



# Strategic Planning and Accreditation Update: How Are We Doing?

2016 Spring Semi-Annual Conference  
CCLHO Business Meeting  
April 13, 2016



# CCLHO STRATEGIC PLAN

- 3-year Document
- Refreshed in February 2015
- Modified “Tracks of Work”
- Added a 6<sup>th</sup> Track of Work



CALIFORNIA CONFERENCE OF LOCAL HEALTH OFFICERS

## Strategic Plan 2013-2016



Life Empowerment  
**Literacy**  
 Information  
 Individual Health  
 Understand  
 Use Community  
 Access People  
 Decide  
 Acquire

Spring 2013

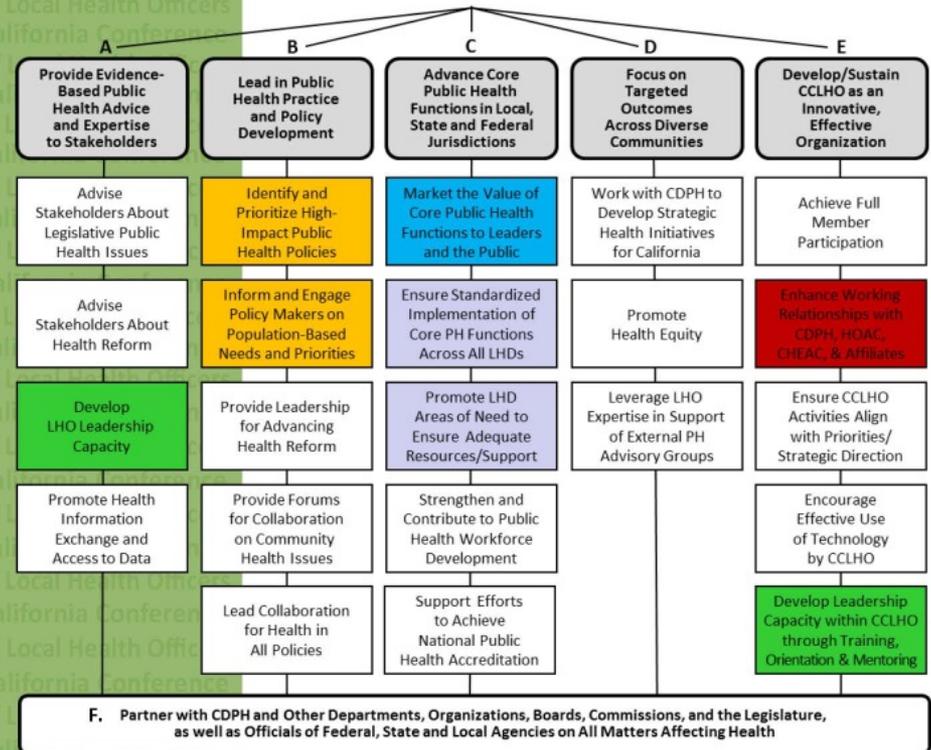
|               |                 |               |                 |            |
|---------------|-----------------|---------------|-----------------|------------|
| ALAMEDA       | HUMBOLDT        | MENDOCINO     | SAN BENITO      | SISKIYOU   |
| ALPINE        | IMPERIAL        | MERCED        | SAN BERNARDINO  | SOLANO     |
| AMADOR        | INYO            | MONO          | SAN DIEGO       | SONOMA     |
| BERKELEY CITY | KERN            | MONTEREY      | SAN FRANCISCO   | STANISLAUS |
| BUTTE         | KINGS           | NAPA          | SAN JOAQUIN     | SUTTER     |
| CALAVERAS     | LAKE            | NEVADA        | SAN LUIS OBISPO | TEHAMA     |
| COLUSA        | LASSEN          | ORANGE        | SAN MATEO       | TRINITY    |
| CONTRA COSTA  | LONG BEACH CITY | PASADENA CITY | SANTA BARBARA   | TULARE     |
| DEL NORTE     | LOS ANGELES     | PLACER        | SANTA CLARA     | TUOLUMNE   |
| EL DORADO     | MADERA          | PLUMAS        | SANTA CRUZ      | VENTURA    |
| FRESNO        | MARIIN          | RIVERSIDE     | SHASTA          | YOLO       |
| GLENN         | MARIPOSA        | SACRAMENTO    | SIERRA          | YUBA       |

# 2013 Strategy Map

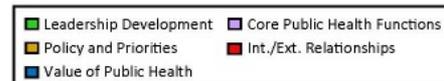
## STRATEGIC MAP: 2012-2016



### Lead Public Health Initiatives to Improve Health and Well-Being in California's Changing Environment



#### Tracks of Work



## Five Tracks of Work

- Core Public Health
- Internal/External Relationships
- Leadership Development
- Policy and Priorities
- Value of Public Health

# 2013

# ACCOMPLISHMENTS



## 2013 ACCOMPLISHMENTS

### Leadership Development

- Conducted health officer/local health department webinar training on meaningful use. (September 2013).
- Provided orientation packets for new and tenured health officers at 2013 Fall semi-annual meeting.

### Policy and Priorities

- Considered positions on 68 bills and took positions on 32, of which 12 were signed into law. Those of high policy impact were specifically in the areas of:
  - ◊ Controlled Substance Utilization Review and Evaluation System (CURES)/California Prescription Drug Monitoring Program (PDMP).
  - ◊ Personal Belief Exemptions for required childhood immunizations.
  - ◊ HIV testing of infants.
  - ◊ California Board of Pharmacy and licensing of compounding pharmacies for production of sterile drug products.
  - ◊ Canine rabies vaccination administered to dogs was changed from four to three months of age, in accordance with the vaccine label.
- Key policies supported included:
  - ◊ State and county use of realignment funds in the context of health care reform.
  - ◊ Maintaining the public health focus of the Drinking Water Program.
- Selected three priority chronic disease policy changes that included:
  - ◊ Sugar-sweetened beverages,
  - ◊ Potential tax initiative on tobacco products, and
  - ◊ Safe Routes to School and Walkable Communities.
- Posted the Chronic Disease Prevention Framework developed by the Chronic Disease Control Project on the CCLHO website; worked with the Health Officers Association of California (HOAC) to disseminate to legislators. (April 2013)
- Submitted joint letter with the California Department of Public Health (CDPH) to providers, hospitals, and local health departments providing guidance on how to meet meaningful use requirements.

### Value of Public Health

- Developed white paper for Senate aides on activities of the Community Transformation Grant (CTG) to educate Senators Feinstein and Boxer about the positive outcomes generated by the 10 California CTG grantees.
- Conducted planning efforts and partner meetings to identify approach to conduct a campaign to stress the importance of the value of public health.

### Core Public Health Functions

- Collaborated with County Health Executives Association of California (CHEAC) and CDPH to develop the California Performance Improvement Managers Network.
- Conducted survey of mandated influenza vaccination policies for health care workers for future action.

### Internal and External Relationships

- Approved the California Children Services Medical Advisory Committee as a new CCLHO Affiliate.
- Collaborated with CHEAC on the CCLHO/CHEAC Chronic Disease Control Project.
- Collaborated with the California Medical Association on Public Health resolutions, presented at its 2013 House of Delegates meeting.



# Fall Semi-Annual: Next Steps

- Finalize accomplishments document for 2014.
- Document and finalize 2015 accomplishments for submission to Board
- Develop final strategic map with related modified Implementation plan

# 2014

# ACC COM PLI SH MEN TS



## 2014 ACCOMPLISHMENTS

### Internal and External Relationships

- ❖ Participated in a stakeholder briefing convened by the California Governor's Office regarding Ebola preparedness and planning. (CCLHO Executive Committee: President and President-Elect)
- ❖ Presented to the California Legislature at the November 18, 2014 Informational Hearing on "Examining California's Public Health Preparedness for a Potential Ebola Virus Outbreak." (CCLHO Health Officer Dr. Bela Matyas - Solano County)
- ❖ Collaborated with CDPH on Ebola preparedness and readiness for local health jurisdictions and hospitals, including the review of and providing comments on draft policies.
- ❖ Collaborated with CHEAC on the CCLHO/CHEAC Chronic Disease Prevention Leadership Project, which aims to: make chronic disease prevention a higher priority for LHJs; strengthen their capacity to address chronic disease, promote policy, systems and environmental change; and promote effective public health practices to prevent chronic disease.
- ❖ Met with and provided feedback to the California Health and Human Services Agency Secretary to assist in the recruitment and selection of the new CDPH Director and State Public Health Officer.
- ❖ Collaborated with CDPH and CHEAC to finalize a new Indirect Cost Rate process as part of the CDPH Contract Simplification efforts.

### Core Public Health Functions

- ❖ Conducted survey to inform the drafting of a new Health Officer Core Functions in Small Jurisdictions document (CCLHO Small Jurisdiction Committee).

Survey result highlights include:

- Only 19 percent of responding Local Health Jurisdictions (LHJs) have a Deputy Health Officer
- Most responding Health Officers (81 percent) felt they had adequate authority. However, only 41 percent felt adequate in all 3 areas (authority, time and resources).
- Seventy-three percent of respondents said they have adequate Full Time Equivalent staff (FTE) to fulfill their Health Officer role, but this percentage drops to 62 percent for LHJs with populations of less than 100,000.



# 2014 ACCOMPLISHMENTS

## Policy and Priorities

- ❖ Considered 23 bills and provided recommendations on 18 bills, of which 11 were signed into law. Those of high policy impact were specifically in the areas of:
  - Tuberculosis testing
  - Paid sick leave
  - HIV co-infection reporting
  - Use and distribution of condoms
  - Antibiotics in livestock
- ❖ Submitted 16 letters to the California Department of Public Health (CDPH) regarding pending legislation, including recommendations.
- ❖ Submitted 4 letters outlining concerns and recommendations for transferring the Drinking Water Program to the State Water Resources Control Board (SWRCB), including recommendations for the required qualifications for the Drinking Water Program Director.
- ❖ Actively participated in the interdepartmental committee tasked with planning the transfer of the Drinking Water Program to SWRCB.
- ❖ Posted the CCLHO Strategic Plan 2013-2016 and the 2013 CCLHO Accomplishments to the CCLHO website.
- ❖ Submitted 10 letters in support of grant applications, budgetary requests and programmatic issues of importance for CDPH and other partners, including:
  - A joint letter with the County Health Executives Association of California (CHEAC) to convey support for the CDPH Nutrition Education and Obesity Prevention (NEOP) Program, which uses SNAP-Ed federal funds to facilitate behavior change in homes, schools, worksites, and communities to create environments that support fruit and vegetable consumption and physical activity.

## Leadership Development

- ❖ Distributed 15 orientation packets for the CCLHO Board and Executive Committee members at the 2014 Fall Semiannual meeting

## Value of Public Health

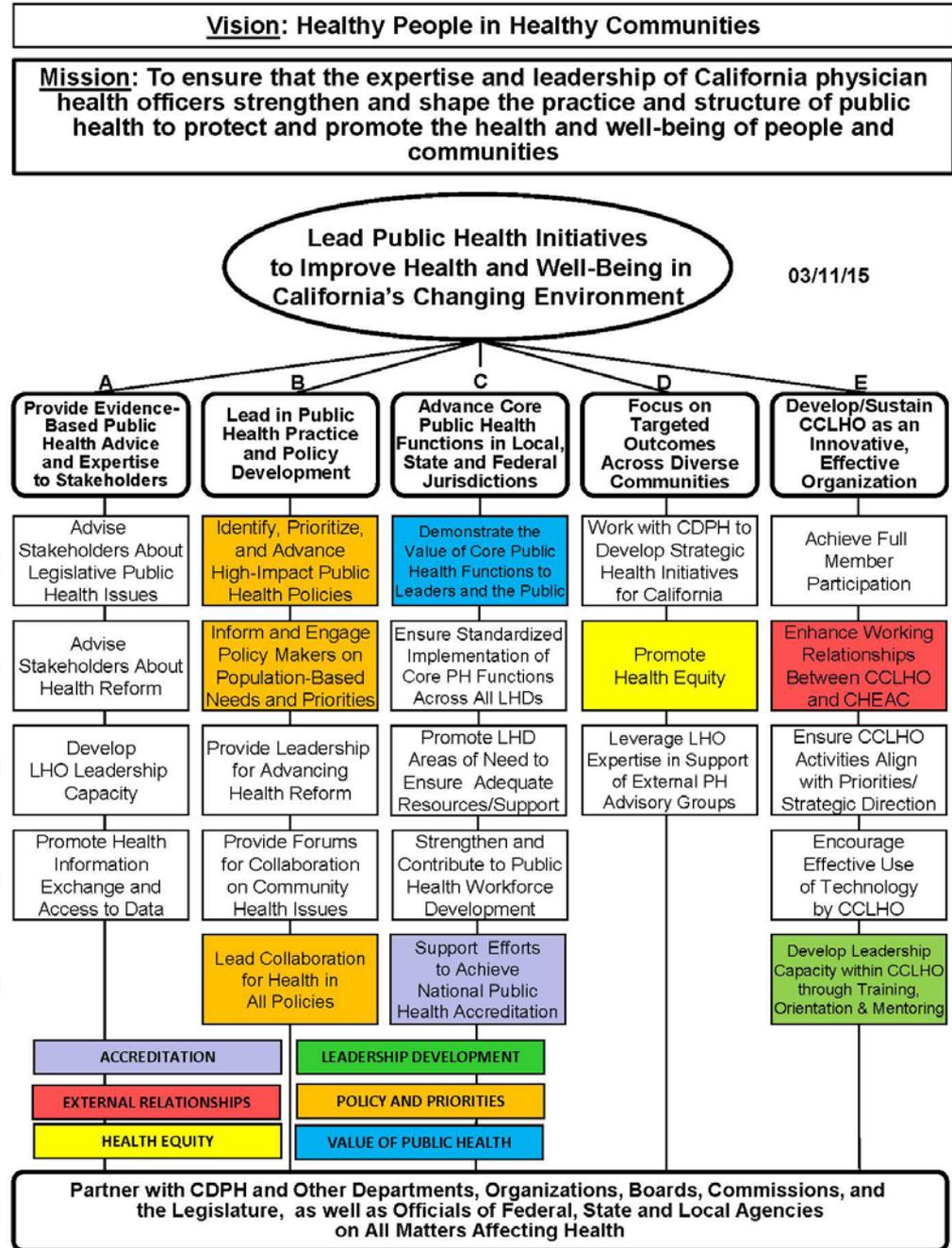
- ❖ Worked with The California Endowment and the Health Officer Association of California (HOAC) to secure a communication grant to provide jurisdictions with media training as part of the *Health Happens Here* campaign (CCLHO Executive Committee).



# Strategy Map

## Six Tracks of Work

- Accreditation
- External Relationships
- Health Equity
- Leadership Development
- Policy and Priorities
- Value of Public Health





# 2015 ACCOMPLISHMENTS

## Mission:

To ensure that the expertise and leadership of California physician health officers strengthen and shape the practice and structure of public health to protect and promote the health and well-being of people and communities.

## CCLHO Strategic Map:

[http://www.cdph.ca.gov/programs/cclho/Documents/CCLHO\\_Strategic\\_Map\\_03-11-15.pdf](http://www.cdph.ca.gov/programs/cclho/Documents/CCLHO_Strategic_Map_03-11-15.pdf)

## Policy and Priorities

- ❖ CCLHO submitted 14 letters to the California Department of Public Health (CDPH) and other state departments regarding pending legislation. CCLHO provided recommendations on 18 bills. Areas of greatest policy impact include:
  - Vaccine requirements for daycare workers
  - Vaccine exemptions for school children
  - Obesity prevention
  - Tobacco use prevention
  - Workplace health and safety climate change
  - Antimicrobial drug resistance
- ❖ CCLHO considered 74 bills as priority bills, and took positions on 35 of these bills.
- ❖ CCLHO submitted 5 letters of support for grant applications, budgetary requests and programmatic issues of importance for CDPH and partners.
  - Grant Applications - Emergency Preparedness, Prescription Drug Abuse Prevention (2 letters)
  - Programs – Tuberculosis
  - Funding – Health Statistics Special Fund
- ❖ Reviewed and proposed changes in the California Code of Regulations, Title 17, regarding the listing and reporting of notifiable communicable diseases.
- ❖ CCLHO Nominations
  - Nominated doctors S. Todd Stolp and Wendel Brunner for the CDPH 2015 Beverlee A. Myers Award for Excellence in Public Health.
  - Nominated Dr. Robert W. Ryder to serve as a member of the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria.
  - Nominated Dr. Richard Johnson to serve as the CCLHO representative on the Commission on Emergency Medical Services.

- ❖ The CCLHO Chronic Disease Control and Prevention and Health Information and Data Committees participated in a CDPH workgroup on chronic disease surveillance.
- ❖ Collaborated with CDPH on Ebola preparedness and readiness for local health jurisdictions and hospitals, including the review of draft policies. Local health jurisdictions received funding in the amount of \$5,341,986 for Fiscal Year 2015-16.

## Value of Public Health

- ❖ Updated the CCLHO Strategic Map and added two tracks of work.
- ❖ Worked with The California Endowment (TCE), the Health Officers Association of California (HOAC), and the County Health Executives Association of California (CHEAC) to implement the Public Health Communications Project. Through this project, each local health department in California is eligible to receive technical assistance from Brown Miller Communications. The project will continue to provide assistance and training to local health departments through 2016, with awards for outstanding communications projects in a variety of categories.

## Accreditation

- ❖ CCLHO members participated in the planning committee and attended the 2015 Public Health Accreditation Readiness Conference, "Moving Forward Together: California's Journey to Public Health Accreditation".
- ❖ CCLHO members attended the August 7<sup>th</sup>, 2015, National Association of County and City Health Officials (NACCHO) workshop on Leading and Championing Performance Improvement: A workshop for Local Health Officials.

# 2015 ACCOMPLISHMENTS

## External Relationships

- ❖ Initiated overview presentations at CCLHO Board meetings to increase health officer awareness of specific CDPH programs.
- ❖ Established monthly calls between the Presidents of CCLHO and CHEAC to discuss common goals and foster alignment of activities.
- ❖ Participated in a stakeholder briefing convened by the California Governor's Office regarding Ebola preparedness and planning. (CCLHO President and President-Elect)
- ❖ Continued collaboration with CHEAC on the CCLHO/CHEAC Chronic Disease Prevention Leadership Project, which aims to: promote chronic disease prevention as a higher priority for LHJs; strengthen capacity to address chronic disease, promote policy, systems and environmental change; and promote effective public health practices to prevent chronic disease.
- ❖ Provided feedback to the California Health and Human Services Agency Secretary to assist in the recruitment and selection of the new CDPH Director and State Public Health Officer, including the submittal of a letter with recommendations.
- ❖ CCLHO was actively represented on 29 Advisory Councils and Workgroups on a broad range of issues. Examples of Health Officer participation include:
  - Emergency Preparedness Joint Advisory Committee
  - Public Health Lab Services Working Group
  - Office of Bi-National Border Health Advisory Committee
  - Drinking Water Program Transition Advisory Group
  - SNAP-ED Task Force

- ❖ CCLHO representatives joined two new Advisory Groups, the State Prescription Opioid Misuse and Overdose Prevention Workgroup and the Oral Health Advisory Committee.
- ❖ CCLHO members participated in regional public health collaboratives including: the Association of Bay Area Health Officials (ABAHO), the Southern California Public Health Officers, and the San Joaquin Valley Public Health Consortium. These regional groups facilitate the coordination of a public health approach in a variety of topic areas, including emergency preparedness, health equity, Ebola response and climate change.
- ❖ A new regional health public health collaborative, comprised of Health Officers in the Greater Sacramento Area, held its first meeting in December 2015.

## Health Equity

- ❖ Held the 2015 Fall Semiannual Conference entitled, "Achieving Health Equity through Public Health Practice." The Conference addressed topics on communicating about health equity, taking action to address health inequity, and facilitating binational partnering to improve health equity.
- ❖ Maintained health officer representation on the CDPH Office of Health Equity Advisory Committee.

## Leadership Development

- ❖ Provided comprehensive orientation and resource materials to 7 new local Health Officers. Resource materials include: Health Officer Practice Guide for Communicable Disease Control in California and the Health Officer Core Functions in Small Counties.
- ❖ Provided orientation materials and Executive Committee manuals to 3 new CCLHO Board members.



# REQUEST TO ALL COMMITTEES

- Define Committee "Goals" and "Objectives"
- Include on regular meeting agendas
- Discuss monthly
- Assess accomplishments quarterly



# STRATEGIC EFFECTIVENESS

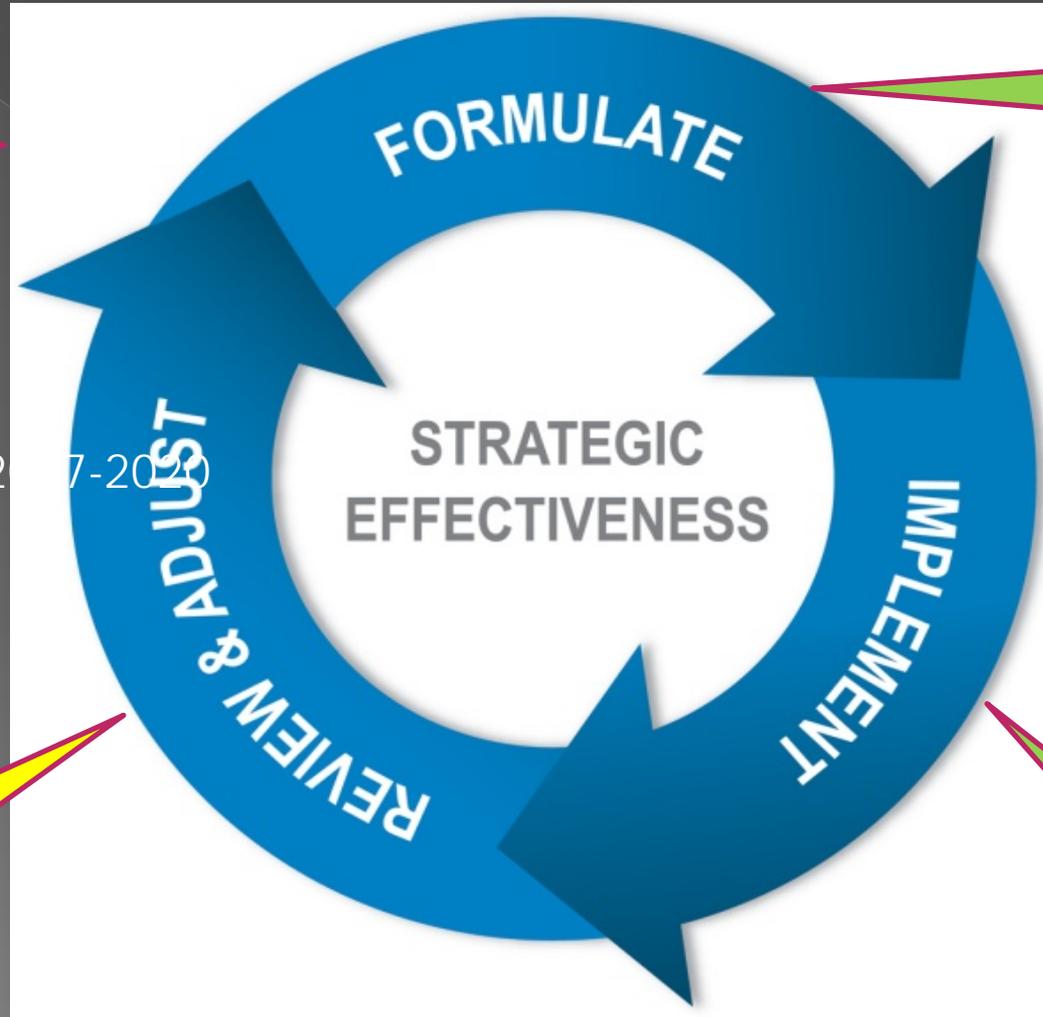
2016: Repeat Strategic Planning Cycle

2012-13: Developed Strategic Plan and Map

2017-2020

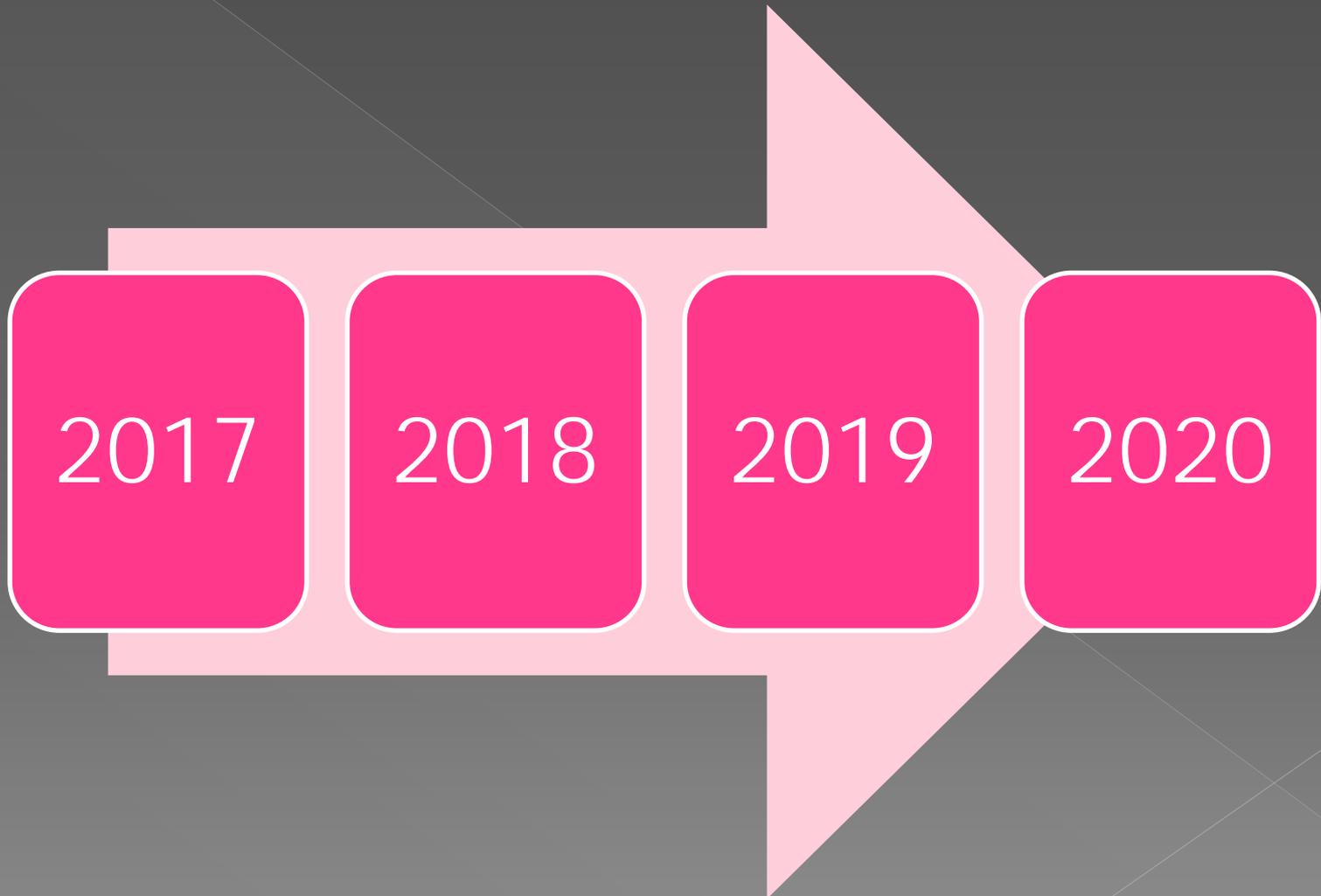
2015: Refreshed Strategic Map and continue to Implement

2013 & 2014: Implemented Plan



An organization's ability to set the right goals and consistently achieve them.

# 2017-2020 STRATEGIC PLAN



accreditation

Networking

Public Health

state

Speakers

Matthews

thinking

political

activities

history

helpful

products

health

session

effectively communicate

ability

officially

guidance

constructive

interaction

group

related

them

Gene

opportunity to interact

discussion

direct

Seeing the big picture

tips were very useful

Quality improvement

better hearing

Communication in Public Health advocacy

Health inequity

champion public health priorities

incorporate

partner partner Connections

underway importance

Local Health Department input

Storytelling immediately useful

Communication

implications

presentation

sharing ideas

Opportunity

content

networking

especially

Advocacy

change

hear

skills

discussions

Public Health values

Tools and Templates

inspiring presentation

Describing activities

work Collaborative

Places

Storytelling

national diversity

strategic

Overview

entrenched

voice

public health values

transformation

good overview

provided

learning about tools

sharing lessons learned

program had

within together

perspectives

level

identifying challenges

successes and limited

community

public

networking speakers

Opportunity to connect

network with others

beneficial

# POINTS FOR DISCUSSION

- ◉ Steps of Accreditation
- ◉ Accreditation Status
- ◉ Accreditation Fees
- ◉ Reaccreditation
- ◉ Emerging Topics

# 7 STEPS OF ACCREDITATION

Accomplished

In Process

Next Steps

1

Pre-Application

- Accreditation Readiness Checklist

- Online Orientation

- Statement of Intent

2

Application

- Signature from health department director and letter of support by health department appointing authority (Board Letter and Minutes)

- 3 Pre-requisite documents submitted
- Community Health Assessment, Community Health Improvement Plan, and Public Health Services Strategic Plan.

- PHAB Accreditation Coordinator Training

Documentation Selection & Submission

3

- Gathering Documentation
- Selection of documentation that best meets the criteria

- Upload of documentation into e-PHAB

4

Site Visit

5

Accreditation Decision

6

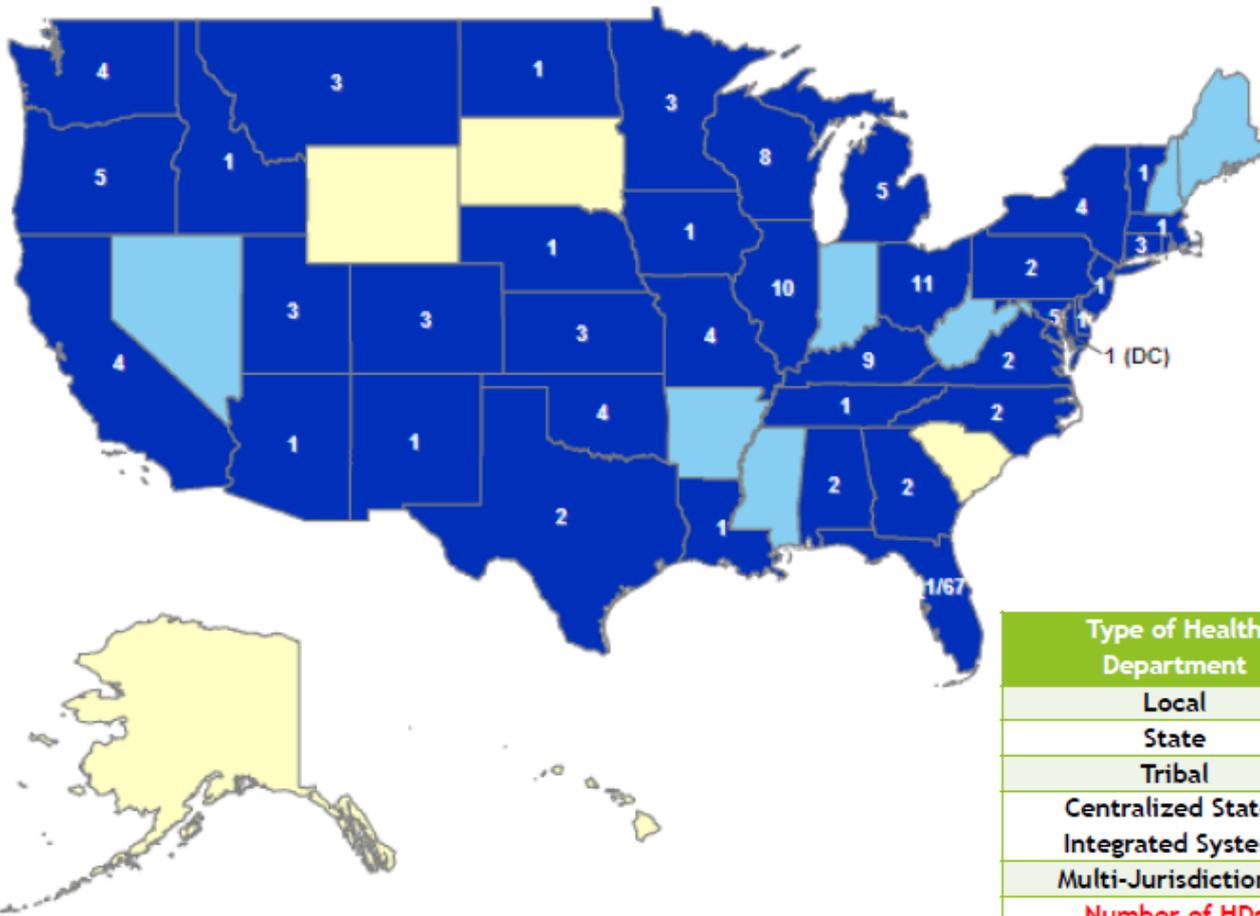
Reports

7

Reaccreditation

# ACCREDITATION STATUS MAP

## Accreditation Activity as of April 2016



| Type of Health Department                         | Accredited          | In Process | Total in e-PHAB |
|---|---------------------|------------|-----------------|
| Local   | 101                 | 149        | 250             |
| State   | 16                  | 17         | 33              |
| Tribal  | .                   | 4          | 4               |
| Centralized States Integrated System <sup>i</sup> | 1/67                | .          | 1/67            |
| Multi-Jurisdictional                              | .                   | 8          | 8               |
| <b>Number of HDs</b>                              | <b>117+1 system</b> | <b>178</b> | <b>296</b>      |
| Population (Unduplicated)                         | 153,999,823         | 76,742,613 | 230,742,436     |

<sup>i</sup>Single accreditation for multiple health departments

Applicant Names are Kept Confidential

# ACCREDITATION FEES

- **January 28, 2016** – PHAB announced a new, pending fee structure to manage and maintain the national accreditation process.
- **December 2015** – The new five-tiered structure was approved by PHAB's Board of Directors.
- Accreditation fees based on the size of the jurisdictional population served by the health department.
- Applicants who submit an application as a Tribal, state, local, or territorial health department after **June 30, 2016** must use the new [five-tiered fee schedule](#).
- Small jurisdictions are concerned about the costs:
  - > Incentives
  - > Grant FOAs
  - > Prevention Block Grant



PHAB

Advancing  
public health  
performance

# RE-ACCREDITATION

- Many accreditation organizations implement a process of repeating the initial accreditation requirements for their reaccreditation.
- PHAB has determined that repeating the original process and requirements of initial accreditation would not further PHAB's goal:
  - > *"to improve and protect the health of the public by advancing and ultimately transforming the quality and performance of state, local, Tribal and territorial public health departments."*
- PHAB's intention is that reaccreditation encourages accredited health departments to become increasingly effective at **improving the health status of the population**. This is the part of PHAB's goal statement for the role of accreditation in **transforming health department performance**.
- PHAB proposes that reaccreditation be fundamentally different than initial accreditation in both the process and the requirements.

# RE-ACCREDITATION REQUIREMENTS

- **Reaccreditation will:**
  - > build on the initial accreditation focus of demonstrating that the health department has processes in place and has capacities;
  - > it will focus on demonstrating capabilities, continuous quality improvement, and transformation.
- **Health departments will be expected to:**
  - > Continue to be in **conformity** with the PHAB Standards and Measures for initial accreditation
    - A method will be developed to ensure that health departments continue remains in conformity with the Standards and Measures under the original accreditation was received.
    - Health departments accredited under Standards and Measures under 1.0, will also have to demonstrate conformity with new requirements adopted in PHAB's Standards and Measures, Version 1.5.
  - > Demonstrate **growth** in their culture of continuous quality improvement and accountability.
- **Measures will be adopted for the demonstration of growth in quality improvement and accountability.**



# PROCESS

- PHAB's **Accreditation Improvement Committee (AIC)** will guide and direct reaccreditation requirements and process.
- The proposed requirements and process will be made available to the public in the **summer of 2016 for review and submission of comments and suggested revisions**. PHAB will also provide educational and vetting opportunities at national meetings, as may be pertinent.
- A **final reaccreditation** set of **requirements** and the reaccreditation process will be adopted by the PHAB Board of Directors in **December 2016**. The requirements and process will be made public at that time.
- The **reaccreditation e-PHAB module will be developed and finalized during the first half of 2017**. The e-PHAB reaccreditation module will be **available** for health departments seeking reaccreditation during the **second half of 2017**.
- **Reaccreditation** applications for the **first group** of health departments will be due in **February of 2018**.

# Emerging Topic – PH 3.0

## ○ Public Health 3.0

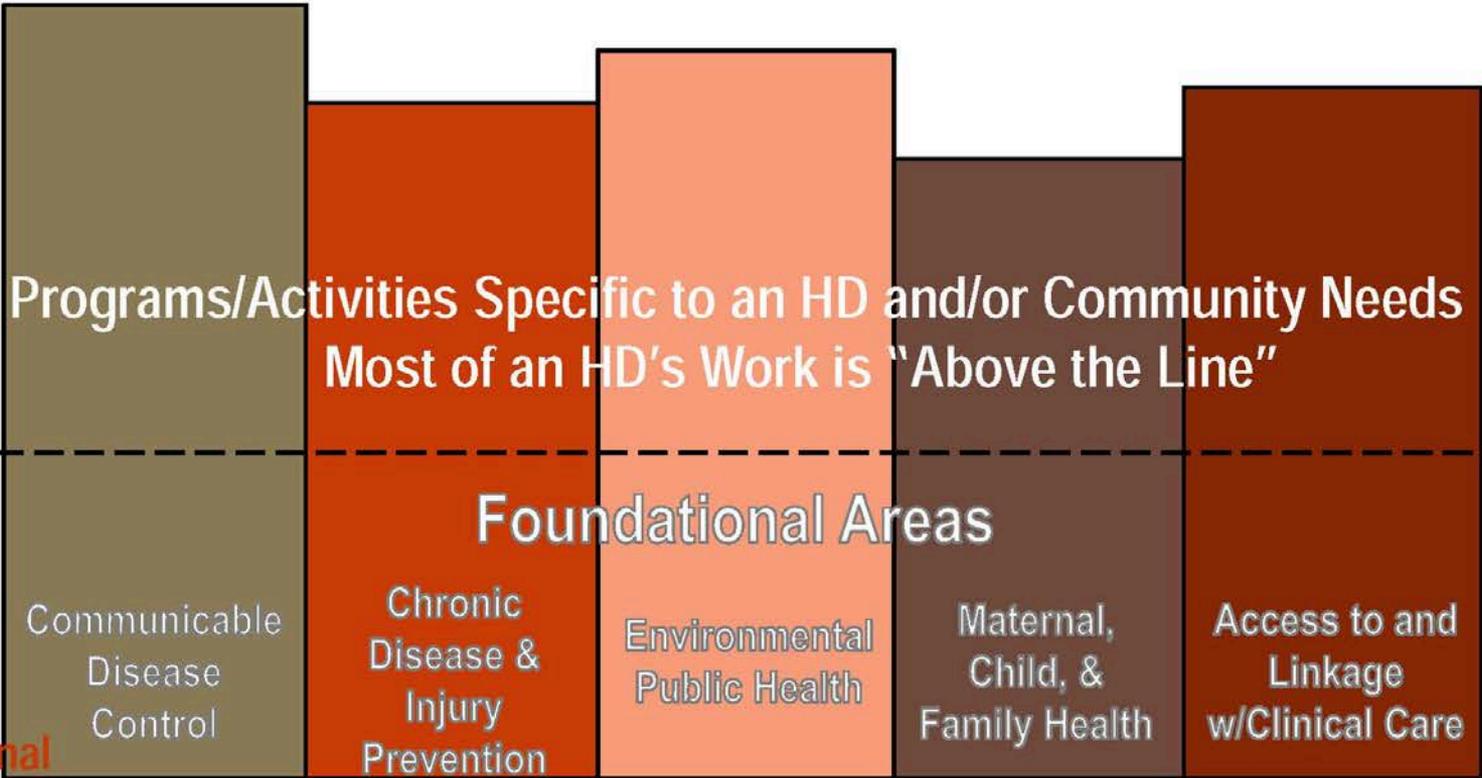
- › Accreditation is 1 of 5

## ○ Major themes in the PHAB standards include:

- › Leadership
- › Planning
- › Community engagement
- › Customer focus
- › Workforce development
- › Evaluation and quality improvement
- › Governance

## ○ Major PHAB Requirements:

- › Community Health Assessment
- › Community Health Improvement Plan
- › Department Strategic Plan
- › Workforce Development Plan
- › Emergency Operations Plan
- › Quality Improvement Plan
- › Performance Mgmt. System
- › Branding Strategy



Foundational  
Public  
Health  
Services

- Assessment (Surveillance, Epidemiology, and Laboratory Capacity)
- All Hazards Preparedness/Response
- Policy Development/Support
- Communications
- Community Partnership Development
- Organizational Competencies (*Leadership/Governance; Health Equity, Accountability/Performance Management, QI; IT; HR; Financial Management; Legal*)

**Foundational Capabilities**

# 2016 CCLHO STRATEGIC MAP

**GOAL A: Provide Evidence-based Advice and Expertise to Stakeholders**

**TRACK OF WORK: Other**

**OBJECTIVES: A-1 Advise Stakeholders About Legislative Public Health Issues**

| Result   | Deadline         | Accountability                                   |
|--|------------------|--|
| <ul style="list-style-type: none"><li>• Develop and adopt policies and procedures to facilitate the prioritization and tracking of legislative activities undertaken by CCLHO. These activities include:<ul style="list-style-type: none"><li>○ Review priority legislation and provide legislative recommendations in a timely manner.</li><li>○ Revise master calendar schedule to align with legislative calendar</li></ul></li></ul> | By December 2016 | CCLHO Exec Committee and Executive Administrator |

**OBJECTIVES: A-4 Promote Health Information Exchange and Access to Data**

| Result   | Deadline      | Accountability       |
|--|---------------|----------------------|
| Health Information & Data (Data) Committee helps LHDs better understand and utilize Meaningful Use Stage 3 requirements                          | December 2016 | Data Committee       |
| Data Committee helps CCLHO and the Health Officers Association of California (HOAC) plan and implement the agenda for the Spring 2016 Conference | April 2016    | Data Committee, HOAC |

## GOAL B: Lead in Public Health Practice and Policy Development

### TRACK OF WORK: Policy and Priorities

### OBJECTIVES: B-1 Identify, Prioritize and Advance High-Impact Public Health Policies

| Result  | Deadline  | Accountability  |
|---|---|---|
| <ul style="list-style-type: none"> <li>Submit analyses and recommendations for at least five bills related to health behaviors and healthy communities.</li> </ul>  | By June 30, 2016  | Chronic Disease Committee   |
| <ul style="list-style-type: none"> <li>Submit analyses and recommendations for at least five bills related to health behaviors and healthy communities.</li> </ul>  | By June 30, 2016  | CCLHO Communicable Disease Control and Prevention (CDCP) Committee                                    |
| <ul style="list-style-type: none"> <li>National Healthcare Safety Network (NHSN) data on Healthcare Associated Infections (HAI) required to be provided by hospitals to the LHD of the jurisdiction they are in.</li> </ul>                                 | Ongoing effort to have this policy implemented at the State and/or National level   | CDCP Committee  |
| <ul style="list-style-type: none"> <li>Expand State requirements for universal testing for TB of teachers and volunteers in schools to universal screening with only targeted testing.</li> </ul>   | By 2016– subject to revision based upon the degree of acceptance of this concept by the State CDPH and Department of Education. | CCLHO CDCP Committee in collaboration with the California Tuberculosis Controllers Association (CTCA) |
| <ul style="list-style-type: none"> <li>Acceptance of the concept of TB treatment as TB prevention by the US Preventive Services Task Force (USPSTF) resulting in the Affordable Care Act (ACA) removing co-pays and other barriers to TB control</li> </ul> | By 2016 – subject to revision based upon the degree of acceptance of this concept by the USPSTF.                                | CCLHO CDCP Committee in collaboration with the CTCA   |

## GOAL B: Lead in Public Health Practice and Policy Development

### TRACK OF WORK: Policy and Priorities

#### OBJECTIVES: B-1 Identify, Prioritize and Advance High-Impact Public Health Policies

| Result  | Deadline             | Accountability   |
|---|----------------------|--|
| <ul style="list-style-type: none"> <li>Broaden the concept of communicable disease control treatment as prevention for other communicable diseases.</li> </ul>  | By 2016              | The CCLHO CDCP Committee in collaboration with CTCA, California Association of Communicable Disease Controllers, and California Sexually Transmitted Disease Controllers Association |
| <ul style="list-style-type: none"> <li>Proactively examine the implications of the ACA on communicable diseases, including: reimbursements to LHDs (for clinical services as well as contact investigations, directly observed therapy, etc.), co-pay issues, and essential health benefits offered by health plans.</li> </ul> | By Dec 2016          | The CCLHO CDCP Committee in collaboration with CCLHO affiliates  |
| <ul style="list-style-type: none"> <li>Strengthening integration and linking to private practice physicians through such mechanisms as improving immunization coverage by adequate reimbursement</li> </ul>   | By Dec 2015          | CCLHO CDCP Committee in collaboration with CCLHO affiliates  |
| <ul style="list-style-type: none"> <li>Complete CCLHO Policy Platform document in an easy-to-use format to communicate CCLHO policy priorities with external stakeholders.</li> <li>Incorporate new format to facilitate use as a communication tool</li> </ul>   | By October 2016      | CCLHO Executive Committee and Executive Administrator  |
| <ul style="list-style-type: none"> <li>Submit analyses and recommendations for at least five bills related to Environmental Health committee priority issues to the Board for consideration</li> </ul>  | By June 30, 2016     | Environmental Health Committee   |
| <ul style="list-style-type: none"> <li>Hold one joint committee meeting between Environmental Health and Communicable Disease to discuss issues affecting both Communicable Disease and Environmental Health</li> </ul>   | By December 2016     | Environmental Health Committee and CDCP Committee  |
| <ul style="list-style-type: none"> <li>Data Committee provides recommendations to the CCLHO Board regarding positions on relevant legislation</li> </ul>  | April 2016, May 2017 | HID Committee  |

## GOAL B: Lead in Public Health Practice and Policy Development

TRACK OF WORK: Policy and Priorities

OBJECTIVES: B-5 Lead Collaboration for Health in All Policies

| Result   | Deadline         | Accountability            |
|--|------------------|---------------------------|
| <ul style="list-style-type: none"><li>Submit analyses and recommendations for at least five bills related to health behaviors and healthy communities.</li></ul> | By June 30, 2016 | Chronic Disease Committee |

# GOAL C: Advance Core Public Health Functions in Local, State and Federal Jurisdictions

## TRACK OF WORK: Value of Public Health

### OBJECTIVES: C-1 Demonstrate Value of Core Public Health Functions to Leaders and the Public

| Result   | Deadline             | Accountability   |
|--|----------------------|--|
| <ul style="list-style-type: none"> <li>Identify and disseminate at least one funding opportunity for chronic disease prevention to local health departments.</li> </ul>  | By December 31, 2016 | Chronic Disease Committee  |
| <ul style="list-style-type: none"> <li>Support at least one initiative developed by the CCLHO/CHEAC Chronic Disease Leadership Project.</li> </ul>   | By December 31, 2016 | Chronic Disease Committee  |
| <ul style="list-style-type: none"> <li>Complete Scope of Work Matrix to help LHDs determine what regulations/laws impact the range of services provided by staff (e.g., PHNs, RNs, medical technicians) doing clinical and communicable disease work.</li> </ul> | By December 31, 2016 | Small Jurisdiction Committee (SJC) Chair, working with Directors of PH Nursing affiliate representative. |
| <ul style="list-style-type: none"> <li>Include at least one agenda item per SJC meeting that focuses on topics that provide support to local health officers.</li> </ul>   | By December 31, 2016 | SJC  |
| <ul style="list-style-type: none"> <li>Include at least one agenda item per SJC meeting that focuses on statewide emerging issues and their unique impact on SJs.</li> </ul>   | By December 31, 2016 | SJC  |
| <ul style="list-style-type: none"> <li>Continue to provide support to HOAC to implement the Public Health Communication Project.</li> </ul>  | By December 31, 2016 | Chronic Disease Committee and SJC representative   |

## GOAL C: Advance Core Public Health Functions in Local, State and Federal Jurisdictions

TRACK OF WORK: Accreditation

OBJECTIVES: C-5 Support Efforts to Achieve National Public Health Accreditation

| Result   | Deadline             | Accountability            |
|--|----------------------|---------------------------|
| <ul style="list-style-type: none"><li>Provide Accreditation updates at semi-annual meetings</li></ul>  | By October 2016      | Executive Administrator   |
| <ul style="list-style-type: none"><li>Develop tools for jurisdictions at all levels of accreditation readiness related to Health Equity, Chronic Disease, Communication/Health Promotion, Branding, and other accreditation requirements</li></ul> | By December 31, 2016 | Chronic Disease Committee |

## GOAL D: Focus on Diverse Outcomes Across Targeted Communities

TRACK OF WORK: None

Objectives: D-1 Work with CDPH to Develop Strategic Health Initiatives for California

| Result  | Deadline          | Accountability                                  |
|---|-------------------|---|
| Begin to develop recommended set of chronic disease indicators for statewide surveillance (Data Committee, Chronic Disease Committee and CDPH). | December 31, 2016 | Data Committee, Chronic Disease Committee, CDPH |

## GOAL D: Focus on Diverse Outcomes Across Targeted Communities

### TRACK OF WORK: Health Equity

#### Objectives: D-2 Promote Health Equity

|  |                      |  |
|--|----------------------|--|
| <ul style="list-style-type: none"><li>• Convene at least one presentation at a quarterly meeting devoted to health equity to help inform public health practice and local health department accreditation efforts.</li></ul>   | By December 31, 2016 | Chronic Disease Committee                                |
| <ul style="list-style-type: none"><li>• Establish and convene a CCLHO Health Equity Workgroup to review, discuss and develop recommendations to CCLHO on how to strengthen the locus within CCLHO for communicating about health equity issues and advance health equity</li></ul> | By December 2016     | CCLHO Exec Committee and Health Equity Workgroup members |
| <ul style="list-style-type: none"><li>• Continue CCLHO representation on the CDPH Office of Health Equity Advisory Committee.</li></ul>  | By December 2016     |  |

## GOAL E: Develop/Sustain CCLHO as an Innovative/Effective Organization

### TRACK OF WORK: External Relationships

#### Objectives: E-2 Enhance Working Relationships Between CCLHO and CHEAC

| Result   | Deadline             | Accountability                              |
|--|----------------------|---|
| <ul style="list-style-type: none"><li>Continue monthly calls between Presidents of CCLHO and CHEAC to discuss common goals and foster alignment of activities.</li></ul> | By December 31, 2016 | CCLHO President and Executive Administrator |
| <ul style="list-style-type: none"><li>Continue representation on at least 29 Advisory Councils and Workgroups.</li></ul>   | By December 31, 2016 | All Membership                              |

## GOAL E: Develop/Sustain CCLHO as an Innovative/Effective Organization

### TRACK OF WORK: Leadership Development

Objectives: E-5 Develop leadership capacity within CCLHO through training, orientation and mentoring

| Result   | Deadline             | Accountability                                   |
|--|----------------------|--|
| <ul style="list-style-type: none"><li>• Convene a new health officer orientation that includes the following topics:<ul style="list-style-type: none"><li>• CDPH program information</li><li>• Legislative process</li><li>• Local Health Officer role and duties</li><li>• CCLHO background and information</li><li>• Provide orientation and resource materials to new local health officers annually.</li></ul></li></ul> | By December 31, 2016 | CCLHO Exec Committee and Executive Administrator |
| <ul style="list-style-type: none"><li>• Provide orientation and resource materials to new local health officers annually.</li></ul>  | By December 31, 2016 | Executive Administrator                          |

# QUESTIONS



# CONTACT INFO

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