Diabetes Prevention Objectives

California Wellness Plan 2014

California Department of Public Health

http://www.cdph.ca.gov/programs/cdcb/Documents/CDPH-CAWellnessPlan2014%20(Agency%20Approved).FINAL.2-27-14(Protected).pdf

&

Let's Get Healthy California 2012

California Health and Human Services Agency

http://www.cdph.ca.gov/data/informatics/Documents/Let's_Get_Healthy_California_Task_Force_Final_Report.pdf

GOAL 1: HEALTHY COMMUNITIES

Strategies	
A	Focus strategically on communities at greatest risk
B	Facilitate social connectedness and community engagement throughout the lifespan
C	Enhance cross-sector collaboration to create social norm change that supports healthy and safe environments and lifestyles for all
D	Increase access to healthy foods, beverages, and water, and decrease the presence of unhealthy foods, beverages, and tobacco products in multiple sectors
E	Increase access to daily physical activity by promoting the adoption and implementation of physical education and/or physical activity in multiple sectors
F	Support built environment policies to create and maintain healthy communities, such as including health elements in General Plans, with tailored approaches for small rural counties
G	Integrate health criteria into decision making within multiple sectors using a Health in All Policies approach
H	Provide individuals, communities, schools, businesses, professionals, institutions, and policymakers with information and tools to make healthy choices
I	Encourage compliance with current guidelines, laws, and regulations

Partners

Business; Government: Education, Planning, Economic Development, Transportation, Housing, Childcare, Social Services; Universities; Nonprofit Organizations; Health Systems: Medical, Mental, Dental, Behavioral; Health Providers; Health Payers

1.1		**Increase Health Status**	
Short-term Objectives			**Data Source**
		No objectives have been identified at this time	
Intermediate Objectives			**Data Source**
		Community Resilience	
1	1.1.1I SACB	By 2018, increase the percentage of teens who agree with the statement "people in this neighborhood can be trusted" from 84 to 90 percent	*California Health Interview Survey, University of California Los Angeles*
2	1.1.2I	By 2018, increase the percentage of people who have done volunteer work or community service (Developmental)	*California Health Interview Survey, University of California Los Angeles*
3	1.1.3I SACB	By 2018, increase the percentage of people who have served as a volunteer on any local board, council, or organization that deals with community problems	*California Health Interview Survey, University of California*

		from 12.2 percent in 2011 to 15 percent	*Los Angeles*
4	1.1.4I HC	By 2018, increase voter participation rate in statewide general elections from 72.36 percent in November 2012 to 80 percent	*Statewide General Election Historical Voter Registration and Voter Participation Statistics from 1910 to 2012, California Secretary of State*
		Education	
5	1.1.5I CDE HC	By 2018, increase the Academic Performance Index (API) score from 753 for Grades 9–11 to 800	*Academic Performance Index Report, California Department of Education*
6	1.1.6I CDE HC	By 2018, increase the percentage of the population that has high school or greater educational attainment from 80.8 percent in 2011 (5 year estimate) to 82.5 percent	*American Community Survey, U.S. Census Bureau; Integrated Postsecondary Education Data System, National Center for Educational Statistics; Data Archive, Department of Education*
		Income	
7	1.1.7I HC	By 2018, decrease the percentage of households in overcrowded (≥1.01 persons/room)and severely overcrowded (≥1.50 persons per room) conditions (Developmental)	*American Community Survey, U.S. Census Bureau; Data Archive, U.S. Housing and Urban Development Department; Building Blocks for Effective Housing Elements, California Department of Housing and Community Development*
8	1.1.8I HC	By 2018, decrease the degree of residential segregation (ratio of percent of non-white racial/ethnic groups in a specific geographic area to city or county average) (Developmental)	*American Community Survey, U.S. Census Bureau*
9	1.1.9I HC	By 2018, increase the housing-to-jobs ratio in communities with a ratio less than 1 (percent of the adult working population who could find a job that matches their general occupational qualifications within a specified travel radius of their residence) (Developmental)	*LODES: Longitudinal-Employer Household Dynamics Program, U.S. Census Bureau*

10	1.1.10I **HC**	By 2018, decrease the annual unemployment rate from 10.8 percent in 2012 to 7 percent	*Local Area Unemployment Statistics, U.S. Bureau of Labor Statistics; American Community Survey, U.S. Census Bureau; Data Archive, California Employment Development Department*
		Equity	
11	1.1.11I **HC**	By 2018, increase Neighborhood Completeness Index (< ½ mile radius for 8 of 11 common public services and nine of twelve common retail services) (Developmental)	*California Board of Equalization*
Long-term Objectives			**Data Source**
		Life Expectancy	
1	1.1.1L **LGH**	By 2022, increase the percentage of adults who report their overall health status to be good, very good, or excellent from 85 to 90 percent	*California Health Interview Survey, University of California Los Angeles*
2	1.1.2L	By 2020, increase the percentage of 24–64 year old adults in good or better health from 80.7 to 85 percent	*California Health Interview Survey, University of California Los Angeles; National Vital Statistics System, Centers for Disease Control and Prevention (CDC)*
3	1.1.3L	By 2020, increase the percentage of 15–45 year old women who report their overall health status to be good, very good, or excellent from 85 to 90 percent (Developmental)	*California Health Interview Survey, University of California Los Angeles*
4	1.1.4L	By 2020, increase the percentage of 65–84 year old adults in good or better health from 73.1 percent in 2011 to 80 percent	*California Health Interview Survey, University of California Los Angeles; National Vital Statistics System, CDC*
5	1.1.5L	By 2020, decrease percentage of adults in fair or poor health from 22.9 to 18 percent for African Americans, 28.4 to 23 percent for Hispanics, and 23.4 to 18 percent for American Indian/Alaska Natives	*California Health Interview Survey, University of California Los Angeles; National Health Interview Survey, CDC*
6	1.1.6L HDDPU	By 2020, increase the equity between counties in health-adjusted life expectancy (HALE) years (Developmental)	*Institute for Health Metrics and Evaluation, University of Washington*

		Community Resilience	
7	1.1.7L CDE	By 2020, increase the percentage of high school students (9th graders) who report opportunities for meaningful participation in their community from 44 percent in 2011 to 62 percent	*California Healthy Kids Survey, California Department of Education*
8	1.1.8L **HC**	By 2020, increase neighborhood stability (5-year change in number of households by income and race/ethnicity [neighborhood change or gentrification]) (Developmental)	*American Community Survey, U.S. Census Bureau*
9	1.1.9L **HC**	By 2020, increase the resilience index (composed of places with climate action and hazard mitigation plans and other Healthy Community Indicators such as unemployment, lacking health insurance, educational attainment, income inequality, and registered voters) (Developmental)	*American Community Survey, U.S. Census Bureau*
		Education	
10	1.1.10L **LGH**	By 2022, increase the percentage of third grade students whose reading skills are at or above the proficient level from 46 to 69 percent	*Standardized Testing and Reporting Results, California Department of Education*
		Income	
11	1.1.11L **HC**	By 2020, decrease the percentage of household income spent on travel (Developmental)	*Housing and Transportation Affordability Index, Center for Neighborhood Technology*
12	1.1.12L **HC**	By 2020, decrease Income Inequality: Gini coefficient (describing the amount of total annual community income generated by the number of households) (Developmental)	*American Community Survey, U.S. Census Bureau*
		Equity	
13	1.1.13L **HC**	By 2020, increase race/ethnicity equity score (composite of multiple core indicators, including median income) (Developmental)	*American Community Survey, U.S. Census Bureau*
14	1.1.14L **HC**	By 2020, increase place-based equity score (composite of multiple core indicators calculated for census tracts) (Developmental)	*American Community Survey, U.S. Census Bureau*

1.2		Decrease Adult and Adolescent Tobacco Use	
Short-term Objectives			**Data Source**
1	1.2.1S	By 2015, increase the number of hospitals, clinics, mental health facilities, and other health or social service programs that adopt smoke-free campus policies (Developmental)	*No known data source*
Intermediate Objectives			**Data Source**
1	1.2.1I CTCP	By 2018, increase successful quit attempts to or above 7 percent	*Behavioral Risk Factor Surveillance System, CDC*
2	1.2.2I CTCP	By 2018, increase public support for "cigarette butts are toxic to the environment" from 83 to 90 percent	*Behavioral Risk Factor Surveillance System, CDC*
3	1.2.3I CTCP	By 2018, maintain the "average" social norm index score about secondhand smoke and tobacco industry influences in low socioeconomic status populations in California at or above 84 percent	*Behavioral Risk Factor Surveillance System, CDC*
4	1.2.4I CTCP	By 2018, decrease the percent of indoor workers who report exposure to secondhand smoke in the workplace from 7.5 to 6.5 percent	*Behavioral Risk Factor Surveillance System, CDC*
5	1.2.5I CTCP	By 2018, increase workers' secondhand smoke exposure protections provided through Labor Code 6404.5 by eliminating the following exemptions: owner-operated bars, employee break rooms, retail tobacco shops, workplaces with five or fewer employees, and long-term care facilities	*CTCP Policy Database, CDPH*
6	1.2.6I CTCP	By 2018, increase the proportion of the population protected by local tobacco retail license policies from 40 percent in July 2013 to 50 percent	*CTCP Policy Database, CDPH*
7	1.2.7I CTCP	By 2018, increase the number of tobacco-free schools (Developmental)	*No known data source*
Long-term Objectives			**Data Source**
1	1.2.1L CTCP LGH	By 2022, decrease the percentage of adolescents who smoked cigarettes in the past 30 days from 10 to 5 percent	*California Student Tobacco Survey, CDPH*
2	1.2.2L CTCP	By 2022, decrease the percentage of adults who are current smokers from 13 to 9 percent	*Behavioral Risk Factor Surveillance System, CDC*

	LGH		
3	1.2.3L CTCP	By 2020, decrease the proportion of Californians reporting exposure to secondhand smoke from 44.8 to 40 percent	*Behavioral Risk Factor Surveillance System, CDC*
1.3		**Increase Adult and Child Fitness and Healthy Diets**	
Short-term Objectives			**Data Source**
		Fitness	
1	1.3.1S NEOP	By 2015, increase the number of Early Care and Education organizations that adopt strategies to increase physical activity (Developmental)	*Emergency Medical Services Authority (child care only); Community Care Licensing Division, California Department of Social Services*
2	1.3.2S NEOP	By 2015, increase the percentage of schools that offer intramural activities or physical activity clubs for all students, including those with disabilities, from 73.1 percent in 2012 to 76 percent, as federal funding allows	*School Health Profiles, California Department of Education*
3	1.3.3S NEOP	By 2015, increase the percentage of schools in which at least one physical education teacher or specialist received professional development on physical education during the past two years from 72.5 percent in 2012 to 76 percent, as federal funding allows	*School Health Profiles, California Department of Education*
4	1.3.4S NEOP	By 2015, increase number of worksites that adopt strategies to increase physical activity (Developmental)	*No known data source*
5	1.3.5S	By 2015, increase the number of businesses that request technical assistance to implement the California FIT business kit (Developmental)	*No known data source*
		Water	
6	1.3.6S NEOP	By 2015, increase the percentage of schools that allow students to have a water bottle with them during the school day and offer free drinking water in the cafeteria during meal times from 85.2 percent in 2012 to 89 percent	*School Health Profiles, California Department of Education*

		Healthy Diets	
7	1.3.7S NEOP	By 2015, increase the percentage of schools that always offer fruits or non-fried vegetables in vending machines, school stores, and during celebrations when foods and beverages are offered from 14.2 percent in 2012 to 18 percent	*School Health Profiles, CDC*
8	1.3.8S NEOP	By 2015, increase the percentage of schools that prohibit all forms of advertising and promotion (e.g., contests and coupons) of less nutritious foods and beverages on school property from 71.5 percent in 2012 to 75 percent	*School Health Profiles, CDC*
9	1.3.9S NEOP	By 2015, increase the number of local education agencies where staff receive professional development and technical assistance on strategies to create a healthy school nutrition environment as federal funding allows (Developmental)	*No known data source*
10	1.3.10S NEOP & MCAH	By 2015, increase the number of labor and delivery facilities that provide recommended care for lactating mothers and their babies (i.e., Baby-Friendly) from 59 in 2013 to 90	*Healthy People 2020; California Breastfeeding Coalition; Baby Friendly USA website*
11	1.3.11S NEOP	By 2015, increase the number of community health clinics in California that provide professional and peer support for breastfeeding from 15 to 30	*California Obesity Prevention Program, CDPH*
Intermediate Objectives			**Data Source**
		Fitness	
1	1.3.1I NEOP	By 2018, increase the percent of children in Early Care and Education organizations who engage in levels of age-appropriate physical activity as recommended by Caring For Our Children (Developmental)	*No known data source*
2	1.3.2I NEOP	By 2018, increase the percentage of adolescents (12–17 years) who are physically active at least one hour a day from 16.1 percent in 2011 to 19 percent	*California Health Interview Survey, University of California Los Angeles*
3	1.3.3I NEOP	By 2018, increase the percentage of adolescents (12–17 years) who take physical education classes at least four days a week	*California Health Interview Survey, University of California Los Angeles*
4	1.3.4I	By 2018, increase the percentage of schools that, either directly or through a school district, have a joint use agreement for shared use of physical activity facilities (Developmental)	*School Health Profiles, CDC*
		Healthy Diets	

6	1.3.6I NEOP	By 2018, increase the percent of schools that do not sell less healthy foods and beverages (soda pop or fruit drinks, sports drinks, baked goods, salty snacks, and candy) from 53.2 percent in 2012 to 60 percent	*School Health Profiles, California Department of Education*
7	1.3.7I NEOP	By 2018, increase the percentage of children (2–11 years) who eat five or more servings of fruits and vegetables a day from 52.6 percent in 2011 to 57 percent	*California Health Interview Survey, University of California Los Angeles*
8	1.3.8I NEOP **LGH**	By 2022, decrease the percentage of adolescents who drank two or more glasses of soda or other sugary drink yesterday from 27 to 17 percent	*California Health Interview Survey, University of California Los Angeles*
9	1.3.9I NEOP **LGH**	By 2022, increase the percentage of adolescents who have consumed fruits and vegetables five or more times per day from 20 to 32 percent	*California Health Interview Survey, University of California Los Angeles*
10	1.3.10I **LGH**	By 2022, decrease the percentage of adults who drank two or more sodas or other sugary drinks per day from 20 to 10 percent	*California Health Interview Survey, University of California Los Angeles*
11	1.3.11I NEOP **HC & LGH**	By 2022, increase the percentage of adults who have consumed fruits and vegetables five or more times per day from 28 to 34 percent	*Behavioral Risk Factor Surveillance System, CDC*
12	1.3.12I MCAH	By 2020, increase the percentage of women with recent live births who took a multivitamin, prenatal vitamin, or folic acid vitamin every day of the week during the month before pregnancy (Developmental)	*Maternal Infant Health Assessment Survey, CDPH*
13	1.3.13I MCAH	By 2018, increase the percentage of mothers who report exclusive breastfeeding 3 months after delivery (Developmental)	*Healthy People 2020; Maternal and Infant Health Assessment Survey, CDPH*
14	1.3.14I NEOP	By 2018, increase the proportion of infants breastfed at 6 months from 56.1 percent in 2012 to 62 percent	*Breastfeeding Report Card—U.S., CDC*
15	1.3.15I NEOP	By 2020, reduce average sodium intake for children (9–11 years) from 3.5 to 2.8 g/day	*California Children's Healthy Eating and Exercise Practices Survey (CalCHEEPS), CDPH*
16	1.3.16I HDDPU	By 2018, reduce consumption of sodium in the population aged 2 years and older from 3,641 mg in 2006 to 2,500 mg.	*National Health and Nutrition Examination Survey, CDC/NCHS*

Long-term Objectives			Data Source
		Fitness	
1	1.3.1L NEOP **HC & LGH**	By 2022, increase the percentage of "physically fit" children, who reach the "Healthy Fitness Zone" in six of the six test items on the required Fitness-gram: 25–36 percent for 5th graders, 32–46 percent of 7th graders, and 37–52 percent for 9th graders	*Fitnessgram, California Department of Education*
2	1.3.2L NEOP **LGH**	By 2022, increase the percentage of adolescents who meet physical activity guidelines for aerobic physical activity from 15 to 24 percent	*California Health Interview Survey, University of California Los Angeles*
3	1.3.3L NEOP **HC & LGH**	By 2022, increase the percentage of adults who meet physical activity guidelines for aerobic physical activity from 58 to 66 percent	*Behavioral Risk Factor Surveillance System, CDC*
1.4		**Increase Healthy Food Outlets**	
Short-term Objectives			**Data Source**
1	1.4.1S CCCCP	By 2015, increase the percentage of farmers markets that accept electronic benefits transfers (EBTs) for payment by 50 percent, from 6.6 percent in 2009 to 10 percent	*EBT Project, California Office of Systems Integration; State Health Facts*
Intermediate Objectives			**Data Source**
1	1.4.1I NEOP **HC & LGH**	By 2022, increase the number of healthy food outlets as measured by Retail Food Environment Index from 11 to 21 percent	*State Indicator Report on Fruits and Vegetables 2009 and Children's Food Environment State Indicator Report 2011, CDC*
2	1.4.2I NEOP	By 2015, increase the number of corner stores that sell healthier food options in underserved areas (Developmental)	*No known data source*
3	1.4.3I **HC**	By 2018, increase the percentage of households within ½-mile of a full-service grocery store, fresh produce market, or store with fresh produce (Developmental)	*California Board of Equalization*
4	1.4.4I **HC**	By 2018, decrease the average weekly cost of a market basket for food items relative to income (Developmental)	*Official USDA Food Plans: Cost of Food at Home at Four Levels, [national data only: at least expensive level $127.30 for a U.S. family of four for a*

			week (in June 2013)]
Long-term Objectives			**Data Source**
1	1.4.1L	By 2020, employ behavioral economic strategies, such as food placement, in x retail outlets to promote healthy purchasing (Developmental)	*No known data source*
2	1.4.2L	By 2020, implement Nutrition Network program in x additional highly utilized food stores (Developmental)	*No known data source*
3	1.4.3L	By 2020, increase the number of farmers markets, community supported agriculture, or farm stands on public facilities in low income/food insecure communities (Developmental)	*No known data source*
4	1.4.4L	By 2020, increase the percentage of local and state government agencies that have adopted healthy food procurement standards and policies that promote purchase of more fruits, vegetables, and water, and less high-sodium foods and sugary sweetened beverages (Developmental)	*No known data source*
5	1.4.5L	By 2020, increase the percentage of youth-serving community sites and organizations that adopt healthy eating and vending guidelines and policies, including state-licensed childcare facilities, after-school and teen programs (Developmental)	*No known data source*
6	1.4.6L	By 2020, increase the proportion of food service entities (purchasers, suppliers, and/or vendors) that purchase, secure, or sell nutritious foods and beverages, including low-sodium foods (Developmental)	*No known data source*
7	1.4.7L	By 2020, increase the adoption of procurement policies and practices that limit non-nutritious foods and beverages, including high sodium, in government-purchased food in worksites and schools (Developmental)	*No known data source*

1.5		Increase Walking and Biking	
Short-term Objectives			**Data Source**
		No objectives have been identified at this time	
Intermediate Objectives			**Data Source**
1	1.5.1I NEOP, SACB **LGH**	By 2022, increase the annual number of walk trips per capita from 184 to 230	*National Household Travel Survey—California Add-on sample, California Department of Transportation*
2	1.5.2I NEOP, SACB **LGH**	By 2022, increase the percentage of children who walk/bike/roll to school from 43 percent in 2009 to 51 percent	*California Health Interview Survey, University of California Los Angeles*
3	1.5.3I NEOP **HC**	By 2018, increase the percentage of commuters who use active transportation (walk, bicycle, and/or public transit) to travel to work from 9.1 to 11 percent	*American Community Survey, U.S. Census Bureau*
4	1.5.4I NEOP **HC**	By 2018, increase the percentage of the population aged 16 years or older by time walking and biking to work ≥ 10 minutes/day from 3.9 to 5 percent	*American Community Survey, U.S. Census Bureau*
5	1.5.5I NEOP **HC**	By 2018, increase the percentage of residents within ½ mile of park, beach, open space, or coastline (Developmental)	*California Protected Areas Database, GreenInfo Network*
6	1.5.6I NEOP **HC**	By 2018, increase the acres of tree canopy coverage in urban areas (Developmental)	*National Land Cover Database, U.S. Geological Survey*
	1.5.7I NEOP **HC**	By 2018, increase acres of parkland (usable walkable green space) per 1,000 residents (Developmental)	*California Protected Areas Database, GreenInfo Network*

Long-term Objectives			Data Source
1	1.5.1L	By 2020, increase the number of municipalities that have adopted local policies, ordinances, engineering solutions, or other strategies that promote safe, walkable, and bikeable communities, particularly in low-income, underserved communities (Developmental)	*No known data source*
2	1.5.2L	By 2020, increase the percentage of municipal General Plans that contain a health element with language specific to environments that promote daily physical activity (Developmental)	*No known data source*
1.6		**Increase Safe Communities**	
Short-term Objectives			**Data Source**
1	1.6.1S DHCS	By 2015, increase the number of local health departments participating in their jurisdictions' General Plan development (Developmental)	*No known data source*
Intermediate Objectives			**Data Source**
		Water	
5	1.6.5I DWP **HC**	By 2018, increase the percentage of the population served by community water systems that receives water meeting all health-based standards of the Safe Drinking Water Act from 98 to 99 percent	*2007 Annual Compliance Report for Public Water Systems, CDPH*
6	1.6.6I OH	By 2018, increase the percentage of the population served by community water systems with optimally fluoridated water from 62.1 to 76.9 percent	*Water Fluoridation Reporting System, CDC*
		Air Quality	
11	1.6.11I NEOP **HC**	By 2018, increase the percentage of the population located < ½ mile of a regional bus/rail/ferry and < ¼ mile local bus/light rail (Developmental)	*Transit asset inventories: ULTRANS, University of California Davis; SafeTREC, UC Berkeley*
Long-term Objectives			**Data Source**
1	1.6.1L SACB **LGH**	By 2022, increase the percentage of adults who report they feel safe in their neighborhoods all or most of the time from 91 percent in 2007 to 96 percent	*California Health Interview Survey, University of California Los Angeles*

1.7		Decrease Childhood Trauma	
Short-term Objectives			**Data Source**
		No objectives have been identified at this time	
Intermediate Objectives			**Data Source**
		No objectives have been identified at this time	
Long-term Objectives			**Data Source**
1	1.7.1L SACB **LGH**	By 2022, decrease the percentage of respondents indicating at least one type of Adverse Childhood Experience from 59 to 45 percent	*Behavioral Risk Factor Surveillance System, CDC*
2	1.7.2L SACB **HC & LGH**	By 2022, reduce the (reported and substantiated) incidence rate of child maltreatment (including physical, psychological, neglect) per 1,000 children from 53.1 to 50 and 9.2 to 8, respectively	*Child Welfare System/Case Management Services Dynamic Report System, California Department of Social Services*
3	1.7.3L SACB	By 2020, decrease the rate of child maltreatment deaths from 1.4 to 1.25 per 100,000	*Vital Statistics, Death Statistical Master File, CDPH; SB 39 reports, California Department of Social Services*
1.8		**Increase Early Learning**	
Short-term Objectives			**Data Source**
		No objectives have been identified at this time	
Intermediate Objectives			**Data Source**
1	1.8.1I	By 2018, increase the percentage of children enrolled in preschool (Developmental)	*No known data source*
Long-term Objectives			**Data Source**
1	1.8.1L CDE	By 2020, increase the percentage of third grade students whose reading skills are at or above the proficient level from 46 to 69 percent	*Standardized Testing and Reporting (STAR) Results, California Department of Education*
2	1.8.2L CDE **HC**	By 2020, increase the percentage of children who are kindergarten ready (not available statewide) (Developmental)	*Annual Reports, California Children and Families Commission (First Five)*

GOAL 2: OPTIMAL HEALTH SYSTEMS LINKED WITH COMMUNITY PREVENTION

Strategies	
A	Provide equitable and affordable access to high-quality health care using a patient centered approach
B	Increase delivery of clinical preventive services and early identification of medical, mental, dental, and behavioral health needs
C	Expand modalities of primary care services to include reimbursable email, phone-based care, web portals for self-management, group visits, and integrated medical and behavioral health visits
D	Enhance coordination and integration of medical, mental, dental, and behavioral care within and between health care systems, public health, and the community
E	Increase implementation of quality improvement processes within and between health systems and the community to improve systems of care
F	Reduce barriers to and support implementation of community preventive services and enhance clinical–community linkages
G	Expand public and private insurance coverage of and reimbursement authority for community preventive services per evidence-based guidelines
H	Provide individuals and families with information and tools to be able to follow providers' advice in daily life, such as health literacy, health system navigation, and self-care in the community
I	Promote awareness of cardiovascular disease prevention: aspirin/Hemoglobin A1C/ alcohol/blood pressure/cholesterol/diet/exercise/smoking
J	Encourage compliance with current guidelines, laws, and regulations

Partners	
Health System: Medical, Mental, Dental, Behavioral; Health Providers; Health Payers; Business; Government: Education, Planning, Housing, Social Services; Universities; Non-Governmental Organizations	
2.1	**Decrease the Number of People without Insurance**
Short-term Objectives	**Data Source**

		No objectives have been identified at this time	
Intermediate Objectives			**Data Source**
1	2.1.1I Covered CA	By 2018, increase enrollment of uninsured individuals eligible for subsidy through Covered California into health insurance (Developmental)	*Covered California*
2	2.12I DPAC	By 2018, CDPH will adopt one policy to add type of insurance to relevant data sets collected in the Department	*Policies, Information Technology Services Division, CDPH*
Long-term Objectives			**Data Source**
1	2.1.1L Covered CA **HC & LGH**	By 2022, decrease the rate of uninsured Californians (who are federal subsidy eligible) from 56 percent (estimated in January 2014) to 24 percent	*California Health Interview Survey, University of California Los Angeles; Covered California*
2.2		**Increase Access to Primary and Specialty Care**	
Short-term Objectives			**Data Source**
		No objectives have been identified at this time	
Intermediate Objectives			**Data Source**
1	2.2.1I **LGH**	By 2022, increase the percentage of patients receiving care in a timely manner from primary care physicians and specialists (Developmental)	*Integrated Healthcare Association, California Pay for Performance Program, Measurement Year 2011 P4P Manual*
2	2.2.2I Covered CA	By 2018, decrease the percentage of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines (Developmental)	*Medical Expenditure Panel Survey, U.S. Agency for Healthcare Research and Quality*
		Oral Health	
3	2.2.3I Covered CA, DHCS, & OH	By 2018, increase the proportion of adults in Medi-Cal who used the oral health care system in the past year (Developmental)	*Denti-Cal, Department of Health Care Services; Behavioral Risk Factor Surveillance System, CDC; California Health Interview Survey, University of California Los Angeles*
		School Health Care	

7	2.2.7I NEOP	By 2018, increase the number of school-based health centers in K-12 public schools (Developmental)	*Reports, California School Health Centers Association*
Long-term Objectives			**Data Source**
		No objectives have been identified at this time	
2.3		**Increase Coordinated Outpatient Care** **Increase People Receiving Care in an Integrated System**	
Short-term Objectives			**Data Source**
		Lifestyle Intervention Programs	
2	2.3.2S HDDPU & WW	By 2015, increase the proportion of WISEWOMAN participants in evidence-based lifestyle intervention programs, including those addressing social and emotional support, who were referred by a health care provider from 1,300 women in 2013 to 1,800 women, as federal funding allows	*WW Minimum Data Elements, CDPH*
3	2.3.3S HDDPU & DHCS	By 2015, increase the percentage of Medi-Cal recipients with pre-diabetes or at high risk for type 2 diabetes who have access to evidence-based lifestyle intervention programs (Developmental)	*Medi-Cal Managed Care Plan Data, Department of Health Care Services*
7	2.3.7S HDDPU	By 2015, increase the number of DSME programs from 159 to 176	*Data repositories, Heart Disease and Diabetes Prevention Unit, CDPH*
8	2.3.8S HDDPU	By 2015, increase the proportion of counties with DSME programs from 66 to 76 percent, as federal funding allows	*Data repositories, Heart Disease and Diabetes Prevention Unit, CDPH*
9	2.3.9S HDDPU & DHCS	By 2015, increase number of smokers in the Medi-Cal program who call the California Smokers' Helpline (Quitline) though the Medi-Cal Incentives to Quit Smoking Project from approximately 17,500 callers to 25,000 callers annually	*California Smokers' Helpline, DHCS*
Intermediate Objectives			**Data Source**
		Patient Centered Medical Homes	
1	2.3.1I DHCS	By 2018, increase the percentage of Medi-Cal members in a patient-centered medical home (Developmental)	*No known data source*
2	2.3.2I	By 2022, increase the percentage of people in population managed health plans from 48 to 61 percent	*California Health Interview Survey, University of California*

	LGH		*Los Angeles*
		Self-Management Programs	
3	2.3.3I HDDPU	By 2018, increase the proportion of people with diabetes in targeted settings who have at least one encounter at a DSME program per year (Developmental)	*No known data source*
4	2.3.4I CTCP & WW	By 2018, increase the number of calls to the California Smokers' Helpline referred from health care providers from 14,221 to 15,000	*California Smokers' Helpline, CDPH; WW Minimum Data Elements, CDPH*
		Medical, Mental and Behavioral Health	
5	2.3.5I DHCS	By 2018, increase the percentage of adults screened for alcohol misuse and provide brief counseling (Developmental)	*Medi-Cal, Department of Health Care Services*
Long-term Objectives			**Data Source**
		Patient Centered Medical Homes	
1	2.3.1L LGH	By 2022, increase the percentage of patients whose doctor's office helps coordinate their care with other providers or services from 67 to 94 percent for children/adolescents and 75 to 94 percent for adult health maintenance organization patients (Developmental)	*California Pay for Performance Program, Integrated Healthcare Association*
2.4		**Increase Mental Health and Wellbeing**	
Short-term Objectives			**Data Source**
		No objectives have been identified at this time	
Intermediate Objectives			**Data Source**
1	2.4.1I	By 2018, increase policies and protocols used to screen for mental illness (Developmental)	*No known data source*
		Depression	
4	2.4.4I	By 2018, increase the percentage of primary care physician office visits in Medi-Cal that use a standardized evidence-based tool to screen adults and youth for depression (Developmental)	*National Ambulatory Medical Care Survey, CDC*
4	2.4.4L LGH	By 2022, decrease the frequency of sad or hopeless feelings in the past 12 months from: 28 to 25 percent of 7th graders, 31 to 24 percent of 9th graders, and 32 to 27 percent of 11th graders	*California Healthy Kids Survey, California Department of Education*

6	2.4.6L **LGH**	By 2022, decrease the percentage of adolescents (12–17 years) and adults (≥ 18 years) who experience a major depressive episode from 8 to 7 percent and 6 to 5 percent, respectively	*National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration*
2.5		**Decrease Adult and Childhood Obesity and Diabetes**	
Short-term Objectives			**Data Source**
1	2.5.1S WIC	By 2015, decrease the obesity rate among 4 year old children participating in WIC by 1 percent from 20 percent overweight in 2012 to 19 percent	*WIC Integrated Statewide Information System, CDPH*
2	2.5.2S HDDPU	By 2015, increase awareness of pre-diabetes so that the prevalence of people who self-report having pre-diabetes increases from 9 percent in 2011 to 12 percent	*National Nutrition and Health Examination Survey, CDC; California Health Interview Survey, University of California Los Angeles*
Intermediate Objectives			**Data Source**
1	2.5.1I HDDPU & WW	By 2018, increase the proportion of WW participants with diabetes in adherence to medication regimens from 63 percent in 2012 to 69 percent, as federal funding allows	*Medi-Cal EHR Incentive Program, Department of Health Care Services; National Quality Forum; WW Minimum Data Elements, CDPH*
2	2.5.2I HDDPU	By 2018, decrease the proportion of people with diabetes who have Hemoglobin A1C > 9 (Developmental)	*Medi-Cal EHR Incentive Program, Department of Health Care Services; National Quality Forum*
3	2.5.3I DHCS & DSS	By 2018, increase annual CalFresh Enrollment among Eligible Medi-Cal members by 5 percent each year (Developmental)	*Medi-Cal MIS; DSS Data Warehouse; DSS MEDS database*
Long-term Objectives			**Data Source**
1	2.5.1L NEOP **LGH**	By 2022, decrease the percentage of children and adolescents who are overweight and obese, respectively from: 12 to 10 percent (2–5 years), 12 to 11 percent for (6–11 years), and 18 to 15 percent (12–19 years)	*California Health Interview Survey, University of California Los Angeles*
2	2.5.2L NEOP & WW **LGH**	By 2022, decrease the percentage of adults who are obese from 24 to 11 percent	*Behavioral Risk Factor Surveillance System, CDC; WW Minimum Data Elements, CDPH*

3	2.5.3L MCAH	By 2020, increase the proportion of mothers who achieve a recommended weight gain (per IOM standards) during their pregnancies (Developmental)	*Vital Statistics, Birth Statistical Master Files, Maternal and Infant Health Assessment Survey, CDPH*
4	2.5.4L	By 2020, decrease the prevalence of diagnosed gestational diabetes mellitus in hospital deliveries (Developmental)	*Hospital Patient Discharge Data System, California Office of Statewide Health Planning and Development*
5	2.5.5L HDDPU & WW **LGH**	By 2022, decrease the prevalence of diagnosed diabetes, in adults, from 9 to 8 per 100	*Behavioral Risk Factor Surveillance System, CDC; California Health Interview Survey, University of California Los Angeles*
6	2.5.6L HDDPU	By 2020, decrease the age-adjusted hospital discharge rate for diabetes as any-listed diagnosis for persons with diabetes from 337 per 1,000 in 2008 to 275 per 1,000	*Hospital Patient Discharge Data System, California Office of Statewide Health Planning and Development*
2.6		**Increase Controlled High Blood Pressure and High Cholesterol**	
Short-term Objectives			**Data Source**
		No objectives have been identified at this time	
Intermediate Objectives			**Data Source**
1	2.6.1I HDDPU & WW	By 2018, increase the number of adults who have been screened for high blood pressure within the previous 2 years from 91 percent in 2008 to 93 percent	*National Health Interview Survey, CDC; California Health Interview Survey, University of California Los Angeles; WW Minimum Data Elements, CDPH*
2	2.6.2I HDDPU & WW	By 2018, increase the number of adults who have been screened for high cholesterol in the previous 5 years from 86 percent in 2008 to 88 percent	*National Health Interview Survey, CDC; California Health Interview Survey, University of California Los Angeles; WW Minimum Data Elements, CDPH*
3	2.6.3I	By 2018, increase the number of employed community health workers in California (Developmental)	*U.S. Bureau of Labor Statistics*
Long-term Objectives			**Data Source**
1	2.6.1L HDDPU &	By 2020, decrease the prevalence of high blood pressure from 26 percent in 2009 to 23 percent	*National Health and Nutrition Examination Survey, CDC; California Health Interview*

	WW		*Survey, University of California Los Angeles*
2	2.6.2L HDDPU **LGH**	By 2022, increase the percentage of adults diagnosed with hypertension that have controlled high blood pressure from: 79 to 87 percent for Medicare patients, 50 to 70 percent for PPO patients, and 78 to 86 percent for HMO patients	*California Pay for Performance Program, Integrated Healthcare Association*
3	2.6.3L HDDPU & WW	By 2020, decrease the prevalence of high cholesterol from 22 percent in 2005 to 20 percent	*National Health and Nutrition Examination Survey, CDC; California Health Interview Survey, University of California Los Angeles*
4	2.6.4L HDDPU **LGH**	By 2022, increase the percentage of adults diagnosed with high cholesterol who are managing the condition from: 76 to 91 percent for Medicare patients, 50 to 70 percent for PPO patients, and 78 to 86 percent for HMO patients	*California Pay for Performance Program, Integrated Healthcare Association*
2.10		**Increase Culturally and Linguistically Appropriate Services**	
Short-term Objectives			**Data Source**
		No objectives have been identified at this time	
Intermediate Objectives			**Data Source**
1	2.10.1I CDPH & DHCS	By 2018, incorporate equity and cultural competency standards (Cultural and Linguistically Appropriate Services) into chronic disease prevention programs, processes, and publications (Developmental)	*Publications, CDPH and Department of Health Care Services*
Long-term Objectives			**Data Source**
1	2.10.1L DHCS	By 2020, increase the percentage of persons who report their health care provider always listens carefully (Developmental)	*Medical Expenditure Panel Survey, U.S. Agency for Healthcare Research and Quality*

2	2.10.2L DHCS	By 2020, increase the percentage of persons who report their health care provider always explained things so they could understand them (Developmental)	*Medical Expenditure Panel Survey, U.S. Agency for Healthcare Research and Quality*
3	2.10.3L	By 2020, create a statewide training and certification program for Patient Navigators (Developmental)	*No known data source*
2.12		**Increase Hospital Safety and Quality of Care**	
Short-term Objectives			**Data Source**
1	2.12.1S L & C	By 2015, publish the "Adverse Events in Hospitals Underreporting Study" on the CDPH website	*Reports, University of California Davis, CDPH*
2	2.12.2S L & C	By 2015, publish regulations clarifying the definitions and reporting requirements for adverse events in hospitals on the CDPH website	*California Code of Regulations for CDPH*
Intermediate Objectives			**Data Source**
1	2.12.1I L & C	By 2018, publish "Adverse Events in Hospitals" by individual hospital on the CDPH website	*Adverse Event Report, CalHeart website, CDPH*
Long-term Objectives			**Data Source**
1	2.12.1L DHCS & OSPHD **LGH**	By 2022, decrease the 30-day All-Cause Unplanned Readmission Rate (Unadjusted) (Developmental)	*Hospital Patient Discharge Data System, California Office of Statewide Health Planning and Development; Medi-Cal, Department of Health Care Services*
2	2.12.2L L & C **LGH**	By 2022, reduce the incidence of measurable hospital-acquired conditions (further composite metrics will be developed so target to be determined) (Developmental)	*Hospital Patient Discharge Data System, California Office of Statewide Health Planning and Development; Agency for Healthcare Research and Quality, Prevention Quality Indicators; Medi-Cal, Department of Health Care Services*
3	2.12.3L L & C	By 2020, decrease adverse events in hospitals (Developmental)	*Adverse Event Report, CalHeart website, CDPH*

GOAL 3: ACCESSIBLE AND USABLE HEALTH INFORMATION

Strategies	
A	Improve data collection, analysis and reporting in order to plan, prioritize and allocate resources to identify and address inequities
B	Expand use of health information technology and integrated data systems
C	Promote standardization and cross-system electronic information exchange of data, including electronic reporting
D	Expand web-based access to understandable and usable local data and information
E	Promote the use of social media as an outreach and engagement tool
F	Foster consistent health messages

Partners
Health Systems: Medical, Mental, Dental, Behavioral; Health Providers; Health Payers; Business; Government; Universities; Nonprofit Organizations

3.1	**Increase Transparent Information on Cost and Quality of Care**	
Short-term Objectives		**Data Source**
1 3.1.1S HDDPU & DHCS OHIT	By 2015, increase the proportion of health care providers participating in Medi-Cal EHR Incentive Program who have certified electronic health records (Developmental)	*Medi-Cal EHR Incentive Program, Department of Health Care Services*
2 3.1.2S HDDPU	By 2015, increase the proportion of health care providers who report on the percentage of adults with adequately controlled blood pressure (National Quality Forum Measure 18) (Developmental)	*Medi-Cal Managed Care Plan data, Department of Health Care Services*
3 3.1.3S HDDPU	By 2015, increase the proportion of health care providers participating in Medi-Cal EHR Incentive Program who report on the percentage of adults with diabetes who have Hgb A1C > 9 percent (National Quality Forum Measure 59) (Developmental)	*Medi-Cal Managed Care Plan data, Department of Health Care Services*
5 3.1.5S CDE	By 2015, collect statewide weighted Youth Risk Behavior Surveillance System data	*Youth Risk Behavior Surveillance System, CDC*
6 3.1.6S CHSI & ITSD	By 2015, increase the number of health systems that contribute electronic health data to population based health registries (i.e. immunizations, cancer,	*Health Information Exchange Gateway, CDPH*

		etc.) (Developmental)	
Intermediate Objectives			**Data Source**
1	3.1.1I HDDPU	By 2018, increase the percentage of medical practices that use electronic health records from 71 percent in 2011 to 90 percent	*National Ambulatory Medical Care Survey, CDC; Physician Survey, California Health Care Foundation*
2	3.1.2I HDDPU	By 2018, increase proportion of providers that adopt electronic provider reminder/recall, clinical decision support, and provider assessment and feedback systems (Developmental)	*No known data source*
Long-term Objectives			**Data Source**
1	3.1.1L DMHC	By 2020, the 10 largest health plans in California will achieve the National 90th percentile in performance of HEDIS control measures for hypertension, heart disease and diabetes (Developmental)	*California Office of the Patient Advocate*

GOAL 4: PREVENTION SUSTAINABILITY AND CAPACITY

Strategies	
A	Maintain a skilled, cross-trained, and diverse prevention workforce, including persons with competence in economics, business, and health informatics
B	Mobilize partners to sustain public health efforts, including organizations which focus on community empowerment and youth development
C	Communicate public health concepts in both the context and language of other sectors
D	Develop and communicate the business case for prevention; use business plans, marketing, return on investment, and/or health impact assessments
E	Encourage shared responsibility for health
F	Model health system payment and reimbursement mechanisms to encourage delivery of clinical and community preventive services – value not volume
G	Develop a long-term chronic disease prevention sustainability plan
Partners	
Health Systems: Medical, Mental, Dental, Behavioral; Health Providers; Health Payers; Business; Government	

4.1		Increase Affordable Care and Coverage	
Short-term Objectives			**Data Source**
		No objectives have been identified at this time	
Intermediate Objectives			**Data Source**
1	4.1.1I	By 2018, begin or increase community preventive services (lifestyle intervention, self-management, and/or worksite wellness programs) (Developmental)	*No known data source*
Long-term Objectives			**Data Source**
1	4.1.1L **LGH**	By 2022, decrease health care cost (Total premium + out of pocket) as percent of median household income from: 22 to 23 percent for families and 13 to 13 percent for individuals	*American Community Survey, U.S. Census Bureau; Employer Surveys, Kaiser Family Foundation/ California HealthCare Foundation; Medical Expenditure Panel Survey (MEPS) Consolidated Data File, U.S. Agency for Health Care Research and Quality*
4.2		**Increase Payment Policies that Reward Value**	
Short-term Objectives			**Data Source**
		No objectives have been identified at this time	
Intermediate Objectives			**Data Source**
1	4.2.1I	By 2018, implement Accountable Care Community models and publish outcomes that use business models in which all members of the care team assume fiscal risk and obtain fiscal benefit from patient outcomes (Developmental)	*No known data source*
2	4.2.2I	By 2018, increase the percentage of health systems providers and payers that implement patient-centered medical home supplemental per member per month payment (Developmental)	*No known data source*
3	4.2.3I	By 2018, increase the percentage of health systems, providers and payers that adopt Triple Aim Pay for Performance (Developmental)	*No known data source*

Long-term Objectives			Data Source
		No objectives have been identified at this time	
4.3		**Decrease Rate of Growth in Healthcare Spending**	
Short-term Objectives			**Data Source**
1	4.3.1S	By 2015, increase the number of local health departments participating in nonprofit hospital community benefit health assessments and improvement plans (Developmental)	*No known data source*
Intermediate Objectives			**Data Source**
1	4.3.1I	By 2018, increase the number of local public health departments nationally accredited by the Public Health Accreditation Board (Developmental)	*Public Health Accreditation Board*
Long-term Objectives			**Data Source**
1	4.3.1L **LGH**	By 2022, decrease the Compound Annual Growth Rate (CAGR) by total health expenditures and per capita costs from total—7 percent, per capita—6 percent, and Gross State Product (GSP)—4 percent: to no greater than CAGR for GSP	*Data Navigator, U.S. Centers for Medicare and Medicaid Services*