

**California FY 2015
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2015

Submitted by: California

DUNS: 799150615

Printed: 1/14/2016 1:18 PM

Governor: Edmund G. Brown Jr.

State Health Officer: Karen L. Smith MD MPH

Block Grant Coordinator:

Hector Garcia

1616 Capitol Avenue, Suite 74.414

PO Box 997377, Mailstop 7208

Sacramento CA 95899-7377

Phone: 916-445-7729

Fax: 916-445-7729

Email: Hector.Garcia@cdph.ca.gov

CDC Work Plan ID: CA 2015 V0 R1

Created on: 7/7/2015

Submitted on: 7/22/2015

Contents	Page
Executive Summary	4
Statutory and Budget Information	5
Statutory Information	5
Budget Detail	6
Summary of Allocations	7
Program, Health Objectives	10
Accountable Communities for Health	10
PHI-15 Health Improvement Plans	10
California Active Communities: Older Adult Falls Prevention	13
IVP-23 Deaths from Falls	14
California Health Alert Network	17
PREP-1 Public Health Emergency Alert	18
California Wellness Plan Implementation	23
PHI-15 Health Improvement Plans	24
Cardiovascular Disease Prevention Program	28
HDS-2 Coronary Heart Disease Deaths	28
Commodity-Specific Surveillance: Food & Drug Program	32
FS-2 Outbreak-Associated Infections Associated with Food Commodity Groups	33
Community Water Fluoridation Implementation Project	35
OH-13 Community Water Fluoridation	36
Emergency Medical Dispatch Program/EMS Communications	40
AHS-8 Rapid Prehospital Emergency Care (EMS)	41
EMS for Children	44
AHS-8 Rapid Prehospital Emergency Care (EMS)	45
EMS Health Information Exchange	48
AHS-8 Rapid Prehospital Emergency Care (EMS)	48
EMS Partnership for Injury Prevention and Public Education	51
AHS-8 Rapid Prehospital Emergency Care (EMS)	52
EMS Poison Control System	55
IVP-9 Poisoning Deaths	56
EMS Prehospital Data and Information Services and Quality Improvement Program	58
AHS-8 Rapid Prehospital Emergency Care (EMS)	59
EMS STEMI and Stroke Systems	63
AHS-8 Rapid Prehospital Emergency Care (EMS)	64
EMS Systems Planning and Development	67
AHS-8 Rapid Prehospital Emergency Care (EMS)	68
EMS Trauma Care Systems	72
AHS-8 Rapid Prehospital Emergency Care (EMS)	73

Let's Get Healthy California Dashboard and Website	77
PHI-14 Public Health System Assessment	77
Microbial Diseases Laboratory Branch/Select Agent and Biosafety	81
PHI-11 Public Health Agencies Laboratory Services	81
Microbial Diseases Laboratory Branch/Valley Fever	85
PHI-11 Public Health Agencies Laboratory Services	86
Nutrition Education and Obesity Prevention Branch	89
NWS-10 Obesity in Children and Adolescents	90
Office of AIDS: Re-engagement in HIV Care and Partner Services Using HIV Surveillance Data	94
HIV-1 HIV Diagnoses	94
Office of Health Equity	97
ECBP-11 Culturally Appropriate Community Health Programs	97
Office of Quality Performance and Accreditation	101
PHI-17 Accredited Public Health Agencies	102
Prescription Drug Overdose Surveillance Project	106
IVP-9 Poisoning Deaths	107
Preventive Medicine Residency Program	110
PHI-1 Competencies for Public Health Professionals	111
Rape Prevention Program	114
IVP-40 Sexual Violence (Rape Prevention)	114
Receptor Binding Assay for Paralytic Shellfish Poisoning Control	117
EH-22 Monitoring Diseases Caused by Exposure to Environmental Hazards	118
Safe and Active Communities Branch	120
IVP-11 Unintentional Injury Deaths	121

Executive Summary

This is California's Preventive Health and Health Services Block Grant (PHHSBG) Work Plan for Federal Fiscal Year (FFY) 2015. California plans to expend these funds in State Fiscal Year (SFY) 15/16 (July 1, 2015 – June 30, 2016).

The PHHSBG is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC). The California Department of Public Health (CDPH) is designated as the principal state agency for the allocation and administration of the PHHSBG within the State of California.

The PHHSBG Advisory Committee (AC) recommended that PHHSBG funds be used to support primary and secondary prevention programs. Secondary prevention includes prevention of future injury among the injured population. California adhered to federal requirements that the PHHSBG Advisory Committee (AC) review and approve the FFY 2015 Work Plan. The AC voted unanimously to approve it during the June 3, 2015, AC Meeting. As is required, the State Plan was made available to the public and public comments were requested. Members of the public were invited to attend the June 4, 2015 Public Hearing and/or submit written comments. CDPH did not receive any verbal or written comments.

PHHSBG funds will be used for the development and implementation of programs and activities to decrease the morbidity and mortality that results from preventable disease and injury; and to optimize the health and well-being of the people in California.

Funding Assumptions - The FFY 2015 State Plan is based on CDC's total award of \$10,335,868. The Rape Set-aside program receives \$832,969 of the total award, which leaves a balance of \$9,502,899 (Base Award). PHHSBG Administrative Costs are 10% (or \$950,289) of the remaining balance; and will be used to support administering the program, including providing administrative, budgetary, fiscal, and technical assistance to 27 PHHSBG Programs. The remaining funds (\$8,552,610) are distributed between CDPH and the Emergency Medical Services Authority (EMSA), with CDPH receiving 70 percent and EMSA receiving 30 percent of the base award. The 70/30 funding split is based on the historical categorical distribution.

Funding Priority: State Plan (2015)

Statutory Information

Advisory Committee Member Representation:

College and/or university, Community-based organization, Community health center, County and/or local health department

Dates:

Public Hearing Date(s):

3/19/2015

6/4/2015

Advisory Committee Date(s):

3/17/2015

6/3/2015

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for CA 2015 V0 R1

Total Award (1+6)	\$10,335,868
A. Current Year Annual Basic	
1. Annual Basic Amount	\$9,502,899
2. Annual Basic Admin Cost	(\$950,289)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$8,552,610
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$832,969
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$832,969
(9.) Total Current Year Available Amount (5+8)	\$9,385,579
C. Prior Year Dollars	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
13. Total Available for Allocation (5+8+12)	\$9,385,579

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$8,552,610
Sex Offense Set Aside	\$832,969
Available Current Year PHHSBG Dollars	\$9,385,579
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0
C. Total Funds Available for Allocation	\$9,385,579

Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Accountable Communities for Health	PHI-15 Health Improvement Plans	\$208,600	\$0	\$208,600
Sub-Total		\$208,600	\$0	\$208,600
California Active Communities: Older Adult Falls Prevention	IVP-23 Deaths from Falls	\$612,788	\$0	\$612,788
Sub-Total		\$612,788	\$0	\$612,788
California Health Alert Network	PREP-1 Public Health Emergency Alert	\$358,551	\$0	\$358,551
Sub-Total		\$358,551	\$0	\$358,551
California Wellness Plan Implementation	PHI-15 Health Improvement Plans	\$503,900	\$0	\$503,900
Sub-Total		\$503,900	\$0	\$503,900
Cardiovascular Disease Prevention Program	HDS-2 Coronary Heart Disease Deaths	\$524,819	\$0	\$524,819
Sub-Total		\$524,819	\$0	\$524,819
Commodity-Specific Surveillance: Food & Drug Program	FS-2 Outbreak-Associated Infections Associated with Food Commodity Groups	\$140,000	\$0	\$140,000
Sub-Total		\$140,000	\$0	\$140,000
Community Water Fluoridation Implementation Project	OH-13 Community Water Fluoridation	\$260,560	\$0	\$260,560
Sub-Total		\$260,560	\$0	\$260,560
Emergency Medical Dispatch Program/EMS Communications	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$90,711	\$0	\$90,711
Sub-Total		\$90,711	\$0	\$90,711
EMS for Children	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$123,800	\$0	\$123,800
Sub-Total		\$123,800	\$0	\$123,800
EMS Health Information Exchange	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$389,580	\$0	\$389,580
Sub-Total		\$389,580	\$0	\$389,580

EMS Partnership for Injury Prevention and Public Education	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$78,515	\$0	\$78,515
Sub-Total		\$78,515	\$0	\$78,515
EMS Poison Control System	IVP-9 Poisoning Deaths	\$108,691	\$0	\$108,691
Sub-Total		\$108,691	\$0	\$108,691
EMS Prehospital Data and Information Services and Quality Improvement Program	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$595,573	\$0	\$595,573
Sub-Total		\$595,573	\$0	\$595,573
EMS STEMI and Stroke Systems	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$269,178	\$0	\$269,178
Sub-Total		\$269,178	\$0	\$269,178
EMS Systems Planning and Development	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$651,198	\$0	\$651,198
Sub-Total		\$651,198	\$0	\$651,198
EMS Trauma Care Systems	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$258,536	\$0	\$258,536
Sub-Total		\$258,536	\$0	\$258,536
Let's Get Healthy California Dashboard and Website	PHI-14 Public Health System Assessment	\$280,000	\$0	\$280,000
Sub-Total		\$280,000	\$0	\$280,000
Microbial Diseases Laboratory Branch/Select Agent and Biosafety	PHI-11 Public Health Agencies Laboratory Services	\$150,000	\$0	\$150,000
Sub-Total		\$150,000	\$0	\$150,000
Microbial Diseases Laboratory Branch/Valley Fever	PHI-11 Public Health Agencies Laboratory Services	\$319,500	\$0	\$319,500
Sub-Total		\$319,500	\$0	\$319,500
Nutrition Education and Obesity Prevention Branch	NWS-10 Obesity in Children and Adolescents	\$468,039	\$0	\$468,039
Sub-Total		\$468,039	\$0	\$468,039
Office of AIDS: Re-engagement in HIV Care and Partner Services Using HIV Surveillance Data	HIV-1 HIV Diagnoses	\$375,000	\$0	\$375,000

Sub-Total		\$375,000	\$0	\$375,000
Office of Health Equity	ECBP-11 Culturally Appropriate Community Health Programs	\$491,688	\$0	\$491,688
Sub-Total		\$491,688	\$0	\$491,688
Office of Quality Performance and Accreditation	PHI-17 Accredited Public Health Agencies	\$187,500	\$0	\$187,500
Sub-Total		\$187,500	\$0	\$187,500
Prescription Drug Overdose Surveillance Project	IVP-9 Poisoning Deaths	\$140,000	\$0	\$140,000
Sub-Total		\$140,000	\$0	\$140,000
Preventive Medicine Residency Program	PHI-1 Competencies for Public Health Professionals	\$528,464	\$0	\$528,464
Sub-Total		\$528,464	\$0	\$528,464
Rape Prevention Program	IVP-40 Sexual Violence (Rape Prevention)	\$832,969	\$0	\$832,969
Sub-Total		\$832,969	\$0	\$832,969
Receptor Binding Assay for Paralytic Shellfish Poisoning Control	EH-22 Monitoring Diseases Caused by Exposure to Environmental Hazards	\$192,500	\$0	\$192,500
Sub-Total		\$192,500	\$0	\$192,500
Safe and Active Communities Branch	IVP-11 Unintentional Injury Deaths	\$244,919	\$0	\$244,919
Sub-Total		\$244,919	\$0	\$244,919
Grand Total		\$9,385,579	\$0	\$9,385,579

State Program Title: Accountable Communities for Health

State Program Strategy:

Goals: (1) Optimize the health and well-being of the people in California. (2) Improve community-wide health outcomes and reduce disparities with regard to particular chronic diseases; (3) Reduce costs; and (4) Through a Wellness Fund, develop financing mechanisms to sustain Accountable Communities for Health (ACHs).

Health Priorities: By providing guidance and resources to local public health departments and partner organizations, ACH staff will develop and sustain ACHs (collaboratives of the major health care systems, providers, and health plans, along with public health, key community and social services organizations, schools, and other partners serving a particular geographic area) within local health jurisdictions.

Role of Block Grant Funds: PHHSBG funds support staff salaries and ACH development to improve population health. A Staff Services Analyst and Health Program Specialist I will be hired by approximately August 30, 2015.

Primary Strategic Partnerships

Internal

- Health and Human Services Agency
- California Department of Public Health
- California Department of Finance
- California Department of Health Care Services
- California Department of Social Services

External

- Blue Shield of California Foundation
- Conference of Local Health Officers
- Kaiser Foundation
- Sierra Health Foundation
- The California Endowment

Evaluation Methodology: ACH staff will measure progress toward reaching ACH goals with process evaluation (input and feedback from partners and stakeholders via in-person meetings, online surveys, calls, and e-mails) and performance evaluation (monitoring selected performance metrics in collaboration with state partners).

State Program Setting:

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Medical or clinical site, Parks or playgrounds, Schools or school district, Senior residence or center, State health department, Tribal nation or area, University or college, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: vacant

Position Title: Staff Services Analyst

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: vacant

Position Title: Health Program Specialist I

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2

Total FTEs Funded: 2.00

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 10/2014 and 09/2015,

1. Increase the percentage of adults who report their overall health status to be good, very good, or excellent from baseline of 82 percent to 85 percent.
2. Increase the percentage of 24–64 year old adults in good or better health from baseline of 81 percent to 85 percent.
3. Increase the percentage of adults 65 years and older in good or better health from baseline of 76 percent to 78 percent.
4. Decrease the percentage of adults in fair or poor health from baseline of 21 percent to 18 percent for African Americans and from baseline of 28 percent to 25 percent for Hispanics.

Baseline:

1. *In 2013, 81 percent of adults reported their overall health status to be good, very good, or excellent.*
2. *In 2013, 81 percent of 24–64-year-old adults reported to be in good or better health.*
3. *In 2013, 75 percent of adults 65 years and older reported to be in good or better health.*
4. *In 2013, 20 percent of African-American adults and 29 percent of Hispanic adults reported to be in fair or poor health.*

Data Source:

- Centers for Disease Control and Prevention (CDC)
- Behavioral Risk Factor Surveillance System (BRFSS) 2013

State Health Problem:

Health Burden:

Chronic diseases and unintentional injury are the leading causes of death, disability, and diminished quality of life in California. These conditions impact some populations more than others, with advancing age (**disparate population**) being one risk factor, resulting in significant inequities in health outcomes and quality of life within California's local health jurisdictions (**target population**).

Target Population:

Number: 400,000

Infrastructure Groups: State and Local Health Departments, Community Based Organizations, Health Care Systems, Research and Educational Institutions

Disparate Population:

Number: 50,000

Infrastructure Groups: State and Local Health Departments, Community Based Organizations, Health Care Systems, Research and Educational Institutions

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Sustainable Investments in Health: Prevention and Wellness Funds: A Primer on their Structure, Function & Potential (Prevention Institute, January 2015)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$208,600

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Pilot Accountable Communities for Health.

Between 10/2014 and 09/2015, ACH staff will develop **at least five** resources, (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.

Annual Activities:

1. Assess CDPH resources.

Between 10/2014 and 09/2015, ACH staff will develop one toolkit on best practices in collaboration with partners, to be posted online in June 2016 to encourage further ACH implementation.

2. Develop toolkit.

Between 10/2014 and 09/2015, ACH staff will develop one toolkit on best practices in collaboration with partners, to be posted online in June 2016 to encourage further ACH implementation.

3. Develop working definition of public health role.

Between 10/2014 and 09/2015, ACH staff will develop one working definition of the public health role in establishing ACHs in California, with input from programs and partners, since it will serve as the working definition for public health as the public-private partnership pilot in California begins to roll out in July 2015.

4. Encourage prevention.

Between 10/2014 and 09/2015, ACH staff will participate in at least two pilot partner convenings to ensure collective impact in prevention, and leverage all partnerships, including in-person and virtual participation in the statewide chronic-disease prevention Community of Practice, to enhance the efforts of the ACH pilot.

5. Participate in the development of metrics and evaluation framework for pilot.

Between 10/2014 and 09/2015, ACH staff will develop one set of metrics and an evaluation framework, to ensure that ACH pilot efforts effectively address chronic disease for target and high-risk populations.

State Program Title: California Active Communities: Older Adult Falls Prevention

State Program Strategy:

Goal: Decrease falls in California by promoting safe physical activity and fall-prevention skills among older adults of all ethnicities and abilities.

Health Priorities: The California Wellness Plan 2014 seeks to decrease the annual incidence rate of fall-related deaths among adults age 65 and older in California from 39 to 29 per 1,000 by 2020.

Role of Block Grant Funds: PHHSBG funds will be used to (1) Pay staff salaries, (2) Train individuals from local health departments (LHDs) and local agencies and organizations so they can conduct the Tai Chi: Moving for Better Balance (TCMBB) and Stepping On (SO) fall-prevention programs; (3) Conduct TCMBB and SO workshops for older adults; (4) Build LHD and local-agency capacity to sustain fall-prevention services; (5) Increase knowledge of universal design and older-adult mobility issues; (6) Produce a Return on Investment (ROI) report featuring evidence-based, older-adult, fall-prevention programs.

Primary Strategic Partnerships

Internal

- Chronic Disease Control Branch
- California Obesity Prevention Program
- Health in All Policies Program

External

- Archstone Foundation
- California Department of Aging
- Fall Prevention Center for Excellence
- Local public health departments
- Stanford University
- University of California

Evaluation Methodology: EpiCenter data will be used to evaluate changes in the death rate due to unintentional falls in older adults. Process evaluation will measure the extent to which objectives are met (e.g., number of trainings conducted, number of participants trained). Impact evaluation will assess outcomes using multiple measures, including training evaluations administered to determine knowledge and skills improvement and reported use of materials.

State Program Setting:

Community based organization, Local health department, State health department

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Stacy Alamo Mixson

Position Title: Health Program Manager II

State-Level: 25% Local: 0% Other: 0% Total: 25%

Position Name: Vacant

Position Title: Health Program Manager III

State-Level: 25% Local: 0% Other: 0% Total: 25%

Position Name: Holly Sisneros, MPH

Position Title: Health Education Consultant III

State-Level: 30% Local: 30% Other: 0% Total: 60%

Position Name: Karissa Anderson

Position Title: Health Program Specialist I

State-Level: 45% Local: 30% Other: 0% Total: 75%

Position Name: Claudia Angel

Position Title: Office Technician

State-Level: 50% Local: 0% Other: 0% Total: 50%

Total Number of Positions Funded: 5
Total FTEs Funded: 2.35

National Health Objective: HO IVP-23 Deaths from Falls

State Health Objective(s):

Between 10/2014 and 09/2015, maintain California baseline death rate of 36.8 per 100,000 population aged 65 years and older due to unintentional falls.

Baseline:

36.8 deaths per 100,000 population aged 65 years and older were caused by unintentional falls in 2013.

Data Source:

EpiCenter: California Injury Data Online, CDPH-OVR-DSM

State Health Problem:

Health Burden:

California has more than 4.7 million adults over age 65, the largest older-adult population in the nation; falls cause 41 percent of the injury deaths and 70 percent of injury-related hospitalizations among seniors. In 2013, 1,733 Californians ages 65 and older died from a fall, 74,165 were hospitalized for fall-related injuries, and 196,513 were treated for falls in emergency departments. The **target** and **disparate populations** are the same: adults ages 65 years and older.

Target Population:

Number: 4,710,658

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 4,710,658

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: EpiCenter: California Injury Data Online, CDPH-OVR-DSM

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: • CDC recognizes Tai Chi: Moving for Better Balance and the Stepping On Programs as evidence-based interventions for falls prevention

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$612,788

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$225,000

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Conduct fall-prevention classes for older adults.

Between 10/2014 and 09/2015, SACB staff will conduct **a minimum of 20** SO Program or TCMBB Program community-based classes to prevent falls by promoting strength and balance among older adults at risk for falls.

Annual Activities:

1. Fund local health departments to provide fall-prevention classes to older adults.

Between 10/2014 and 09/2015, SACB staff will provide funding to eight local health departments, to implement and evaluate community-based SO and TCMBB Program classes for older adults within their jurisdictions.

Objective 2:

Disseminate fall-prevention information.

Between 10/2014 and 09/2015, SACB staff will distribute one “Return on Investment (ROI) Report for Older Adult Fall Prevention” to **at least 100** policymakers and stakeholders.

Annual Activities:

1. Conduct a cost-benefit analysis.

Between 10/2014 and 09/2015, SACB staff will conduct one cost-benefit analysis based on a review of existing data on the prevalence and cost of older adult falls in California and existing scientific literature on evidence-based prevention programs to determine the economic benefits of implementing fall-prevention programs.

2. Develop and disseminate the report.

Between 10/2014 and 09/2015, SACB staff will develop and distribute the ROI Report to a minimum of 100 policymakers and stakeholders, to inform them of the potential economic benefits of implementing fall-prevention programs in California.

Objective 3:

Implement the Stepping On Program.

Between 10/2014 and 09/2015, SACB staff will provide funding, training, and technical assistance to **15** LHD staff or their designees as new SO Leaders/Master Trainers, so they may conduct the program for older adults at moderate risk for falls.

Annual Activities:

1. Fund local health departments to participate in Stepping On Program training.

Between 10/2014 and 09/2015, SACB staff will conduct a selection process and provide funding for a minimum of 15 LHD staff or their designees to participate in SO Program leader trainings.

2. Conduct Stepping On Program training activities.

Between 10/2014 and 09/2015, SACB 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.

Objective 4:

Increase ability to implement the Tai Chi: Moving for Better Balance Program.

Between 10/2014 and 09/2015, SACB staff will provide funding, training, and technical assistance to **15** LHD staff or their designees as new TCMBB Program Instructors/Master Trainers, so they may conduct the program for older adults at risk for falls.

Annual Activities:

1. Fund local health departments to participate in TCMBB Program training.

Between 10/2014 and 09/2015, SACB staff will conduct a selection process and provide funding for a minimum of 15 LHD staff or their designees to participate in TCMBB Program instructor training.

2. Conduct TCMBB Program training activities.

Between 10/2014 and 09/2015, SACB staff will conduct at least one two-day training, to certify LHD staff 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.

Objective 5:

Promote universal design and older-adult mobility in community planning.

Between 10/2014 and 09/2015, SACB staff will provide funding, training, and technical assistance to **eight** LHDs, to increase their knowledge of universal-design elements and mobility issues, and increase their ability to work with community planners for the benefit of older adults in their communities.

Annual Activities:

1. Fund local health departments to participate in training.

Between 10/2014 and 09/2015, SACB staff will conduct a selection process and provide funding to eight LHDs, so staff can participate in universal design and older-adult mobility training.

2. Conduct training activities.

Between 10/2014 and 09/2015, SACB staff will conduct at least eight trainings for LHD staff and provide support webinars and technical assistance consultations, to increase their knowledge of universal-design elements and mobility issues, and increase their ability to work with community planners to promote related programs, planning, and policies.

State Program Title: California Health Alert Network

State Program Strategy:

Goals: Direct specific and targeted alerts around the clock to those who can act on the information. Two main *Healthy People 2020* goals are to ensure (1) situational awareness and (2) timely and effective communications.

Health Priorities: California is at risk from large-scale public health impacts from disease outbreaks, natural disasters, and terrorist attacks. The California Health Alert Network (CAHAN), California's public health alerting and notification system, provides round-the-clock, web-based notification for health alerts, dissemination of treatment and prevention guidance, and coordinating of disease investigation efforts in a time-critical manner.

Role of Block Grant Funds: PHHSBG funding will cover (1) a significant portion of the CAHAN information system contract for 2015–16; (2) quality-improvement initiatives within the program's preparedness objectives; and (3) two positions dedicated to disaster information management and coordination.

Primary Strategic Partnerships

Internal

- CDPH centers and programs

External

- Baja California, Mexico
- States of Arizona, Nevada, and Oregon
- California Association of Health Facilities
- California Conference of Local Health Officers
- California Consortium of Urban Indian Health
- California Governor's Office of Emergency Services
- California Health and Human Services Agency
- California Hospital Association
- California Primary Care Association and Clinic Consortia
- California Rural Indian Health Board
- Centers for Disease Control and Prevention

Evaluation Methodology: CAHAN program staff will capture quantitative data, such as user populations, alert frequency and types, policy compliance, and tribal participation, through reports directly generated by the CAHAN system.

State Program Setting:

Community health center, Local health department, Medical or clinical site, Schools or school district, Senior residence or center, State health department, Tribal nation or area, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Kala Haley

Position Title: Associate Governmental Program Analyst

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Hannah Strom-Martin

Position Title: Associate Governmental Program Analyst

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2

Total FTEs Funded: 2.00

National Health Objective: HO PREP-1 Public Health Emergency Alert

State Health Objective(s):

Between 10/2014 and 09/2015, CAHAN staff intends to:

1. Implement a new online alerting and notification system for CAHAN.
2. Develop policies, procedures, terms of use, messaging templates and guidelines, and outreach materials for local jurisdictions to make best use of the new system.
3. Build program capabilities for targeted, actionable alerting and notification.
4. Implement an online collaborative work space for sharing best practices, guidelines, and tools for emergency preparedness and response for state and local public health partners.
5. Increase California tribal participation in CAHAN by 15 percent.

Baseline:

- *There are 34,064 CAHAN users, including participants from acute care hospitals, local public and environmental health departments, clinics, and skilled nursing facilities across California.*
- *CDPH has maintained at least 99.8 percent availability of the CAHAN web application during previous measurement periods.*
- *Existing policies and procedures are not compatible with the new alerting and notification system's structure, and are being tailored to reflect the new system's capabilities and organization.*
- *Efforts for targeted alerting are broad and categorical, resulting in decreasing response rates from participants. For example, response rates for Ebola-related conference calls for local health departments and health care facilities averaged a 17-percent response rate between October 15 and December 15, 2015.*
- *Local jurisdictions stored an average of 133 documents per jurisdiction in the CAHAN document library, which is being phased out; however, only 11 local jurisdictions accessed ten or more of those documents between May 1 and October 31, 2015.*
- *Of the 34,064 CAHAN users, only 170—less than 0.5 percent of the total—are associated with a tribal group.*

Data Source:

- CDC Public Health Emergency Preparedness (PHEP) Cooperative Agreement Budget Period 3 (BP3) Progress Update for July 1, 2014–June 30, 2015
- CAHAN Alert History Logs, October 2014–present
- CAHAN Document Library Report, January 2015

State Health Problem:

Health Burden:

California's disasters often have public health and medical impact. Public and private organizations must work together to form a system able to successfully respond to the public health and medical consequences of disasters.

CAHAN maintains a round-the-clock, web-based, accessible application for alert and notification; health-alert distribution; and dissemination of treatment and prevention guidelines. CAHAN also provides a platform for coordination of disease investigation efforts, preparedness planning, and other initiatives that strengthen state and local preparedness. CDPH's success during public health and medical responses often depends on information shared through CAHAN.

Preparedness is a new objective within the *Healthy People 2020* Initiative. The goal of preparedness is to improve capability and capacity to prevent, prepare for, respond to, and recover from public health emergencies and other disasters with public health impacts.

The **target population** includes the strategic partners listed above as well as all CAHAN users and enrolled recipients, potentially the entire population of California. There are over 34,064 program participants. The **target** and **disparate populations** are the same.

Target Population:

Number: 38,802,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 38,802,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: U.S. Census Bureau: State and County Quick Facts:

<http://quickfacts.census.gov/qfd/states/06000.html> Accessed April 21, 2015

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: • CDC (2012). Health Alert Network (HAN): CDC Program Descriptions and Best Practices, Version 1.9, January 12, 2012.

• CDC (2010). Public Health Information Network (PHIN) Requirements, Version 2.01, April 30, 2010.

• CDC, Public Health Information Network (2009). Public Health Information Network Communications and Alerting Guide, Version 1.1, March 17, 2009.

• CDC, Office of Public Health Preparedness and Response (2011). Public Health Preparedness Capabilities: National Standards for State and Local Planning, March 2011.

• National Institutes of Standards and Technology (NIST), Special Publication 800 53 Rev. 4, Security and Privacy Controls for Federal Information Systems and Organizations, 2013.

• DHHS, Office of the Assistant Secretary for Preparedness and Response, Hospital Preparedness Program (2012). National Guidance for Healthcare System Preparedness, January 2012. Available at: <http://www.phe.gov/Preparedness/planning/hpp/reports/Documents/capabilities.pdf>.

• DHHS. Public Health System, Finance, and Quality Program (<http://www.hhs.gov/ash/initiatives/quality/index.html>).

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$358,551

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Develop processes to provide consistent message and alerting platform.

Between 10/2014 and 09/2015, CAHAN program staff will develop **four** resources: one local user guideline, one state-level user guideline, one training course for HAN administrators, and one training course for end users, to provide consistent message and alerting platforms for use by local jurisdictions, health care partners, and state emergency-response partners.

Annual Activities:

1. Integrate updated policies and procedures into new system.

Between 10/2014 and 09/2015, CAHAN program staff will update the former alerting and notification-system policies and procedures, to reflect the new system features, as well as build new policies and procedures and develop related outreach materials, to guide statewide CAHAN administrators on use of the new system.

2. Train CAHAN administrators on new guidelines.

Between 10/2014 and 09/2015, CAHAN program staff will conduct at least four webinar training sessions, to review new policies, procedures, and terms of use with CAHAN administrators located across California. These trainings are designed to acclimate CAHAN administrators to the best practices of the new system.

3. Implement new system policies.

Between 10/2014 and 09/2015, CAHAN program staff will work with local health jurisdictions, health care partners, and state emergency-response partners, to assist them in using the new CAHAN system and to provide feedback to those partners through periodic reviews and audits of system use.

Objective 2:

Improve program alerting and notification capacity.

Between 10/2014 and 09/2015, CAHAN program staff will establish **a minimum of 24** program capabilities for targeted, actionable alerting and notification by identifying one individual for each required local and hospital notification position, and establishing a minimum of four scenario-specific alerting matrices.

Annual Activities:

1. Identify subject-matter expertise fields for state and local partner use.

Between 10/2014 and 09/2015, CAHAN program staff will meet with a minimum of four state agencies and 30 local jurisdictions, to identify individuals who will fill required local and hospital alerting positions and additional subject matter experts (SMEs) who should be targeted with topic-specific or scenario-specific alerts. These individuals should be able to act upon an emergency notification.

2. Establish scenario-specific alerting policies.

Between 10/2014 and 09/2015, CAHAN program staff with subject-matter expertise will create two policies and procedures documents (one for local use and one for state-level use designed for specific alerting scenarios [e.g., natural disaster, infectious disease]).

3. Develop scenario-specific alerting matrix.

Between 10/2014 and 09/2015, CAHAN program staff will develop one matrix of alerting scenarios (e.g., natural disaster, infectious disease), for the 61 HAN coordinators to use in scenario-specific alerting.

Objective 3:

Increase participation of California tribes.

Between 10/2014 and 09/2015, CAHAN program staff will increase the percent of California tribal participation in the CAHAN program by increasing tribal participation beyond the singular tribal clinic consortium (representing six rural tribes) currently involved, from 6 percent to **15 percent**.

Annual Activities:

1. Conduct outreach to tribes.

Between 10/2014 and 09/2015, CAHAN program staff will establish contacts and discuss CAHAN participation with at least 16 California tribes (out of 109 federally recognized tribes), and demonstrate the CAHAN system use and benefits.

2. Develop tribe-specific structure in the CAHAN system.

Between 10/2014 and 09/2015, CAHAN program staff will build a structure into the new CAHAN system that suits tribal needs and increase functionality for tribal alerting and notification.

3. Acclimate tribal partners to the new system.

Between 10/2014 and 09/2015, CAHAN program staff will lead one training session, to acclimate tribal participants to the new CAHAN system use and features.

Objective 4:

Replace alerting and notification system.

Between 10/2014 and 09/2015, CAHAN program staff will implement **one** new online alerting and notification system to replace the existing CAHAN system, which will be obsolete after December 2015.

Annual Activities:

1. Develop training materials for new alerting and notification system.

Between 10/2014 and 09/2015, CAHAN program staff will develop online and printed training materials to educate over 800 state, local, and hospital CAHAN administrators about the new system's functionality, structure, and features.

2. Conduct outreach to additional emergency-preparedness and response staff.

Between 10/2014 and 09/2015, CAHAN program staff will collaborate with the approximately 80 state and local CAHAN administrators to identify additional emergency-preparedness and response stakeholders not enrolled in the existing system.

3. Schedule alerting and notification system drills.

Between 10/2014 and 09/2015, CAHAN program staff will conduct two continuity drills, two tribal drills, four quarterly assembly drills, and one Statewide Medical and Health Exercise drill via the new system, to ensure functionality.

4. Develop alerting lists for Emergency Response Teams.

Between 10/2014 and 09/2015, CAHAN program staff will develop six readily available alerting lists consisting of department staff members on the Emergency Response Teams as developed by the EPO. These teams staff the Medical Health Crisis Center or the State Operations Center during emergency operations, and therefore must be immediately alertable in the event of an emergency.

5. Identify enhanced CAHAN involvement for partners.

Between 10/2014 and 09/2015, CAHAN program staff will connect with state agencies that are part of the coordination framework for the Emergency Function for Public Health and Medical Services (EF 8), an annex to the California State Emergency Plan, to assist key staff to register for and proficiently use the new CAHAN system.

Objective 5:

Update online document library.

Between 10/2014 and 09/2015, CAHAN program staff will implement **one** online collaborative workspace for public health response partners in 61 local health jurisdictions, to replace the document library found in the former CAHAN system.

Annual Activities:

1. Develop collaborative workspace.

Between 10/2014 and 09/2015, CAHAN program staff will develop workspace design, layout, and features, to facilitate collaboration on emergency plans, grant documents, and other essential materials.

2. Conduct training for work space use.

Between 10/2014 and 09/2015, CAHAN program staff will instruct workspace participants (approximately 80 HAN coordinators and alternates) on the site's features and uses, to increase their ease of use.

3. Implement workspace collaboration statewide.

Between 10/2014 and 09/2015, CAHAN program staff will make the site available to state and local partners (approximately 80 HAN coordinators and alternates), to increase information sharing (an objective set by CDC for public health emergency preparedness).

State Program Title: California Wellness Plan Implementation

State Program Strategy:

Goals:

1. Equity in Health and Well-being (overarching),
2. Healthy Communities,
3. Optimal Health Systems Linked with Community Prevention,
4. Accessible and Usable Health Information, and
5. Prevention Sustainability and Capacity.

Health Priorities: Prevent and reduce chronic disease in California. An estimated 14 million Californians live with at least one chronic condition; more than half of this group have multiple chronic conditions. Chronic disease and injury not only cause the majority of deaths, but also contribute to poor quality of life, disability, and premature death. In 2010, approximately \$98 billion was the estimated cost of treating arthritis, asthma, cardiovascular disease, diabetes, cancer, and depression in California, 42 percent of California’s health care expenditures.

Role of Block Grant Funds: PHHSBG funds support staff salaries, state-level monitoring, communication, policy, and coordination capacity, including health economic analysis, analysis of survey results, and disseminating reports to advance chronic disease prevention.

A Health Economist will be hired by June 1, 2015.

Primary Strategic Partnerships

Internal

- California Department of Public Health
- California Department of Aging
- California Department of Education
- California Department of Finance
- California Department of Health Care Services
- Office of the Medical Director
- Office of Health Information Technology
- Every Woman Counts Program
- Mental Health Program

External

- Active Living Research
- Afterschool Alliance
- AHEAD Advocates for Health
- Alzheimer’s Association of California
- American Cancer Society
- American Heart Association
- American Lung Association in California
- Arthritis Foundation

Evaluation Methodology: CWPI will evaluate progress toward reaching California Wellness Plan goals with process evaluation (input and feedback from partners and stakeholders via in-person meetings, online surveys, calls and e-mails) and performance evaluation (monitoring selected CWP objectives in collaboration with state partners).

State Program Setting:

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Local health department, Medical or clinical site, Parks or playgrounds, Schools or school district, Senior residence or center, State health department, Tribal nation or area, University or college, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Jessica Nuñez-de Ybarra

Position Title: Public Health Medical Officer III(T)

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: vacant

Position Title: Research Scientist IV-Health Economist
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2

Total FTEs Funded: 2.00

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 10/2014 and 12/2020,

1. Increase the percentage of adults who report their overall health status to be good, very good, or excellent from baseline of 82 percent to 85 percent.
2. Increase the percentage of 24–64-year-old adults in good or better health from baseline of 81 percent to 85 percent.
3. Increase the percentage of adults 65 years and older in good or better health from baseline of 76 percent to 78 percent.
4. Decrease percentage of adults in fair or poor health from baseline of 21 percent to 18 percent for African Americans and from baseline of 28 percent to 25 percent for Hispanics.

Baseline:

1. *In 2013, 81 percent of adults reported their overall health status to be good, very good, or excellent.*
2. *In 2013, 81 percent of 24–64-year-old adults reported to be in good or better health.*
3. *In 2013, 75 percent of adults 65 years and older reported to be in good or better health.*
4. *In 2013, 20 percent of African-American adults and 29 percent of Hispanic adults reported to be in fair or poor health.*

Data Source:

- Centers for Disease Control and Prevention (CDC)
- Behavioral Risk Factor Surveillance System (BRFSS) 2013

State Health Problem:

Health Burden:

Chronic diseases and unintentional injury are the leading causes of death, disability, and diminished quality of life in California. These conditions affect some populations more than others, resulting in significant inequities in health outcomes and quality of life within California's population of approximately 38 million people (**target population**).

A majority of California adults have experienced at least one adverse childhood experience (ACE) (BRFSS 2011). These early childhood traumas are associated with early social, emotional, and cognitive impairment; risky and unhealthy behaviors; poor mental health; and multiple chronic diseases. In fact, as the number of childhood traumas increase, so too does the likelihood of negative health impacts across the life span (**disparate population**: low-income elderly).

Target Population:

Number: 38,801,063

Infrastructure Groups: State and Local Health Departments, Community Based Organizations, Health Care Systems, Research and Educational Institutions

Disparate Population:

Number: 5,054,168

Infrastructure Groups: State and Local Health Departments, Community Based Organizations, Health Care Systems, Research and Educational Institutions

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: • American Academy of Pediatrics, Policy Statement: “Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health,” 2012

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$503,900

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Analyze the prevalence and impact of adverse childhood experiences.

Between 10/2014 and 09/2015, Safe and Active Communities Branch (SACB) staff will analyze **one** Adverse Childhood Experiences (ACE) module of the upcoming 2015 California Behavioral Risk Factor Surveillance Survey (BRFSS), to document the impact of ACE on population health outcomes.

Annual Activities:

1. Fund the ACE module of questions.

Between 10/2014 and 09/2015, CWPI staff will fund the ACE module of questions (SACB), to assess the prevalence and impact of ACE; data will be available in April 2016, analyzed in April and May, and reported online in June 2016.

Objective 2:

Maintain Chronic Disease Prevention Coalition.

Between 10/2014 and 09/2015, Public Health Medical Officer III Dr. Nuñez de Ybarra will conduct **four** meetings and attend six partner meetings, to promote CWP/P21 implementation in collaboration with partners committed to utilizing evidence-based chronic-disease prevention practices.

Annual Activities:

1. Convene stakeholders.

Between 10/2014 and 09/2015, CWPI staff will convene a statewide CWP Goal-2 Work Group of Partners committed to CWPI through at least five forums, to ensure “Optimal Health Systems Linked with Community Prevention” by engaging stakeholders to take steps to prevent, diagnose, treat, and control chronic disease.

2. Maintain communications.

Between 10/2014 and 09/2015, CWPI staff will maintain two mechanisms for communication (e.g., listserv, website) of CWP/P21 implementation progress and opportunities for internal and external collaboration, to promote and utilize best practices to prevent, treat, and control chronic disease.

3. Participate in partner conferences and/or meetings.

Between 10/2014 and 09/2015, CWPI staff will provide guidance in CWP implementation to partners attending six conferences/meetings, to ensure collective impact in prevention, diagnosis, treatment, and control of chronic disease.

4. Plan statewide conference in 2017.

Between 10/2014 and 09/2015, CWPI staff will convene a statewide planning committee to achieve shared understanding of statewide conference concept, purpose, and planning process, providing a forum for stakeholders to report on progress made for each CWP goal for 2014–2016 and develop priorities for 2017–2019.

Objective 3:

Monitor California Wellness Plan implementation.

Between 10/2014 and 09/2015, Public Health Medical Officer III Dr. Nuñez de Ybarra will develop **one** process for CWP reporting on priority objectives and P21 activities, including a strategy for implementation.

Annual Activities:

1. Develop CWP progress-report process.

Between 10/2014 and 09/2015, CWPI staff and partners will develop one process and template for CWP progress reports, focusing on strategies, action steps, and commitments. This process will allow for monitoring performance and impact related to CWP goals and provide transparency regarding chronic-disease prevention activities.

Objective 4:

Report on the economic burden of chronic disease.

Between 10/2014 and 09/2015, Public Health Medical Officer III Dr. Nuñez de Ybarra and staff health economist will develop **one** needs assessment report to guide future analyses, and provide county-level cost estimates of chronic disease to three partners, since chronic disease treatment costs are different in every local jurisdiction, requiring targeted interventions to reduce cost, improve population health, and improve the quality of health care.

Annual Activities:

1. Make data more accessible to the general public.

Between 10/2014 and 09/2015, CWPI staff will develop and promote one online interface of “Economic Burden of Chronic Disease in California, 2015” (Economic Burden Report) data, so partners know the percentage of health care costs associated with specific chronic diseases in each jurisdiction.

2. Maintain Economic Advisory Group

Between 10/2014 and 09/2015, CWPI staff will convene one Advisory Group to review the Economic Burden Report and suggest methods for optimizing use of the report by stakeholders and suggest revisions to ensure up-to-date access to changes in treatment costs for chronic disease in local jurisdictions.

3. Develop CDPH health economic analysis capacity

Between 10/2014 and 09/2015, CWPI staff will hire one health economist to perform a needs assessment to guide statewide health policy and provide partners with cost data for their local quality-improvement processes, to effectively address chronic disease.

State Program Title: Cardiovascular Disease Prevention Program

State Program Strategy:

Goal: Reduce death and disability from heart disease, the leading cause of death in California.

Approximately 30 percent of all deaths in California are due to heart disease (CDPH, Death Records, 2010).

Health Priorities: The CDPP focus on heart disease prevention will emphasize hypertension, employing primary and secondary prevention strategies. CDPP will educate on the health benefits of lowering sodium consumption.

Role of Block Grant Funds: PHHSBG funds cover CDPP operating expenses and activities, including salaries for three staff positions and will continue to be the program's primary source of support.

Primary Strategic Partnerships

Internal

- Nutrition Education and Obesity Prevention Branch
- Well-Integrated Screening for Women Across the Nation
- California Tobacco Control Program
- California Department of Education
- California Department of Health Care Services
- Health in All Policies
- California Safe and Active Communities Branch
- Prevention First Heart Disease and Diabetes Prevention Unit
- California Behavioral Risk Factor Surveillance System

External

- California Department of Corrections and Rehabilitation
- American Heart Association
- California Conference of Local Health Officers
- Center for Science in the Public Interest
- Association of State and Territorial Health Officers
- University of California
- New York City Department of Health and Mental Hygiene
- University of Southern California School of Pharmacy
- California Society of Health System Pharmacists
- California Primary Care Association

Evaluation Methodology: Evaluation methods of progress and outcomes include: (1) evaluation questions, (2) identified data sources, (3) identified statistical methods, (4) a time frame for evaluation activities, (5) appropriate methodologies to analyze data, (6) outcomes communication (e.g., annual conference presentations, written reports), and (7) responsible staff leads.

State Program Setting:

Community based organization, State health department, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Thea Perrino

Position Title: Health Program Specialist II

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Alexandria Simpson

Position Title: Health Program Specialist II

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: vacant

Position Title: Research Scientist III

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 3

Total FTEs Funded: 3.00

National Health Objective: HO HDS-2 Coronary Heart Disease Deaths

State Health Objective(s):

Between 10/2014 and 09/2016, **Heart Disease:** Reduce coronary heart disease deaths from 101.0 to 96.4 per 100,000 population. (HDS-2)

Heart Failure: Reduce hospitalizations of older adults with heart failure as the principal diagnosis from 11.2 to 9.2 per 1,000 population aged 65 and above. (HDS-24)

Blood Pressure:

1. Reduce the proportion of persons in the population with hypertension from 27.2 to 23 percent. (HDS-5)
2. Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure from 69.9 to 73.4 percent. (HDS-11)

Sodium Reduction: Increase the proportion of adults with hypertension who meet the recommended guidelines for sodium intake. (HDS-10.3, developmental objective, no national targets)

Baseline:

Heart Disease: *In 2013, the age-adjusted coronary heart disease death rate was 101.0 per 100,000 population.*

Heart Failure: *In 2013, congestive heart failure hospitalization rate was 11.2 per 1,000 population aged 65 and above. Specifically, the hospitalization rate for congestive heart failure was 5.7 per 1,000 population aged 65 to 74 years (HDS-24.1), 13.7 per 1,000 population aged 75 to 84 years, and 28.2 per 1,000 population aged 85 years and older (HDS-24.3).*

Blood Pressure: *(1) Data from 2011–2012 showed that 27.2 percent of adults reported a diagnosis of high blood pressure. (2) Data from 2011–2012 showed that 69.9 percent of Californians who had been given a diagnosis of high blood pressure by a clinician were taking medications to control high blood pressure.*

Sodium Reduction: *Developmental objective for Healthy People (HP) 2020 lacking baseline data.*

Data Source:

- California Department of Public Health, Death Statistical Master File, 2013
- California Health Interview Survey, 2011–2012
- Behavioral Risk Factor Surveillance System Survey, 2013
- National Health and Nutrition Examination Survey, 2011–2012 potential data source for national data

State Health Problem:

Health Burden:

The **target population** for program interventions includes about 29 million (2013) **California adults** aged 18 years and over, both genders, all racial and ethnic groups, and all geographic regions of the State. The **target** and **disparate populations** are the same.

Mortality: In 2013, age-adjusted rate of coronary heart disease deaths was 101.0 per 100,000 population, and the heart failure age-adjusted rate was 13.6 per 100,000 population.

Morbidity: In 2013, the hospitalization rate for discharges with a principal diagnosis of heart disease was 12.1 per 1,000 population aged 65 and above; congestive heart failure hospitalization rate as a principal diagnosis was 11.2 per 1,000 population aged 65 and above.

Target Population:

Number: 28,967,837

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 28,967,837

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: California Department of Finance 2013

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

- Other: • 2010 U.S. Dietary Guidelines for Americans;
- Guide to Community Preventive Services

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$524,819

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Implement quality improvement through Comprehensive Medication Management.

Between 10/2014 and 09/2015, CCDP staff will develop one quality-improvement process through utilization of pharmacists implementing Comprehensive Medication Management (CMM). This will result in increased implementation of best practices in health systems related to cardiovascular disease.

Annual Activities:

1. Increase Comprehensive Medication Management capacity.

Between 10/2014 and 09/2015, CDPP staff will lead quarterly CMM workgroup meetings to create an action plan, to engage pharmacists to implement CMM strategies with health-system partners.

Objective 2:

Maintain active partnerships to support CDPP activities.

Between 10/2014 and 09/2015, CDPP staff will maintain **ten** partnerships with key stakeholders (e.g., American Heart Association, Right Care Initiative), to support CDPP cardiovascular-disease prevention activities.

Annual Activities:

1. Collaborate with stakeholders.

Between 10/2014 and 09/2015, CDPP staff will collaborate with at least ten 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.

Objective 3:

Maintain the statewide Sodium Awareness Leadership Team (SALT) taskforce.

Between 10/2014 and 09/2015, CDPP staff will maintain **one** SALT taskforce to provide guidance on state-level efforts to increase awareness about the health benefits of lowering sodium consumption.

Annual Activities:

1. Implement one sodium reduction awareness campaign.

Between 10/2014 and 09/2015, CDPP will conduct monthly SALT taskforce meetings; participate in two state and national sodium-reduction initiative meetings, webinars, and/or conferences; distribute sodium-related information at the annual CDPH Public Health Showcase; add one message on hypertension and heart disease to existing educational and/or media materials; add a sodium awareness education message to CDPH employee paystubs; and include five sodium awareness messages on two social media websites, to raise awareness of the benefits of sodium reduction.

2. Conduct a statewide conference on nutrition and sodium reduction.

Between 10/2014 and 09/2015, CDPP staff will organize a statewide conference on nutrition and sodium reduction. The conference will highlight best practices, strategies, and challenges for the adoption of strong, comprehensive procurement policies; food service guidelines; and nutrition standards.

Objective 4:

Perform cardiovascular disease surveillance activities.

Between 10/2014 and 09/2015, CDPP staff will provide technical assistance for data requests to **ten** state and local agencies, public, partners, or stakeholders; publish one comprehensive burden report to inform prevention and control efforts; and monitor progress on ten cardiovascular disease indicators defined in HP 2020, California Wellness Plan, and CDC's Chronic Disease Surveillance indicators.

Annual Activities:

1. Enhance epidemiological capacity for cardiovascular disease surveillance.

Between 10/2014 and 09/2015, CDPP staff will maintain one central data repository, along with necessary data user agreements; attend one training to enhance analytical capacity, with a focus on small-area estimation, spatial analyses, and pooling data; and respond to at least ten data requests and present data at least two local, state, and national conferences, to inform prevention and control efforts for cardiovascular disease.

2. Lead an epidemiologic workgroup focused on geospatial analyses.

Between 10/2014 and 09/2015, CDPP staff will direct at least one epidemiologic workgroup focused on geospatial analyses (an approach to applying statistical analysis and other techniques to data with geographical or geospatial aspects), to foster collaborations on projects addressing area-level risk factors for cardiovascular disease.

3. Produce the Cardiovascular Disease Burden Report.

Between 10/2014 and 09/2015, CDPP staff will deliver one Cardiovascular Disease Burden Report that will describe the mortality, morbidity (e.g., hospitalizations), risk factors, and prevention and control measures for cardiovascular disease in California. The report will highlight the data used to track the *HP 2020* goals, California Wellness Plan objectives, and CDC chronic disease indicators. From this report, two fact sheets will be produced supporting the *HP 2020* goals for heart disease and its risk factors, leading to increased capacity to measure and monitor the cardiovascular health status of Californians.

4. Publish a sodium-intake fact sheet.

Between 10/2014 and 09/2015, CDPP staff will analyze 2015 data from the California BRFSS state module question to measure awareness of reducing sodium intake to help prevent and control hypertension. CDC methodology will be used to produce sub-state estimates. A fact sheet will be produced on sodium awareness, highlighting the 2015 BRFSS data.

5. Identify priority populations for cardiovascular disease prevention and control.

Between 10/2014 and 09/2015, CDPP staff will assess how the burden for cardiovascular disease has changed with the implementation of the Affordable Care Act and Covered California, including spatial analyses to identify areas of continued high burden among priority populations. CDPP staff will analyze cardiovascular disease trends using Office of Statewide Health Planning and Development hospital discharge and emergency department data from before implementation (2010–2013) compared to after implementation (2015–2016).

State Program Title: Commodity-Specific Surveillance: Food & Drug Program

State Program Strategy:

Goal: The Commodity-Specific Surveillance Program within the California Department of Public Health's Food and Drug Branch (FDB) prevents consumer exposure to and reduces the incidence of food-borne illness by collecting surveillance samples of high-risk food products that are known to be susceptible to microbial contamination, evaluating samples for microbial contamination, and initiating interdiction efforts to remove products from the marketplace if they are determined to be adulterated.

Health Priorities: Identification and removal of foods contaminated with pathogenic bacteria from the food supply will prevent and reduce the incidence of food-borne illness, injury, and death of consumers.

Role of Block Grant Funds: PHHSBG funds will support salaries and operational costs of personnel (one conducting field work such as sampling and removal of adulterated foods, and one conducting the microbial analyses of the samples collected). Vacant positions are scheduled to be filled in July/August 2015.

Primary Strategic Partnerships

Internal

- Division of Communicable Disease Control
- Infectious Disease Branch

External

- Industry trade associations
- Food and Drug Administration
- Centers for Disease Control and Prevention

Evaluation Methodology: Progress will be measured by the number of samples collected and evaluated and the effectiveness of interdiction activities in removing adulterated foods from the marketplace once identified.

State Program Setting:

State health department

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Samantha Pastrana

Position Title: Environmental Scientist

State-Level: 25% Local: 0% Other: 0% Total: 25%

Position Name: Amanda Chapman

Position Title: Environmental Scientist

State-Level: 25% Local: 0% Other: 0% Total: 25%

Position Name: Mary Diarbekirian

Position Title: Environmental Scientist

State-Level: 25% Local: 0% Other: 0% Total: 25%

Position Name: vacant

Position Title: Environmental Scientist

State-Level: 25% Local: 0% Other: 0% Total: 25%

Position Name: vacant

Position Title: Research Scientist II (Microbiological Sciences)

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 5

Total FTEs Funded: 2.00

National Health Objective: HO FS-2 Outbreak-Associated Infections Associated with Food Commodity Groups

State Health Objective(s):

Between 10/2014 and 09/2020, reduce the incidence of illness caused by *Escherichia coli* O157, *Listeria monocytogenes*, and *Salmonella* species pathogens from ingestion of contaminated food, through effective surveillance of high-risk food commodities and prompt interdiction to remove contaminated foods from commerce once identified.

Baseline:

FDB does not collect routine surveillance samples of high-risk food commodities for microbial evaluation; samples are only collected for cause after some indication of adulteration (usually illness) is present. Therefore, the current baseline number of samples collected is zero.

Data Source:

Samples collected are tracked on FDB spreadsheets, and analysis results can be acquired from the Department's Laboratory Information system (LIMS).

State Health Problem:

Health Burden:

CDC estimates that each year roughly one in six Americans (or 48 million people) get sick, 128,000 are hospitalized, and 3,000 die of food-borne diseases. Using these national statistics, California's proportionate burden of food-borne illness would result in 5.86 million getting sick, 15,600 being hospitalized, and 366 dying each year.

Target Population:

Number: 38,800,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 38,800,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: CDC: "Estimates of Food-borne Illness in the United States"; U.S.

Census Bureau data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: MMWR

- June 28, 2013: 62(SS02); 1–34
- April 19, 2013: 62 (15); 283–287
- September 9, 2011: 60(35); 1197–1202

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$140,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Increase analysis of food commodities for microbial contamination.

Between 10/2014 and 09/2015, FDB and Food and Drug Laboratory Branch (FDLB) staff will collect **420** 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 the necessary steps to ensure they are removed from commerce, to decrease consumer exposure to contaminated foods and reduce the risk of contracting food-borne illness.

Annual Activities:

1. Collect and evaluate high-risk food commodities for microbial contamination.

Between 10/2014 and 09/2015, FDB and FDLB staff will collect and analyze approximately 420 samples of food commodities for microbial contamination. Microbial analysis will be conducted to isolate and serotype pathogens. Pulse Field Gel Electrophoresis (PFGE) or Whole Genome Sequencing may also be conducted on isolates, to determine if they are linked to any reported illnesses.

2. Investigate processors to determine source and distribution of contaminated foods.

Between 10/2014 and 09/2015, FDB staff will investigate all firms involved in the manufacture and distribution of foods identified with bacterial contamination to determine the likely source of the contaminant and the distribution of the contaminated food(s), to ensure that they are removed from commerce. Records of distribution and handling will be evaluated to determine product distribution, and processing and growing practices will be evaluated to determine contaminant source(s) or processing system failure(s) that allowed the contaminant to proliferate.

State Program Title: Community Water Fluoridation Implementation Project

State Program Strategy:

Goal 1: The California Department of Public Health (CDPH) and its partners intend to reach the *Healthy People 2020 (HP 2020)* goal of 79.6 percent of the population of California having access to fluoridated drinking water.

Goal 2: The CDPH Oral Health Program (OHP) and the Community Water Fluoridation Implementation (CWFI) project intend to secure fluoridation for at least one additional community by 2020 and maintain fluoridation efforts for at least eight communities currently fluoridating.

Health Priority: CWFI is committed to reducing the epidemic of dental decay in California's children by fluoridating California's public drinking water systems.

Community water fluoridation (CWF) is the safest, most effective, most economical public health intervention for reducing dental caries. Drinking water with the right amount of fluoride keeps the tooth surface strong and solid and prevents about 25 percent of cavities during a person's lifetime. CWF is also the least expensive way to deliver the benefits of fluoride to all residents of a community—regardless of age, income, education, or socioeconomic status. Income and ability to get routine dental care are not barriers since all residents of a community can enjoy fluoride's protective benefits just by drinking tap water and consuming foods and beverages prepared with it.

For communities of more than 20,000 people, it costs about 50 cents per person to fluoridate the water. Every \$1.00 invested in this preventive measure yields approximately \$38 savings in dental treatment costs. California could save millions of dollars allocated to the Denti-Cal program (California's Medicaid dental program), as well as prevent hundreds of thousands of sick days from school and lost days of work resulting from visits to the dentist or hospital emergency room.

OHP promotes the reduction of dental decay and tooth loss by providing leadership and facilitating cooperation among public, private, and voluntary organizations. OHP also provides technical assistance, consultation, and professional education to local communities implementing and maintaining optimally fluoridated community water supplies.

Role of Block Grant Funds: PHHSBG dollars support staff efforts to expand water fluoridation in California and to maintain fluoridation of water systems or communities currently fluoridating. Personnel salaries are provided by PHHSBG.

Primary Strategic Partnerships

Internal

- State Water Resources Control Board Division of Drinking Water Programs
- Chronic Disease Control Branch

External

- University of California, San Francisco, School of Dentistry
- California Dental Association
- Fluoridation Advisory Council
- Delta Dental of California
- Centers for Disease Control and Prevention
- Local health departments
- Public health professionals
- Dental health providers

Evaluation Methodology: Published water fluoridation data from the Morbidity and Mortality Weekly Report and the Water Fluoridation Reporting System, and data from the State Water Resources Control Board—Division of Drinking Water Programs (DWP) regarding water systems adding fluoride will be used to determine the increase in the percentage of the population receiving fluoridated water from public water systems in California.

The percent differential will be used to determine if California is either maintaining or increasing the

percentage of the population receiving fluoridated water. Process and performance evaluation (by monitoring CWF1 objectives) will be used to determine overall progress toward meeting objectives.

State Program Setting:

Community based organization, Local health department, State health department, Other: Public water systems

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Rosanna Jackson

Position Title: Health Program Specialist I

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO OH-13 Community Water Fluoridation

State Health Objective(s):

Between 10/2014 and 09/2016, OHP staff and partners will increase the proportion of the population in California served by fluoridated community water systems from 63.7 to 64 percent.

Baseline:

63.7 percent (2012) of Californians had access to fluoridated drinking water.

Data Source:

CDC, 2012; "Community Water Fluoridation: 2012 Water Fluoridation Statistics"; available at <http://www.cdc.gov/fluoridation/statistics/2012stats.htm>

State Health Problem:

Health Burden:

Tooth decay (dental caries) affects 50 percent of all school-aged children and 96 percent of adults aged 18 or older. Tooth decay is five times more common in children than asthma. According to the 2004–2005 California Smile Survey, 54 percent of the kindergartners and 71 percent of third-grade children screened had a history of tooth decay. Twenty-eight percent of kindergartners and third graders had untreated tooth decay. Twenty-two percent of children needed non-urgent dental care and an additional four percent needed urgent dental care because of pain or infection.

California children miss approximately 874,000 days of school each year due to dental problems, putting them at risk of lagging behind their peers. Seventeen percent of kindergartners and 5.5 percent of third graders had never been to a dentist, putting them at greater risk of having untreated tooth decay. Latino children and poor children in California experience more tooth decay and untreated tooth decay than other children. In addition, low-income, high-risk children rarely have dental insurance, and children of color are more likely to be from low-income families.

Oral disease can cause malnutrition, depression, poor self-esteem, and inability to concentrate. Left untreated, pain and infection can result in problems with eating, speaking, and learning. Poor oral health can have a detrimental effect on quality of life, performance at school, and success in life.

African-American adults in California have a higher prevalence of tooth extraction due to decay or gum

disease, and higher mortality from oral cancers than adults of other racial/ethnic groups. Fewer than half of pregnant women in California receive dental care during their pregnancies; women whose providers recommend a dental visit during their pregnancy are nearly twice as likely to have dental care as women who did not receive a recommendation from their provider. There is a strong link between smoking and oral disease; however, only one in ten smokers report being advised to quit by their dental providers. An additional benefit to the senior population is gained because fluoridated water also reduces the occurrence of root caries in seniors; fluoridation prevents approximately 25 percent of cavities during a person's lifetime. The **target population** includes all Californians. Although adults benefit from CWF, most benefits are noticed by children in the tooth-forming years in urban areas, up to the age of 16 years (**disparate population**).

Target Population:

Number: 38,340,074

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 10,210,827

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: California Department of Finance (2014)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: • "Surgeon General's Report on Oral Health" (2000) (Seminal report on oral health; cites fluoridation as a best practice)

- U.S. Community Preventive Services Task Force Systematic Review of Community Water Fluoridation (2013)
- CDC, Achievements in Public Health, 1990–1999: Fluoridation of Drinking Water to Prevent Dental Caries. MMWR, 1999;48(41):933–940 (CWF identified as a best practice and one of the top ten achievements in public health of the 20th Century)
- The California "Smile Survey" (Dental Health Foundation, 2006) (This is the most recent basic screening survey data that indicates the status of children's oral health in California.)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$260,560

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Provide leadership, technical assistance, and training.

Between 10/2014 and 09/2015, OHP staff will provide ongoing leadership and guidance to **a minimum of six** public, private, and voluntary organizations, and to at least four local communities, to maximize the percentage of the population receiving CWF.

Annual Activities:

1. Identify priorities, challenges, and opportunities.

Between 10/2014 and 09/2015, OHP staff will meet with the Fluoridation Advisory Council at least quarterly, to identify priorities, gaps, and progress of fluoridation efforts, as well as opportunities, challenges, and resources for fluoridation, and problem solve to determine where to provide technical assistance to implement or maintain water fluoridation in strategic areas.

2. Track fluoridated water systems.

Between 10/2014 and 09/2015, OHP staff, in collaboration with DWP, will track at least four public water systems that are fluoridating, to provide information to the public and identify and address noncompliant water systems.

3. Provide guidance on CWF Final Recommendation.

Between 10/2014 and 09/2015, OHP staff, in collaboration with DWP, will educate and notify public water systems about the U.S. Department of Health and Human Services (HHS) final recommendation on CWF, by updating the OHP website and providing notification to water systems.

4. Identify funding resources.

Between 10/2014 and 09/2015, OHP staff and partners will identify at least one funding resource to share with communities interested in implementing or maintaining CWF, so local health departments or public water systems can approach them for funding to implement water fluoridation.

5. Develop fact sheet.

Between 10/2014 and 09/2015, OHP staff will develop one fact sheet on the current state of CWF in California, to assist local health departments with the planning process to implement and maintain fluoridation activities as well as to inform oral health stakeholders.

Objective 2:

Provide technical assistance and training on community water fluoridation.

Between 10/2014 and 09/2015, OHP staff and contractor will provide consultation and technical assistance to **at least four** local communities (e.g., San Jose, Sonoma County, Woodland, Davis), to increase or maintain the percentage of the population receiving CWF.

Annual Activities:

1. Provide technical assistance.

Between 10/2014 and 09/2015, OHP staff and contractor will provide technical assistance (e.g., to provide

testimony regarding the safety and efficacy of water fluoridation, fact sheets/educational materials, list of resources, results of fluoridation studies, information to rebut anti-fluoridation information, HHS final recommendation on CWF) to at least four local communities (San Jose, Sonoma County, Woodland, Davis) interested in implementing or maintaining fluoridation, and to at least one state program regarding the public health benefits, safety, and efficacy of CWF.

2. Provide information and education.

Between 10/2014 and 09/2015, OHP staff and contractor will provide information and education regarding the benefits of CWF and HHS recommendation on CWF to local water purveyors, community leaders, policymakers, and interested community members in one to two communities, to facilitate the implementation of water fluoridation.

3. Conduct webinar.

Between 10/2014 and 09/2015, OHP staff and contractor will present one webinar on CWF to a minimum of 30 representatives from local health departments, water engineers, operators, dental health professionals, and other interested individuals or partners, to increase awareness of the science, benefits, and efficacy of CWF.

4. Promote CDC water fluoridation course.

Between 10/2014 and 09/2015, OHP staff, in collaboration with the CDC Division of Oral Health and the DWP, will identify and recruit from two to four water engineers and/or operators to attend one basic water fluoridation course.

State Program Title: Emergency Medical Dispatch Program/EMS Communications

State Program Strategy:

Goal 1: Improve statewide training standards and provide uniformity through guidelines by (1) California Emergency Medical Dispatch (EMD) program staff assessing statewide EMS training standards that encourage the use of medical pre-arrival instructions by dispatchers at Public Safety Answering Points (PSAPs); (2) EMD program staff working in conjunction with the California 9-1-1 Emergency Communications Office staff, who have technical and fiscal oversight of the PSAPS.

Goal 2: Encourage PSAPs that use EMD guidelines to reach minimum national certification standards for dispatchers and dispatch centers, to improve public care and maximize efficiency of 9-1-1 systems.

Health Priorities: Improve interoperability communications among EMS agencies and public safety responders so that critical communication links are available during major events and timely access to comprehensive, quality emergency health care services is ensured.

Role of Block Grant Funds: Funded positions coordinate state and local agencies that implement statewide standardized program guidelines for emergency medical dispatch. Positions also improve interoperability communications among EMS agencies and public safety responders to ensure timely access to comprehensive, quality emergency health care services. The vacant position is expected to be filled by July 1, 2015.

Primary Strategic Partnerships

Internal

- Office of Emergency Services, 9-1-1 Emergency Communications Office
- Office of Emergency Services, 9-1-1 Advisory Board
- EMS Authority Disaster Management
- California Highway Patrol

External

- California State Association of Counties
- California Fire Chiefs Association
- California Ambulance Association
- California Chapter of Emergency Numbers Association
- California Association of Public Safety Communications Officers
- Local EMS Agencies

Evaluation Methodology: Conduct ongoing review of local EMS system plans related to their EMD and 9-1-1 communications components; which include data collected on the number of PSAPs that utilize EMD protocols, are currently EMD accredited, and utilize quality improvement (QI) processes.

State Program Setting:

Local health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Tom McGinnis

Position Title: Health Program Manager III

State-Level: 9% Local: 0% Other: 0% Total: 9%

Position Name: Teri Harness

Position Title: Staff Service Manager I

State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Kim Lew

Position Title: Associate Governmental Program Analyst

State-Level: 20% Local: 0% Other: 0% Total: 20%

Position Name: vacant

Position Title: Associate Governmental Program Analyst

State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Leticia Marin

Position Title: Senior Legal Typist

State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 5

Total FTEs Funded: 0.62

National Health Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)

State Health Objective(s):

Between 10/2014 and 09/2015, EMS Authority staff will provide technical assistance to 100 percent of the local EMS agencies (LEMSAs) that request support in the operations and/or development of their EMD and 9-1-1 communications system service programs.

Baseline:

75 percent of the Public Safety Answering Points (PSAP) within California do not have EMD certification.

Data Source:

- U.S. Department of Transportation;
- California Office of Traffic Safety;
- FCC Master Public Safety Answering Points (PSAP) Registry;
- Association of Public-Safety Communications Officials (APCO).

State Health Problem:

Health Burden:

- Public safety agencies throughout the State follow inconsistent EMD training standards and protocols.
- Public safety agencies also face significant challenges in establishing radio interoperability at communications centers and field first-responder levels. This is particularly problematic in disaster situations, where personnel may be dispatched from other areas.

Target Population:

Number: 38,802,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 38,802,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: United States Census Bureau, 2015 (2014 data year)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: • The International Academies of Emergency Dispatch
• The National Emergency Number Association (NENA)
• Other: Statewide EMD guidelines, based on U.S. Department of Transportation and Office of Traffic Safety evidence. These guidelines were developed by the California EMD Advisory Committee and approved by the EMS Commission.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$90,711
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Improve statewide training standards.

Between 10/2014 and 09/2015, EMSA staff, to improve public care and maximize efficiency, will increase the percent of participation in key EMS communications stakeholder association groups from 10 to **50 percent**.

Annual Activities:

1. Register with NAPCO.

Between 10/2014 and 09/2015, EMSA staff will register as a recipient of the Northern California Association of Public Safety Communications Officials (NAPCO) newsletter by February 20, 2015, and review the NAPCO website at least once a month, to ensure participation in meetings and receive up-to-date EMS stakeholder activities.

2. Attend NAPCO meetings.

Between 10/2014 and 09/2015, EMSA staff will attend at least nine NAPCO meetings throughout the federal fiscal year, to develop relations with key EMD stakeholders and provide EMS-related input in NAPCO activities.

3. Attend 9-1-1 Advisory Board meetings.

Between 10/2014 and 09/2015, EMSA staff will attend at least one 9-1-1- Advisory Board meeting during the

federal fiscal year, to develop relationships with key EMD stakeholders and receive up-to-date 9-1-1 service information.

4. Register membership with CalNENA.

Between 10/2014 and 09/2015, The EMSA Communications Program Coordinator will establish one registration of membership to CalNENA, to receive up-to-date information regarding statewide EMS communications activities and to participate in electronic forum information exchanges.

Objective 2:

Maintain up-to-date EMSA-published communications resources.

Between 10/2014 and 09/2015, EMSA staff will review **three** EMSA-published communications resources to assess their content for accuracy and need for revisions, to ensure that up-to-date statewide EMS-related standards and guidelines are provided to LEMSAs and other EMS stakeholders.

Annual Activities:

1. Identify resources to update.

Between 10/2014 and 09/2015, EMSA staff will identify which of three published communications resources require updates and initiate a plan to conduct revisions, to ensure that up-to-date statewide EMS-related standards and guidelines are provided to LEMSAs and other EMS stakeholders.

2. Revise Communications Program Plan.

Between 10/2014 and 09/2015, EMSA staff will develop a plan for revisions of the identified communications resource that will include the participation of approximately 20 EMS and EMD experts and EMS stakeholders, to ensure timely and accurate updates are made that promote safe, up-to-date, effective, and efficient EMS communications services statewide.

Objective 3:

Provide leadership and coordination to LEMSAs.

Between 10/2014 and 09/2015, EMSA staff will provide technical assistance to **100 percent** of LEMSAs that submit their EMS plans, to ensure that they meet the compliance requirements of California EMS regulations, standards, and guidelines.

Annual Activities:

1. Analyze LEMSA-submitted Communications Program plans.

Between 10/2014 and 09/2015, EMSA staff will review submitted LEMSA Communication Program plans and provide guidance on content revisions, to meet the compliance requirements of California EMS regulations, standards, and guidelines.

2. Correspond with the LEMSAs.

Between 10/2014 and 09/2015, EMSA staff will remain available by e-mail or telephone for prompt response of all LEMSA requests for technical assistance in the development of their Communications Program plans, to minimize errors and improve efficiency in the EMS plan-submission process.

State Program Title: EMS for Children

State Program Strategy:

Goal 1: Implement fully institutionalized emergency medical services for children (EMSC) in California by continuing to incorporate statewide compliance with national EMSC performance measures and the collection of statewide EMS data.

Goal 2: Continue developing a comprehensive model for the integration of family-centered care for children into California's EMS system.

Health Priorities: Improve access to rapid, specialized pre-hospital EMS services for children statewide, to reduce the morbidity and mortality rates of patients in California.

Role of Block Grant Funds: Block Grant dollars support EMSC staff salaries. EMSA staff work with LEMSAs to develop and improve EMSC throughout California. The vacant position is expected to be filled by May 1, 2015.

Primary Strategic Partnerships

Internal

- California Children Services
- California Department of Public Health
- Commission on EMS
- Office of Traffic Safety
- Department of Social Services

External

- EMSC Technical Advisory Committee
- EMSC Coordinators Group
- American Academy of Pediatrics
- Maternal and Child Health Bureau
- Emergency Nurses Association
- EMS Medical Directors Association

Evaluation Methodology: Outcome- and goal-based methodologies will be used to evaluate the progress toward institutionalizing EMSC in California's EMS system. Using state CEMIS data to establish quality improvement (QI) measures, coupled with goal-based outcomes of these objectives, EMSA will evaluate additional needs for LEMSAs to enhance their EMSC programs.

State Program Setting:

Community based organization, State health department

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Tom McGinnis

Position Title: Health Program Manager II

State-Level: 9% Local: 0% Other: 0% Total: 9%

Position Name: Terri Harness

Position Title: Staff Services Manager I

State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Tonya Thomas

Position Title: Associate Program Health Advisor

State-Level: 27% Local: 0% Other: 0% Total: 27%

Position Name: Leticia Marin

Position Title: Senior Legal Typist

State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Kim Lew

Position Title: Associate Governmental Program Analyst

State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Name: vacant
Position Title: Associate Governmental Program Analyst
State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 6
Total FTEs Funded: 0.79

National Health Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)

State Health Objective(s):

Between 10/2014 and 09/2015, EMSA staff will provide technical assistance to 100 percent of the LEMSAs that request assistance in areas associated with the development or maintenance of EMSC programs.

Baseline:

100 percent of the LEMSAs participate in some level of EMSC programs; however, it is unknown exactly what type of EMSC programs are being implemented. Upon completion of these programs' objectives, data collected will be used to establish a clear statewide report that identifies the status of each LEMSA's programs and their needs.

Data Source:

EMS Authority, 2015

State Health Problem:

Health Burden:

Children across California need specialized medical care to treat injuries and illness. Healthy development of children dramatically affects their ability to excel in cognitive, socio-emotional, and educational growth. To ensure that California's children receive optimum emergency medical care, EMSC must be integrated into the overall EMS system.

All 33 LEMSAs have implemented portions of EMSC into their EMS systems. Continued development of these programs to a standardized and optimum level of care across California is needed. The pediatric **target population** (23.6 percent of the State's population) includes all California children below 18 years of age, regardless of their race or socioeconomic background. The **target** and **disparate populations** are the same.

Target Population:

Number: 9,184,302

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 9,184,302

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years

Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau, 2013

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: American Academy of Pediatrics: Policy Statement--Equipment for Ambulances, 2013

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$123,800
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Provide leadership and coordination of EMSC programs.

Between 10/2014 and 09/2015, EMS staff will provide technical assistance and support to **100 percent** of the LEMSAs that request assistance in program development or enhancements, to support acute, specialized prehospital child patient care statewide.

Annual Activities:

1. Review LEMSA EMSC plans.

Between 10/2014 and 09/2015, EMSA staff will review 100 percent of LEMSA-submitted EMSC plans to assist them in meeting plan submission standards and guidelines for approval, to ensure optimum child prehospital patient care during an emergency.

2. Analyze EMSC plan data.

Between 10/2014 and 09/2015, EMSA staff will collect information regarding program developments and deficiencies from at least five LEMSA-submitted EMSC plans, to assist in the implementation of an EMSA-driven QI plan, which will optimize EMSC patient care services across California.

3. Obtain EMSC program information from LEMSAs.

Between 10/2014 and 09/2015, EMSA staff will identify at least five LEMSAs that submitted EMSC plans for review to contact by telephone or e-mail to obtain additional EMSC program information related to QI efforts and/or needs, to assist them in improving their EMSC program services.

4. Develop summary report.

Between 10/2014 and 09/2015, EMSA staff will prepare one summary report of at least five LEMSA EMSC program evaluations and disseminate the report to the EMSC Technical Advisory Review Committee, to review and provide recommendations for QI measures.

State Program Title: EMS Health Information Exchange

State Program Strategy:

Goal: Improve the statewide development of Health Information Exchange (HIE) (electronic movement of health-related information among organizations) in California’s EMS program by facilitating access to and retrieval of clinical data to provide safer, timelier, efficient, effective, equitable, patient-centered care. EMD staff are evaluating options for HIE between field EMS providers, using electronic prehospital care records (ePCRs), and hospital electronic health records (EHRs). EMSA is working with local emergency medical services agencies (LEMSAs) in the use of ePCR data exchange to (1) share best practices, and (2) continue plans for bi-directional exchange of statewide patient medical-record information exchanges.

Health Priorities: Improve access to rapid, specialized pre-hospital EMS services statewide, to reduce the morbidity and mortality rates of patients in California. Thus, patient outcome is improved.

Role of Block Grant Funds: PHHSBG dollars support EMSA staff in the implementation of HIE in California, including administering an effective system of coordinated emergency medical care, injury prevention, and disaster medical response. PHHSBG funding also provides local assistance grants to LEMSAs for implementing HIE in their counties. The vacant position is expected to be filled by July 1, 2015.

Primary Strategic Partnerships

Internal

- California Health and Human Services Agency
- California Department of Public Health
- Chronic Disease Control Branch

External

- California Office of Health Information Integrity
- California Hospital Association
- California EMS Commission
- Emergency Medical Services Administrators’ Association of California
- Emergency Medical Directors Association of California
- California Ambulance Association
- Local EMS agencies

Evaluation Methodology: EMSA will determine program progress by tracking California EMS data from the Office of the National Coordinator for Health Information Technology, EMSA program staff activities, and EMSA HIE program outcomes.

EMSA staff will monitor LEMSA HIE progress via the facilitation of stakeholder teleconferences, oversight of LEMSA HIE program grant-funded projects, and the collection of EMS data and core measure developments. The status of these activities and the outcomes of the LEMSA HIE program developments will also be evaluated.

State Program Setting:

Community based organization, Local health department, Medical or clinical site, State health department, Other: Counties

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Leticia Marin

Position Title: Senior Legal Typist

State-Level: 12% Local: 0% Other: 0% Total: 12%

Position Name: Tom McGinnis

Position Title: Health Program Manager II

State-Level: 9% Local: 0% Other: 0% Total: 9%

Position Name: Teri Harness

Position Title: Staff Services Manager I

State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Kim Lew

Position Title: Associate Governmental Program Analyst

State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Name: Vacant

Position Title: Health Program Specialist II/Nurse

State-Level: 50% Local: 0% Other: 0% Total: 50%

Position Name: Vacant

Position Title: Associate Governmental Program Analyst

State-Level: 12% Local: 0% Other: 0% Total: 12%

Position Name: Kathy Bissell

Position Title: Health Program Manager I/Staff Services Manager I

State-Level: 50% Local: 0% Other: 0% Total: 50%

Total Number of Positions Funded: 7

Total FTEs Funded: 1.54

National Health Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)

State Health Objective(s):

Between 10/2014 and 09/2015, EMSA staff will provide technical support to 100 percent of the LEMSAs that request assistance in the development of HIE programs that optimize patient care during medical emergencies.

Baseline:

- 29 percent of providers within LEMSAs are using paper ePCRs.
- 37 percent of providers within LEMSAs are unable to electronically submit patient-care data to the hospital.

Data Source:

- Lumetra Healthcare Solutions
- Health Information Exchange Report, 2013

State Health Problem:

Health Burden:

EMS providers lack access to pre-existing patient information when providing prehospital patient care in the field, resulting from the lack of HIE between the field provider and the hospital. Providing access to pre-existing patient information could improve the quality, safety, and efficiency of patient care. The lack of coordination between EMS and hospitals can result in delays that may compromise patient care. Not all LEMSAs are using ePCRs. Without electronic means to transmit data, HIE cannot be implemented. For some LEMSAs, the implementation of ePCRs is cost prohibitive. The 33 LEMSAs work with many different providers. A majority of the EMS providers have no system compatibility to communicate with each other.

Target Population:

Number: 38,802,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 38,802,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: U.S. Census, 2015 (2014 data)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Lumetra Healthcare Solutions, Health Information Exchange Report, 2013

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$389,580

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$130,261

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Provide funding to LEMSAs for HIE programs.

Between 10/2014 and 09/2015, EMSA staff will implement **at least one** EMSA-approved, LEMSA-proposed HIE project, to enhance patient medical information exchange services.

Annual Activities:

1. Develop contracts.

Between 10/2014 and 09/2015, EMSA staff will develop contractual agreements with the LEMSAs receiving PHHSBG funds, to ensure their HIE-related pilot projects adhere to the approved proposal scope of work.

2. Coordinate quarterly project reports.

Between 10/2014 and 09/2015, EMSA staff will coordinate quarterly project reports from the LEMSAs, to ensure scope of work and project objectives are being met.

3. Coordinate final project reports.

Between 10/2014 and 09/2015, EMSA staff will coordinate the receipt of a final project report from the LEMSAs, to ensure completion of the HIE project as described in the contract.

Objective 2:

Provide leadership and coordination of health information exchange.

Between 10/2014 and 09/2015, EMSA staff will provide technical assistance and support to **100 percent** of the LEMSAs that request assistance in areas associated with health information exchange system developments and operations to improve statewide EMS patient care.

Annual Activities:

1. Participate in teleconferences.

Between 10/2014 and 09/2015, EMSA staff will attend at least six teleconference calls with the Office of the National Coordinator, California Association of Health Information Exchanges, the California Office of Health Information Integrity, and/or other participating EMS entities.

State Program Title: EMS Partnership for Injury Prevention and Public Education

State Program Strategy:

Goal: Maintain continuous emergency medical services (EMS) participation in statewide injury prevention and public-education initiatives, programs, and policies by collaborating with the local EMS agencies (LEMSAs) and stakeholders in the development and continued maintenance of EMS-related injury-prevention strategies.

Health Priorities: Increase access to and effectiveness of rapid prehospital emergency medical services by participating in the development of statewide injury-prevention training standards and initiatives with local EMS providers and stakeholders.

Role of Block Grant Funds: PHHSBG dollars support EMS staff participation in statewide prevention and public-education activities by covering a percentage of personnel costs and associated operating expenses related to these activities. The vacant position is expected to be filled by July 1, 2015.

Primary Strategic Partnerships

Internal

- California Children's Services
- California Department of Alcoholic Beverage Control
- California Department of Corrections and Rehabilitation
- California Department of Motor Vehicles
- California Department of Public Health
- California Department of Transportation
- California State Transportation Agency
- California Strategic Highway Safety Plan
- California Emergency Management Agency
- California Highway Patrol
- California Office of Traffic Safety
- California State Office of Rural Health
- EMS Commission
- Health and Human Services Agency
 - Office of Statewide Health Planning and Development

External

- American College of Surgeons
- American Trauma Society
- Association of Air Medical Services
- California Ambulance Association
- California Chapter of the American College of Emergency Physicians
- California Fire Chiefs
- California Hospital Association
- California Peace Officers' Association
- California Rural Indian Health Board
- Centers for Disease Control and Prevention
- Critical Illness and Trauma Foundation
- Emergency Nurses Association
- EMS Administrators Association of California
- EMS Medical Directors Association of California

Evaluation Methodology: Inclusion of an EMS role in statewide prevention and public education initiatives, programs, and policies will be used to evaluate the success of the overall program goal of ensuring the recognition of EMS as a vital partner in prevention and public-education activities.

State Program Setting:

Community based organization, Medical or clinical site, State health department, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Tom McGinnis

Position Title: Health Program Manager II

State-Level: 9% Local: 0% Other: 0% Total: 9%

Position Name: Teri Harness
Position Title: Staff Services Manager I
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Leticia Marin
Position Title: Senior Legal Typist
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Kim Lew
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: vacant
Position Title: Associate Governmental Program Analyst
State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 5

Total FTEs Funded: 0.52

National Health Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)

State Health Objective(s):

Between 10/2014 and 09/2015, EMSA staff will (1) facilitate at least two state-led events, to promote injury-prevention initiatives, information sharing, and education for the public and EMS stakeholders, and (2) assist 100 percent of the LEMSAs that request support in areas associated with injury-prevention programs and developments.

Baseline:

There were 17,417 injury deaths in California as a result of all types of injuries, per the EPIC Data Report, 2015 (2013 data).

Data Source:

- California Department of Public Health
- Trauma Managers Association of California
- CDC, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, National Center for Health Statistics, National Vital Statistics System

State Health Problem:

Health Burden:

In 2013, unintentional injuries accounted for the highest number of the 17,417 injury deaths in California (most current EPIC Data Reports) due to all types of injuries (**target population** [potentially **the population of California**]). The highest concentration of deaths (5,915) occurred among 45–64 year olds (**disparate population**).

The rapid and effective response to patient injuries by emergency first responders can contribute to the reduction of injury-related deaths. EMTs and paramedics, first on the scene of traumatic injuries, have witnessed the need for reducing preventable injuries.

EMS providers in California collect comprehensive injury data from patient-care reports to develop effective injury-prevention programs, including obtaining funding to implement programs.

Target Population:

Number: 38,802,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other

Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 38,802,500
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: United States Census, 2015 (2014 Data) and EPIC Data Report, 2015 (2013 data)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: The American College of Surgeons report, "Resources for Optimal Care of the Injured Patient: 2014"

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$78,515
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Facilitate injury-prevention strategies.

Between 10/2014 and 09/2015, EMSA staff will establish **two** EMS-related injury-prevention presentation, in collaboration with local EMSC and Trauma Program coordinators, to be presented at the EMS for Children annual Education Forum and at the State Trauma Educational Forum, to ensure that EMS providers and stakeholder interests are represented and EMS-related injury-prevention strategies are discussed among statewide public health providers.

Annual Activities:

1. Select injury-prevention strategies and recruit EMSC and Trauma Coordinator presenters.

Between 10/2014 and 09/2015, EMSA staff will identify at least two injury-prevention strategies and at least one qualified EMS or public health presenter to share EMS-related injury-prevention strategies in support of

statewide injury-prevention information exchanges, to improve patient health outcomes.

Objective 2:

Maintain resources on EMSA website.

Between 10/2014 and 09/2015, EMSA staff will maintain **at least one** up-to-date injury- and illness-related resource document on the EMSA website to promote effective injury prevention EMS strategies, ensure public trust, and to provide high-quality patient care across California.

Annual Activities:

1. Evaluate and update resource list.

Between 10/2014 and 09/2015, EMSA staff will review at least one EMS-related injury-prevention resource on the EMSA website, to provide accurate, up-to-date EMS-related, injury-prevention information; ensure public trust; and promote high-quality patient care across California.

State Program Title: EMS Poison Control System

State Program Strategy:

Goals: (1) Reduce the morbidity and mortality rates of poison-related medical emergencies by providing immediate, uninterrupted, high-quality emergency telephone advice for poison exposures, and (2) reduce health care costs.

Health Priorities: CPCS is one of the largest single providers of poison control services in the United States. CPCS receives approximately 330,000 calls a year and has saved California over \$70 million in health care costs by averting an estimated 61,000 emergency department visits annually.

Role of Block Grant Funds: PHHS dollars support EMD staff and the University of California, San Francisco, in providing rapid, pre-hospital poison-related medical advice, prevention, and educational information to reduce the morbidity and mortality rates of people exposed to poisons. The vacant position is expected to be filled by July 1, 2015.

Primary Strategic Partnerships

Internal

- California Health and Human Services Agency
- California Department of Health Care Services
- California Emergency Preparedness Office
- EMS Commission
- Department of Finance

External

- American Association of Poison Control Centers
- Health Resources and Services Administration
- University of California (San Francisco, San Diego, Davis)
- Children's Hospital, Central California
- Office of Emergency Services

Evaluation Methodology: Quarterly progress reports are required to evaluate and monitor CPCS operations and to ensure compliance with state standards for poison-control services and contractual scopes of work.

State Program Setting:

Community based organization, Home, Medical or clinical site, University or college

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Tom McGinnis

Position Title: Health Program Manager II

State-Level: 9% Local: 0% Other: 0% Total: 9%

Position Name: Teri Harness

Position Title: Staff Services Manager I

State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Lisa Galindo (maternity leave) /Jeff Schultz (limi

Position Title: Health Program Specialist I

State-Level: 20% Local: 0% Other: 0% Total: 20%

Position Name: Leticia Marin

Position Title: Senior Legal Typist

State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Kim Lew

Position Title: Associate Governmental Program Analyst

State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Name: Vacant

Position Title: Associate Governmental Program Analyst

State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 6

Total FTEs Funded: 0.72

National Health Objective: HO IVP-9 Poisoning Deaths

State Health Objective(s):

Between 10/2014 and 09/2015, EMSA staff will provide oversight and technical assistance to one contracted poison control service provider, the California Poison Control System (CPCS), to reduce morbidity and mortality rates associated with poison-related medical emergencies, and reduce health care costs.

Baseline:

CPCS received 330,000 calls annually, according to the CPCS 2011/12 "Poison Control Call Statistic Report." Approximately 61,000 emergency department visits are averted annually and over \$70 million saved in health care costs.

Data Source:

California Poison Control System, 2015 (2011 Fact Sheet)

State Health Problem:

Health Burden:

CPCS receives more than 300,000 annual poison exposure calls—about 80 percent from residences, and more than half involve children aged five years and under. Poison centers reduce health care expenditures by preventing unnecessary ambulance transports and emergency department visits.

Without CPCS services, approximately 50 percent of poisoning cases (83,005) could result emergency department visits. Using an estimate of \$560 per emergency department visit, CPCS saves the State an estimated \$46 million annually in health care costs. In addition, increased 9-1-1 transport costs could be incurred without CPCS intervention. An estimated 20 percent of the 82,000 patients treated at home with CPCS intervention would use ambulance transport to the emergency department, resulting in an estimated cost of \$8.8–13.35 million. The **target population** and the **disparate populations** are the same: the 38,802,500 residents of California, plus an unknown number of visitors.

Target Population:

Number: 38,802,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 38,802,500

Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: United States Census Bureau, 2015 (2014 data)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Institute of Medicine's "Forging a Poison Prevention and Control System" (2004)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$108,691
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Provide oversight and technical assistance.

Between 10/2014 and 09/2015, EMSA staff will provide oversight and technical assistance to the CPCS service provider, to ensure rapid and effective telephone advice emergency services to ~300,000 Californians experiencing exposure to poisons.

Annual Activities:

1. Facilitate the submission of quarterly reports.

Between 10/2014 and 09/2015, EMS staff will coordinate with the CPCS Business Operations Director electronically or by telephone, to offer assistance in report developments and to ensure timely report submission and evaluation.

2. Review quarterly service reports.

Between 10/2014 and 09/2015, EMSA staff will review the quarterly reports submitted by CPCS, to ensure optimum patient referral and care during a poison-related emergency statewide.

State Program Title: EMS Prehospital Data and Information Services and Quality Improvement Program

State Program Strategy:

Goals: Data and Information: Increase specialized pre-hospital EMS data submissions by local EMS agencies (LEMSAs) into the EMS Authority's (EMSA's) state EMS database system and unite components under a single data warehouse, fostering analyses on patient care outcomes, public health system services, and compliance with California state and federal EMS service laws.

Quality Improvement Program: Provide statewide EMS Quality Improvement (QI) oversight, resources, and technical assistance to LEMSAs, leading to measurable improvements in pre-hospital EMS services and public health systems statewide.

Health Priorities: Improve access to rapid, specialized pre-hospital EMS services statewide to reduce the morbidity and mortality rates of patients in California. Increased participation by LEMSAs in the submission of EMS pre-hospital data will establish EMS service baselines and metrics, key components of QI.

Role of Block Grant Funds: PHHSBG dollars support (1) development of a state QI program, (2) carry out QI activities, and (3) operating expenses and program personnel costs. The vacant positions are anticipated to be filled by July 1, 2015.

Primary Strategic Partnerships

Internal

- Office of Statewide Health Planning and Development
- California Office of Traffic Safety
- California Highway Patrol
- California Department of Public Health
- EMS Commission
- California Health and Human Services Agency

External

- California Fire Chiefs Association
- California Ambulance Association
- EMS Administrators Association
- EMS Medical Directors Association
- National EMS Data Analysis Resource Center
- California Healthcare Foundation

Evaluation Methodology: Statewide QI/QA (quality-assurance) activities, including annual review and revision of state QI/QA indicators (CA EMS Core Quality Measures) reported by LEMSAs, such as:

- Scene time for trauma patients reported at the 90th percentile by each LEMSA in minutes and seconds for a calendar year;
- Percentage of direct transports to a designated STEMI receiving center for suspected patients meeting criteria for a calendar year.

This will provide evidence-based decision-making information for EMSA and statewide EMS stakeholders to improve the delivery of EMS care throughout California.

State Program Setting:

Community based organization, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Tom McGinnis

Position Title: Health Program Manager III

State-Level: 9% Local: 0% Other: 0% Total: 9%

Position Name: Teri Harness

Position Title: Health Program Manager I

State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Leticia Marin

Position Title: Senior Legal Typist

State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Adam Davis

Position Title: Associate Governmental Program Analyst

State-Level: 50% Local: 0% Other: 0% Total: 50%

Position Name: Kim Lew

Position Title: Associate Governmental Program Analyst

State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Name: vacant

Position Title: Associate Governmental Program Analyst

State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: vacant

Position Title: Associate Governmental Program Analyst

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Kathy Bissell

Position Title: Health Program Manager

State-Level: 50% Local: 0% Other: 0% Total: 50%

Total Number of Positions Funded: 8

Total FTEs Funded: 2.52

National Health Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)

State Health Objective(s):

Between 10/2014 and 09/2015, EMSA staff will provide technical assistance to at least three LEMSAs in areas of QI measuring and patient-care assessments, based upon their EMS quality-improvement plan and EMS pre-hospital data submissions to EMSA.

Baseline:

Seventeen of 33 LEMSAs actively participate in the State's electronic data program. At least five additional LEMSAs have expressed interest in participation; the remaining 11 are in communication with the EMSA Data/QI program coordinator. All 33 LEMSAs are required to submit EMS QI plans to EMSA.

Data Source:

- EMS Systems Division of the California EMS Authority, April 2015
- U.S. Census Bureau, 2015 (2014 data)

State Health Problem:

Health Burden:

California does not have an enforceable mandate for the electronic collection or submissions of patient-care information by local agencies to EMSA. Therefore, participation in data-related activities by local stakeholders is voluntary.

EMSA has worked with stakeholders and software vendors to develop state data standards and adopt national data standards, and continues to encourage local participation in the state database system, California EMS Information System (CEMSIS). Although data reflecting these incidents may exist at the EMS provider, Trauma Center, or LEMSA level, statewide data is not captured centrally. Thus, the

comprehensive collection of EMS data is limited and directly affects program efficacy in establishing QI measures and objectives.

The **target** and **disparate populations** are the same, the total population of California.

Target Population:

Number: 39,802,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 39,802,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: United States Census Bureau, 2015 (2014 data year)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: American College of Surgeons (ACS)/National Trauma Data Bank

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$595,573

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Increase the quality and availability of EMS data.

Between 10/2014 and 09/2015, EMSA staff will develop **five** EMS data reports to publish on the EMSA website, to make the data available for promoting public trust and quality patient care.

Annual Activities:

1. Analyze data from the CEMSIS database.

Between 10/2014 and 09/2015, EMSA staff will analyze 100 percent of the submitted data from the CEMSIS database, to ensure accurate and efficient evaluation of all data submitted for successful QI and QA data reporting.

2. Publish EMS data reports.

Between 10/2014 and 09/2015, EMSA staff will publish five EMS data reports for distribution via the EMSA website, to make the data available to promote public trust and quality patient care.

Objective 2:

Provide funding to LEMSAs for local QI or data-related programs.

Between 10/2014 and 09/2015, EMSA staff will provide PHHS funds to **at least one** LEMSA, to support the implementation of their local QI or data-related pilot.

Annual Activities:

1. Develop contracts.

Between 10/2014 and 09/2015, EMSA staff will develop contractual agreements with the LEMSAs receiving PHHSBG funds, to ensure that their QI or data-related pilot project adheres to the approved proposal scope of work during this federal fiscal year.

2. Coordinate quarterly project reports.

Between 10/2014 and 09/2015, EMSA staff will coordinate quarterly and final project reports from the LEMSAs, to ensure that scope of work and project objectives are being met.

3. Coordinate final project reports.

Between 10/2014 and 09/2015, EMSA staff will coordinate the receipt of final project reports from the LEMSAs, to ensure completion of the project as described in the contract.

Objective 3:

Provide leadership and coordination of Core Measure Reporting.

Between 10/2014 and 09/2015, EMSA staff will provide technical assistance to **100 percent** of the LEMSAs that request assistance with Core Measure Reporting.

Annual Activities:

1. Facilitate taskforce.

Between 10/2014 and 09/2015, EMSA staff will facilitate at least two Core Measure Taskforce meetings to prepare the Core Measures book and to review Core Measure reports, to ensure that the measures are written accurately and appropriately by inclusion of EMS stakeholders and experts.

2. Develop summary report.

Between 10/2014 and 09/2015, EMSA staff will develop a summary report of all LEMSA Core Measure data submitted and develop a map of one Core Measure of reported values for the public and EMS stakeholders.

Objective 4:

Provide leadership and coordination of EMS plans.

Between 10/2014 and 09/2015, EMSA staff will provide technical assistance to **100 percent** LEMSAs that submit their EMS plans, to ensure that they meet the compliance requirements.

Annual Activities:

1. Coordinate QI Plan submissions.

Between 10/2014 and 09/2015, EMSA staff will contact each of the 33 LEMSA administrators, either by electronic or telephone communication, to request their QI plan submittal at least three months prior to their Plan due date, to support timely Plan submission and evaluation.

2. Review LEMSA Quality Improvement Plans.

Between 10/2014 and 09/2015, EMSA staff will review at least five submitted Quality Improvement Plans from the LEMSAs, to assist them in meeting the compliance requirements of California EMS regulations, standards, and guidelines.

3. Develop an activity log.

Between 10/2014 and 09/2015, EMSA staff will develop one administrative QI Plan activity log, to standardize and streamline the administrative review processes within EMSA.

State Program Title: EMS STEMI and Stroke Systems

State Program Strategy:

Goals: Support optimum patient outcomes during medical emergencies by (1) drafting California STEMI System (ST–segment Elevation Myocardial Infarction) and Stroke System Regulations for submission to the Office of Administrative Law (OAL), to initiate the required regulatory approval process, and (2) providing leadership to and oversight of STEMI and Stroke System services.

Health Priorities: Reduce premature deaths and disabilities from heart disease and stroke through improved cardiovascular health detection and treatment during medical emergencies.

Role of Block Grant Funds: PHHSBG dollars support EMD staff, who establish specialized and timely STEMI and Stroke emergency medical systems within prehospital emergency medical services. The vacant position is expected to be filled by August 28, 2015.

Primary Strategic Partnerships

Internal

- California Department of Public Health
- California Emergency Management Agency
- California Highway Patrol
- California Office of Traffic Safety
- California State Office of Rural Health
- Commission on EMS
- California Health and Human Services Agency
- Office of Statewide Health Planning and Development
- California Cardiovascular Disease Prevention Program

External

- American Heart Association
- American College of Cardiology
- California Hospital Association
- California Ambulance Association
- EMS Providers
- Local EMS Agencies
- California Chapter of the American College of Emergency Physicians
- California Fire Chiefs
- Emergency Nurses Association
- EMS Administrators Association of California
- EMS Medical Directors Association of California
- National Highway Transportation Safety Association
- U.S. Department of Health and Human Services, Health Resources and Services Administration
- California Stroke Registry

Evaluation Methodology: EMSA will use goal-based methodologies to assess the progress of staff participation in the development of STEMI/Stroke regulations and use STEMI, stroke, trauma, and EMS data collected from the California EMS Information System (CEMSIS) database to generate core measuring reports for continued quality assurance (QA) and quality improvement (QI) of patient outcomes during an emergency.

State Program Setting:

Local health department, Medical or clinical site, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Tom McGinnis

Position Title: Health Program Manager II

State-Level: 9% Local: 0% Other: 0% Total: 9%

Position Name: Farid Nasr, MD

Position Title: Health Program Specialist II

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Teri Harness

Position Title: Staff Services Manager I

State-Level: 12% Local: 0% Other: 0% Total: 12%

Position Name: Leticia Marin

Position Title: Legal Typist

State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Kim Lew

Position Title: Associate Governmental Program Analyst

State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Name: vacant

Position Title: Associate Governmental Program Analyst

State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 6

Total FTEs Funded: 1.53

National Health Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)

State Health Objective(s):

Between 10/2014 and 09/2015, EMSA staff will assist 100 percent of the LEMSAs that request support in their efforts to develop STEMI and Stroke programs, to increase cardiovascular health of Californians.

Baseline:

Of California's 58 counties, 43 have a STEMI System, and 26 have a Stroke System for their EMS region.

Data Source:

CEMSIS; NEMSIS 2014

State Health Problem:

Health Burden:

Heart disease is the leading cause of death and long-term disability in adults. The chance of stroke is doubled each decade after the age of 55, and three-quarters of all heart attacks occur in people over 65. In California, heart disease accounts for approximately 47,000 deaths each year, 134 deaths per 100,000 population. The annual cost of coronary heart disease in California is approximately \$20 billion. Stroke is the third leading cause of death in California and a leading cause of long-term disability.

Target Population:

Number: 28,683,239

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 28,683,239

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: U.S. Census, 2015 (2014 data)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

- Other: • U.S. Department of Health and Human Services,
- California Department of Public Health,
 - California EMS Authority,
 - American Heart and Stroke Association,
 - American College of Cardiology,
 - National Institute of Neurological Disorders and Stroke, and
 - American College of Emergency Physicians

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$269,178

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Develop STEMI and Stroke regulations and services.

Between 10/2014 and 09/2015, EMSA staff will provide leadership and technical assistance to **100 percent** of the STEMI and Stroke Workgroup members and LEMSAs, to promote timely and effective STEMI and Stroke regulation developments and services for improved statewide STEMI and Stroke patient care.

Annual Activities:

1. Revise STEMI and Stroke draft regulations.

Between 10/2014 and 09/2015, EMSA staff will revise at least one STEMI and stroke draft regulation, to continue progress toward approval and implementation of statewide STEMI and Stroke regulations.

2. Adhere to Office of Administrative Law rule-making procedures.

Between 10/2014 and 09/2015, EMSA staff will review 100 percent of the Office of Administrative Law rule-making procedures, to ensure legal adherence to regulation development requirements.

Objective 2:

Update STEMI and Stroke information.

Between 10/2014 and 09/2015, EMSA staff will provide at least four updates regarding STEMI and Stroke system trends to **100 percent** of the LEMSAs and the public via the EMSA website, to promote public trust and high-quality STEMI/Stroke patient care in California.

Annual Activities:

1. Analyze medical studies.

Between 10/2014 and 09/2015, EMSA staff will review at least four recent medical research studies or program developments related to STEMI or Stroke systems of care, to disseminate system-specific information on the EMSA website and promote public trust and quality STEMI/Stroke patient care in California.

2. Collaborate with LEMSAs.

Between 10/2014 and 09/2015, EMSA staff will obtain information from at least two LEMSAs regarding changes or new developments in their STEMI and Stroke receiving center programs to disseminate quality EMS-specific information on the EMSA website, to promote public trust and quality STEMI/stroke patient care in California.

State Program Title: EMS Systems Planning and Development

State Program Strategy:

Goal: Ensure quality patient care by administering an effective statewide Emergency Medical Service (EMS) system of coordinated emergency care, injury prevention, and disaster medical response.

Health Priorities: Increase quality patient care outcomes by administering an effective statewide system of coordinated emergency care, injury prevention, and disaster medical response.

Thirty-three local Emergency Medical Services agencies (LEMSAs) are made up of six multi-county EMS systems composed of 30 counties, one regional agency composed of two counties, and 26 single-county agencies that administer all local EMS systems. Multi-county agencies are usually small and rural; single-county agencies are usually larger and more urban.

Role of Block Grant Funds: PHHSBG dollars support EMSA staff positions and activities that promote quality EMS patient care across California. Funded positions provide leadership and oversight of LEMSA operations and state plans as well as monitor LEMSA performances according to the *EMS System Standards and Guidelines*. The vacant position is expected to be filled by July 1, 2015.

Primary Strategic Partnerships

Internal

- California Health and Human Services Agency
- EMS Commission
- Department of Finance
- California State Office of Rural Health

External

- California Department of Forestry and Fire Protection
- Emergency Medical Directors Association
- LEMSAs
- Emergency Medical Administrators Association
- Local area hospitals
- Ambulance companies
- Nurse associations
- Paramedic associations
- EMT associations
- First responders
- Fire departments

Evaluation Methodology: The LEMSAs are required to submit an annual EMS Plan. In addition, multi-county agencies submit quarterly progress reports. The local plans are used to evaluate progress toward the goal of statewide coordination, including planning, development, and implementation of local EMS systems.

State Program Setting:

Community based organization, Local health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Tom McGinnis

Position Title: Health Program Manager II

State-Level: 9% Local: 0% Other: 0% Total: 9%

Position Name: Teri Harness

Position Title: Staff Services Manager I

State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Nancy Steiner
Position Title: Health Program Manager II
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Craig Stevenson
Position Title: Legal Counsel
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Lisa Galindo (maternity leave)/ Jeff Schultz
Position Title: Health Program Specialist I
State-Level: 80% Local: 0% Other: 0% Total: 80%
Position Name: Laura Little
Position Title: Health Program Specialist I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Kim Lew
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Adam Davis
Position Title: Associate Governmental Program Analyst
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: vacant
Position Title: Associate Governmental Program Analyst
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Leticia Marin
Position Title: Legal Typist
State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 10
Total FTEs Funded: 4.82

National Health Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)

State Health Objective(s):

Between 10/2014 and 09/2015, EMSA staff will provide technical support and leadership to 100 percent of the LEMSAs that request assistance in areas associated with EMS planning and development.

Baseline:

There are 33 LEMSAs serving California's residents. This includes six multi-county agencies that cover over two-thirds of the State's geography.

Data Source:

- Institute of Medicine;
- American College of Emergency Physicians;
- National Association of EMS Officials.

State Health Problem:

Health Burden:

California's emergency care continues to be fragmented; emergency departments (EDs) and trauma centers are not effectively coordinated, resulting in unmanaged patient flow. Training and certification of emergency medical technicians (EMTs) do not consistently conform to national and state standards, resulting in various

levels of trained and qualified personnel working the front lines of EMS. Multi-county agencies are often served by multiple 9-1-1 call centers, and often EMS providers operate on different radio frequencies; therefore they do not effectively communicate with each other.

Critical-care specialists are often unavailable to provide emergency and trauma care; the emergency-care system is not fully prepared to handle a major disaster; and not all EDs are equipped to handle pediatric care.

The **target population** is the number of persons that may require 9-1-1 emergency calls for medical care annually, potentially the entire population of the State, and an unknown number of visitors to the State. The **disparate population** is the number of persons making 9-1-1 calls in rural counties. The six multi-county agencies that serve rural counties cover over two-thirds of the State's geography. These agencies provide service to 30 of the State's 58 counties, which include a total resident population of 5,604,678 and an annual tourist population of 42,066,000.

Target Population:

Number: 38,802,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other

Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 38,802,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other

Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: United States Census, 2015 (2014 data) [Target source],

California Department of Finance, 2012 state population estimate [Disparate source]

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Division 2.5 of the California Health and Safety Code

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$651,198

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Provide oversight and leadership to LEMSAs.

Between 10/2014 and 09/2015, EMSA staff will provide oversight and technical assistance to **100 percent** of the LEMSAs that submit EMS Plans or Updates, to assist them in adhering to California EMS statutes and EMSA department guidelines for optimum EMS patient care.

Annual Activities:

1. Coordinate EMS Plan submissions

Between 10/2014 and 09/2015, EMSA staff will contact at least six LEMSA administrators, either by electronic or telephone communication, to request their annual or five-year plan submittal at least three months prior to their plans' due dates, to support timely plan submission and evaluation for optimum EMS patient care.

2. Record EMS Plan submissions and collaborate with EMSA staff.

Between 10/2014 and 09/2015, EMSA staff will update the internal tracking log to show receipt of EMS Plans or Updates and all collaboration with other EMSA staff, to ensure effective oversight of the plan review process for timely, comprehensive plan development and plan approvals.

3. Update the EMSA website.

Between 10/2014 and 09/2015, EMSA staff will post the approved LEMSA EMS plans to EMSA's EMS Systems Planning website, to promote effective injury-prevention EMS strategies, ensure public trust, and provide high-quality patient care across California.

4. Oversee LEMSA Quarterly Report submissions.

Between 10/2014 and 09/2015, EMSA staff will contact 100 percent of contracted LEMSAs by e-mail or telephone, three months prior to their quarterly EMS plan report due date, to promote comprehensive and timely reporting by each LEMSA.

5. Assess LEMSA Quarterly Reports.

Between 10/2014 and 09/2015, EMSA staff will review quarterly reports submitted by the contracted LEMSAs, to verify that the work performed is consistent with the Scope of Work written into their contracts.

Objective 2:

Provide Transportation Plan technical support.

Between 10/2014 and 09/2015, EMSA staff will provide assistance to **100 percent** of the California Department of Forestry and Fire Protection (CAL FIRE) staff who request assistance in basic life support (BLS) rescue air operations and communications and the coordination of EMSA inspections of BLS rescue helicopters, to support successful EMS transportation operations.

Annual Activities:

1. Conduct Calls to CAL FIRE for helicopter Inspections.

Between 10/2014 and 09/2015, EMSA staff will contact, by e-mail or telephone, CAL FIRE air operations personnel at least three times during this grant period to offer technical support and to schedule BLS rescue helicopter inspections, to ensure safe and effective EMS air operations statewide.

2. Assist LEMSAs with Transportation Plan development.

Between 10/2014 and 09/2015, EMSA staff will assist LEMSAs that request support in the development of their requests for proposals (RFPs) for emergency ambulance services in exclusive operating areas or EMS Transportation Plans, to promote successful approval of state EMS ambulance services that adhere to California standards and guidelines for optimum patient care during an emergency.

3. Update forms.

Between 10/2014 and 09/2015, EMSA staff will update the current Table 8 Transportation Plan forms to incorporate the collection of non-transport-provider emergency response data. The collection of this information will assist EMSA and other EMS stakeholders in establishing baseline data for comparison of all transport resources and to identify any redundancies and deficiencies in EMS patient-care services.

4. Develop instructions.

Between 10/2014 and 09/2015, EMSA staff will create written instructions on how to fill out Table 8 Transportation Plan forms and AZS forms, to resolve disparities found in LEMSA reporting.

State Program Title: EMS Trauma Care Systems

State Program Strategy:

Goal: Continue the implementation of the statewide Trauma System in accordance with the *State Trauma Plan*, approved by the Commission on Emergency Medical Services (EMS).

Health Priorities: Reduce morbidity and mortality from injury in California through the development and implementation of local trauma systems that provide timely access to optimal trauma care.

Role of Block Grant Funds: PHHSBG dollars support EMSA staff who coordinate state and local trauma services and assist in ongoing improvements to trauma-related patient care programs across the State. The vacant positions are expected to be filled by July 1, 2015.

Primary Strategic Partnerships

Internal

- California Business, Transportation, and Housing Agency
- California Children's Services
- California Department of Alcoholic Beverage Control
- California Department of Corrections and Rehabilitation
- California Department of Motor Vehicles
- California Department of Public Health
- California Department of Transportation
- California Strategic Highway Safety Plan
- California Emergency Management Agency
- California Highway Patrol
- California Office of Traffic Safety
- California State Office of Rural Health
- Commission on EMS
- California Health and Human Services Agency
 - Office of Statewide Health Planning and Development

External

- American College of Surgeons
- American Trauma Society
- Association of Air Medical Services
- California Ambulance Association
- California Chapter of the American College of Emergency Physicians
- California Fire Chiefs
- California Hospital Association
- California Peace Officers' Association
- California Rural Indian Health Board
- Centers of Disease Control and Prevention
- Critical Illness and Trauma Foundation
- Emergency Nurses Association
- EMS Administrators Association of California

Evaluation Methodology

- The management of a State Trauma Registry, which complies with National Trauma Data Standards, provides CEMSIS trauma data, such as pre-hospital timeliness of care, type of trauma incidents, and cause of traumas, to assess the efficacy of the statewide Trauma System's primary (preventing the event), secondary (reducing the degree of injury), and tertiary (optimizing outcome for injuries) data to ensure optimum trauma care. Data collected help develop statewide policies to support statutes and regulations.
- Program status is also provided to the EMS Administrators Association of California, the EMS Medical Directors Association of California, and the Commission on EMS, on a quarterly basis, allowing for discussion and recommendations.

State Program Setting:

Community based organization

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Tom McGinnis
Position Title: Health Program Manager II
 State-Level: 9% Local: 0% Other: 0% Total: 9%

Position Name: Teri Harness
Position Title: Staff Services Manager I
 State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Bonnie Sinz, RN
Position Title: Health Program Manager II (Retired Annuitant)
 State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: vacant
Position Title: Health Program Specialist II/Nurse
 State-Level: 50% Local: 0% Other: 0% Total: 50%

Position Name: Leticia Marin
Position Title: Legal Typist
 State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Kim Lew
Position Title: Associate Governmental Program Analyst
 State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Name: vacant
Position Title: Associate Governmental Program Analyst
 State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 7
Total FTEs Funded: 2.02

National Health Objective: HO AHS-8 Rapid Prehospital Emergency Care (EMS)

State Health Objective(s):

Between 10/2014 and 09/2015, EMSA staff will provide technical support to 100 percent of the LEMSAs that request assistance with local trauma programs, and EMSA staff will continue the development of the State Trauma System.

Baseline:

Each LEMSA has approved trauma plans for their EMS county/region. Although the majority of LEMSAs have trauma care plans, only 23 LEMSAs (34 counties) have designated trauma centers. California has 77 designated trauma centers.

Data Source:

- Resources for Optimal Care of the Injured Patient 2006
- California Statewide Trauma Planning: Assessment and Future Direction
- National Trauma Data Bank
- United States Census Bureau State and County Quick Facts

State Health Problem:

Health Burden:

In California, the leading cause of death and permanent disability among people aged 1 to 44 years is traumatic illness and injury; less-traumatic injuries have an even greater mortality rate in the elderly. Trauma, however, impacts all age groups (**target population**). Transporting trauma patients to an appropriate facility within a 60-minute window known as the “golden hour”

is essential. After the golden hour is eclipsed, positive outcomes decline rapidly. The **disparate** and **target populations** are the same.

Target Population:

Number: 38,802,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 38,802,500

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: California Statewide Trauma Planning: Assessment and Future Direction, National Trauma Data Bank, United States Census Bureau, 2015 (2013 and 2014 data).

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

- Other:
- Division 2.5 of the California Health and Safety Code,
 - "Optimal Hospital Resources Care of the Injured Patient" (American College of Surgeons, Committee on Trauma, 1976, pre-publication 2014).
 - "2011 Guidelines for Field Triage of Injured Patients," Centers for Disease Control and Prevention, 2011

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$258,536

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Execute a State Trauma Plan.

Between 10/2014 and 09/2015, EMSA staff will establish **one** approved State Trauma Plan for execution by LEMSAs and other EMS providers, to promote optimum, standardized trauma care services to Californians.

Annual Activities:

1. Submit the State Trauma Plan for review.

Between 10/2014 and 09/2015, EMSA staff will distribute the final draft of a State Trauma Plan and Secretary's Action Requested form to the Secretary of the California Health and Human Services Agency (HHS) to promote timely review and approval.

2. Evaluate revision requests.

Between 10/2014 and 09/2015, EMSA staff will review all State Trauma Plan revision requests received by HHS Secretary and make adjustments to acquire approval.

Objective 2:

Lead and coordinate the Performance Improvement and Patient Safety Plan Subcommittee.

Between 10/2014 and 09/2015, EMSA staff will provide technical assistance to **100 percent** of Performance Improvement and Patient Safety Plan (PIPS) Subcommittee members.

Annual Activities:

1. Facilitate conference calls.

Between 10/2014 and 09/2015, EMSA staff will conduct at least eight conference calls with the PIPS Plan Development Committee, to encourage collaboration and effective decision-making by all PIPS Subcommittee members.

2. Provide progress report.

Between 10/2014 and 09/2015, EMSA staff will distribute at least three reports on the progress of PIPS Plan development to the state Trauma Advisory Committee, to receive trauma stakeholder recommendations and collaboration.

3. Validate core measures.

Between 10/2014 and 09/2015, EMSA staff will run preliminary data reports, to test at least two core measures within the CEMIS Trauma data system.

Objective 3:

Lead and coordinate the Regional Network/Re-Triage Subcommittee.

Between 10/2014 and 09/2015, EMSA staff will provide technical assistance to **100 percent** of the Regional Network/Re-Triage (RNRT) Subcommittee members, to develop a draft RNRT guideline resource for use by all EMS and trauma medical providers.

Annual Activities:

1. Facilitate conference calls.

Between 10/2014 and 09/2015, EMSA staff will conduct at least six conference calls with members of the RNRT Subcommittee, to encourage collaboration and effective decision-making in the development of RNRT Guidelines by all subcommittee members.

2. Provide progress report.

Between 10/2014 and 09/2015, EMSA staff will distribute at least three reports on the progress of the RNRT Guidelines to the state Trauma Advisory Committee, to receive trauma stakeholder recommendations and collaboration.

State Program Title: Let's Get Healthy California Dashboard and Website

State Program Strategy:

Goal: Build a sophisticated, user-friendly, interactive website (dashboard) to be used by policy makers. The dashboard will display strategies, goals, and defined metrics that will track the Triple Aim of better health, better health care, and lower costs.

Health Priorities: *Performance Standards (Healthy People 2020)*. Transparency is an essential building block within Let's Get Healthy California (LGHC). Public reporting on performance standards is a critical facet of transparency, including progress of the 39 LGHC dashboard metrics toward reducing disparities. New metrics, such as regional health care costs, will be reported via the California Health and Human Services Agency (HHS) website, where local policy makers can assess how their community fares on a given metric.

Role of Block Grant Funds: PHHSBG funds will (1) advance the State's transparency agenda through building an interactive, dynamic dashboard and website, (2) develop a communications plan and marketing materials in preparation for the website launch, and (3) cover staff salaries and support contracts starting in September 2015.

Primary Strategic Partnerships

Internal

- Center for Chronic Disease Prevention and Health Promotion
- Center for Infectious Diseases
- Center for Family Health
- Center for Family Health—Maternal, Child and Adolescent Health Program
- Office of Quality Performance and Accreditation
- Center for Health Statistics and Informatics
- Let's Get Healthy California Coordination Team
- Let's Get Healthy California Executive Sponsorship/Leadership Team

External

- California Health and Human Services Agency
- California Conference of Local Health Officers
- County Health Executives Association of California
- Office of Statewide Healthcare Planning and Development
- California Department of Health Care Services (Medicaid Program)
- Covered California (California Health Benefits Exchange)
- The California Endowment
- The California Health Care Foundation
- San Diego County Health Department
- Sonoma County Health and Human Services
- Let's Get Healthy California Sub Teams

Evaluation Methodology:

LGHC website and dashboard progress will be evaluated through process evaluation (input and feedback from partners and stakeholders) and performance evaluation (monitoring selected California Wellness Plan [CWP] objectives in collaboration with state partners).

Process evaluation will also include tracking and evaluation techniques that use methodology and metrics from the Project Management Book of Knowledge:

1. Development of a Work Breakdown Structure (e.g. project plan),
2. Development of a Scope of Work composed of metrics and benchmarks used to track all elements of the project, especially project milestones and progress, and will be used throughout the life of the project.

State Program Setting:

State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: vacant

Position Title: Graduate Student Assistant

State-Level: 50% Local: 0% Other: 0% Total: 50%

Position Name: vacant

Position Title: Associate Governmental Program Analyst

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: vacant

Position Title: Graduate Student Assistant

State-Level: 50% Local: 0% Other: 0% Total: 50%

Total Number of Positions Funded: 3

Total FTEs Funded: 2.00

National Health Objective: HO PHI-14 Public Health System Assessment

State Health Objective(s):

Between 10/2014 and 09/2015, work toward making California the healthiest state in the nation by 2022. This includes improving the health of all Californians, controlling health care costs, promoting personal responsibility of individual health, and advancing health equity. Targets should be achieved without additional government spending, and recommendations should be made for standards for measuring improvement over a 10-year period. Specific areas to address by 2022 include:

1. Reducing diabetes, asthma, childhood obesity, hypertension, and sepsis-related mortality;
2. Reducing hospital readmissions within 30 days of discharge; and
3. Increasing the number of children receiving recommended vaccines by age three.

Baseline:

A website and dashboard that tracks statewide health and cost indicators currently does not exist for California. PHHSBG funds would be used to develop such a site.

Data Source:

CHHS, Let's Get Healthy California Task Force Report, 2012

State Health Problem:

Health Burden:

Chronic conditions and aging population: High rates of obesity and resulting conditions, such as diabetes, may reverse life expectancy increases gained over the last 100 years. For the first time, this generation of children may not live as long as their parents.

Transformation in health care delivery. The health care delivery system is fragmented, uncoordinated, and financially unsustainable. Private and public initiatives are changing the way the health care system operates and performs.

Significant health disparities: California is the most populous and diverse state in the country. Significant

health disparities exist by race/ethnicity, income, educational attainment, geography, sexual orientation and gender identity, and occupation.

Access to coverage and preventive services and improving population health: The passage of the federal Affordable Care Act (ACA) in 2010 offers, for the first time, health insurance to a vast majority of the population. The Act recognizes the important roles of prevention and public health in improving health outcomes, and invests in prevention inside and outside the health care system.

Health care costs and the state fiscal challenges: The cost of health care continues to surpass the rate of inflation, causing increasing strain on the budgets of families, employers, and government.

The **target** and **disparate populations** are the same: 61 local health jurisdictions (potentially the entire state population). The key audience for this information includes state and local policy makers and policy influencers and health and general media.

Target Population:

Number: 38,800,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations

Disparate Population:

Number: 38,800,000

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

No Evidence Based Guideline/Best Practice Available

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$280,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Rapid Response

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Develop a communications plan.

Between 10/2014 and 09/2015, LGHC Coordination Team staff will develop **one** marketing and communications plan to draw targeted audiences (including community members, change makers, and policy makers) to the website.

Annual Activities:

1. Maintain communications.

Between 10/2014 and 09/2015, LGHC Coordination Team staff will identify at least three communications outlets (e.g., listserv/RSS feeds, blogs, Twitter, Facebook), including the *Let's Get Healthy California Listens* campaign and interview series, to announce the launch of the LGHC website, draw targeted

audiences to the website, and share LGHC opportunities for collaboration to promote best practices/innovations.

Objective 2:

Develop a data collection process.

Between 10/2014 and 09/2015, LGHC Coordination Team staff will develop **at least four** processes and procedures for collecting, updating, and analyzing indicator data (e.g., infant mortality, deaths per 1,000 live births; proportion of adults who smoke) that can be used for the LGHC website and dashboard.

Annual Activities:

1. Establish data infrastructure.

Between 10/2014 and 09/2015, LGHC Coordination Team staff will define required indicator data structures, including data elements and statistical methodologies, for a specific set of pilot indicators that will help develop the website platform and visualizations.

Objective 3:

Develop content in preparation for website launch.

Between 10/2014 and 09/2015, LGHC Coordination Team staff will identify **at least six** local innovations representing the six LGHC Goal Areas that will be featured at the annual LGHC Innovation Conference as part of development of website content.

Annual Activities:

1. Identify innovations.

Between 10/2014 and 09/2015, LGHC Coordination Team staff will conduct at least four Innovation sub-team meetings to identify criteria, develop an application and adjudication process, build a survey, and create marketing messages for recruiting and selecting applicants for the LGHC first annual Innovation Challenge.

2. Collaborate on website development.

Between 10/2014 and 09/2015, LGHC Coordination Team staff will conduct an ideation session to develop content for the website. Ideas and concepts generated will be used for developing content and applied to the development of Innovation Challenge technical-assistance materials.

Objective 4:

Develop the website and dashboard.

Between 10/2014 and 09/2015, LGHC Coordination Team staff will develop **one** website, which will include solicited user feedback and beta-testing results from at least three meetings with end users, to ensure that the website is being built “with” the user, not just “for” the user.

Annual Activities:

1. Convene stakeholders.

Between 10/2014 and 09/2015, LGHC Coordination Team staff will meet at least four times with the State Oversight Team to identify appropriate end-users to beta test during website development. The Oversight Team provides critical linkages to public health entities, policy makers, and other policy influencers who serve as the key audiences for the LGHC website and dashboard.

Objective 5:

Select vendor.

Between 10/2014 and 09/2015, LGHC Coordination Team staff will increase the number of websites, via selection of one vendor who will build the Let's Get Healthy California website, from zero to **one**.

Annual Activities:

1. Review web developer applications.

Between 10/2014 and 09/2015, LGHC Coordination Team staff will review vendor proposals for constructing a dynamic, interactive website within a specified budget and time constraints. A vendor will be chosen and announced to the State Oversight Team.

State Program Title: Microbial Diseases Laboratory Branch/Select Agent and Biosafety

State Program Strategy:

Provide reference testing and genotyping for the detection, control, and prevention of bacterial, mycobacterial, fungal, and parasitic diseases in humans, food, water, and other environmental sources.

Health Priorities: Strengthen the capacity of the Microbial Diseases Laboratory (MDL) MDL to comply with Select Agent Tier 1 regulations and ensure timely responses to all events triggered by suspect bio-threat agents. MDL, an integral component of California's infrastructure for emergency response against bio-weapons or "select agents" threats, consists of 34 local public health laboratories. MDL is California's only public health repository of high-priority bio-threat agents (tier 1).

Role of Block Grant Funds: PHHSBG funds cover one Public Health Microbiologist Specialist hired to strengthen lab capacity to comply with select-agent tier-1 regulations.

Primary Strategic Partnerships:

Internal

- Communicable Diseases Emergency Response Program
- Infant Botulism Treatment and Prevention Program

External

- 14 California Laboratory Response Network (B) (LRN-B) Reference Laboratories
- Federal, state, and local law enforcement agencies
- Emergency responders
- U.S. Postal Service

Evaluation Methodology: Projects will be evaluated using quantitative and outcome measures, such as the number of laboratory manuals, handbooks, and informational sheets finalized; and training events and preparedness exercises completed.

State Program Setting:

State health department

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Mahtab Shahkarami

Position Title: Public Health Microbiologist Specialist

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

National Health Objective: HO PHI-11 Public Health Agencies Laboratory Services

State Health Objective(s):

Between 10/2014 and 09/2016, increase the proportion of tribal and state public health agencies that provide or assure comprehensive laboratory services in support of emergency response to the *HP 2020* goal of 67 percent.

Baseline:

CDPH MDL is the only public health facility in California with tier-1 status for handling, processing, and storage of select agents (Bacillus anthracis, Burkholderia mallei, Burkholderia pseudomallei, Botulinum neurotoxins, Botulinum neurotoxin-producing species of Clostridium, and Francisella tularensis). MDL urgently needs additional resources to comply with recently enacted enhanced regulatory requirements. The baseline staff strength stands at zero.

Data Source:

1. Comprehensive Laboratory Services Survey (CLSS), Association of Public Health Laboratories (APHL)
2. Federal Select Agent Program [cited 2015 May 14] URL: <http://www.selectagents.gov/regulations.html>.

State Health Problem:

Health Burden:

Screening and confirming potential agents of bioterrorism (bio-threat or select agents) have been facilitated by considerable federal investment in infrastructure, including public health laboratories across California. CDC licenses testing facilities under rigorous regulations for handling of bio-threat agents. The CDPH high-level select-agent program serves as a reference laboratory for local public health labs and performs critical activities, enabling the State to quickly detect, characterize, and communicate regarding confirmed infections with bio-threat agents. Sustaining these resources reduces the time needed to respond to exposure to one of these agents.

No other California public health laboratories are pursuing tier-1 status due to their inability to meet increasingly stringent federal guidelines. CDC estimates that only 20 of 49 public health laboratories in the nation will obtain tier-1 status. The MDL tier-1 license ensures that there is a public health laboratory in the State that retains the full critical laboratory infrastructure to test, confirm, and store bio-threat agents.

Target Population:

Number: 38,340,000

Infrastructure Groups: State and Local Health Departments, Disease Surveillance - High Risk

Disparate Population:

Number: 38,340,000

Infrastructure Groups: State and Local Health Departments, Disease Surveillance - High Risk

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Association of Public Health Laboratories, 2014

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$150,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Finalize biosafety and biosecurity policies.

Between 10/2014 and 09/2015, the MDL Public Health Microbiologist Specialist will implement **one** select-agent tier-1 program. MDL policies will be finalized and streamlined for compliance with tier-1 requirements. Staff security clearances via Department of Justice, monitoring, intrusion prevention, inspections, and drills will become operational, to ensure a secure and safe work environment for processing and storage of select agents and suspect materials.

Annual Activities:

1. Conduct compliance review.

Between 10/2014 and 09/2015, the MDL Public Health Microbiologist Specialist will complete one review of laboratory procedures and inventory, to ensure adherence to compliance requirements.

2. Complete facility review.

Between 10/2014 and 09/2015, the MDL Public Health Microbiologist Specialist will inspect the High-Risk Pathogens Section laboratory and equipment, to ensure adherence to compliance standards.

Objective 2:

Implement biosafety and biosecurity outreach.

Between 10/2014 and 09/2015, the MDL Public Health Microbiologist Specialist will conduct **eight** outreach activities with internal and external partners, to establish and refine emergency communication channels.

Annual Activities:

1. Increase coordination between EPO and CDER.

Between 10/2014 and 09/2015, the MDL Public Health Microbiologist Specialist 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.

2. Increase external coordination.

Between 10/2014 and 09/2015, the MDL Public Health Microbiologist Specialist will reach out to 14 California LRN-B laboratories. Two webinars and two mailings will be undertaken, to engage laboratories in performance of MDL tier-1 duties and sharing of resources.

3. Increase preparedness.

Between 10/2014 and 09/2015, The MDL Public Health Microbiologist Specialist will send one state-of-preparedness document to at least 35 contacts in local and state police, FBI, local and state fire departments, and the U.S. Postal Service, to serve as a ready reference. MDL staff 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.

Objective 3:

Improve biosafety and biosecurity practices.

Between 10/2014 and 09/2015, the MDL Public Health Microbiologist Specialist will develop **at least two** detailed procedures binders, to prescribe handling, processing, storage, and shipment of select agents.

Annual Activities:

1. Provide annual biosafety training.

Between 10/2014 and 09/2015, the MDL Public Health Microbiologist Specialist will provide annual training in biosafety and security to approximately 12 staff members. This training is mandated by federal select-agent regulations.

2. Respond to mock and real security incidents.

Between 10/2014 and 09/2015, the MDL Public Health Microbiologist Specialist will perform a mock security incident exercise, to test the level of preparedness and obtain hands-on experience for actual breach events.

State Program Title: Microbial Diseases Laboratory Branch/Valley Fever

State Program Strategy:

Goal: The Microbial Diseases Laboratory (MDL) provides reference and diagnostic activities for the detection, epidemiologic investigation, control, and prevention of bacterial, mycobacterial, fungal, and parasitic diseases in humans, food, water, and other environmental sources. MDL is an important component of California’s public health infrastructure, including 34 local laboratories.

Health Priority: Valley fever (coccidioidomycosis) (VF) is a disease with high morbidity and mortality in California, yet only limited public health infrastructure is dedicated to detection and surveillance. This project will improve lab and epidemiology infrastructure by developing a dedicated team of laboratorians for the identification, characterization, and genotyping of *Coccidioides* species and an epidemiologist to assist local public health departments in the surveillance, prevention, and control of valley fever.

Role of Block Grant Funds: PHHSBG funds will support three MDL laboratory positions that will build lab capacity in diagnosis of fungal infections, especially VF. The vacant positions are likely to be filled by June 15, 2015. The specialist laboratorians will partner with local public health laboratories and disease control programs for identification, characterization of, and genotyping of *Coccidioides* species, the causal agents of coccidioidomycosis.

Primary Strategic Partnerships

Internal

- Center for Chronic Disease Prevention and Health Promotion, Division of Environmental and Occupational Disease Control, Occupational Health Branch.

External

- 34 Local Public Health Laboratories in California
- Referral hospitals for valley fever:
- Kern Medical Center,
- UC Medical Centers, Davis, Fresno, San Diego, Los Angeles
- Santa Clara Valley Medical Center,
- Stanford University Medical Center
- Local public health departments especially those in endemic counties (Fresno, Kings, Kern, Madera, San Luis Obispo, Tulare)
- University of California, San Francisco and Davis

Evaluation Methodology: Laboratory activities will be evaluated using appropriate quantitative outcome measures, including isolates tested and confirmed, outbreaks investigated, and whole genome sequence completed.

State Program Setting:

Community based organization, Local health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: vacant

Position Title: Research Scientist Supervisor I

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Kara Pham

Position Title: Public Health Microbiologist II

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: vacant

Position Title: Public Health Research Technician I

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 3

Total FTEs Funded: 3.00

National Health Objective: HO PHI-11 Public Health Agencies Laboratory Services

State Health Objective(s):

Between 10/2014 and 09/2015, improve lab and epidemiology infrastructure by developing a dedicated team of laboratorians for the identification, characterization, and genotyping of *Coccidioides* species and an epidemiologist to assist local public health departments.

Baseline:

Since 2000, there has been a five-fold increase in the reported cases of coccidioidomycosis in California; more than 4,000 cases were reported in 2012.

Data Source:

- Centers for Disease Control and Prevention
- California Department of Public Health
- California Association of Public Health Laboratory Directors

State Health Problem:

Health Burden:

The most important mycotic disease affecting Californians is Coccidioidomycosis or valley fever (VF). The etiologic agents are two soil fungi *Coccidioides immitis* and *C. posadasii*. VF is endemic in the State, especially in the Central Valley. In 2012 there were 4,049 reported VF cases—a 67 percent increase from 2009. The highest rates, of 200 cases per 100,000 population, are found in Kern and Kings Counties in the Central Valley. Although many VF infections are mild or unapparent, severe illness, such as meningitis or disseminated disease, may cause long-term disability and require lifelong treatment. From 2000 through 2011, there were more than 25,000 hospitalizations, costing over \$2 billion. Eight percent of patients hospitalized for coccidioidomycosis died during an initial or subsequent hospitalization (1,220 deaths).

California has a strong public health infrastructure that includes 34 local laboratories and the state laboratory (MDL); seven academic and referral medical facilities specialize in treating VF. However, mycotic diagnostic capacity is inadequate, including MDL, which only offers a single test (GenProbe® for *Coccidioides* species). Although coccidioidomycosis is a reportable disease in California, the laboratories are not required to report. As a result, the true burden of coccidioidomycosis in California remains undetermined and likely underestimated.

During 2000–2011, the total cost for all coccidioidomycosis-associated hospitalizations in California, was \$2.2 billion, and the average annual total was \$186 million. The inflation-adjusted annual total charges increased from \$73 million in 2000 to \$308 million in 2011.

The **target population** includes racial/ethnic minorities in Kern, Kings, and Tulare Counties as they are at higher risk for VF. All age groups and both sexes are at high risk for this infection. The **disparate population** includes disproportionately large numbers of African Americans and Hispanics.

Target Population:

Number: 3,523,483

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions

Disparate Population:

Number: 1,018,130

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: CDC, Mycotic Diseases Branch

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$319,500

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Establish mycotic diagnostics

Between 10/2014 and 09/2015, MDL staff will establish **at least one** reference service for the isolation of pathogenic fungi from clinical specimens and identification of *Coccidioides* species isolates submitted to state and local public health laboratories. Five-hundred clinical specimens will be tested through 2015. This activity will ensure that California patients receive accurate and rapid confirmation for coccidiomycosis.

Annual Activities:

1. Provide comprehensive laboratory services.

Between 10/2014 and 09/2015, MDL staff will complete licensing requirements for a comprehensive mycology laboratory, then process 500 specimens and isolates for reference testing.

2. Foster partnership.

Between 10/2014 and 09/2015, MDL staff will reach out to 34 local public health laboratories and academic centers involved with VF. Six conference calls, two webinars, and two mailings will promote introduction of specialized tests in the regular work flow of local public health laboratories.

Objective 2:

Increase fungal molecular testing.

Between 10/2014 and 09/2015, MDL staff will implement **at least two** validated real-time PCR assays for

the differentiation of *Coccidioides immitis* from *C. posadasii*. During 2014–2015, 100 isolates of *Coccidioides* species will be tested by rapid molecular test. This activity will improve clinical management of coccidioidomycosis patients.

Annual Activities:

1. Provide specialized and reference testing.

Between 10/2014 and 09/2015, MDL staff will introduce a one-tube molecular assay for same-day confirmation and differentiation of 100 *Coccidioides* isolates from MDL and partner laboratories. Laboratories use a number of tests to identify *Coccidioides* species and differentiate between *C. immitis* and *C. posadasii*. This causes avoidable delays in treatment and follow-up public health actions. The one-tube, same-day assay will promote more appropriate responses for patients testing positive for this fungal pathogen.

2. Support public health–related methods.

Between 10/2014 and 09/2015, MDL staff will carry out the development and validation of one real-time PCR assay for further improvement of published methods describing real-time PCR, for the detection and differentiation of *Coccidioides immitis* and *Coccidioides posadasii*.

Objective 3:

Increase genotyping services.

Between 10/2014 and 09/2015, MDL staff will develop **at least one** validated multi-locus sequence typing (MLST) and whole genome sequence (WGS) typing of *Coccidioides* species. A subset of isolates of *Coccidioides* species from suspected outbreaks will be genotyped through 2015. The genotyping results will enhance surveillance activities aimed at disease control and prevention.

Annual Activities:

1. Support disease prevention, control, and surveillance.

Between 10/2014 and 09/2015, MDL staff will introduce a one-tube molecular assay for same-day confirmation and differentiation of 100 *Coccidioides* isolates from MDL and partner laboratories.

2. Support policy development.

Between 10/2014 and 09/2015, MDL staff will collaborate with the CDPH Infectious Disease Branch, to finalize guidelines for utilization of *Coccidioides* species genotyping data during an outbreak investigation.

3. Support public health–related research.

Between 10/2014 and 09/2015, MDL staff will use 25 *Coccidioides* species outbreak isolates, to compare MLST and WGS for their efficacy in determining relatedness among outbreak strains.

State Program Title: Nutrition Education and Obesity Prevention Branch

State Program Strategy:

Goal: Increase healthy eating and physical activity to reduce the prevalence of obesity and chronic diseases such as heart disease, cancer, stroke, osteoporosis, and type 2 diabetes. The Nutrition Education and Obesity Prevention Branch (NEOPB) works with state and local physical-activity and nutrition leaders (e.g., local health department nutritionists and administrators) and key school partners (e.g., California Department of Education [CDE]), to conduct healthy eating and physical activity social marketing programs focused on obesity prevention in communities throughout California.

Health Priorities: In California, 24.8% of adults (6.9 million people) and 15.8 percent of adolescents (494,000) are obese (California Health Interview Survey [CHIS], 2011–2012); and among low-income children, 17.3 percent (49,000) of 2–4 year olds and 23.3 percent (108,000) of 5–19 year olds are obese (Pediatric Nutrition Surveillance System [PedNSS], 2010). Although California adults and adolescents meet the *Healthy People 2020* targets for obesity, rates among low-income children exceed the targets. The prevalence rates double when overweight and obesity are combined for adults and adolescents, and nearly double among low-income children 2–4 and 5–19 years old (PedNSS, 2010). The most current data available for CHIS is from 2011–2012 and from 2010 for PedNSS.

Role of Block Grant Funds: The PHHSBG funds staff positions that provide leadership, oversight, and administrative support focus on obesity-prevention efforts that improve the health status of low-income children and youth.

Primary Strategic Partnerships

Internal

- Chronic Disease Control Branch
- Worksite Wellness Program
- Health in All Policies taskforce
- Healthier U
- Maternal and Adolescent Health Branch
- Prevention First–funded programs
- SNAP-Ed–funded programs
- Obesity Prevention Group
- Safe and Active Communities Branch

External

- California Women Infants and Children Association
- California Action for Healthy Kids
- California Department of Education
- California Food Policy Advocates
- California Center for Public Health Advocacy
- California local health departments
- California Parent Teacher Association
- Kaiser Permanente
- Partnership for the Public’s Health
- The California Endowment
- The Prevention Institute

Evaluation Methodology: NEOPB nutrition-education, physical-activity, and obesity-prevention projects will be evaluated using a combination of process measures (including number of trainings, trainees, and partnerships), along with the required project success story.

Annual CHIS data will be consulted to assess decreases in the incidence of overweight and/or obesity in children and/or adolescents. These data will be complemented with NEOPB local health department (LHD) evaluation information, including interviews with mothers, teenagers, and children that are being conducted annually within 17 California LHDs, through 2016.

The survey instruments collect extensive dietary information (using the ASA24 system, a web-based tool that enables automated, self-administered, 24-hour recalls), physical activity information, and self-reported height and weight. Randomly selected households are sent a tape measure with instructions before the interviews. NEOPB is currently analyzing the data to detect potential changes from 2013 through 2014, and assessing levels of intervention reach in relation to outcomes.

State Program Setting:

Child care center, Community based organization, Local health department, Schools or school district, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Linda Lee Gutierrez

Position Title: Health Program Specialist II

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Sheila Chinn

Position Title: Staff Services Analyst

State-Level: 45% Local: 0% Other: 0% Total: 45%

Position Name: Monet Parham-Lee

Position Title: Health Education Consultant III (Spec)

State-Level: 35% Local: 0% Other: 0% Total: 35%

Position Name: Jeanine Barbato

Position Title: Health Program Specialist II (SACB)

State-Level: 0% Local: 33% Other: 0% Total: 33%

Position Name: Jackie Richardson

Position Title: Health Program Manager II

State-Level: 20% Local: 5% Other: 0% Total: 25%

Position Name: Carma Okerberg

Position Title: Assoc Govt Prog Analyst/Assoc Health Prog Analyst

State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Name: Katharina Streng

Position Title: Health Program Specialist I

State-Level: 5% Local: 10% Other: 0% Total: 15%

Total Number of Positions Funded: 7

Total FTEs Funded: 2.63

National Health Objective: HO NWS-10 Obesity in Children and Adolescents

State Health Objective(s):

Between 10/2014 and 09/2015, Decrease the incidence of overweight or obesity in children (aged 6–11) and/or adolescents to move 0.005 percent closer to the *HP 2020* targets

(<http://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status/objectives>).

Baseline:

Children

- 13.1 percent of California children aged 6–11 are considered overweight for their age.
- For California children aged 6–11 who are 0–185 percent of the federal poverty level (FPL), the

overweight-for-age rate rises to 17.6 percent.

- For California children aged 6–11 who are 0–199 percent of the FPL, the overweight-for-age rate is 17.3 percent.

Adolescents

- 15.8 percent of California adolescents aged 12–17 are obese.
- For California adolescents aged 12–17 that are 0–185 percent of the federal poverty level (FPL), the rate of obesity rises to 20.5 percent.
- For California adolescents aged 12–17 that are 0–199 percent of the FPL, the rate of obesity is 20.2 percent.

Data Source:

California Health Interview Survey, 2011–2012 (latest CHIS data available)

State Health Problem:

Health Burden:

Obesity represents a public health challenge equal to tobacco. Overweight children and adolescents are developing serious health problems now and face worse future health problems. Furthermore, obese children are more likely to become obese adults, and obesity increases the risk of many health conditions and contributes to some of the leading causes of preventable death, posing a major public health challenge.

Health conditions associated with obesity include coronary heart disease, stroke, high blood pressure; type 2 diabetes; some cancers; and respiratory problems. Although many factors contribute to weight gain and ultimately to obesity, inactivity, unhealthy diets, and eating behaviors are the risk factors most amenable to prevention (Obesity in California: The Weight of the State, 2000–2012, CDPH 2014).

Adolescent Obesity: The prevalence of obesity among California adolescents in 2011 was just below the *Healthy People 2020* target (16.1%). Similar to adults, the prevalence of obesity among adolescents 12–17 years old increased from 2003 (12.4%) through 2011 (15.8%).

Obesity in Low-Income Children: In 2010, the prevalence of obesity among low-income children exceeded the *Healthy People 2020* targets for every age group; the obesity rate in preschool-age children was nearly double the *Healthy People 2020* target of 9.6 percent.

The same inverse relationship between obesity rates and income exists for adolescents, with obesity rates of:

- 20.7 percent in adolescents from homes below 100 percent FPL, and
- 10.9 percent (half the rate above) in adolescents living above 300 percent FPL.

Obesity by Racial and Ethnic Groups: Among California adolescents aged 12–17; obesity prevalence is highest among African Americans (28.6%) and Latinos (19.7%), regardless of gender. These two racial/ethnic groups also exceeded the *Healthy People 2020* target of 16.1 percent for adolescents.

In 2010, the prevalence of obesity among preschool and school-age children exceeded the *Healthy People 2020* targets of 9.6 percent (preschool) and 14.5 percent (school-age) in all racial/ethnic groups, except for school-age Asian children (12.6%). Rates of obesity among low-income children in California are highest among Hispanics, American Indians/Alaskan Natives, and Pacific Islanders.

NEOPB's **target population** includes all children and adolescents aged 5–19 years. The **disparate population** includes primarily low-income, minority (non-White) children and adolescents aged less than 1 year and 5–19 years.

Target Population:

Number: 7,879,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 4 - 11 years, 12 - 19 years

Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 3,412,000
Ethnicity: Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander
Age: Under 1 year, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: The Burden of Chronic Disease and Injury: California, 2013, CDPH 2013; CDE 2011–12

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: • Supplemental Nutrition Assistance Program Education (SNAP-Ed) Obesity-Prevention Toolkit (USDA Food and Nutrition Service and National Collaborative on Childhood Obesity Research, 2014)
• Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation (Institute of Medicine of the National Academies, 2012)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$468,039
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Advance education and prevention policy.

Between 10/2014 and 09/2015, NEOPB staff will provide educational opportunities, resources, and technical assistance on evidence-based and evidence-informed strategies to **at least 35** partners statewide to support the advancement of nutrition-education and obesity-prevention policy, to reduce the incidence of obesity and chronic disease in California.

Annual Activities:

1. Implement Childhood Obesity Conference.

Between 10/2014 and 09/2015, NEOPB staff will cultivate long-standing relationships with key stakeholders (e.g., California Endowment, Kaiser Permanente, University of California) to implement one highly visible, nationally recognized conference. This includes convening the conference Executive Committee and

providing staff support. The conference content will prioritize evidence-based, evidence-informed resources and best practices that will enhance the capacity to advance policy, systems, and environmental change for childhood-obesity prevention.

2. Promote "Safe Routes to Schools."

Between 10/2014 and 09/2015, SACB staff will provide selected school-district professions with resources, training, and technical assistance to identify safety concerns and barriers to students walking and biking to school, and encourage school safety patrol, walking school bus, bicycle train, and other "Safe-Routes-To-School" activities to improve student safety and increase walking and biking to school. SACB staff will work with school districts and local schools to assess school wellness policies and ensure inclusion of safe-routes language, to increase and sustain Safe-Routes-To-School efforts.

Objective 2:

Coordinate obesity-prevention activities with partners.

Between 10/2014 and 09/2015, NEOPB staff will develop **at least 25** partnerships to coordinate state- and local-level obesity-prevention efforts, to reduce the prevalence of obesity in California.

Annual Activities:

1. Complete obesity-prevention strategic-planning process.

Between 10/2014 and 09/2015, NEOPB staff will complete a strategic-planning process and final report with overall recommendations to coordinate and leverage branch funding across statewide obesity-prevention efforts (conducted in large part by local health departments). The strategic-planning process will build on scheduled stakeholder meetings with statewide partners and NEOPB's new programmatic infrastructure, to map a strategic approach to obesity prevention.

2. Develop state-level partnerships.

Between 10/2014 and 09/2015, NEOPB staff will develop at least 25 partnerships with agencies and programs engaged in statewide obesity-prevention activities and coordinate improved access to healthy foods (e.g., via CalFresh [California's Food Stamp program]), thereby promoting healthy food consumption, reducing child and adolescent overweight and obesity, and ensuring sustainability of SNAP-Ed funds. NEOPB staff will pursue public-private partnerships to support nutrition education and obesity prevention within food industry/agriculture, early care and education, and retail sectors, as well as strategically selected low-wage worksites.

Objective 3:

Support obesity-prevention interventions.

Between 10/2014 and 09/2015, NEOPB staff will provide 10–12 obesity-prevention trainings and ongoing technical assistance to **at least 20** local jurisdictions statewide, to support obesity-prevention interventions and promote changes that foster healthy and active communities.

Annual Activities:

1. Provide training, technical assistance, and resources to local health departments.

Between 10/2014 and 09/2015, NEOPB staff will help at least 20 local health departments achieve sustainable community change that supports obesity prevention in youth and adults. PHHSBG funds will leverage SNAP-Ed promotion funding, with technical assistance (e.g., trainings) on policy-driven change. CDPH, working with CDE, will provide expertise in nutrition and physical activity to school and early care populations, so that children disproportionately affected by obesity can benefit.

State Program Title: Office of AIDS: Re-engagement in HIV Care and Partner Services Using HIV Surveillance Data

State Program Strategy:

Goal: (1) Reduce the number of people who become infected with the human immunodeficiency virus (HIV); (2) Increase access to care and improve health outcomes for people living with HIV; and (3) Reduce HIV-related health inequities.

Health Priority: California's viral suppression rate is higher than the national average of 25 percent, but needs to be significantly higher to decrease new HIV infections. Although deaths from HIV have declined, the rate of new infections has remained stable as the epidemic continues among populations heavily impacted by health inequities, such as African Americans, Latinos, and men who have sex with men (MSM), especially young MSM African Americans.

Primary Strategic Partnerships

Internal

- Sexually Transmitted Disease (STD) Control Branch, Division of Communicable Disease Control

External

- County of San Diego; Public Health Services; HIV, STD, and Hepatitis Branch
- Alameda County Public Health Department, Division of Communicable Disease Control and Prevention
- Orange County Health Care Agency, HIV Planning and Coordination

Role of Block Grant Funds: PHHSBG funds will be used to increase the number of HIV-positive African-American and Latino MSM engaged in HIV care and partner services in Alameda, Orange, and San Diego Counties.

Evaluation Methodology: HIV surveillance data will be used in the funded counties to determine the proportion of people living with HIV not in health care and its change over the funding period. The increase in those newly identified as HIV-positive by partner services will be measured by the Local Evaluation Online database managed by the Office of AIDS (OA) Prevention Research and Evaluation Branch and STD surveillance data available from the STD Control Branch.

State Program Setting:

Local health department, Medical or clinical site, State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO HIV-1 HIV Diagnoses

State Health Objective(s):

Between 10/2014 and 09/2015, increase the proportion of people living with HIV/AIDS who are in continuous care from 74 to 80 percent, based on California's goals in response to the National HIV/AIDS Strategy.

Baseline:

The number of people with HIV classified as out-of-care as of December 31, 2013, in Alameda, Orange, and San Diego counties is 11,568. This is based on OA HIV surveillance data of those diagnosed with HIV

as of December 31, 2012, and living with HIV on December 31, 2013 (most current data available).

Data Source:

OA HIV Surveillance Case Registry

State Health Problem:

Health Burden:

California ranks second in the nation for cumulative AIDS cases; approximately 134,000 Californians were living with HIV in 2012. The rate of new infections remains stable as the epidemic continues among populations heavily impacted by health inequities.

Target Population:

Number: 11,568

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 4,966

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: California HIV Surveillance Data collected by OA. Data provided in April 2015.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: California HIV surveillance data from April 2015.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$375,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Increase the number of people in HIV care.

Between 10/2014 and 09/2015, OA staff will decrease the number of people living with HIV who are classified as out-of-care in Alameda, Orange, and San Diego Counties each year, to decrease ongoing HIV transmission in these counties from baseline to **a three-percent reduction**.

Annual Activities:

1. Use data to identify those not engaged in HIV care.

Between 10/2014 and 09/2015, the OA contractor will use 100% of available OA HIV surveillance data to identify people in Alameda, Orange, and San Diego Counties with HIV who are not engaged in HIV care, to determine the 2014 baseline.

2. Determine barriers to care.

Between 10/2014 and 09/2015, the OA contractor will intervene with 100% of identified out-of-care patients to determine how to overcome barriers keeping each patient out of HIV care and treatment. Care and treatment include counseling and case-management services, providing them with access to HIV care designed to reduce HIV transmission.

3. Evaluate program.

Between 10/2014 and 09/2015, the OA contractor will provide 100% of available data to OA to assist with program evaluation, to improve services designed to decrease HIV transmission.

Objective 2:

Increase the number of people newly identified as HIV positive by partner services.

Between 10/2014 and 09/2015, to decrease risk of HIV transmission, the OA contractor will increase the number of people in Alameda, Orange, and San Diego Counties newly identified with HIV through partner services from 7 to **14 (100%)**.

Annual Activities:

1. Assist health care providers.

Between 10/2014 and 09/2015, the OA contractor will use 100% of available OA HIV surveillance data and STD data to determine when individual patients need to engage partner services, to decrease ongoing HIV transmission.

2. Identify partners for third-party, anonymous notification.

Between 10/2014 and 09/2015, the OA contractor will elicit sex and needle-sharing partner names from 100% of identified patients and will alert CDPH staff to provide third-party, anonymous notification, to decrease the risk of ongoing HIV transmission.

3. Assist with notification and testing.

Between 10/2014 and 09/2015, the OA contractor will assist CDPH with third-party, anonymous notification, followed by HIV testing upon request from 100% of the HIV-exposed referrals, to decrease risk the of ongoing HIV transmission.

4. Evaluate program.

Between 10/2014 and 09/2015, the OA contractor will provide 100% of the available required data to OA to assist with program evaluation, to identify effective ways to decrease HIV transmission.

State Program Title: Office of Health Equity

State Program Strategy:

Goal: Reduce physical and mental health disparities and inequities that disproportionately impact vulnerable and disadvantaged communities.

Health Priorities: (1) Improve the health status of all communities, with a priority on eliminating physical and mental health inequities. (2) Achieve the highest level of physical and mental health for all people, focusing on populations that have experienced socioeconomic disadvantage and historical injustice, including vulnerable communities and culturally, linguistically, and geographically isolated communities.

Role of Block Grant Funds: Provide salary, technical assistance, and administrative resources to provide training; workshops; curriculum materials; and phone, in-person, or webinar support to advance OHE’s legislatively mandated activities, which advance statewide and local efforts to create social and physical environments that promote good health for all.

Primary Strategic Partnerships

Internal

- Health in All Policies Task Force
- California Conference of Local Health Officers
- County Health Executives Association of California
- California Department of Public Health Public Health Executive Management Team

External

- Local health departments
- Office of Health Equity Advisory Committee
- Health in All Policies Task Force
- Strategic Growth Council

Evaluation Methodology: OHE will utilize data from California Department of Public (CDPH) vital statistics files on selected health outcome (mortality) indicators for monitoring state outcomes as the primary qualitative method to evaluate progress meeting OHE’s goals.

State Program Setting:

Community based organization, Community health center, Faith based organization, Local health department, Parks or playgrounds, Schools or school district, State health department, Tribal nation or area, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Carol Gomez

Position Title: Associate Governmental Program Analyst

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Meredith Lee

Position Title: Health Program Specialist I

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2

Total FTEs Funded: 2.00

National Health Objective: HO ECBP-11 Culturally Appropriate Community Health Programs

State Health Objective(s):

Between 10/2014 and 09/2015, OHE staff will increase by three local efforts to mobilize community partnerships, develop policies, or create plans to achieve social and physical environments that promote good health for all.

Baseline:

Data not available

Data Source:

N/A

State Health Problem:

Health Burden:

Persistent health inequities exist across the State because of social and physical environments that do not promote good health. Almost 40 percent of U.S. deaths in the year 2000 were attributable to social and environmental factors (i.e., racial segregation, income inequality, area-level poverty, low social support, and low education).

The **target** and **disparate populations** are the same: communities in California disproportionately burdened by chronic disease and mental illness resulting from social and environmental inequities.

Target Population:

Number: 15,800,022

Ethnicity: Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 15,800,022

Ethnicity: Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: California Department of Finance demographic data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: • DHHS Office of Minority Health CLAS Standards

- Agency for Healthcare Research and Quality, “National Healthcare Quality Report, 2009,” and “National Healthcare Disparities Report, 2009”
- DHHS Action Plan to Reduce Racial and Ethnic Health Disparities
- DHHS Office of Minority Health, “National Stakeholder Strategy for Achieving Health Equity”
- PHI, CDPH, and APHA, “Health in All Policies: A guide for state and local governments, 2013”

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$491,688

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Create healthy, safe built environments.

Between 10/2014 and 09/2015, OHE staff will develop **at least three** opportunities to promote safe, accessible active transportation and healthy, sustainable, equitable land-use planning and development, to support local efforts to build healthy communities.

Annual Activities:

1. Support sustainable, equitable land-use planning and development.

Between 10/2014 and 09/2015, OHE staff will partner with the HiAP TF on at least two strategies to promote active transport, regular daily physical activity, healthy eating, and/or other behaviors that will lead to improved health, incorporating health-equity considerations in state functions, such as grant guidelines.

Objective 2:

Foster relationships with stakeholders focused on improving health status.

Between 10/2014 and 09/2015, OHE staff will maintain **at least 15** relationships with key HiAP Task Force stakeholders through activities that improve the health status of Californians (e.g., distribution of Active Transportation Program grant funds, and development of Affordable Housing Sustainable Communities grant program guidelines).

Annual Activities:

1. Expand relationships with local health departments.

Between 10/2014 and 09/2015, OHE staff will identify partners at local health departments (e.g., CCLHO, CHEAC, BARHII), to ensure that their needs are incorporated in state-level initiatives to promote safe, accessible, active transportation and healthy, sustainable, equitable land-use planning and development.

Objective 3:

Strengthen connections between public health and mental health fields.

Between 10/2014 and 09/2015, OHE staff will identify **three** opportunities to advance the social determinants of public and mental health (e.g., through staff meetings and strategic communications, to strengthen understanding of connections between the fields of public and mental health).

Annual Activities:

1. Advance capacity building.

Between 10/2014 and 09/2015, OHE staff will identify at least two meetings to foster integration of public health, mental health, and health equity, as well as culturally and linguistically appropriate services and decision-making processes, to build understanding of the social determinants of physical and mental health.

State Program Title: Office of Quality Performance and Accreditation

State Program Strategy:

Goal: Maintain national Public Health Accreditation Board (PHAB) accreditation, which indicates that California Department of Public Health (CDPH) performance meets a set of nationally recognized, practice-focused, evidence-based standards.

To maintain accreditation status, CDPH must comply with PHAB's standards and measures, which require the department to make consultation and technical assistance services available to local health departments (LHDs) and tribal public health partners, to foster and support their accreditation-related activities. The Office of Quality Performance and Accreditation (OQPA) provides leadership and coordination to CDPH to maintain performance and accreditation standards.

Health Priorities: Thirty-eight million people in California receive public health services from 61 local and 32 tribally controlled health departments. A systemic review and evaluation of health department systems and processes is needed to ensure optimal services and outcomes.

Role of Block Grant Funds: PHHSBG funds will allow for technical assistance to local and tribal public health agencies on accreditation activities and cover salaries of two employees, who will carry out PHHSBG-funded activities.

Primary Strategic Partnerships

Internal

- California Conference of Local Health Officers
- Center for Chronic Disease Prevention and Health Promotion
- Center for Environmental Health
- Center for Family Health
- Center for Health Care Quality
- Center for Health Statistics and Informatics
- Center for Infectious Diseases
- Emergency Preparedness Office
- Healthier U—Wellness Program
- Office of Health Equity
- Office of Public Affairs
- Office of the State Laboratory Director

External

- Association of State and Territorial Health Officials
- California Conference of Local Health Data Managers
- California Endowment
- California Gaining Ground Coalition
- California Public Health Association
- California Public Health Practice-Based Research Network
- California Rural Indian Health Board
- Centers for Disease and Control and Prevention
- City of Long Beach Department of Health and Human Services
- County Health Executives Association of California

Evaluation Methodology: OQPA will use a deliverable-based approach to monitor grant activities. Success will be the expenditure of all grant funds and completion of all objectives by June 30, 2016.

State Program Setting:

Local health department, State health department, Tribal nation or area

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Leslie Stribling

Position Title: Health Program Specialist I

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Valerie Gutierrez-Poquiz

Position Title: Staff Services Analyst

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2

Total FTEs Funded: 2.00

National Health Objective: HO PHI-17 Accredited Public Health Agencies**State Health Objective(s):**

Between 10/2014 and 09/2015,

1. Increase the percentage of local and tribal public health agencies that have submitted a Statement of Intent (SOI) to apply for national public health accreditation by 10 percent.
2. Increase the percentage of local and tribal public health agencies that have submitted an application (e.g. prerequisites) to PHAB by 10 percent.
3. Provide technical assistance on documentation selection and submission to at least three local public health agencies.
4. Provide financial assistance to increase accreditation readiness and capacity to at least one local and/or tribal public health agency.

Baseline:

- *Of the 57 (out of 61) local health departments (LHDs) that responded to a 2014 accreditation readiness survey, one is PHAB accredited, while 16% (9 of 57) submitted a statement of intent (SOI), and 11% (6 of 57) submitted an application to PHAB; 12–14% of LHDs have completed one or all three prerequisites necessary to submit an application to PHAB. Although no LHDs have completed documentation selection, 33% have started the documentation selection process (County Health Executives Association of California 2014).*
- *Results of a 2014 baseline assessment of tribal accreditation readiness indicated that none of the 21 tribal respondents submitted an SOI or an application to PHAB or had started the documentation selection process (California Rural Indian Health Board, CDPH, and California Gaining Ground Coalition 2014).*

Data Source:

- County Health Executives Association of California, September 2014, Accreditation Readiness Survey of California's Local Health Departments
- California Rural Indian Health Board, November 2014, Accreditation Readiness Survey of California's Tribal Health Partners
- California Department of Public Health and California State University, Sacramento, February 2015, Data Analysis of the 2014 Accreditation Readiness Surveys of California's Local Health Departments and Tribal Health Partners

State Health Problem:**Health Burden:**

There are 61 legally designated LHDs in California, one from each of the 58 counties and three

cities—Berkeley, Long Beach, and Pasadena. Thirty-two tribally controlled health departments serve 109 federally recognized tribes. Local and tribal public health agencies are in various stages of accreditation readiness.

PHHSBG funds are needed to ensure that the LHDs and tribal health partners have the knowledge, resources, and capacity to pursue national, voluntary public health accreditation, including development of work plans, evidence collection, Community Health Assessment (CHA), Community Health Improvement Plan, strategic planning, and quality performance and improvement systems. Many local and tribal public health agencies lack the in-house technical expertise and/or resources to facilitate, lead, direct, or coordinate accreditation readiness activities.

Preparing for accreditation is complex and requires extensive coaching and technical assistance. A public health department may not apply for public health accreditation if they lack the appropriate resources. The application process requires the public health department to conduct a thorough and deeply introspective review to better understand the effectiveness of the services it provides, highlighting areas of strength and opportunities for improvement. These areas of improvement often have a direct impact on patient care and outcomes. Thus, a public health department that does not pursue public health accreditation is missing an opportunity to critically evaluate its services, identify improvement opportunities, and make needed adjustments to improve services and outcomes.

If all LHD and tribal public health partners applied for and obtained national public health accreditation, the provision of public health services throughout California would meet a national standard, and the overall public health for California's population of approximately 38 million would be optimized. The **target and disparate populations** (population of California) are the same.

Target Population:

Number: 38,802,500

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Health Care Systems

Disparate Population:

Number: 38,802,500

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Health Care Systems

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

- Other:
- Association of State and Territorial Health Officials, 2011–2015
 - Accreditation Coordinators Learning Community, 2013
 - Michigan Quality Improvement Guidebook, 2008
 - National Association of County and City Health Officials, 2010–2015

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$187,500

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Assess needs.

Between 10/2014 and 09/2015, OQPA staff, in collaboration with the California Gaining Ground Coalition (CGGC), will develop **two** local and tribal public health agency assessments of accreditation readiness to determine what resources are available and what resources are needed.

Annual Activities:

1. Update needs assessments.

Between 10/2014 and 09/2015, OQPA staff, in collaboration with CGGC, will evaluate accreditation readiness needs assessments and update the assessment questions accordingly. The information gathered from the needs assessments will inform curriculum development for the tribal training session and highlight technical assistance focus areas to address with the local and tribal public health agencies.

Objective 2:

Increase tribal public health agency capacity.

Between 10/2014 and 09/2015, OQPA staff, in collaboration with CGGC, will conduct **one** training tailored to tribal public health agency accreditation needs as identified by the tribal public health agency assessment.

Annual Activities:

1. Develop and conduct training.

Between 10/2014 and 09/2015, OQPA staff, in collaboration with CGGC, will develop training material based on the tribal needs assessment and conduct this training. Tribal-specific training will include foundational knowledge of accreditation principles and processes, thereby increasing understanding of critical elements of accreditation readiness.

Objective 3:

Maintain local resource capacity.

Between 10/2014 and 09/2015, OQPA staff will maintain **two** state personnel positions, to provide accreditation readiness technical assistance activities to local and tribal public health agencies.

Annual Activities:

1. Provide infrastructure and personnel support.

Between 10/2014 and 09/2015, OQPA staff will provide extensive technical assistance and support services to local and tribal public health agencies, to augment and facilitate their accreditation planning efforts and activities.

2. Provide input.

Between 10/2014 and 09/2015, OQPA staff will maintain CDPH representation on CGGC. Responsibilities will include providing input and responding to requests for CDPH-specific information.

Objective 4:

Provide financial assistance.

Between 10/2014 and 09/2015, OQPA staff will provide financial assistance to increase accreditation readiness to **at least one** local and/or tribal public health agency, to improve the capacity to apply for national public health accreditation.

Annual Activities:

1. Establish mini-grant program.

Between 10/2014 and 09/2015, OQPA staff will establish one accreditation-readiness mini-grant program for local and/or tribal public health agencies to apply for financial assistance. Financial assistance will increase the capacity to pursue and apply for public health accreditation.

Objective 5:

Support interventions.

Between 10/2014 and 09/2015, OQPA staff will provide accreditation readiness technical assistance to **at least three** local and tribal public health agencies, to address identified accreditation needs and increase agency capacity to apply for and achieve national public health accreditation.

Annual Activities:

1. Provide documentation selection and submission support.

Between 10/2014 and 09/2015, OQPA staff will facilitate webinars, educational seminars, and conference calls that provide guidance on the national public health accreditation documentation, selection, and submission process to at least three local public health agencies.

2. Develop accreditation-readiness conferences.

Between 10/2014 and 09/2015, OQPA staff will, in collaboration with internal and external partners, develop and conduct two public health accreditation-readiness conferences in Northern and Southern California. Each regional conference will provide a forum to support local and tribal public health agencies at their level of accreditation readiness, creating opportunities for collaboration (expand and create relationships), and sharing tools and resources that transfer learning into practice.

3. Establish local learning collaboratives.

Between 10/2014 and 09/2015, OQPA staff will, in collaboration with CGGC, establish public health agency learning collaboratives for small and rural counties that will (1) share information pertaining to accreditation principles and processes, (2) assess county needs and resources, (3) identify strategies to mitigate challenges and barriers, and (4) increase accreditation readiness capacity by supporting the unique needs of small and rural counties operating under limited staffing and economic resources.

4. Identify and post materials and tools.

Between 10/2014 and 09/2015, OQPA staff will identify supportive materials (e.g., examples of CHAs) and tools (e.g., how to apply QI to public health programs) that will be organized into accreditation and QI tool kits that will be posted to the CalPIM website, to address identified accreditation and QI needs.

State Program Title: Prescription Drug Overdose Surveillance Project

State Program Strategy:

Goal: Decrease prescription drug misuse, abuse, and overdose in California by increasing the availability of useful surveillance data and the capacity of state and local partners to implement and monitor data-informed strategies.

Health Priority: Two California Wellness Plan objectives consistent with this project are: reducing opiate-related morbidity and mortality, and decreasing by 2020 the annual incidence rate of unintentional injury deaths in California from 27 to 20 per 100,000.

In 2014, the California Department of Public Health (CDPH) launched the Prescription Opioid Misuse and Overdose Prevention Workgroup (Workgroup) and developed collaborative strategies to curb prescription drug misuse, abuse, and overdose deaths in response to the Association of State and Territorial Health Officers President's Challenge.

Role of Block Grant Funds: PHHSBG funds will be used by the Safe and Active Communities Branch (SACB) to (1) pay staff salaries; the proposed vacant position (Research Scientist III) will be filled by September 2015; (2) develop and disseminate data reports on prescription drug-related deaths, hospitalizations, and emergency-department visits to inform state and local programs; (3) provide technical assistance to state and local stakeholders on using the *EpiCenter—California Injury Data Online* query system for surveillance of related health consequences; and, (4) provide technical assistance to state and local partners to promote policy and program planning and implementation.

Primary Strategic Partnerships

Internal

- CDPH Office of the Director
- Chronic Disease Control Branch
- Office of Health Equity
- Health in All Policies Program

External

- California Department of Health Care Services
- California Department of Justice
- California Department of Consumer Affairs (Medical, Pharmacy and Dental Boards)
- Local public health departments
- Local public safety advocates
- Injury Prevention Research Center, University of California, San Francisco
- California Department of Mental Health
- Emergency Medical Services Authority
- California Division of Workers' Compensation

Evaluation Methodology: Program staff will develop data to document rates of poisoning-related injuries and deaths at state and local levels.

Process evaluation will measure objective outcomes (e.g., data developed, data posted to EpiCenter, number of technical assistance consultations). Impact evaluation will assess immediate and intermediate outcomes, including reported use of data and the quality and usefulness of technical assistance. Ultimate outcomes of decreased poisonings are dependent on the impact of data-informed actions taken by project partners that will be monitored using these data over time.

State Program Setting:

Community based organization, Local health department, State health department, University or college,
Other: health care plans/systems

FTEs (Full Time Equivalentents):

Full Time Equivalentents positions that are funded with PHHS Block Grant funds.

Position Name: Stacy Alamo Mixson, MPH

Position Title: Health Program Manager II

State-Level: 15% Local: 0% Other: 0% Total: 15%

Position Name: vacant

Position Title: Research Scientist III

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2

Total FTEs Funded: 1.15

National Health Objective: HO IVP-9 Poisoning Deaths

State Health Objective(s):

Between 10/2014 and 09/2015, decrease by 5% the rate of opioid-related deaths in California.

Baseline:

Rate of 4.8 deaths per 100,000 in 2013.

Data Source:

EpiCenter: California Injury Data Online, <http://epicenter.cdph.ca.gov>, accessed May 11, 2015.

State Health Problem:

Health Burden:

In 2013, there were 1,934 opioid-related deaths in California (rate of 4.8 per 100,000). The rate of pharmaceutical opioid-related deaths was 3.5 per 100,000; the age-adjusted rate of heroin-related deaths was 1.2 per 100,000; non-fatal emergency department opioid-related visits increased dramatically—from 3,180 cases in 2006 to 6,553 in 2013 (106% increase).

The **target** and **disparate populations** are the same: all Californians.

Target Population:

Number: 38,118,386

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 38,118,386

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other

Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: <http://epicenter.cdph.ca.gov>. Accessed April 30, 2015

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: • Brandeis University Prescription Drug Monitoring Program Center for Excellence
<http://pdmexcellence.org/>;
• CDC's From Epi to Policy: Prescription Drug Overdose
http://www.cdc.gov/drugoverdose/pdf/pdo_epi_to_policy_meeting-a.pdf

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$140,000
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Increase capacity for using surveillance data.

Between 10/2014 and 09/2015, SACB staff will provide data on prescription drug misuse, abuse, and overdose on the EpiCenter: California Injury Data Online query system and technical assistance to **at least ten** state or local stakeholders (e.g., health departments, health plans, health systems, local coalitions), to increase their ability to use data from the EpiCenter website for surveillance activities.

Annual Activities:

1. Prepare and upload data on EpiCenter website.

Between 10/2014 and 09/2015, SACB staff will design at least two updated functionalities for EpiCenter, to capture data sources using International Classification of Diseases coding and upload the most current data, to increase availability for surveillance activities.

2. Provide technical assistance to EpiCenter users.

Between 10/2014 and 09/2015, SACB staff will provide technical assistance to at least ten state or local partners on how to use data from the EpiCenter to conduct surveillance activities.

Objective 2:

Support statewide workgroup.

Between 10/2014 and 09/2015, SACB staff will provide surveillance and programmatic technical assistance

on prescription drug misuse, abuse, and overdose to **ten** state agency Workgroup members, to promote state and local policy and program planning, implementation, and evaluation that have been shown to be effective at reducing opiate-related morbidity and mortality.

Annual Activities:

1. Provide data support.

Between 10/2014 and 09/2015, SACB staff will provide regular reports on data sources and data-sharing activities to Workgroup members, to support policy and program planning and implementation that will help to reduce opiate-related morbidity and mortality.

2. Provide technical assistance.

Between 10/2014 and 09/2015, SACB staff will provide data and programmatic technical assistance to Workgroup members, to assist with program planning, implementation, and evaluation that will help to reduce opiate-related morbidity and mortality.

Objective 3:

Translate data into useful information.

Between 10/2014 and 09/2015, SACB staff will distribute quarterly data reports to **at least 25** state and local stakeholders, to inform planning and implementation of programs that address the health consequences of prescription drug misuse, abuse, and overdose.

Annual Activities:

1. Prepare and analyze available data.

Between 10/2014 and 09/2015, SACB staff will prepare and analyze data on prescription drug–related deaths, hospitalizations, and emergency department visits, to be included in data reports that address the health consequences of prescription drug misuse, abuse, and overdose.

2. Develop and disseminate reports.

Between 10/2014 and 09/2015, SACB staff will produce and disseminate data reports to state and local prevention/public health stakeholders, to inform program planning and implementation as ways to address the health consequences of prescription drug misuse, abuse, and overdose.

State Program Title: Preventive Medicine Residency Program

State Program Strategy:

Goal: Continue to support public health professional training through the Preventive Medicine Residency Program (PMRP) and the California Epidemiologic Investigation Service Fellowship Program (Cal EIS).

After completing an internship at an outside accredited institution during Post-Graduate Year (PGY)-1 and obtaining a California medical license, Preventive Medicine (PM) Residents enter the California Department of Public Health (CDPH) General Preventive Medicine/Public Health (GPM/PH) Residency.

The PGY-2 Residents complete graduate-level coursework and/or receive a Masters of Public Health (MPH) degree at one of the Council for Education in Public Health–accredited universities in California, followed by PGY-3 program year at the state or local health department.

The Cal EIS Fellowship offers post-MPH trainees real-world experience in the practice of epidemiology and public health. Cal EIS Fellows enter the Fellowship after completing an MPH, DVPM, PhD, or DrPH, and work under supervision on surveillance, epidemiology, and/or evaluation projects in a local or state health department program for 1–2 years.

Health Priorities: PMRP and the Cal-EIS Fellowship objectives align with the CDPH Strategic Map 2014–2016: Strengthen CDPH as an organization through developing the workforce, one of the three CDPH directorate-sponsored priorities.

Role of Block Grant Funds: Funding supports trainees' stipends, as well as salaries for program staff who recruit, place, and monitor the Residents/Fellows; leverage state and local funding for trainee stipends; and assure continued accreditation of the Residency Program, including program revision to meet new accreditation requirements. The anticipated hire date for the Cal-EIS Program Coordinator position is July 1, 2015.

Primary Strategic Partnerships

Internal

- Safe and Active Communities Branch
- Public Health Veterinary Section
- Chronic Disease Control Branch
- Healthcare Associated Infections Program
- Environmental Health Investigations Branch
- Maternal, Child, and Adolescent Health

External

- University of California, Davis, School of Medicine, Department of Public Health Sciences
- University of California, Berkeley, School of Public Health
- University of California, Los Angeles, School of Public Health
- University of California, San Francisco, Preventive Medicine Residency Program
- Department of Health Care Services
- County of Los Angeles Department of Public Health
- Contra Costa County Department of Public Health
- Napa County Department of Public Health
- Office of Statewide Health Planning and Research
- California Conference of Local Health Officers

- Women's Community Clinic, San Francisco
- Veterans Affairs, Greater Los Angeles Healthcare System
- UCLA Department of Family Medicine

Evaluation Methodology:

- Program goals and objectives, which are in line with national organizational requirements and state health objectives, are monitored and evaluated yearly. Monitoring mechanisms include program policies and procedures; requirements for monthly/quarterly trainee reports and semiannual preceptor evaluations; and fiscal oversight processes.
- Trainees track their knowledge and skill levels via periodic competency assessment; staff evaluate trainee performance via review of competency charts, periodic reports, preceptor evaluations, seminar and conference performance on in-service exams, and semi-annual site visits.

State Program Setting:

Community based organization, Community health center, Local health department, Medical or clinical site, State health department, University or college

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Jami Chan

Position Title: PMRP/Cal-EIS Program Administrative Coordinator

State-Level: 40% Local: 0% Other: 0% Total: 40%

Position Name: Esther Jones

Position Title: PMRP Program Coordinator

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Vacant

Position Title: Cal-EIS Program Coordinator

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 3

Total FTEs Funded: 2.40

National Health Objective: HO PHI-1 Competencies for Public Health Professionals

State Health Objective(s):

Between 10/2014 and 09/2015, CDPH staff will increase the public health workforce by graduating **at least eight trainees** from the CDPH GPM/PH Residency or Cal EIS Fellowship, thus becoming qualified public health physicians and epidemiologists who contribute to the maintenance and improvement of the health of Californians.

Baseline:

Six graduates who have achieved moderate to high skill levels in specific competencies developed by national organizations, by working in local or state health department programs.

Data Source:

Competency charts, monthly activity reports, preceptor evaluations, and program staffs' evaluations of trainee performance.

State Health Problem:

Health Burden:

To maintain a skilled professional workforce, public health agencies must train the next generation of public health experts and leaders. The **target** and **disparate populations** are the same: the population of California.

The PMRP and Cal EIS programs ensure a steady supply of critically needed, well-trained public health physicians and epidemiologists to assume leadership positions in public health agencies in California.

California needs trained experts ready to respond to public health emergencies that result in illness, injury, and deaths, such as H1N1, West Nile Virus, *Escherichia coli* O157:H7, Ebola, measles, heat waves, floods, wildfires, as well as the insidious but equally alarming rise of chronic diseases that are decreasing the productivity and life expectancy of Californians.

Target Population:

Number: 38,802,500

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations

Disparate Population:

Number: 38,802,500

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

- Other:
- Institute of Medicine, "Training Physicians for Public Health Careers," (June 2007 [no later revisions])
 - ASTHO, "Workforce Development Policy," (September 2004 [no later revisions])
 - NACCHO, "The Local Health Department Workforce," (May 2010 [no later revisions])
 - ACGME, Program Requirements for Graduate Medical Education in Preventive Medicine (July 2014)
 - ACGME, "Milestones for Preventive Medicine Residents" (August 2013)
 - CSTE, Competencies for Applied Epidemiology

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$528,464

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Increase the number of trainees who gain Preventive Medicine and Applied Epidemiology competencies.

Between 10/2014 and 09/2015, PMRP staff will increase the number of trainees who, over the course of their training period, have satisfactorily achieved moderate or high competency in ACPM/ACGME or CSTE competencies, by working in local or state health department programs or community-based settings and/or completing academic coursework, from 109 Residents and 132 Fellows to **111 Residents and 142 Fellows, an increase of at least 12 graduates.**

Annual Activities:

1. Recruit and interview applicants for PMRP and Cal EIS Fellowship.

Between 10/2014 and 09/2015, PMRP staff will recruit and interview at least five applicants for PMRP and 26 applicants for Cal-EIS. The competitive recruitment and selection process includes distributing information on PMRP and Cal-EIS 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 Employment Connection. Applications from this pool will be reviewed by the PHHSBG Advisory Committee, and top candidates will be selected for interview.

2. Place trainees for a practical learning experience.

Between 10/2014 and 09/2015, PMRP staff will train at least 12 trainees: at least ten Cal-EIS trainees to achieve CSTE competencies and at least two Residents to meet ACPM/ACGME competencies.

3. Promote California Wellness Plan objectives.

Between 10/2014 and 09/2015, PMRP staff will conduct at least 17 public health/preventive medicine seminars for PMRP and Cal-EIS Fellows. These bimonthly PM seminars address ACPM/ACGME or CSTE competencies, epidemiologic investigation procedures, and other processes that prepare trainees to enter the public health workforce.

Additional training (webinars, workshops, and conferences, such as the CCLHO Semi-Annual Conference) will be provided through coordination with state programs and local health departments, providing knowledge of the California Wellness Plan as a framework and resource for PM Residents through the PMRP milestones/competency planning chart and curriculum.

State Program Title: Rape Prevention Program

State Program Strategy:

Goal: Stop first-time perpetration and victimization of sex offenses by implementing evidence-informed sex-offense (rape) prevention strategies.

Health Priorities: The Rape Prevention Program addresses the national *Healthy People 2020* focus area of Injury and Violence Prevention, which includes a goal of reducing sexual violence.

Role of Block Grant Funds: The PHHSBG Rape Set-Aside allocation (1) provides funding to local rape crisis centers (RCCs) that directly serve victims, and potential victims and perpetrators, to deliver sex offense (rape) prevention programs; and (2) funds RCCs to implement *MyStrength* Clubs for young men ages 14 to 18 to promote bystander involvement and attitude and behavior change.

Primary Strategic Partnerships

Internal

- Office of Health Equity
- Maternal, Child, and Adolescent Health

External

- California Coalition Against Sexual Assault
- California Office of Emergency Services
- California Partnership to End Domestic Violence
- California Department of Education

Evaluation Methodology

Data from the Behavioral Risk Factor Surveillance System (BRFSS) will be used to evaluate progress toward ending sexual violence.

Process evaluation will measure the extent to which objectives are met (e.g., number of organizational assessments conducted).

Impact evaluation will assess immediate and intermediate outcomes using multiple measures, including evaluation instruments administered as part of trainings to determine knowledge and skills improvement.

State Program Setting:

Community based organization, Rape crisis center, Schools or school district, State health department, Tribal nation or area

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Vacant

Position Title: Health Program Manager III

State-Level: 25% Local: 0% Other: 0% Total: 25%

Position Name: Stacy Alamo Mixson, MPH

Position Title: Health Program Manger II

State-Level: 25% Local: 0% Other: 0% Total: 25%

Total Number of Positions Funded: 2

Total FTEs Funded: 0.50

National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):

Between 10/2014 and 09/2015, reduce by one percent the rate of rape in California, as measured by BRFSS.

Baseline:

In 2013, the incidence of rape among women age 18 and over in California was 420 per 100,000.

Data Source:

California BRFSS, 2013.

State Health Problem:

Health Burden:

Rape victims often have long-term emotional and health consequences as a result of this adverse experience, such as chronic diseases, emotional and functional disabilities, harmful behaviors, and intimate relationship difficulties. The **target** and **disparate populations** are the same: females age 12 and over. Females are more often the victims of rape; the lifetime rate for females was 15 percent versus 3 percent for males.

Target Population:

Number: 16,210,327

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 16,210,327

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010–2060. Sacramento, California, January 2013

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Initial Guidance for Rape Prevention and Education CE14-1401, Centers for Disease Control and Prevention, Rape Prevention and Education Program, 2014.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$832,969

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Increase delivery of evidence-informed rape-prevention programs.

Between 10/2014 and 09/2015, SACB staff will increase the number of evidence-informed sexual offense–prevention programs provided to victims, potential victims, and potential perpetrators, by promoting the use of the Nine Principles of Effective Prevention (Principles), from 10 to **20**.

Annual Activities:

1. Assess knowledge and application of Principles among RCCs.

Between 10/2014 and 09/2015, SACB staff will conduct organizational assessments with 34 RCCs to determine to what extent they are implementing sexual offense prevention programs using *Principles*.

2. Increase knowledge and skills of RCCs to use "Principles."

Between 10/2014 and 09/2015, SACB staff will conduct a minimum of four *Principles*-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.

3. Fund MyStrength Clubs.

Between 10/2014 and 09/2015, SACB staff will fund eight local RCCs to conduct *MyStrength* Clubs with young men to change behaviors that have been shown to contribute to the perpetration of sexual offenses.

State Program Title: Receptor Binding Assay for Paralytic Shellfish Poisoning Control

State Program Strategy:

Goal: Reduce the incidence of Paralytic Shellfish Poisoning (PSP) illness in consumers by implementing more-sensitive PSP-detection monitoring at the Drinking Water and Radiation Laboratory Branch (DWRLB) within the California Department of Public Health (CDPH). DWRLB's PSP Surveillance Program could more effectively detect PSP toxins by replacing the standard mouse bioassay (MBA) in use at DWRLB with the more-sensitive receptor binding assay (RBA) (an assay that relies on a biological receptor protein for specific detection of biologically active molecules) to monitor PSP toxins in shellfish from California shellfish growing areas and coastal waters.

Health Priorities: Identify and remove shellfish contaminated with PSP toxins from the food supply, and reduce the incidence of poisoning among shellfish consumers.

Role of Block Grant Funds: PHHSBG funds will support salaries and operating costs for personnel involved in development, standardization, and validation of the RBA for use in surveillance of PSP toxins. The DWRLB PSP-RBA program anticipates filling the vacant position by August 2015.

Primary Strategic Partnerships

Internal

- Environmental Management Branch, Preharvest Shellfish Program;
- Microbial Diseases Laboratory;
- Food and Drug Branch

External

- Pacific Coast Shellfish Growers Association;
- International Shellfish Sanitation Conference;
- National Shellfish Sanitation Program;
- U.S. Food and Drug Administration ;
- California Department of Fish and Wildlife

Evaluation Methodology: Upon approval of the RBA test procedure by the Interstate Shellfish Sanitation Conference (ISSC), progress will be based on demonstrating the effectiveness of the RBA for determination of PSP toxins in shellfish from California coastal waters and growing areas. By comparative testing using the RBA (and the current mouse bioassay [MBA]), these assays will be applied to shellfish samples collected from actual phytoplankton blooms (current and historic) in California waters and growing areas.

State Program Setting:

State health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Stephanie Abromaitis

Position Title: Research Scientist III (Micro)

State-Level: 25% Local: 0% Other: 0% Total: 25%

Position Name: vacant

Position Title: Research Scientist III (Micro)

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2

Total FTEs Funded: 1.25

National Health Objective: HO EH-22 Monitoring Diseases Caused by Exposure to Environmental Hazards

State Health Objective(s):

Between 10/2014 and 09/2015, (1) Improve surveillance of PSP in shellfish by replacement of the mouse bioassay (MBA) with the receptor binding assay (RBA), a procedure with greater sensitivity and higher throughput, resulting in reduced risk of illness due to this foodborne intoxication, (2) Decrease reliance on the use of live animals for such testing.

Baseline:

Since 1927 there have been 542 reported illnesses and 39 deaths attributed to PSP-contaminated shellfish in California (existing shellfish testing data utilizing the MBA method). Development of the RBA for use in California, along with its subsequent implementation, is anticipated to be an enhancement of PSP surveillance in terms of sensitivity and effectiveness for public health protection, and in terms of moving away from an assay based on use of live animals.

Data Source:

Environmental Management Branch Preharvest Shellfish Program

State Health Problem:

Health Burden:

The National Shellfish Sanitation Program originated in 1925, and the MBA has been in continuous use for 50 years. The annual sport harvested–mussel quarantine, combined with CDPH surveillance throughout the year, protects consumers from PSP illness. The level of protection can be increased with RBA. The RBA is desirable because it is more humane, more sensitive, less subject to matrix effects, and has a greater capacity than the MBA.

The **target population** includes all consumers of commercial and sport-caught shellfish from California growing areas and coastal waters. The **target** and **disparate populations** are the same.

Target Population:

Number: 26,000,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 26,000,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: California Census Data, adjusted for vegetarians, and assuming that 50 to 75 percent of the remainder consume shellfish

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

- Other: • International Shellfish Sanitation Conference;
• National Shellfish Sanitation Program;
• U.S. Food and Drug Administration

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$192,500

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Improve the PSP surveillance program.

Between 10/2014 and 09/2015, PSP-RBA Surveillance Program staff will develop one RBA to monitor PSP toxins in shellfish from California growing areas and coastal waters. Staff will seek regulatory approval for the RBA in PSP toxin surveillance and establish the effectiveness of the RBA for public health protection in shellfish collected from California growing areas and marine waters.

Annual Activities:

1. Seek validation and regulatory approval.

Between 10/2014 and 09/2015, PSP-RBA Surveillance Program staff will establish the performance of the RBA in shellfish species of public health importance and will prepare application packages to ISSC seeking approval for use in regulatory testing.

2. Establish effectiveness and practical utility.

Between 10/2014 and 09/2015, PSP-RBA Surveillance Program staff will establish the effectiveness of the RBA for protecting public health by comparative assay of shellfish samples from California plankton blooms as well as archived samples.

State Program Title: Safe and Active Communities Branch

State Program Strategy:

Goal: Decrease injuries in California by supporting development of data-informed, evidence-based prevention policies, practices, and programs at state and local levels.

Health Priorities: The California Wellness Plan includes 15 goals/objectives consistent with this program, including (1) increasing accessible and usable health information, (2) expanding access to comprehensive statewide data, and (3) decreasing the annual incidence rate of unintentional injury deaths in California from 27 to 20 per 100,000.

Role of Block Grant Funds: PHHSBG funds will (1) pay staff salaries, (2) support data enhancements of its web-based data query system, EpiCenter: California Injury Data Online (<http://epicenter.cdph.ca.gov>); (3) conduct web-based trainings for local health departments and other prevention partners to demonstrate EpiCenter's many functions, highlight trends or emerging data, and suggest evidence-based interventions that could address findings; (4) provide technical assistance sessions on community-level injury data, link to program development guidance materials, and refer to potential funding sources; and, (5) develop injury data/program briefs tailored to the needs of California's injury constituency.

Primary Strategic Partnerships

Internal

- Chronic Disease Control Branch
- Office of Health Equity
- Maternal, Child, Adolescent Health Program
- Home Visitation Program
- Health in All Policies Program

External

- Local public health departments
- Local educators
- Local fire and police departments
- County child death review teams
- Local sheriff/coroners/ medical examiners
- California Wellness Foundation
- Injury Prevention Research Center, University of California, San Francisco
- Public Health Institute
- Safe Transportation Research and Education Center, UC Berkeley
- California Departments of Alcohol and Drug Programs, Aging, Transportation, Mental Health, and Social Services
- California Office of Traffic Safety
- Emergency Medical Services Authority
- Office of Statewide Health Planning and Development

Evaluation Methodology: Injury numbers and rates will be tracked using data from EpiCenter to determine if injury rates have changed.

Process evaluation will measure the extent to which objectives are met (e.g., enhancements to EpiCenter, number of webinars conducted with number of participants, and number of injury briefs created and their distribution patterns).

Impact evaluation will assess immediate and intermediate outcomes using, for example, webinar evaluations to determine knowledge and skills improvement; number and pattern of EpiCenter website hits; number and nature of requests for technical assistance; reported uses of EpiCenter data; and questionnaire results to discern how injury briefs are being used to foster policy and program development.

State Program Setting:

Community based organization, Local health department, Medical or clinical site, State health department, University or college, Other: emergency response/public safety agency

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Position Name: Research Scientist Supervisor I

Position Title: Steve Wirtz, PhD

State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Name: Health Program Manager III

Position Title: Vacant

State-Level: 25% Local: 0% Other: 0% Total: 25%

Position Name: Health Program Manager II

Position Title: Stacy Alamo Mixson, MPH

State-Level: 5% Local: 0% Other: 0% Total: 5%

Position Name: Health Program Specialist II

Position Title: Jeannine Barbato, MPH

State-Level: 30% Local: 0% Other: 0% Total: 30%

Position Name: Research Scientist II

Position Title: Cathy Saiki

State-Level: 52% Local: 0% Other: 0% Total: 52%

Position Name: Holly Sisneros

Position Title: Health Education Consultant III

State-Level: 5% Local: 0% Other: 0% Total: 5%

Total Number of Positions Funded: 6

Total FTEs Funded: 1.27

National Health Objective: HO IVP-11 Unintentional Injury Deaths

State Health Objective(s):

Between 10/2014 and 09/2015, maintain the rate of unintentional injury deaths in California at its 2013 level.

Baseline:

Rate of unintentional injury deaths in 2013 = 28.8 per 100,000

Data Source:

EpiCenter: California Injury Data Online, <http://epicenter.cdph.ca.gov>, accessed April 30, 2015

State Health Problem:

Health Burden:

Unintentional injuries are the leading cause of death for those between 0 and 19 years, and the fifth-leading cause of death for those less than a year old. They are also the fifth-leading cause of death among persons of all ages, regardless of sex, race/ethnicity, or socioeconomic status. Each year in California, unintentional injuries cause more than 10,900 deaths, over 206,000 nonfatal hospitalizations, and more than 2.2 million emergency department visits. The impact of injuries on public health is so great that health care reform will need to address injury prevention to help control waste of medical resources.

Injuries and their consequences account for more than 10 percent of annual medical spending. The medical

and work-lost costs of California injuries in 2011 were estimated at \$48.6 billion. These costs affect the State's medical resources, and cost to government, insurers, businesses, and individuals. For example, the lifetime cost to care for one brain-injured child (e.g., by near drowning) served by the Department of Developmental Services can exceed \$4.5 million.

The **target** and **disparate populations** are the same: all Californians.

Target Population:

Number: 38,118,386

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 38,118,386

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: <http://epicenter.cdph.ca.gov>. Accessed April 30, 2015; California Department of Public Health, SAC Branch

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Consensus Recommendations For Injury Surveillance in State Health Departments, Report from the Injury Surveillance Workgroup (ISW5) State and Territorial Injury Prevention Directors Association

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$244,919

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Increase capacity for conducting injury surveillance.

Between 10/2014 and 09/2015, SACB staff will publish **three** sets of annual data on the EpiCenter web-based query system, including California injury deaths (~16,200), non-fatal hospitalizations (~256,000), and, nonfatal emergency department treatments/transfers (~2,220,000), and provide technical assistance to at least 25 individuals, to increase their ability to use data from the EpiCenter website to identify changes in numbers or rates of injuries, trends, or emerging issues that will inform policy and program development.

Annual Activities:

1. Develop data for the EpiCenter website.

Between 10/2014 and 09/2015, SACB staff will develop data on injury deaths, non-fatal hospitalizations, and non-fatal emergency department treatments/transfers to post on one EpiCenter website, to increase the availability of data that can be used to identify changes in numbers or rates of injuries, trends, or emerging issues.

2. Publish data on the EpiCenter website.

Between 10/2014 and 09/2015, SACB staff will provide the most current fatal, emergency department, and nonfatal hospitalized injury data on at least two of EpiCenter's predefined and custom query systems, to increase the availability of data that can be used to identify changes in numbers or rates of injuries, trends, or emerging issues.

3. Provide technical assistance to EpiCenter website users.

Between 10/2014 and 09/2015, SACB staff will provide technical assistance to at least 25 state and local policy makers, academicians, program advocates, health departments, and others, to increase their ability to use data from the EpiCenter website to identify changes in numbers or rates of injuries, trends, or emerging issues.

Objective 2:

Increase the capacity to use EpiCenter data for planning and evaluation.

Between 10/2014 and 09/2015, SACB staff will provide at least two web-based trainings and technical assistance to **at least 25** local health departments or selected partners (e.g., state and local policy makers, academicians, program advocates, Child Death Review Teams) on using injury-surveillance data from EpiCenter, for program/policy planning and evaluation.

Annual Activities:

1. Assess training needs.

Between 10/2014 and 09/2015, SACB staff will assess the needs of California's local health department staff and other partners, to identify injury topics for web-based trainings.

2. Conduct training webinars and provide technical assistance.

Between 10/2014 and 09/2015, SACB staff will conduct at least two webinars and provide follow-up technical assistance consultations to participants, to increase their ability to use injury-surveillance data from EpiCenter for program/policy planning and evaluation purposes.

Objective 3:

Translate data into useful policy information and disseminate findings.

Between 10/2014 and 09/2015, SACB staff will distribute at least two injury data/program briefs to **at least 100** state and national injury prevention/public health community members, to inform them about key findings on critical or emerging injury issues.

Annual Activities:

1. Assess policy needs.

Between 10/2014 and 09/2015, SACB staff will analyze data, to determine at least two topics/areas of interest on critical or emerging injury issues for inclusion in injury/program briefs.

2. Develop injury briefs.

Between 10/2014 and 09/2015, SACB staff will produce at least two injury briefs for state and national injury prevention/public health community stakeholders, to inform them about key findings on critical or emerging injury issues.

3. Disseminate findings.

Between 10/2014 and 09/2015, SACB staff will distribute two injury data/program briefs to at least 100 state and national injury prevention/public health community stakeholders, to inform them about key findings on critical or emerging injury issues.