contracts by reviewing the data quarterly.</p>	<p>Not Met. This activity is to be addressed by EMSA in the near future.</p>				
<p><b>Activity 3: Coordinate final project reports - will coordinate the receipt of at least two final project reports from the LEMSAs</b>, to ensure completion of the project as described in the contract.</p>	<p>Not Met. This activity is to be addressed by EMSA in the near future.</p>				
<b>Impact Objective 2: Increase the quality and availability of EMS data.</b>					
<p><b>Will develop at least three EMS annual and Trauma data reports</b> that show frequencies for specific data elements (e.g., cause of injury, type of service) specific to a particular area or county, (e.g., number of calls and proportion that are 9-1-1 calls). Data, to be published on the EMSA website, will help develop a state baseline and track what data are successfully moving from the LEMSAs to CEMSIS.</p>	<p>Partially Met. During the reporting period, EMSA developed one EMS Annual report and one Trauma data report.</p>				

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Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Activity 1: Analyze CEMSIS database data - will analyze 100% of a selected data set</b> submitted by LEMSAs to the CEMSIS database, to ensure accurate and efficient evaluation of critical data submitted for successful QI and QA data reporting.	Not Met. EMSA expects to address this activity in the near future.			
<b>Activity 2: Publish EMS data reports - will publish at least three EMS data reports</b> for distribution via the EMSA website, to make the data available to promote public trust and quality patient care.	Not Met. EMSA expects to address this activity in the near future.			
<b>Activity 3: Select and develop a minimum data set - will</b> , with appointed Executive Data Advisory Group members, <b>develop one Minimum Data Set (MDS)</b> for use with pre-hospital reports. The use of an MDS is intended to (1) streamline the data-collection process and lead to higher-quality data submissions to CEMSIS (an MDS is usually smaller than the initial data set, which reduces the time users must devote to becoming familiar with the data); and (2) reduce the data selections, which reduces EMS staff time devoted to data entry and is expected to reduce data-quality issues.	Not Met. EMSA expects to address this activity in the near future.			
<b>Impact Objective 3: Lead and Coordinate Core Measure reporting.</b>				
<b>Will provide TA to 100% of the LEMSAs</b> that request assistance with Core Measure reporting, to ensure that data used to prepare Core Measure reports regarding selected clinical measures is used effectively.	Met. EMSA has and continues to provide technical assistance to <b>100%</b> of LEMSAs requesting assistance.			
<b>Activity 1: Facilitate Core Measure Taskforce - will facilitate at least two Core Measure Taskforce meetings</b> to prepare the Core Measures book and review Core Measure reports, to ensure that measures are written accurately and appropriately by inclusion of EMS stakeholders and experts.	Not Met. While <b>zero</b> meetings were facilitated during the reporting period, EMSA expects to schedule at least two Core Measures Task Force meetings prior the end of the 2016 calendar year.			
<b>Activity 2: Develop annual summary report - will develop one summary report of all LEMSA Core Measure data</b> submitted <b>and a map of one Core Measure of reported values</b> , to provide data to the public and EMS stakeholders.	Partially Met. During the reporting period, EMSA developed one annual summary report of all LEMSA Core Measures data. EMSA has developed <b>zero</b> maps visualizing the one Core Measures of reported values, but expects this activity to be completed by Spring 2017.			

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Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p><b>Activity 3: Develop a multi-year Summary Report - will develop one summary report of all LEMSA Core Measure data</b> submitted over a multi-year period. This report is the only available mechanism by which to obtain statewide data on 17 clinical measures because the CEMSIS data system is limited by a wide variety of data systems, ranging from differing electronic systems to pen-and-paper systems.</p> <p>The Core Measures report allows the LEMSAs to focus on meaningful clinical measures that they can measure in whatever way their system supports, then provides the resulting data along with the specifics of how the data were run to provide a useful statewide data profile for the specific measures.</p>	Not Met. This objective is to be addressed by EMSA in the near future.			
<b>Impact Object 4: Lead and coordinate EMS plans.</b>				
<p><b>Will provide TA to 100% of LEMSAs that submit their EMS plans,</b> to ensure that compliance requirements are met.</p>	Met. EMSA has and continues to provide technical assistance to 100% of LEMSAs requesting assistance with their EMS Plans			
<p><b>Activity 1: Coordinate QI Plan submissions - will contact each of the 33 LEMSA administrators,</b> either by electronic or telephone communication, <b>to request their QI plan submittal</b> at least three months prior to their Plan due date, to support timely Plan submission and evaluation.</p>	Not Met. Process for pre-notification of QI plans due to be addressed by EMSA in the near future.			
<p><b>Activity 2: Review LEMSA QI Plans - will review at least five submitted QI Plans from the LEMSAs,</b> to assist them in meeting the compliance requirements of California EMS regulations, standards, and guidelines.</p>	Partially Met. During the reporting period, EMSA reviewed <b>three</b> QI Plans submitted from the LEMSAs.			
<p><b>Activity 3: Develop an activity log - will maintain and continue to develop one administrative QI Plan activity log,</b> to standardize and streamline the administrative review processes within EMSA.</p>	Met. EMSA has developed and maintained <b>one</b> administrative QI Plan activity log.			
<b>EMS STEMI and Stroke Systems</b>				
<b>HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)</b>				
<b>Impact Objective 1: Develop stroke and STEMI program regulations.</b>				
<p><b>Will develop two sets of draft regulations for the Stroke and STEMI Programs</b> to provide the LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI and Stroke Programs throughout California.</p>	Met. The draft regulations for STEMI and Stroke are ready and are under final revision.			

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Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Activity 1: Coordinate STEMI/Stroke Programs Regulations Work Group Meetings</b> - will (1) schedule at least two meetings and two conference calls with the Stroke and STEMI Work Group, and (2) discuss one set of draft regulations with the Work Group, and come to an agreement on the regulatory language.	Exceeded. EMSA had 4 meetings and at least 3 conference calls for this activity.			
<b>Activity 2: Draft STEMI/Stroke Regulations</b> - will (1) provide one final draft of the STEMI/Stroke Regulations to the Stroke and STEMI Work Group for their review and feedback, and (2) make the necessary revisions to the draft regulations based on Work Group comments.	Met. The drafts have been provided to the taskforce for the final review.			
<b>Activity 3: Approve STEMI/Stroke Regulations</b> - staff will present one final draft regulations for review and feedback from three recipients: (1) the Stroke and STEMI Regulations Work Group, (2) EMSAAC, and (3) the Commission on EMS for approval.	Partially met. Final draft got approval from work group, and will be provided to EMSAAC during public comment periods, and provided to the Commission after finalizing and ready to submit to the OAL.			
<b>Activity 4: Develop Rulemaking File for the Stroke and STEMI Programs</b> - will: (1) Complete one Notice of Publication form (Std 400) to OAL; (2) Develop one Notice of Proposed Rulemaking; and (3) Submit one Std 400, one Notice of Proposed Rulemaking, ISORS, and one draft regulations to OAL to complete the rulemaking process.	Partially met. The documents are ready, but have not been submitted to the OAL yet.			
<b>Impact Objective 2: Develop Stroke Program TAC.</b>				
Will establish one TAC to serve as subject-matter experts to advise EMSA on identifying and meeting the program goal of supporting optimum patient outcomes during medical emergencies.	Not met. This objective won't move forward until closer to the end of the rulemaking process.			
<b>Activity 1: Develop a Stroke Program TAC</b> - will: (1) develop one list of Stroke Program constituents; (2) develop one letter requesting volunteers to serve on the Stroke TAC; (3) mail the letter to all Stroke Program constituents, and request one letter of interest and CV if they would like to serve on the TAC; (4) review letters of interest and CVs; and (5) choose Stroke TAC members based on subject-matter knowledge and experience.	Not met. This objective won't move forward until closer to the end of the rulemaking process.			
<b>Activity 2: Plan and facilitate Stroke TAC meetings</b> - will: (1) develop a schedule of at least two meetings at the EMSA HQ; (2) facilitate discussions of the TACs mission, purpose, parameters, and meeting rules; and (3) facilitate vision and work plan/issues for the TAC to focus on.	Not met. This objective won't move forward until closer to the end of the rulemaking process.			
<b>Impact Objective 3: Develop TAC for the STEMI Program.</b>				

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Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<p>Will establish one TAC to serve as advisory subject-matter experts to EMSA to help identify and meet program goals of supporting optimum patient outcomes during medical emergencies.</p>	<p>Not met. This objective won't move forward until closer to the end of the rulemaking process.</p>			
<p><b>Activity 1: Develop a STEMI TAC - will:</b> (1) develop one list of STEMI program constituents; (2) develop one letter requesting volunteers to serve on the STEMI TAC; (3) mail the letter to all STEMI constituents, and request one letter of interest and CV if they would like to serve on the TAC; (4) review letters of interest and CVs; (5) choose STEMI TAC members based on subject-matter knowledge and experience.</p>	<p>Not met. This objective won't move forward until closer to the end of the rulemaking process.</p>			
<p><b>Activity 2: Plan and facilitate STEMI TAC meetings - will:</b> (1) schedule at least two meetings at the EMSA HQ; (2) facilitate discussions of the TACs mission, purpose, parameters, and meeting rules; (3) facilitate vision and work plan/issues for TAC to focus on.</p>	<p>Not met. This objective won't move forward until closer to the end of the rulemaking process.</p>			

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Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report

Impact Objective	Objective Outcome	9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>EMS Systems Planning and Development</b>					
<b>HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)</b>					
<b>Impact Objective 1: Provide oversight and assistance to LEMSAs with transportation plans.</b>					
Will provide oversight and technical assistance to 100% of EMS providers regarding transportation services assistance associated with the LEMSA's EMS Plan.	Met. Provided oversight and technical assistance to all LEMSAs on their EMS Transportation Plans.				
<b>Activity 1: Review LEMSA transportation service request for proposal - will review and develop at least one LEMSA request for proposal</b> for emergency ambulance services regarding prospective exclusive operating areas. Collaboration promotes successful, competitive bidding for local emergency ambulance services that ensure ideal patient care during an emergency.	Exceeded. Worked with three LEMSAs that requested pre-review and additional technical support for competitive processes for emergency ambulance services regarding exclusive operating areas.				
<b>Activity 2: Inspect California Highway Patrol rescue helicopters - will coordinate the inspection of 11 advanced life support auxiliary rescue helicopters</b> to ensure compliance with state and local standards. California Highway Patrol helicopters are maintained and located within seven California locations. Aircraft inspections support successful EMS transportation services within California.	Partially met. Have inspected 7 CHP advanced life support rescue helicopters. The four others will be inspected in November 2016 and January 2017.				
<b>Impact Objective 2: Provide oversight and technical assistance to LEMSAs.</b>					
Will provide oversight and technical assistance to 100% of the LEMSAs required to submit EMS Plans or Annual Plan updates, assisting with adherence to California EMS statutes and EMSA guidelines for optimum EMS patient care.	Met. Oversight and technical assistance was provided to 100% of the LEMSAs that required assistance on the submission of EMS Plans or Annual Plan Updates and/or submitted EMS Plans or Annual Plan Updates.				
<b>Activity 1: Coordinate EMS Plan submissions - will coordinate submission of EMS Plans for a minimum of six LEMSAs.</b> Coordination will be directed to LEMSA administrators, supporting timely plan submissions.	Partially Met. Coordinated with at least one LEMSA in advance of the submission of their EMS Plan. Coordination included the following LEMSA: Santa Cruz.				
<b>Activity 2: Record EMS Plan submissions and collaborate with EMSA staff - will update one internal tracking log to show receipt of EMS Plans or Updates</b> and all collaboration with other EMSA staff, to ensure effective oversight of the Plan-review process for timely, comprehensive Plan development and plan approvals.	Exceeded. Nine EMS Plan submissions were received, and collaborative input was provided by EMSA staff on the plan reviews. Plan submissions were from the following LEMSAs: Alameda, San Joaquin, Central California, San Benito, Contra Costa, North Coast, Kern, Santa Barbara, and Ventura.				

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Activity 3: Update EMSA website - will post fully reviewed EMS Plans and Plan Updates to one EMSA EMS Systems Planning website.</b> Posting promotes effective injury-prevention EMS strategies, ensures public trust, and provides high-quality patient care across California.	Met. The EMS Plans are uploaded, monthly, to the EMSA website.			
<b>Activity 4: Review quarterly activity reports - will contact the six contracted LEMSAs one month prior to each quarterly report</b> due date to promote comprehensive and timely reporting. Activity reports are reviewed to verify that the work performed is consistent with the contractual scope of work.	Not met. Advance outreach was not provided to the six contracted LEMSAs; however, five of the six contracted LEMSAs submitted quarterly activity reports prior to the established due date.			

**EMS Trauma Care Systems**

**HP 2020 Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)**

**Impact Objective 1: Draft final State Performance Improvement and Patient Safety Plan.**

<b>Will develop one final version of the State Performance Improvement and Patient Safety (PIPS) Plan,</b> with revisions based on comments from the Executive Division of EMSA and the public. The PIPS Plan will be used by EMSA and the PIPS Subgroup to ensure the delivery of quality trauma care to Californians.	Partially met. The PIPS plan has been drafted was sent out for an extended comment period. The comments received are going to be reviewed by EMSA staff and revisions will be considered based on the comments received.			
<b>Activity 1: Review EMSA comments - will review 100% of comments received from the EMSA Executive Division</b> on the draft PIPS Plan and revise.	Partially met. All comments received during the comment period will be reviewed by program staff.			
<b>Activity 2: Release draft PIPS Plan for public comment - will provide an electronic copy of the draft PIPS Plan to 33 LEMSAs</b> for review, and post updates on the EMSA website.	Met. The draft PIPS plan was released in electronic format to the 33 LEMSAs for comment.			
<b>Activity 3: Review public comments, and revise PIPS Plan - will review 100% of comments received on one draft PIPS Plan</b> and revise based on comments received.	Partially met. The Deadline for Public comment was October 7, 2016.			
<b>Activity 4: Submit PIPS Plan for approval - will send one electronic version of the final draft of the PIPS Plan to the Commission on EMS and one issue memo</b> requesting approval, and attend one Commission on EMS meeting to address any questions and obtain final approval.	Not met. While a Commission on EMS meeting is scheduled for December, 2016, the draft PIPS plan is not ready for review of the Commission on EMS pending possible edits to the document.			

**Impact Objective 2: Draft revised trauma regulations.**

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Will develop one draft revision of the trauma regulations</b> that incorporate suggestions for trauma system requirements in California.	Not met. A small writing group met to make preliminary recommendations for revisions to the existing Trauma Regulations.			
<b>Activity 1: Establish committee to revise trauma regulations - will contact at least 33 LEMSAs and 78 trauma centers</b> to select Trauma Regulations Revision Committee members to draft trauma system requirements.	Partially met. An invitation letter was sent to the stakeholders and organization which might be impacted by these regulations asking for representatives. Finally seating of the committee is pending approval of the members by EMSA Director.			
<b>Activity 2: Schedule meetings and conference calls - will (1) determine availability of Trauma Regulations Revision Committee members to attend at least two meetings and two conference calls, and (2) create a one-year calendar.</b>	Not met. This activity has yet to be developed and implemented.			
<b>Activity 3: Draft revised trauma regulations - will review each suggested revision from the Trauma Regulations Revision Committee</b> and will provide at least two revised drafts to committee members.	Not met. This activity has yet to be developed and implemented.			
<b>Activity 4: Review trauma regulation drafts - will review at least two revised trauma regulations</b> with EMS Systems Division administration and Executive Division and will make recommended revisions.	Not met. This activity has yet to be developed and implemented.			
<b>Impact Objective 3: Host annual State Trauma Summit.</b>				
<b>Will conduct one State Trauma Summit</b> to educate on clinical and system aspects of trauma care, to improve trauma care in California.	Not met. The state Trauma Summit is planned for May 2-3, 2017			
<b>Activity 1: Develop pre-Trauma Summit documents - will create one "save the date" postcard for the State Trauma System Summit</b> , including agenda for 9 hours of sessions; will distribute to 33 LEMSAs; and will post on EMSA website.	Not met. The "save the date" card will be created in early 2017.			
<b>Activity 2: Create an online portal for State Trauma Summit registration - will create one Eventbrite registration portal</b> , to include ability to register and pay for sponsorship online.	Not met. The Eventbrite registration portal will be created in 2017.			
<b>Activity 3: Organize Trauma Summit - will contact at least four sponsors/vendors for the summit, and complete a minimum of 150 information packets for registrants</b> , to include an agenda, list of speakers with bios, objectives, evaluation forms, and post-test.	Not met. Vendors/Sponsors will be selected in the next quarter. Information packets will be created just prior to the event, which is scheduled for May 2-3, 2017			
<b>Activity 4: Host annual Trauma Summit - will host one State Trauma Summit in May or June 2017</b> , to provide education covering clinical and system aspects of trauma care, to improve trauma care in California.	Not met. EMSA Staff are planning for the next Trauma Summit, to be held on May 2-3, 2017.			
<b>Activity 5: Provide continuing education credits - will distribute a minimum of 50 continuing education certificates</b> to eligible State Trauma Summit participants.	Not met. EMSA will provided CE for the attendees at Trauma summit, which will not be held until May 2-3, 2017.			

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Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report

Impact Objective	Objective Outcome	9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Impact Objective 4: Implement the State Trauma Plan.</b>					
Will develop one timeline for short-term goals and objectives for improving trauma care in California (to be completed in one year) listed under the responsibility of the EMS Authority.	Not met. Approval of the State Trauma Plan has been delayed as Agency and DOF is reviewing content of final draft.				
Activity 1: Determine short-term trauma system objectives - will determine a minimum of ten short-term objectives for improving trauma care in California by utilizing the eight Health Resources and Services Administration benchmarks and the State Trauma Plan.	Not met. Approval of the State Trauma Plan has been delayed as Agency and DOF is reviewing content of final draft.				
Activity 2: Review selection of trauma care goals and objectives - will host one meeting with the State Trauma Advisory Committee to review short-term objectives for improving trauma care in California.	Not met. Approval of the State Trauma Plan has been delayed as Agency and DOF is reviewing content of final draft.				
Activity 3: Revise short-term trauma care objectives - will revise the ten short-term objectives for improving trauma care in California, based on discussion with State Trauma Advisory Committee members.	Not met. Approval of the State Trauma Plan has been delayed as Agency and DOF is reviewing content of final draft.				
Activity 4: Create timeline for short-term trauma care objectives - will create one electronic timeline designed to allow for updating activities for improving trauma care in California and that can be shared with trauma-system partners.	Not met. Approval of the State Trauma Plan has been delayed as Agency and DOF is reviewing content of final draft.				
<b>Impact Objective 5: Prepare Regional Network/Re-Triage Guidance document.</b>					
Will develop one final draft of the Regional Network/Re-Triage Guidance document, including revisions, from public comment period(s). The document will assist LEMSAs, trauma centers, and non-trauma facilities in improving time to definitive care for critically injured patients.	Met. The draft Re-Triage document has been revised, although a final version is pending possible additional revisions.				
Activity 1: Review EMS System Division administration comments - will review all Division comments received, and revise for review by the PIPS Subgroup, incorporating language for statewide QI activities in support of improving the care of critically injured patients.	Partially met. Currently under review by the PIPS/Re-Triage subgroup.				
Activity 2: Host a conference call to review comments - will review all comments from EMS System Division administration with the PIPS Subgroup and will revise the guidance document to incorporate suggestions to measure improvement in the care of critically injured trauma patients.	Not met. Currently under review by the PIPS/Re-Triage subgroup.				

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**Preventive Health and Health Services Block Grant FFY 2016 - Program Outcomes Report**

Impact Objective	Objective Outcome 9-30-16	Objective Outcome 12-31-16	Objective Outcome 6-30-17	** Value Statement
<b>Activity 3: Schedule comment period(s) - will schedule at least one comment period, and will provide access to the electronic version of the Regional Network/Re-Triage Guidance through the EMSA website, to disseminate recommendations to LEMSAs, trauma centers, and other facilities that care for injured patients, to improve the timeliness of trauma care.</b>	Not met. Currently under review by the PIPS/Re-Triage subgroup..			
<b>Activity 4: Review comments - will review all comments received, and revise one Regional Network/Re-Triage Guidance document to incorporate recommendations for improved state trauma.</b>	Not met. Currently under review by the PIPS/Re-Triage subgroup.			
<b>Activity 5: Review final draft of the guidance document - will review one final version of the Regional Network/Re-Triage Guidance document in preparation for submission to the Commission on EMS for final approval of recommendations, to improve timeliness of trauma care in California.</b>	Not met. Still under first review by the PIPS/Re-Triage subgroup.			

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