California FY 2020
Preventive Health and Health Services Block Grant

Work Plan
for Discussion by Advisory Committee and at Public Hearing

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CDC Work Plan ID: CA 2020 V0 R0

State Program Title: Advancing Climate Change and Health Programs at LHDs and within CDPH

State Program Strategy:

Goal: California has been a leader in combating climate change and promoting a healthy future for its residents. The goal of this strategy is to build health equity, advance climate action, and improve living conditions through policies, systems, and environmental changes, so that all Californians thrive in healthy, equitable, resilient communities. Climate change impacts heat-related illnesses and deaths, air pollution-related exacerbations of cardiovascular and respiratory diseases, injuries and deaths due to severe storms and flooding, and stress and mental trauma from loss of livelihoods, property loss, and displacement. Many activities that reduce climate emissions, such as active transportation, also prevent chronic diseases. Therefore, incorporating climate change policy and planning activities into public health activities will increase their capacity to provide primary prevention of chronic diseases.

Health Priority: Provide technical assistance to support CDPH programs, local health departments, and tribes to prepare for and prevent the health impacts of climate change. Provide technical assistance to support CDPH programs, local health departments, and tribes to build climate change policy and planning into chronic disease programs in order to further improve social determinants of health and meet existing health program objectives.

Evaluation Methodology: The program will evaluate progress toward objectives using: 1) process evaluation, including the numbers of meetings conducted, number of CDPH programs, tribes, and local health departments provided technical assistance; 2) outcome evaluation such as CDPH programs, tribes and local health departments addressing climate change in plans, program objectives, policies, or communications; and 3) impact evaluation by tracking heat-related emergency department visits and deaths.

Primary Strategic Partners:

Internal

1. Environmental Health Investigations Branch
2. California Conference of Local Health Officers
3. Indoor Air Quality
4. Nutrition Education and Obesity Prevention Branch
5. Injury and Violence Prevention Branch

External

1. Local Health Departments
2. Strategic Growth Council
3. California Tribes or Tribal Health Programs
4. Bay Area Regional Health Inequities Initiative
5. Public Health Alliance of Southern California

State Program Setting:
Local health department, 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 Specialist I
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%
Position Name: Vacant
Position Title: Health Program Specialist I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Vacant
Position Title: Associate Governmental Program Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 4
Total FTEs Funded: 4.00

National Health Objective: HO ECBP-10 Community-Based Primary Prevention Services

State Health Objective(s):

Between 07/2020 and 06/2021, Program will provide support and expertise to state, local, and tribal health programs to increase incorporation of climate change into their health programs, plans, policies, and communications.

Baseline:
Zero CDPH programs are currently supported to incorporate climate change considerations into their health programs, plans, policies, or communications. Two local health departments are currently supported to incorporate climate change considerations into their health programs, plans, policies, or communications. One California tribe is currently supported to incorporate climate change considerations into their health programs, plans, policies, or communications.

Data Source:
These data are from program records (monthly activity reports, annual report) of the Climate Change and Health Equity Program and its California Building Resilience Against Climate Effects (CalBRACE Project).

State Health Problem:

Health Burden:

Californians are experiencing increasing health impacts of climate change, including injury, illness, and death from wildfires, wildfire smoke, mudslides, heat, drought, and food-, water-, and vector-borne diseases. Local health departments (LHDs) are on the front lines of preparing for and responding to the health impacts of climate change. Seventy percent of California health officers say they do not have adequate information to respond to climate change. Tribal health programs have also expressed a need for dedicated technical assistance for addressing the health impacts of climate change.

In addition, due to increasing health impacts on their priority populations from accelerating climate changes, CDPH programs have increasingly requested technical assistance, resources, and tools to prevent and reduce the health impacts they are seeing. Existing Office of Health Equity staff cannot meet the need for increased technical assistance from CDPH programs, LHDs, and tribes to respond to the accelerating health impacts of climate change. People with chronic diseases and mental health conditions, the very young or elderly, the unhoused, outdoor workers, some communities of color, tribal communities, immigrants, pregnant women, isolated people, and people with low incomes are most vulnerable to the health impacts of climate change. These are the same populations prioritized by many LHDs, CDPH programs, and tribes, and will be prioritized using Block Grant funds in this program.

Target Population:
Number: 39,512,223
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: 29,634,167
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: Yes
Location: Entire state
Target and Disparate Data Sources: CDPH Climate Change and Health Vulnerability Indicators for California, American Community Survey, Healthy Places Index, 3/6/2020

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Model Practices Database (National Association of County and City Health Officials)

Other: Centers for Disease Control & Prevention's Climate and Health Program, American Public Health Association's "Climate Change, Health & Equity: A Guide for Local Health Departments", CDPH's Climate Change and Health Equity Program's publications and data tools, and peer-reviewed journal articles.

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $557,102
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: Start-up
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:
Support CDPH programs to address climate change and health
Between 07/2020 and 06/2021, Program will increase the number of CDPH programs that incorporate climate change considerations into their health programs, plans, policies, or communications from 0 to **4**.

Annual Activities:

1. **Host Cross-CDPH Climate Change Collaboration Meetings**
   Between 07/2020 and 06/2021, Program will hold at least three meetings of interested staff from across CDPH to collaboratively assess needs for support, plan and coordinate activities, and share resources addressing climate change.

2. **Provide Program and Communications Technical Assistance to CDPH Programs**
   Between 07/2020 and 06/2021, Program will provide technical assistance to CDPH programs address climate change in communications, fact sheets, health warnings, and program objectives.

3. **Provide Data and Vulnerability Assessment Tool Assistance to CDPH Programs**
   Between 07/2020 and 06/2021, Program will provide technical assistance to CDPH programs to utilize data sources and tools that address climate and health

vulnerability and social determinants of health (eg., Climate Change and Health Vulnerability Indicators and Healthy Places Index) in prioritizing resources or program planning.

4. **Provide Technical Assistance to CDPH Programs on Climate Change in Surveys**
   Between 07/2020 and 06/2021, Program will provide technical assistance to support CDPH programs to integrate climate change-related questions into provider and population survey instruments.

5. **Support CDPH Programs to Advance Health Through Climate-Related Grants**
   Between 07/2020 and 06/2021, Program will provide technical assistance to CDPH programs to submit health equity input to California climate change-related grant guidelines, and to participate in review of climate-related grant program applications to help select grantees and projects that will improve health equity outcomes.

Objective 2:
Support local health departments to address climate change and health
Between 07/2020 and 06/2021, Program will increase the number of local health departments that incorporate climate change considerations into their health programs, plans, policies, or communications from 2 to **6**.

Annual Activities:

1. **Support Local Health Departments to Conduct Environmental Scans**
   Between 07/2020 and 06/2021, Program will provide technical assistance to local health departments to conduct environmental scans of local climate change planning activities, possible partners, gaps, and opportunities.

2. **Support Local Health Departments to Assess Climate and Health Vulnerability Data**
   Between 07/2020 and 06/2021, Program will provide technical assistance to local health departments to utilize data tools and local knowledge to assess local vulnerability to the health impacts of climate change.

Objective 3:
Support tribes to address climate change and health
Between 07/2020 and 06/2021, Program will increase the number of California tribes or tribal health programs that incorporate climate change considerations into their health programs, plans, policies, or communications from 1 to **3**.

Annual Activities:

1. **Support Tribes to Conduct Environmental Scans of Climate Change Activities**
   Between 07/2020 and 06/2021, Program will provide technical assistance to

tribes or tribal health programs to conduct environmental scans of local climate change planning activities, possible partners, gaps, and opportunities.

2. **Support Tribes to Assess Climate and Health Vulnerability**
   Between 07/2020 and 06/2021, Program will provide technical assistance to tribes or tribal health programs to utilize data tools and local knowledge to assess their communities' vulnerability to the health impacts of climate change.

State Program Title: California Behavioral Risk Factor Surveillance System Program

State Program Strategy:

Goal: The BRFSS is aligned with Healthy People 2020, setting national objectives using data obtained from states participating in BRFSS. The CA BRFSS program's overall goal is to sustain its ongoing surveillance system by collecting statewide health-related data by way of telephone interviews. Sustainability of California's participation in BRFSS is critical to ascertaining health estimates to be used for public health program evaluation and for establishing baseline health estimates both at the state and national levels. A minimum of 2,500 survey interviews per version of the survey are required to be collected annually at the state level in order for California's data to be represented in national BRFSS health estimates and to contribute to health indicator data set forth in Healthy People 2020.

Health Priority: Since 1984, the CA BRFSS program has been part of the national BRFSS program, an ongoing surveillance system designed to monitor and measure behavioral health risk factors associated with infectious and chronic health conditions and use of preventive services among the CA adult population. The BRFSS includes data on obesity, immunization, AIDS, tobacco use, diabetes, physical activity, diet, cancer screening, and emerging health issues such as the flu vaccine shortage or zika virus. Many programs within CDPH, local health departments, the American Cancer Society, universities, and other nonprofit organizations use the data collected by this program. By collecting behavioral health risk data at the state and local level, BRFSS is used as a powerful tool for targeting and building health promotion activities, and directing public health interventions, thus improving the health of Californians at the state and local levels.

Evaluation Methodology: The evaluation shall be comprised of an investigation of CA BRFSS components with respect to the annual questionnaire planning, engagement of program partners, data collection, surveillance requirements, dissemination of BRFSS data and data findings. BRFSS meetings shall be convened four times per year to determine program effectiveness through discussion and tracking of these components.

Primary Strategic Partners:

Internal

1. California Tobacco Control Program
2. Injury Prevention and Violence Branch
3. Environmental Health Investigation Branch
4. Occupational Health Branch
5. Chronic Disease Control Branch

External

1. American Cancer Society
2. Alzheimer's Association

3.California Conference of Local Health Officers

State Program Setting:
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 PHI-7 National Data for Healthy People 2020 Objectives

State Health Objective(s):
Between 07/2020 and 06/2021, Program staff will provide mission critical data to CDPH and meet CDPH Block Grant funding criteria. It supports core public health programs and services representing all foundational areas of CDPH. BRFSS data are used for directing program planning, establishing program priorities, targeting relevant population groups, developing specific interventions and policies, assessing trends, and evaluating programs. BRFSS is the main source of data for at least half of the Leading Health Indicators (LHIs) established as a result of the Healthy People 2020 Objectives. LHIs addressed in the BRFSS include tobacco use, health care coverage, physical activity, diabetes, obesity, and health-related quality of life among numerous other indicators. Many individual CDPH programs funded by CDC are required by CDC to add program specific questions to CA BRFSS.

Baseline:
BRFSS is the main source of baseline data for at least half of the LHIs established as a result of Healthy People 2020 Objectives. The CA BRFSS Program interviews and collects data from more than 6,000 adults annually and provide analytic support to programs that will use BRFSS data as a source of baseline data for achieving a state health objective. The overall adjusted response rates in CA in 2017 was 44%. In 2014, an estimated 9.4% of CA adults reported ever being told by a doctor that they have diabetes (2020 target (6.7%). An estimated 24.9% were classified as obese (2020 target 34%). An estimated 87.7% of CA adults reported fair or good physical health (2020 target 79.8%), while 89% reported fair or good mental health (2020 target 80.1%). These are a few examples of LHIs utilizing BRFSS data to establish baseline target rates of chronic disease for Healthy People 2020.

Data Source:
BRFSS is the main source of baseline data for at least half of the LHIs established as a result of the Healthy People 2020 Objectives.

State Health Problem:

Health Burden:
CA BRFSS provides mission critical data to CDPH and meets CDPH block grant funding criteria. It supports core public health programs and services representing all foundational area of CDPH. BRFSS data are used for directing program planning, evaluating programs, establishing program priorities, developing specific interventions and policies, assessing trends, and targeting relevant population groups.

Target Population:
Number: 29,866,127
Infrastructure Groups: Other

Disparate Population:
Number: 29,866,127
Infrastructure Groups: Other

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $261,000
Total Prior Year Funds Allocated to Health Objective: $738,587
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:
Analyze BRFSS data
Between 07/2020 and 06/2021, Program will analyze **1** set of core questions on the annual BRFSS survey.

Annual Activities:

1. **Analyze BRFSS data**
   Between 07/2020 and 06/2021, Program will analyze data collected from core questions on the annual BRFSS survey and produce one report summarizing health risk behaviors of California's adult population.

2. **Produce four factsheets**

Between 07/2020 and 06/2021, Program will upon completion of analysis, produce four factsheets highlighting four health risk behaviors.

Objective 2:

Maintain Statewide collection of BRFSS data

Between 07/2020 and 06/2021, Program will collect **5000** BRFSS surveys.

Annual Activities:

1. **Collect BRFSS data**
   Between 07/2020 and 06/2021, Program will oversee and coordinate the overall operations of the collection of CA BRFSS data that meets required CDC guidelines and include the timely submission of data to CDC. Program monitors data collection and updates collection of surveys twice a month.

2. **Provide data to BRFSS users**
   Between 07/2020 and 06/2021, Program will provide data sets to BRFSS users for analysis, program planning, evaluation, and resource allocation activities.

State Program Title: Cardiovascular Disease Prevention Program

State Program Strategy:

Goal: The mission of the California Cardiovascular Disease Prevention Program (CDPP) is to reduce death and disability from cardiovascular disease (CVD), a leading cause of death in California. CDPP goals support Healthy People 2020 Objectives:

- Heart Disease and Stroke (HDS)-2, reduce coronary heart disease deaths
- HDS-5.1, reduce the proportion of adults with hypertension
- HDS-11 increase number of patients taking HTN medication
- HDS-24 patients with heart failure

In addition, CDPP's priorities align with CDPH State goals and indicators, including the California Wellness Plan, California's "Let's Get Healthy California" program, and the "Public Health 2035 Initiative."

Health Priority: The overall focus of the Cardiovascular Disease Prevention Program (CDPP) is to: 1) prevent and manage cardiovascular disease, with an emphasis on hypertension (HTN), employing primary and secondary prevention strategies to fulfill objectives; 2) provide leadership via a statewide CVD alliance, Healthy Hearts California (HHC). The HHC was created to coordinate statewide heart disease control and prevention efforts by: a) decreasing health care silos; b) increasing efficiency and effectiveness; c) decreasing health disparities; and c) addressing factors that contribute to health disease. HHC members include state and local health departments, private and nonprofit organizations, health, medical, and business communities, academic institutions, researchers, survivors, and caregivers. CDPP will produce an update to the California Master Plan for Heart Disease and Stroke in Year 1. This plan will help inform the program in Years 2 and 3.

Evaluation Methodology: CDPP staff implementing Annual Activities will evaluate progress/outcomes on a yearly basis, including: (1) post-evaluation of quarterly webinars; (2) annual evaluation tracking partnership, coordination, and synergy among HHC membership; and (3) collaborative efforts between CDPH, the Inland Empire Health Plan, and the CDPH Comprehensive Medication Management workgroup.

Primary Strategic Partners:

Internal

1. California Department of Health Care Services (DHCS)
2. Prevention Forward
3. Emergency Medical Services Authority (EMSA)
4. Tobacco Control Branch
5. California Stroke Registry/California Coverdell Program

External

1. Inland Empire Health Plan (IEHP)

2.University of Southern California, School of Pharmacy
3.Inland Counties Emergency Medical Agency (ICEMA)
4.American Heart Association (AHA)
5.University of California, Berkeley, Right Care Initiative (UCB RCI)

State Program Setting:
Business, corporation or industry, Community based organization, Community health center, Local health department, Medical or clinical site, State health department, Tribal nation or area, Other: Health Plan

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Nordia Williams
Position Title: Health Program Specialist II
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Catrina Taylor Chambers
Position Title: Research Scientist III
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: LeeAnn Velasquez
Position Title: Staff Services Manager I
State-Level: 75% Local: 0% Other: 0% Total: 75%
Position Name: Melba Hinojosa
Position Title: Health Program Specialist II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Marco Coelho
Position Title: Associate Governmental Program Analyst
State-Level: 40% Local: 0% Other: 0% Total: 40%

Total Number of Positions Funded: 5
Total FTEs Funded: 2.25

National Health Objective: HO HDS-1 Cardiovascular Health

State Health Objective(s):
Between 07/2020 and 06/2021, Between 07/2020 and 06/2021, Heart Disease (HDS-2): Reduce the age-adjusted coronary (ischemic) heart disease death rate in California from 83.6 per 100,000 in 2017 to 70 per 100,00 population in 2020.

- Heart Failure (HDS-24): Reduce hospitalizations with heart failure as the principal diagnosis in California from 309 per 100,000 people in 2017 to 275 per 100,000 people in 2020
- Blood Pressure: 1. (HDS-5.1) Reduce the proportion of adults diagnosed with hypertension in California from an estimated 29 percent in 2017 to 26 percent in 2020.
- Blood Pressure 2 (HDS-11) Increase the proportion of adults who are taking

medications to lower their blood pressure (out of all who reported ever being told by a doctor that they had high blood pressure) from an estimated 71 percent in 2017 to 80 percent in 2020.

Baseline:

- Heart Disease (HDS-2): In 2017, the age-adjusted coronary heart disease mortality rate was 83.6 per 100,000 population.
- Heart Failure (HDS-24): In 2017, there were 309 hospitalizations for heart failure per 100,000 people in California
- Blood Pressure: 1. (HDS-5.1): In 2018, an estimated 29.8 percent of California adults had been diagnosed with hypertension.
- Blood Pressure: 2. (HDS-11): In 2017, an estimated 70.7 percent of California adults diagnosed with hypertension reported taking medication to control it.

Data Source:
Mortality (HDS-2): California Community Burden of Disease and Cost Engine
Hospitalization (HDS-24): California Health and Human Services Open Data Portal
Prevalence (HDS-5.1 and 11): California Health Interview Survey

State Health Problem:

Health Burden:
The vision of the CDPP is to improve the detection of undiagnosed hypertension (HTN) and management of HTN among the most vulnerable populations with the greatest health disparities such as African Americans, Hispanics, and stroke recovery patients. CDPP will support linkages between health systems, patients, and health care providers to prevent and manage hypertension in San Bernardino and Riverside counties. These two counties consistently report heart disease, stroke, and HTN prevalence above the State rate and/or above the HP 2020 goal.

In 2018, the prevalence of heart attacks among California adults 18 years and older was 2.8% which accounts for approximately 856,000 people and the prevalence of heart disease among California adults 18 years and older was 6.8%. In 2017, the age-adjusted number of deaths from heart disease was 62,797 among California adults 18 years and older. The number of deaths from heart disease decreased from 78,000 in 2014 to 62,797 in 2017. In 2018, the prevalence of stroke among California adults 18 years and older was 2.6%. In 2017, the age-adjusted number of deaths from stroke was 16,355 among California adults 18 years and older and in 2019, it was estimated that there are 61,000 strokes per year.

Target Population:
Number: 30,000,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 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: 30,000,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 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: Specific Counties
Target and Disparate Data Sources: American Community Survey, California population estimates, 2018

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: California Master Plan for Heart Disease and Stroke and the California Wellness Plan

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $766,604
Total Prior Year Funds Allocated to Health Objective: $392,054
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Start-up
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:
Achieve HTN control in the majority of patients referred to CMM
Between 07/2020 and 06/2021, Program will review **2** documents detailing the inclusion of CHWs into the CMM care team and implementation of best practices.

Annual Activities:

1. **Facilitate patient health information exchange**
   Between 07/2020 and 06/2021, Program will facilitate patient health information exchange using electronic health records to coordinate patient tracking between the clinical care provider team and the CMM outreach team using Collaborative Practice Agreements (CPA) in San Bernardino and Riverside Counties.

2. **Integrate Community Health Workers (CHWs) on health care team** Between 07/2020 and 06/2021, Program will develop a collaborative project report with Vision y Compromiso to define the roles and justify the responsibilities of the CHWs on the CMM care team.

3. **Comprehensive Medication Management (CMM) collaboration to integrate CHWs**
   Between 07/2020 and 06/2021, Program will maintain 6-8 CMM Statewide Implementation Workgroup webinars annually to provide subject matter guidance and health care expertise with special emphasis on sharing best practices related to the role of pharmacy teams and CHWs in the prevention and management of HTN.

4. **Develop best practice recommendations and implementation fact sheet**
   Between 07/2020 and 06/2021, Program will create or adapt one fact sheet on best practice recommendations and implementation models to share with partners to increase CHW HTN skills for outreach engagement connected to clinical settings to improve patient blood pressure control and management.

Objective 2:

Healthy Hearts California

Between 07/2020 and 06/2021, Program will distribute best practices, protocols, and Team Based Care models to **3** Healthy Hearts California participants, State contracting cardiovascular disease partners, and state and local organizations.

Annual Activities:

1. **Promote and disseminate key CVD burden and economic analyses reports**
   Between 07/2020 and 06/2021, Program will distribute the burden and economic analyses reports, "Cost-Benefit Analysis on a California Statewide Community-Based Lifestyle Intervention" and "Economic Burden of Chronic Disease in California in 2018". These reports were approved by CDPH in 2019.

2. **Promote and disseminate best practices for electronic health records (EHR)**
   Between 07/2020 and 06/2021, Program will distribute and promote the "Electronic Health Record Best Practices for Managing Patients with Hypertension and Diabetes" 2019 CDPH report to drive the continued expansion of electronic health system improvements and increase data collection efforts.

Objective 3:

Improving post stroke hypertension control using CMM

Between 07/2020 and 06/2021, Program will increase the rate of use of the IDS for referral by stroke coordinators to CMM from 0 to **3**.

Annual Activities:

1. **Work with stroke coordinators to promote CMM for post-stroke patients**
   Between 07/2020 and 06/2021, Program will collaborate with the stroke coordinators in San Bernardino County and Riverside County and the Inland Empire Health Plan (IEHP) to determine a process of promoting CMM for post stroke patients to control hypertension using the Integrated Data System (IDS).

2. **Use the Integrated Data System (IDS) to promote CMM**
   Between 07/2020 and 06/2021, Program will use the IDS to identify stroke patients to refer to CMM. The CHW-Pharmacist-Clinician team will follow post-stroke HTN patients' using CMM to prevent further cerebrovascular events.

3. **Monitor HTN control among identified stroke patients referred to CMM**
   Between 07/2020 and 06/2021, Program will monitor IDS/HTN control among identified stroke patients referred to CMM.

Objective 4:

Update a California Master Plan for Heart Disease and Stroke

Between 07/2020 and 06/2021, Program will update **1** The California Master Plan for Heart Disease and Stroke and once published, this will be distributed to Healthy Hearts California partners, State contracting cardiovascular disease partners, and state and local organizations and it will be posted on the CDPH website.

Annual Activities:

1. **Conduct environmental scan of CVD prevention and management state efforts**
   Between 07/2020 and 06/2021, Program will determine the current state of the breadth and scope of the California cardiovascular disease prevention and management programs.

2. **Mobilize partners to inform Plan**
   Between 07/2020 and 06/2021, Program will consult with cardiovascular disease medical professionals, key CDPH internal staff, and other stakeholder experts to assess the collect current and relevant best practices, data, and resources.

3. **Strategic planning**
   Between 07/2020 and 06/2021, Program will implement a strategic planning process to include setting goals that define the program vision, gather and analyze data, formulate approaches, implement strategies, assess and monitor strategy results.

State Program Title: EMS for Children

State Program Strategy:

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

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

Evaluation Methodology: Outcome and goal-based methodologies will be used to evaluate progress toward institutionalizing EMSC in California's EMS system. Using state California EMS Data Information System (CEMSIS) 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.

Primary Strategic Partners:

Internal

1. California Children Services
2. California Department of Public Health
3. Commission on EMS
4. Department of Social Services

External

1. EMSC Technical Advisory Committee
2. EMSC Coordinators Group
3. American Academy of Pediatrics
4. Maternal and Child Health Bureau
5. Emergency Nurses Association

State Program Setting:

Community based organization, 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: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Farid Nasr
Position Title: Health Program Specialist II
State-Level: 30% Local: 0% Other: 0% Total: 30%
Position Name: John Skarr
Position Title: Management Services Technician
State-Level: 13% Local: 0% Other: 0% Total: 13%

Total Number of Positions Funded: 5
Total FTEs Funded: 0.73

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

State Health Objective(s):
Between 07/2020 and 06/2021, Program will maintain one EMS for Children (EMSC) program providing statewide coordination and leadership by implementing regulations regarding specialized medical care for children with acute illnesses or injuries and providing guidance for EMSC program implementation at the LEMSA level.

Baseline:
21 of the 33 California LEMSAs (64%) have EMSC programs in place.

Data Source:
EMS Authority, 2019

State Health Problem:

Health Burden:
Children across California need specialized medical care to treat injuries and illness. Healthy development dramatically affects children's 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. Twenty-one 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. Implementation of EMSC regulations will provide continuity and conformity of EMSC programs throughout California. The pediatric target and disparate populations (22.7% of the State's population) include all California children below 18 years of age, regardless of their race or socioeconomic background.

Target Population:
Number: 8,969,275
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

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: 8,969,275
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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, Persons under 18 years, percent; July 1, 2019 (V2019)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Other: Joint Policy Statement: "Equipment for Ground Ambulances" (Prehosp Emerg Care. 2014;19[1]:92–97). (This is the most recent source.)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $109,337
Total Prior Year Funds Allocated to Health Objective: $121,486
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:
Maintain EMSC public information website
Between 07/2020 and 06/2021, Program will maintain **1** EMSC public information web page to provide relevant sources of pediatric information to EMSC partners and promote quality medical care in the pediatric community.

Annual Activities:
1. **Verify functionality of EMSC website links**

Between 07/2020 and 06/2021, Program will check 25 web links for connectivity and update and/or add links as needed to ensure access to accurate information related to the care of pediatric patients.

Objective 2:

Provide education on trends in emergency medical care of pediatric patient

Between 07/2020 and 06/2021, Program will conduct **1** California EMSC Educational Forum to provide educational opportunities for EMS and hospital providers related to medical treatment of pediatric patients.

Annual Activities:

1. **Organize Annual EMSC Educational Forum**
   Between 07/2020 and 06/2021, Program will arrange for a venue, schedule speakers to present on topics related to EMS and pediatric patients, and ensure key EMSA personnel are available to work at the event.

2. **Promote Annual EMSC Educational Forum**
   Between 07/2020 and 06/2021, Program will promote, via 3 modalities, the EMSC Educational Forum through the use of flyers, the EMSA website, and social media platforms such as Facebook and Twitter.

Objective 3:

Standardize EMS for Children throughout California

Between 07/2020 and 06/2021, Program will provide oversight to **100%** of the LEMSAs with EMSC programs required to submit annual EMSC plans through coordination with LEMSAs and providing technical assistance to ensure plans meet the minimum requirements required by regulations.

Annual Activities:

1. **Review EMSC plans**
   Between 07/2020 and 06/2021, Program will review 100% of EMSC plans submitted to ensure all components fulfill the EMSC regulation requirements.

2. **Provide statewide coordination and leadership of EMSC programs**
   Between 07/2020 and 06/2021, Program will provide technical assistance to at least three LEMSAs who are implementing an EMSC program in their jurisdiction. Technical assistance will be provided by email, phone, and resources on the EMSA website.

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 local EMS agencies (LEMSAs) and stakeholders in the development and continued maintenance of EMS-related injury-prevention strategies.

Health Priority: Increase access to and effectiveness of rapid prehospital EMS by developing statewide injury-prevention training standards and initiatives with local EMS providers and stakeholders.

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.

Primary Strategic Partners:

Internal

1. California Department of Public Health
2. California Strategic Highway Safety Plan
3. California Office of Traffic Safety
4. EMS Commission
5. Health and Human Services Agency, Office of Statewide Health Planning and Development

External

1. American College of Surgeons
2. California Chapter of the American College of Emergency Physicians
3. Centers for Disease Control and Prevention
4. EMS Administrators Association of California
5. EMS Medical Directors Association of California

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: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise

Position Title: Staff Services Manager I
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Elizabeth Winward
Position Title: Health Program Specialist II
State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: John Skarr
Position Title: Management Services Technician
State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 5
Total FTEs Funded: 0.61

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

State Health Objective(s):
Between 07/2020 and 06/2021, Program will maintain one EMS Partnership for Injury Prevention and Public Information program by providing statewide coordination and leadership for the planning, development and implementation of Illness & Injury Prevention awareness and resources for Californians.

Baseline:

California had the highest number of injury deaths (18,152) in the country. California also had the highest number of unintentional injury deaths (11,804). Although the numbers remain high throughout the country and for our state, California ranked among the lowest in the country in terms of rate of fatalities. California had the third-lowest rate of all intentional injury deaths (44.9 per 100,000) in the U.S.

Data Source:

State-level Lifetime Medical and Work-Loss Costs of Fatal injuries—United States, 2014; Centers for Disease Control and Prevention (CDC); MMWR (Morbidity and Mortality Weekly Report); January 13, 2017. (These are the most current sources)

State Health Problem:

Health Burden:
Rapid and effective response to patient injuries by emergency first responders can reduce 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. The target and disparate populations are the same: the total population of

California.

Target Population:
Number: 39,512,223
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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: 39,512,223
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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 2019

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" and Clarification Document, updated 2016

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $84,201
Total Prior Year Funds Allocated to Health Objective: $93,557
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:

Maintain EMSA Injury & Illness–prevention web page

Between 07/2020 and 06/2021, Program will maintain **1** EMSA Injury & Illness-prevention web page on the EMSA website on a quarterly basis. The web page links: (1) provide sources for education and for EMS partners; and (2) promote injury prevention in the EMS community.

Annual Activities:

1. **Verify functionality of website links**
   Between 07/2020 and 06/2021, Program will review sixty-six links to ensure they are accessible. Any links that are not accessible will be investigated and updated to make sure they are working.

Objective 2:

Maintain trauma system public-information web page

Between 07/2020 and 06/2021, Program will maintain **1** trauma system public–information page on the EMSA website, to make sure injury prevention–related information is available and current.

Annual Activities:

1. **Update trauma system public– information web page**
   Between 07/2020 and 06/2021, Program will review one EMSA trauma system public-information web page quarterly to update information and make sure the web-page content is relevant to the current state trauma system.

Objective 3:

Promote education to prevent E–Scooter head injuries

Between 07/2020 and 06/2021, Program will conduct **1** workshop for LEMSAs and trauma center managers to develop awareness campaigns on the dangers of riding E-scooters without protective gear.

Annual Activities:

1. **Develop workshop components**
   Between 07/2020 and 06/2021, Program will identify 2 subject matter experts in E-scooter-related injuries and reach out to them to develop a 90-minute workshop to be held at the 2021 Trauma Summit. This workshop will provide information on E-scooter injury prevalence in California and how to develop awareness campaigns on the dangers of riding E-scooters without protective gear.

2. **Promote E-Scooter injury prevention workshop**
   Between 07/2020 and 06/2021, Program will promote the E-scooter injury prevention workshop by creating one link to the workshop description in the 2021 Trauma Summit registration webpage. The workshop description will provide information on each workshop presenter and what attendees can expect to learn through attending the workshop.

State Program Title: EMS Poison Control System

State Program Strategy:

Goal: Provide oversight of poison control services. The California Poison Control System (CPCS) is one of the largest single providers of poison-control services in the United States and the sole provider of poison control services for California.

Healthy Priority: CPCS Provides immediate, uninterrupted, high-quality emergency telephone advice for poison exposures, to: (1) reduce morbidity and mortality rates of poison-related medical emergencies; and (2) reduce health care costs.

Evaluation Methodology: Statute and regulations mandate a California poison control center or regional poison control center be designated by EMSA. Through contract, EMSA has designated the CPCS as the sole provider of poison control services for the State of California and requires quarterly progress reports be submitted to: (1) evaluate and monitor CPCS operations; and (2) ensure compliance with state standards for poison control services and contractual scope of work.

Primary Strategic Partners:

Internal

1. Health and Human Services Agency
2. Department of Health Care Services
3. Department of Public Health
4. EMS Commission

External

1. American Association of Poison Control Centers
2. Health Resources and Services Administration
3. University of California (San Diego and Davis)
4. Valley Children's Hospital (Fresno/Madera)
5. Zuckerberg San Francisco General Hospital and Trauma Center (San Francisco)

State Program Setting:

Community health center, Home, 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: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Name: Lisa Galindo
Position Title: Health Program Specialist I
State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: John Skarr
Position Title: Management Services Technician
State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 5
Total FTEs Funded: 0.61

National Health Objective: HO IVP-9 Poisoning Deaths

State Health Objective(s):
Between 07/2020 and 06/2021, Program will maintain one California Poison Control System to reduce morbidity and mortality rates associated with poison-related medical emergencies, and reduce health care costs by providing oversight to one contracted poison control service provider, the CPCS.

Baseline:
(1) CPCS received 300,000 calls annually, according to the CPCS 2017/18 “Poison Control Call Statistic Report"; (2) Approximately 64,000 emergency department visits are averted annually and over $70 million saved in health care costs.

Data Source:
California Poison Control System, 2018

State Health Problem:

Health Burden:
Poison centers reduce health care expenditures by preventing unnecessary ambulance transports and emergency department visits. Without CPCS services, emergency department visits would substantially increase. In state fiscal year 2017–18, CPCS managed 216,305 cases; about 69% of the cases (149,701) were managed on site (caller/patient was able to remain at call location). Cases involving children age 5 and under accounted for 53% (79,606) of the on-site managed cases. Using a moderate estimate of $610 per emergency department visit, CPCS saves the State an estimated $39 million annually in health-care costs. Increased 9-1-1 transport costs could be incurred without CPCS intervention. The target and disparate populations are the same: the total population of California, plus an unknown number of visitors.

Target Population:
Number: 39,927,315
Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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: 39,927,315
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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: CA Department of Finance Estimates, January 2019

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Other: California Health & Safety Code, Division 2.5 California Code of Regulations, Title 22, Division 9, Chapter 9; National Academies Press (U.S.) "Forging a Poison Prevention and Control System" (2004) (No newer source of this data exists).

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $85,370
Total Prior Year Funds Allocated to Health Objective: $94,856
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 to the CPCS

Between 07/2020 and 06/2021, Program will provide oversight through contractual agreement to **one** poison control service provider, the CPCS, monitoring immediate, free, and expert treatment advice and referral over the telephone to the public and health professionals, including EMS personnel, in cases of exposure to poisonous or toxic substances, ensuring state regulations, and contract deliverables are met.

Annual Activities:

1. **Review quarterly activity reports**
   Between 07/2020 and 06/2021, Program will review a minimum of two activity reports covering two quarters from one poison control service provider, the CPCS, to verify CPCS activities are consistent with contractual requirements to ensure funding provided is used to maintain and improve poison control services provided to Californians.

2. **Review quarterly reimbursement invoices**
   Between 07/2020 and 06/2021, Program will review a minimum of two reimbursement invoices covering two quarters from one poison control service provider, the CPCS, to verify CPCS expenditures are consistent with contractual budgetary requirements to ensure funding provided is used to maintain and improve poison control services provided to Californians.

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

State Program Strategy:

Goal: (1) Data and Information: Provide for pre-hospital EMS data submissions by local EMS agencies (LEMSAs) into the state EMS database system and unite the EMS System 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; and (2) Quality Improvement (QI) Program: Improve pre-hospital EMS services and public health systems statewide by providing measurable EMS QI oversight, resources, and technical assistance (TA) to LEMSAs. Core Measure reporting is a mechanism to demonstrate local EMS activity so that EMSA can assess the effectiveness of a local EMS system. Core measures are a set of standardized performance measures intended to examine an EMS system or treatment of an identified patient condition. Core Measures help EMS systems improve the quality of patient care by focusing on the actual results of care. Due to the two-tiered EMS Structure in California, LEMSAs are tasked with collecting and reporting aggregate EMS information to EMSA for assessment.

Health Priority: 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.

Evaluation Methodology: Statewide data activities, including annual review and revision of CA EMS Core Quality Measures reported by LEMSAs and development of an annual EMS Report will provide evidence-based decision-making information for EMSA and other statewide EMS stakeholders to improve delivery of EMS care throughout California.

Primary Strategic Partners:

Internal

1. Office of Statewide Health Planning and Development
2. California Office of Traffic Safety
3. California Highway Patrol
4. California Department of Public Health
5. EMS Commission

External

1. California Fire Chiefs Association
2. California Ambulance Association
3. EMS Administrators Association
4. EMS Medical Directors Association
5. National EMS Data Analysis Resource Center

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 II
State-Level: 40% Local: 0% Other: 0% Total: 40%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Victoria Lupinetti
Position Title: Research Data Specialist I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Ashley Stewart
Position Title: Associate Governmental Program Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Michelle McEuen
Position Title: Associate Governmental Program Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Adrienne Kim
Position Title: Staff Services Manager I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: John Skarr
Position Title: Management Services Technician
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 8
Total FTEs Funded: 4.70

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

State Health Objective(s):
Between 07/2020 and 06/2021, Program will maintain one EMS Prehospital Data and Information Services and Quality Improvement Program by providing statewide collection and analysis of patient-level EMS data from emergency medical services systems and quality improvement measuring and patient-care assessments based on EMS QI Plan submissions.

Baseline:
32 of 33 LEMSAs actively participate in the State's electronic data program and EMSA receives data from approximately 74% of all ground 911 ambulance providers in the

State of California. EMSA anticipates an increase in data submissions from ground 911 ambulance providers to 80%. All 33 LEMSAs are required to submit EMS QI plans to EMSA.

Data Source:
California EMS Data Information System (CEMSIS), 2020

State Health Problem:

Health Burden:
Determining morbidity and mortality rates is complicated by the State's data-collection system. The best use of mortality and morbidity rates is to provide a meaningful tool to support infrastructure development, such as roads, schools, hospitals, and power and water utilities. Optimally, data from local areas would be available in a timely and easily assessable manner; however, 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, CEMSIS. Although EMS data 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: 39,512,223
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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: 39,512,223
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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 2019

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Other: American College of Surgeons/National Trauma Data Bank

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $1,115,528
Total Prior Year Funds Allocated to Health Objective: $994,368
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 Data Matching Results
Between 07/2020 and 06/2021, Program will analyze **2** EMS and related health data sets to evaluate the EMS system in California.

Annual Activities:

1. **Choose a related health data set**
   Between 07/2020 and 06/2021, Program will determine which related health data set will be compared to EMS data.

2. **Compare two data sets to determine probabilistic matching**
   Between 07/2020 and 06/2021, Program will compare EMS data and the chosen related health data set to see if there is a high probability match.

3. **Publish data matching results**
   Between 07/2020 and 06/2021, Program will produce one report summarizing data matching results and publish to the EMSA website.

Objective 2:
Analyze Quality Improvement Indicators (Core Measures)
Between 07/2020 and 06/2021, Program will analyze **10** Core Measures to improve reporting, maintain relevance, and inspect effectiveness.

Annual Activities:

1. **Conduct two in-person meetings to update Quality Improvement indicators**
   Between 07/2020 and 06/2021, Program will convene two in-person meetings with the Core Measures workgroup to discuss and evaluate the effectiveness of Core Measures.

2. **Publish one Core Measures Report**
   Between 07/2020 and 06/2021, Program will produce one report summarizing the status of Core Measures and publish on the EMSA website.

Objective 3:

Maintain and validate CEMSIS Database

Between 07/2020 and 06/2021, Program will maintain **1** CEMSIS information system to validate data and provide a meaningful tool for analysis of California's EMS System.

Annual Activities:

1. **Analyze EMS Data**
   Between 07/2020 and 06/2021, Program will analyze 100% of one data set to evaluate the overall status of EMS in California.

2. **Publish one EMS report**
   Between 07/2020 and 06/2021, Program will produce one Annual EMS Report based on analyzing 100% of the NEMSIS/CEMSIS data set to show the current status of the EMS System.

3. **Conduct LEMSA in-person meetings**
   Between 07/2020 and 06/2021, Program will visit five Local EMS Agencies to maintain relationships and to ensure transparency between Local and State Government.

State Program Title: EMS STEMI and Stroke Systems

State Program Strategy:

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

Health Priority: Support optimum patient outcomes during medical emergencies by: (1) Developing the infrastructure needed throughout the state for optimal critical care systems to manage acute heart attack (STEMI) and stroke patients; and (2) providing leadership and oversight of STEMI and Stroke Critical-Care System services.

Evaluation Methodology: Leadership, coordination, and support will be measured by achieving the objectives and activities outlined in this State Plan, and by an increase in the number of LEMSAs with standardized and approved Stroke and STEMI System of Care plans.

Primary Strategic Partners:

Internal

1. California Department of Public Health
2. California Emergency Management Agency
3. California Highway Patrol
4. State Office of Rural Health
5. Cardiovascular Disease Prevention Program

External

1. American Heart/Stroke Association
2. American College of Cardiology
3. California Hospital Association
4. California Chapter of the American College of Emergency Physicians
5. California Stroke Registry

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: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Farid Nasr, MD
Position Title: Health Program Specialist II

State-Level: 70% Local: 0% Other: 0% Total: 70%
Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: John Skarr
Position Title: Management Services Technician
State-Level: 15% Local: 0% Other: 0% Total: 15%

Total Number of Positions Funded: 5
Total FTEs Funded: 1.15

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

State Health Objective(s):
Between 07/2020 and 06/2021, Program will maintain one EMS STEMI and Stroke program providing leadership in the implementation of state regulations, and statewide coordination and support to entities developing STEMI and Stroke Critical-Care Systems.

Baseline:
Within the 33 local Emergency Services Agencies (LEMSAs) in California, 29 have a STEMI system and 20 have Stroke Critical-Care Systems for their regions.

Data Source:
Emergency Medical Services Authority 2019

State Health Problem:

Health Burden:
The chance of stroke is doubled each decade after the age of 55. Three-quarters of all heart attacks occur in people over 65. In California, heart disease accounts for approximately 291 deaths per 100,000 population. Heart disease and stroke account for 35% of deaths in California and are leading causes of long-term disability. The target and disparate populations are the same, the total population of California.

Target Population:
Number: 39,512,223
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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: 39,512,223
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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 2019

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Other: (1) U.S. Department of Health and Human Services; (2) CDPH; (3) California EMS Authority; (4) American Heart and Stroke Association; (5) American College of Cardiology; (6) National Institute of Neurological Disorders and Stroke; and (7) American College of Emergency Physicians

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $171,157
Total Prior Year Funds Allocated to Health Objective: $190,174
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 education on current trends for optimal STEMI and Stroke care
Between 07/2020 and 06/2021, Program will conduct **1** state STEMI and Stroke Symposium to educate Cardiologists and Neurologists, STEMI and Stroke nurses, hospital registrars, paramedics, EMTs and administration staff on clinical and system aspects of care for STEMI and Stroke patients, to increase the level of care in California.

Annual Activities:

1. **Develop STEMI and Stroke Symposium Program**
   Between 07/2020 and 06/2021, Program will create one two-day educational

program on STEMI and Stroke topics. Program staff will seek guidance from the STEMI and Stroke Technical Advisory Committee on topics and potential speakers.

2. Create one "Save the Date" postcard
Between 07/2020 and 06/2021, Program will create one "Save the Date" postcard for the symposium and post an electronic link on the EMSA website. Distribute the postcard by email to 33 LEMSAs other organizations and stakeholders who might benefit from this event.

3. Establish online registration webpage
Between 07/2020 and 06/2021, Program will create one Eventbrite registration portal for attendees. Registrants will be able to pay for registration through the portal and download the symposium program. The link to the registration webpage will be made available on the EMSA website.

4. Establish online sponsor/educational exhibitor registration webpage
Between 07/2020 and 06/2021, Program will create one Eventbrite registration portal for sponsors and educational exhibitors with descriptions for each level of sponsorship. The registration portal will provide descriptions of options for educational exhibitors. The link to the STEMI and Stroke sponsor/educational exhibitor registration webpage will be linked to the online registration webpage.

5. Create registration materials
Between 07/2020 and 06/2021, Program will create one master registration package for the symposium attendees that includes a sign-in spreadsheet, name badges, and a post-symposium evaluation survey.

Objective 2:
Standardize STEMI Critical Care Systems statewide
Between 07/2020 and 06/2021, Program will provide oversight to **100%** of the LEMSAs with STEMI Critical Care Systems required to submit annual STEMI Critical Care System plans through technical assistance and coordination with the LEMSA to ensure plans meet the minimum requirements of regulations.

Annual Activities:

1. **Review STEMI Plans**
   Between 07/2020 and 06/2021, Program will review 100% of STEMI Plans submitted by LEMSAs to ensure the STEMI Critical Care Systems established by the LEMSA meets the minimum requirements prescribed by regulations, communicate with the LEMSA if the submitted plan includes deficiencies, and work with the LEMSA to correct any deficiencies.

2. **Provide statewide coordination and leadership of STEMI programs**
   Between 07/2020 and 06/2021, Program will provide technical assistance to at least three LEMSAs who are implementing a STEMI Critical Care System in their

jurisdiction. Technical assistance will be provided by email, phone, and resources on the EMSA website.

Objective 3:

Standardize Stroke Critical Care Systems statewide

Between 07/2020 and 06/2021, Program will provide oversight to **100%** of the LEMSAs with Stroke Critical Care Systems required to submit annual Stroke Critical Care System plans through technical assistance and coordination with the LEMSA to ensure plans meet the minimum requirements of regulations.

Annual Activities:

1. **Review Stroke Plan**
   Between 07/2020 and 06/2021, Program will review 100% of Stroke Plans submitted by LEMSAs to ensure the Stroke Critical Care Systems established by the LEMSA meets the minimum requirements prescribed by regulations. Communicate with the LEMSA if the plan submitted includes deficiencies and work with the LEMSA to correct any deficiencies.

2. **Provide statewide coordination and leadership of Stroke programs**
   Between 07/2020 and 06/2021, Program will provide technical assistance to at least three LEMSAs who are implementing a Stroke Critical Care System in their jurisdiction. Technical assistance will be provided by email, phone, and resources on the EMSA website.

State Program Title: EMS Systems Planning and Development

State Program Strategy:
Goal: Increase quality patient-care outcomes through statewide coordination and leadership for the planning, development, and implementation of local EMS systems. Thirty-three local Emergency Medical Services agencies (LEMSAs), comprised of six multicounty EMS systems composed of 30 counties, one regional Emergency Medical Services (EMS) agency composed of two counties, and 26 single-county agencies that administer all local EMS systems. Multicounty agencies are usually small and rural; single-county agencies are usually larger and more urban.

Health Priority: Conduct assessment of California's 33 local EMS systems in order to coordinate EMS activities based on community needs for the effective and efficient delivery of EMS services.

Evaluation Methodology: LEMSAs are required by law to submit an annual EMS Plan. Statute requires EMSA to review EMS Plans to determine if they are concordant with statute and regulations. EMS Plans are used to evaluate progress toward the goal of statewide coordination, including planning, development, and implementation of local EMS systems. Activity reports are used to monitor performance of multicounty EMS Agencies during the FY.

Primary Strategic Partners:
Internal
1. California Health and Human Services Agency
2. EMS Commission
3. Department of Finance
4. LEMSAs

External
1. Emergency Medical Services Administrators' Association
2. Emergency Medical Directors Association
3. California State Association of Counties

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: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 40% Local: 0% Other: 0% Total: 40%

Position Name: Nancy Steiner-Keyson
Position Title: Health Program Manager II (RA)
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Lisa Galindo
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: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 40% Local: 0% Other: 0% Total: 40%
Position Name: John Skarr
Position Title: Management Services Technician
State-Level: 25% Local: 0% Other: 0% Total: 25%

Total Number of Positions Funded: 7
Total FTEs Funded: 3.95

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

State Health Objective(s):
Between 07/2020 and 06/2021, Program will maintain one EMS Systems Planning and Development Program by providing statewide coordination and leadership to LEMSAs for the planning, development, and implementation of local EMS systems to determine the need for additional EMS, coordination of EMS, and effectiveness of EMS, assisting with adherence to California EMS statutes and regulations for optimum EMS patient care.

Baseline:
Thirty-three LEMSAs serve all California's residents. This includes six multicounty EMS agencies that service over two-thirds of the State's geographic region.

Data Source:
Emergency Medical Services Authority 2019

State Health Problem:

Health Burden:
California's emergency care continues to be fragmented; emergency departments (ED) and trauma centers are not effectively coordinated, resulting in unmanaged patient flow.

- Training and certification of emergency medical technicians do not consistently conform to national and state standards, resulting in various levels of trained and qualified personnel working the front lines of EMS.
- 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.

- Multicounty EMS 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.

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 multicounty EMS 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.

Target Population:
Number: 39,927,315
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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: 6,827,005
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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: Specific Counties
Target and Disparate Data Sources: California Department of Finance, January 2019

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Other: California Health & Safety Code, Division 2.5, California Code of Regulations, Title 22, Division 9

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $712,318
Total Prior Year Funds Allocated to Health Objective: $791,464
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 to LEMSAs
Between 07/2020 and 06/2021, Program will provide oversight to **100%** of LEMSAs required to submit annual EMS plans through coordination of EMS plan submission with LEMSA Administrators, technical assistance, and EMS plan determinations, in accordance with statutory authority.

Annual Activities:

1. **Document EMS plan activity, and collaborate with EMSA staff**
   Between 07/2020 and 06/2021, Program will update one internal tracking log to reflect EMS plan activity, including receipt of EMS plans, status of active EMS plans within EMSA, plan outcomes, coordination with LEMSA Administrators and staff, and collaboration with EMSA staff on EMS plan review, to ensure effective oversight of the plan review process for timely, comprehensive, and effective plan development and decisions.

2. **Oversee funding to multicounty EMS agencies**
   Between 07/2020 and 06/2021, Program will oversee funding and enter into contractual agreements with a minimum of six multicounty EMS agencies, to assist in maintaining their EMS system in accordance with California EMS statute and regulations for optimum EMS patient care.

3. **Review quarterly activity reports**
   Between 07/2020 and 06/2021, Program will review a minimum of two activity reports covering two quarters from each of the six multicounty EMS agencies, to verify agency EMS activities are consistent with their contractual scope of work to ensure state general funding provided is used to maintain their EMS system.

Objective 2:
Review EMS Plan transportation components for compliance
Between 07/2020 and 06/2021, Program will review **100%** of EMS Plans submitted to ensure that transportation components are in compliance with California Health & Safety Codes.

Annual Activities:

1. **Review forms submitted as the transportation component of the EMS Plans**

Between 07/2020 and 06/2021, Program will review 100% of all submitted EMS Plan transportation component forms for approval and maintain Exclusive Operating Areas (EOA) and EMS Responder spreadsheets.

2. **Maintain LEMSA Request for Proposal (RFP) transportation service log**
   Between 07/2020 and 06/2021, Program will maintain one EMS ambulance transportation log through a continuous update with each EMS Plan and RFP approval/denial and utilize the log monthly for formal LEMSA notification of status of exclusive rights.

3. **Review LEMSA transportation RFPs**
   Between 07/2020 and 06/2021, Program will assist in the development and review of at least one LEMSA RFP for emergency ambulance services, regarding prospective EOAs. EMSA's collaboration with LEMSAs promotes successful competitive bidding for local emergency ambulance services which in turn assures patient care during an emergency.

4. **Assess LEMSA EMS Plan transportation component appeal hearing documents**
   Between 07/2020 and 06/2021, Program will research one LEMSA appeal by reviewing submitted transportation documents, researching and investigating history of EMS EOAs and Non-EOAs, provider company sales, and EMS Plans to prepare for hearings. Hearings are filed with the Office of Administrative Hearings and program staff provide hearing testimony as Subject Matter Experts.

5. **Provide technical assistance**
   Between 07/2020 and 06/2021, Program will provide technical assistance in all areas related to EMS ambulance transportation for 100% of requests received. Requests are received from LEMSAs, the general public, EMS Providers, and other state agencies through email, phone calls, or in person meetings.

Objective 3:

Write Maddy EMS Fund Statewide Report Summary

Between 07/2020 and 06/2021, Program will develop **1** statutorily required Maddy EMS Fund Statewide Report Summary to be sent to the appropriate policy and fiscal committees of the State Legislature. The Maddy EMS Fund Statewide Report Summary provides a snapshot of revenue and expenditures for the Maddy EMS Fund for the previous fiscal year.

Annual Activities:

1. **Summarize Maddy EMs Fund report submissions for the previous Fiscal Year**
   Between 07/2020 and 06/2021, Program will review submitted reports from 50 counties, entering data into a consolidated spreadsheet to summarize data for analysis and create charts, graphs and text for the summary report.

State Program Title: EMS Trauma Care Systems

State Program Strategy:

Goal: Reduce morbidity and mortality resulting from injury in California by providing continued oversight of the statewide Trauma System in accordance with the California Health and Safety Code and California Code of Regulations.

Health Priority: Provide timely access to optimal trauma care through the continued development, implementation, and review of local trauma systems.

Evaluation Methodology: Management of a State Trauma Registry complying with National Trauma Data Standards provides CEMSIS trauma data that assess the outcome of the statewide Trauma systems: primary (preventing the event), secondary (reducing the degree of injury), and tertiary (optimizing outcome for injuries) data, to ensure optimum trauma care. Data collected assists in the development of statewide regulations.

Primary Strategic Partners:

Internal

1. California Department of Public Health
2. Strategic Highway Safety Plan
3. Commission on EMS
4. Health and Human Services Agency: Office of Statewide Health Planning and Development

External

1. American College of Surgeons
2. California Ambulance Association
3. California Chapter of the American College of Emergency Physicians
4. California Hospital Association
5. EMS Administrators Association of California

State Program Setting:

Community health center, 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: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Elizabeth Winward

Position Title: Health Program Specialist II
State-Level: 80% Local: 0% Other: 0% Total: 80%
Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: John Skarr
Position Title: Management Services Technician
State-Level: 15% Local: 0% Other: 0% Total: 15%

Total Number of Positions Funded: 5
Total FTEs Funded: 1.25

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

State Health Objective(s):
Between 07/2020 and 06/2021, Program will maintain one EMS Trauma Care System Program, providing statewide coordination and leadership for the planning, development, and implementation of a State Trauma Plan to reduce morbidity and mortality from injury and to provide timely access to optimal trauma care for all Californians.

Baseline:
Each LEMSA has approved trauma plans for their EMS county/region. Although the majority of LEMSAS have trauma care plans, only 27 LEMSAs (40 counties) have designated trauma centers. California has 79 designated trauma centers.

Data Source:
(1) EMS Authority, 2020; Listing of designated trauma centers; (2) American College of Surgeons, 2020; Listing of verified trauma centers.

State Health Problem:

Health Burden:
In California, the leading cause of death and permanent disability among people aged 1–44 years is traumatic illness and injury; less-traumatic injuries have an even greater mortality rate in the elderly. Trauma, however, impacts all age groups. Transporting trauma patients to an appropriate facility within a 60-minute window known as the "golden hour" is essential. Beyond the golden hour, positive outcomes decline rapidly. The target and disparate populations are the same, the total population of California.

Target Population:
Number: 39,512,223
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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: 39,512,223
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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 2019

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Other: (1) Division 2.5, California Health and Safety Code; (2) Resources for the Optimal Care of the Injured Patient, American College of Surgeons.2014 (6th Edn.); (3) 2011 Guidelines for Field Triage of Injured Patients, CDC, 2011(These are the most current sources.)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $176,746
Total Prior Year Funds Allocated to Health Objective: $196,384
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:
Finalize Trauma Regulations Proposal
Between 07/2020 and 06/2021, Program will develop **1** trauma regulations proposal to be submitted to the California Health and Human Services Agency for approval.

Annual Activities:

1. **Finalize trauma regulations revisions**
   Between 07/2020 and 06/2021, Program will create one comprehensive revision of trauma regulations that incorporates feedback from trauma regulations workgroup members who represent trauma system stakeholders.

2. **Develop Initial Statement of Reason**
   Between 07/2020 and 06/2021, Program will develop one Initial Statement of Reason document that explains why EMSA is making proposed regulatory changes. This document will include an explanation of problems being addressed, the purpose of, and necessity for, and benefits of the proposed changes.

3. **Develop Economic and Fiscal Impact Statement**
   Between 07/2020 and 06/2021, Program will develop one Economic and Impact Statement that includes information on the estimated economic and fiscal monetary impacts of proposed revisions to regulations.

Objective 2:

Host Annual State Trauma Summit

Between 07/2020 and 06/2021, Program will conduct **1** State Trauma Summit to educate trauma surgeons, trauma nurses, registrars, paramedics, EMTs, and trauma administration staff on clinical and system aspects of trauma care, to improve trauma care in California.

Annual Activities:

1. **Develop Trauma Summit Program**
   Between 07/2020 and 06/2021, Program will create one two-day program with 11 hours of educational sessions. EMSA staff will seek input from State Trauma Advisory Committee to develop educational topics and potential speakers for the topics.

2. **Create "Save the Date" postcard**
   Between 07/2020 and 06/2021, Program will create one “Save the Date” postcard, a summit program with 11 hours of educational sessions, and a link for both documents posted on the EMSA website. The postcard and summit program will be distributed by email to 33 LEMSAs and made available on the EMSA website.

3. **Establish online registration webpages**
   Between 07/2020 and 06/2021, Program will create two Eventbrite registration portals. One Portal will be created for attendees to pay for registration. The second portal will be created for sponsors and educational exhibitors. This portal will provide descriptions for each level of sponsorship and options for educational exhibitors. The link to each registration portal will be made available on the EMSA website.

4. **Create trauma summit registration materials**
   Between 07/2020 and 06/2021, Program will create one master registration package for trauma summit attendees that includes a sign-in spreadsheet, name badges, and a post-summit evaluation survey.

5. **Provide continuing education credits**
   Between 07/2020 and 06/2021, Program will distribute at least 50 continuing education certificates to eligible Trauma Summit participants.

State Program Title: Fusion Center

State Program Strategy:

Goal: Proactively support meaningful cross-disciplinary collaboration to advance California's state health improvement plan, Let's Get Healthy California (LGHC) and address emerging health issues. With the social determinants of health now widely recognized across health and human services, public health has entered a new era: one that acknowledges the need for cross-sector collaboration and innovative government agency approaches in order to address wider challenges. The Fusion Center will facilitate cross-disciplinary CDPH efforts to proactively address emerging issues, as well as support movement of public health efforts upstream to improve community health outcomes by addressing social determinants of health.

Healthy Priority: Increasing the Department's capacity to address priority public health burdens, root causes and contributing factors of health disparities and inequities. LGHC contributes to building a safer, healthier California for all by monitoring progress of indicators toward 10-year targets; promoting community innovations; and informing and convening cross-sector collaborations. As the State Health Assessment (SHA) and State Health Improvement Plan (SHIP), LGHC supports state and local public health in addressing complex challenges through collective action.

Evaluation Methodology: The Fusion Center is responsible for a diverse range of activities, each of which has an evaluation plan to track the status of the project and its objectives. Evaluation methods may include informal stakeholder input, surveys, participation levels, and web analytic tools.

Primary Strategic Partners:

Internal

1. CDPH Office of Legislative and Governmental Affairs (LGA)
2. CDPH Office of Quality Improvement and Accreditation (OQPA)
3. CDPH, Office of Health Equity (OHE)
4. CDPH, Center for Health Statistics and Informatics (CHSI)

External

1. California Health and Human Services Agency
2. Office of the Surgeon General
3. California Conference of Local Health Officers
4. Philanthropic Partners (California Endowment, Blue Shield of California Foundation, CA Healthcare Foundation)
5. Institute for Health Metrics and Evaluation

State Program Setting:

State health department

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Katey Rosenquist
Position Title: Associate Governmental Program Analyst
State-Level: 75% Local: 0% Other: 0% Total: 75%
Position Name: Kelly Kelley
Position Title: Staff Services Analyst/Associate Gov. Prog Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Vacant
Position Title: Associate Governmental Program Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Danielle Stumpf
Position Title: Staff Services Manager II (Specialist)
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Jaspreet Kang
Position Title: Research Data Analyst I
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 5
Total FTEs Funded: 4.75

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):
Between 07/2020 and 06/2021, Program will strengthen the primary prevention focus and cross-program alignment of California's state and community health improvement plans. Fusion Center initiatives will support movement of population health improvement efforts further upstream through multisector and interdisciplinary initiatives; including strategies for more proactive and effective CDPH response to public health issues, and supporting development and alignment of community health improvement plans. The focus of these efforts will include enhanced data, messaging and policy approaches incorporating social determinants of health, regional disparities, and performance analytics.

Baseline:
In 2019, the County Health Executives Association of California surveyed local health departments planning for accreditation and found that 60% have completed a community health improvement plan and 72% reported alignment with the SHIP. In 2016, Fusion Center surveyed CDPH programs and found that only 51% of program managers are very or extremely familiar with LGHC. These data describe the need to further engage staff around strategic alignment with LGHC initiatives; and to coordinate activities that engage staff meaningfully, break down silos and encourage strategic alignment.

Data Source:

County Health Executives Association of California 2019 Survey; Fusion Center 2016 CDPH Program Survey (no newer data exists); Let's Get Healthy California SHIP.

State Health Problem:

Health Burden:
The factors that impact health vary greatly across California populations and geographies. Deaths in the aging population of adults are heavily dominated by chronic diseases, including cardiovascular disease, Alzheimer's disease, and cancer. Deaths in younger persons are dominated by deaths in highly preventable "injury-related" conditions including, drug-associated deaths, road injuries, suicide and homicide. There are also significant disparities disproportionally affecting many communities for each for these critical health issues. Because Fusion Center efforts relate to the SHIP as a whole; data analyses and intervention strategies are identified across multiple health issues and indicators, which may involve varying populations experiencing the greatest disparities, and which are heavily impacted by social determinants of health. According to LGHC, 85% of Californians report their overall health status to be good, very good or excellent. However, rates are significantly lower among disparate populations. For example, the rate among Hispanics is 35.4%, the rate among those uninsured is 38.8%, the rate among those living at 99% or below the Federal Poverty Guideline is 33%, and the rate among those with less than high school education is 22%.

Target Population:
Number: 39,250,017
Infrastructure Groups: Other

Disparate Population:
Number: 3,925,017
Infrastructure Groups: Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: Public Health 3.0; Public Health Accreditation Board Manual; Institute for Health Metrics and Evaluation; Global Burden of Disease

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $869,733
Total Prior Year Funds Allocated to Health Objective: $947,579
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:

Conduct a comprehensive state health assessment

Between 07/2020 and 06/2021, Program will conduct **2** activities to enhance the SHA.

Annual Activities:

1. **Data Analytics Project: Disparities, Hidden Populations, Issues of Concern**
   Between 07/2020 and 06/2021, Program will conduct in-depth comparative and statistical analysis of patterns and trends for one or more conditions identified as significantly important, for which analytic data are lacking. Use a collaborative process to identify such conditions. Collect and analyze data and information for use in developing priorities, adopting or revising policies, and planning actions to improve the population's health.

2. **Process to Develop the Annual "State of Public Health" Update**
   Between 07/2020 and 06/2021, Program will implement a comprehensive process to support the development of the annual 'State of Public Health" update. Incorporating data and information about health burden, including quality of life, health outcomes, disparities, socioeconomic factors, and health care costs; emerging issues and contextual factors in the policy landscape; community priorities, and a wide range of stakeholder input in order to describe the overall health of the population, including hidden populations, identify areas for health improvement and assets available to address. Summary findings on the state of health in California are shared with policy makers and stakeholder audiences.

Objective 2:

Leverage SHIP to advance progress on shared priorities through integrated planning

Between 07/2020 and 06/2021, Program will conduct **2** activities to advance integrated planning across shared public health priorities.

Annual Activities:

1. **Complete annual indicator update process**
   Between 07/2020 and 06/2021, Program will complete annual indicator updates, including the facilitation of a collaborative process to integrate prevention strategies identified by CDPH programs and partners into the SHIP to address shared priorities.

2. **Implement a pilot project**
   Between 07/2020 and 06/2021, Program will implement at least one pilot project to track implementation of activities addressing one or more of the shared priorities within the SHIP. The project will be integrated within the LGHC website.

Objective 3:

Support collective action around shared public health priorities

Between 07/2020 and 06/2021, Program will conduct **2** activities to support collective action.

Annual Activities:

1. **Address cross-cutting priorities through department-wide initiatives**
   Between 07/2020 and 06/2021, To advance progress in addressing the cross-cutting priorities identified in the public health policy agenda, the program will facilitate collective action initiatives, engaging internal, interdepartmental, and multisector partners. These initiatives will focus on elevating the public health role, promoting upstream focus on influencing systems toward more equitable outcomes, and exploration of strategies to expand state and local resources to act on shared public health priorities.

2. **Facilitate targeted cross-functional projects**
   Between 07/2020 and 06/2021, Program will facilitate targeted cross-functional projects to facilitate alignment and engagement across programs and partners. These activities will include exploratory efforts such as environmental scans and ad hoc workgroups, development of issue briefs, and coordination of workshops and trainings related to key emerging issues of public health significances. Efforts will also support identification of intersections across emerging issues and promote strategic linkages or integrated policy approaches.

State Program Title: Health in All Policies

State Program Strategy:

Goal: Achieve the highest level of physical and mental health for all people, especially vulnerable communities that have experienced socioeconomic disadvantage, historical injustices, and systematic discrimination. National Health Objective: PA-15.1 Increase community-scale policies for the built environment that enhance access to and availability of physical activity opportunities. State Health Objective: 1) embed health and equity into at least 10 California programs, policies, and processes that impact the social determinants of health, such as land use, active transportation, transit-oriented affordable housing development, school facility siting and design, or access to parks and green spaces; (2) maintain or build new partnerships with at least 10 state departments.

Healthy Priority: Incorporate health, equity, and sustainability considerations that enhance access to and availability of physical activity opportunities into decision-making across sectors and policy areas.

Evaluation Methodology: Ongoing tracking of outcomes including number of meetings, meeting participants, changes in policies or programs, etc.

Primary Strategic Partners:

Internal

1. Injury and Violence Prevention Branch (formally Safe and Active Communities Branch)
2. Nutrition Education and Obesity Prevention Branch
3. Fusion Center
4. Center for Infectious Diseases
5. Center for Healthy Communities

External

1. Health in All Policies Task Force
2. Governor’s Strategic Growth Council
3. RaceForward's Government Alliance on Race and Equity
4. Public Health Institute Health In All Policies
5. Local health departments and associated initiatives such as the Bay Area Regional Health Inequities Initiative and Public Health Alliance of SoCal)

State Program Setting:

Community based organization, Home, Local health department, Parks or playgrounds, Schools or school district, State health department, Other: Cities, Counties, and Regional Jurisdictions (mostly Metropolitan Planning Organizations)

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Meredith Lee
Position Title: Health Program Specialist II
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Chantal (Ann) Griffin
Position Title: Health Program Specialist I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Lazaro Cardenas
Position Title: Health Program Specialist I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Vacant
Position Title: Associate Government Policy Analyst
State-Level: 50% Local: 0% Other: 0% Total: 50%

Total Number of Positions Funded: 4
Total FTEs Funded: 3.50

National Health Objective: HO PA-15 Built Environment Policies

State Health Objective(s):
Between 07/2020 and 06/2021, Program will (1) embed health and equity into at least 10 California programs, policies, and processes that impact the social determinants of health, such as land use, active transportation, transit-oriented affordable housing development, school facility siting and design, or access to parks and green spaces; (2) maintain or build new partnerships with at least 10 state-level departments and agencies to achieve this objective.

Baseline:
The HiAP team currently works with more than 10 Departments, Agencies, and Offices to impact the social determinants of health including the Department of Transportation, State Transportation Agency, Housing and Community Development, Department of Education, Department of Parks and Recreation, Department of Forestry and Fire, Natural Resources Agency, Air Resources Board, Environmental Protection, and Office of Planning and Research.

Data Source:
The current members of the HiAP Task Force

State Health Problem:

Health Burden:
Significant portions of California's population lack access to physical-activity opportunities, which can contribute to poor health and health inequities. In 2016, 2.5 million California adults reported being diagnosed with diabetes, and one in five

California adults reported that during the past month they had not participated in any physical activity. Community design that prioritizes active transportation and increases proximity and access to schools, economic opportunities, housing, parks and open space, and health-supportive services have been shown to increase physical activity. Office of Health Equity (OHE) targets California's community-design resources to populations most in need of opportunities for physical activity as a strategy to improve health and reduce inequities. The target population includes those considered "vulnerable": women, racial and ethnic minorities; low-income individuals; individuals currently or previously incarcerated; individuals with disabilities; individuals with mental health conditions; children, youth and young adults; seniors; immigrants and refugees; individuals who are limited -English proficient (LEP); lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) communities; or combinations of these populations (Health and Safety Code Section 131019.5). The disparate populations are those most vulnerable and likely experiencing the greatest inequities and therefore worse health outcomes.

Target Population:
Number: 4,969,326
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: Yes

Disparate Population:
Number: 2,226,285
Ethnicity: Hispanic, Non-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: Yes
Location: Entire state
Target and Disparate Data Sources: 2018: ACS 1 Year Estimates Subject Tables, Poverty Status in the past 12 months, Table ID: S1701 (accessed March 2020)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Model Practices Database (National Association of County and City Health Officials)

Other: Health in All Policies: A Guide for State and Local Governments

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $533,473
Total Prior Year Funds Allocated to Health Objective: $592,748
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:
Build public health capacity to implement equity in Policies, Systems, and Environment
Between 07/2020 and 06/2021, Program will conduct **8** meetings, trainings, or one-on-one technical assistance (TA) sessions with CDPH programs or local health departments (LHDs) to increase the capacity of public health staff to promote racial and health equity, implement health in all policies activities, and understand and address the social determinants of health, including the built and social environment.

Annual Activities:

1. **Build CDPH capacity to promote equity in Policies, Systems, and Environment**
   Between 07/2020 and 06/2021, Program will provide trainings or consultations to at least five CDPH programs or offices to: (1) build CDPH staffs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and/or (3) understand and address the social determinants of health, including the built and social environment.

2. **Build LHD capacity to promote equity in Policies, Systems, and Environment**
   Between 07/2020 and 06/2021, Program will provide trainings or technical assistance to at least three LHDs to: (1) build LHDs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and/or (3) increase understanding of and address the social determinants of health, including the built and social environment.

Objective 2:
Increase collaboration and integration of health and equity considerations.

Between 07/2020 and 06/2021, Program will implement **5** health and equity considerations into non-health department polices, programs, or practices to impact the social determinants of health, including the built and social environment.

Annual Activities:

1. **Increase health and equity considerations in non-health dept. programs.** Between 07/2020 and 06/2021, Through the Health in All Policies Task Force, the program will partner with at least five non-health departments to integrate health and equity considerations in at least four programs, such as the Transportation Commission's Active Transportation Program Grant or the Strategic Growth Council's (SGC's) Affordable Housing and Sustainable Communities Grant program.

2. **Increase health and equity considerations in non-health dept. practices** Between 07/2020 and 06/2021, Through the Health in All Policies Task Force, the program will partner with at least twelve non-health departments to increase capacity and integrate health and/or equity considerations into at least 3 policies, practices, or guidance documents.

State Program Title: Healthy People 2020 Program

State Program Strategy:

Goal: The California Department of Public Health (CDPH) will enhance the accountability and transparency of the Preventive Health and Health Services Block Grant (PHHSBG) through the Healthy People 2020 Program (HPP 2020) by measuring progress and impact of funded programs, as well as communicating current accomplishments.

Health Priority: A QI process for PHHSBG programs will strengthen public health infrastructure to improve public health outcomes, decrease health disparities, premature death, and disabilities, and improve health equity.

Evaluation Methodology: The program objectives and activities are monitored and evaluated twice yearly. Monitoring tools include a program work plan, program procedures, monthly fiscal reports, quarterly fiscal analyses, twice-yearly program outcome reports, twice-yearly Advisory Committee meetings, an annual Public Hearing and a yearly program audit.

Primary Strategic Partners:

Internal

1. Center for Healthy Communities
2. Center for Environmental Health
3. Center for Infectious Diseases
4. Office of Health Equity
5. Fusion Center
6. Office of Quality Performance and Accreditation

External

1. Emergency Medical Services Authority

State Program Setting:

State health department

FTEs (Full Time Equivalents):

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

Position Name: Fatima Castaneda
Position Title: Staff Services Manager II
State-Level: 25% Local: 0% Other: 0% Total: 25%
Position Name: Cha Xiong
Position Title: Staff Services Manager I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Rebecca Horne
Position Title: Health Program Specialist II

State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Amy Yan
Position Title: Health Program Specialist I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Matthew Herreid
Position Title: Associate Governmental Program Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 5
Total FTEs Funded: 4.25

National Health Objective: HO PHI-16 Public Health Agency Quality Improvement Program

State Health Objective(s):
Between 07/2020 and 06/2021, implement one QI process, using the CDC evaluation framework and the Plan Do Study Act (PDSA) QI model, to increase efficiency and effectiveness of PHHSBG-funded programs.

Baseline:
QI process for PHHSBG-funded programs in State Fiscal Year (SFY) 19/20

Data Source:
CDPH PHHSBG Annual Outcomes Report

State Health Problem:

Health Burden:
Funding for public health in California is low. Annual per-capita spending for public health is $274, and annual per-capita CDC funding for public health is $19.16 (Trust for America's Health, 2019). Consequently, there is a need to use public health dollars wisely. California has the opportunity to use the PHHSBG for state priorities, developed in conjunction with stakeholders. Once the funds have been allocated to critical public health programs, services, and activities, it is imperative that program outcomes are tracked and evaluated to assure that the funds are used in the most efficient and effective way possible. If there is a lack of progress or impact, the decision makers should be alerted, and funds can be allocated elsewhere. Until recently, the PHHSBG program did not have an evaluation or QI process. Using the CDC evaluation framework and a QI model, HPP 2020 staff will continue to institute a QI process for the PHHSBG programs.

Target Population:
Number: 39,512,223
Infrastructure Groups: State and Local Health Departments

Disparate Population:
Number: 39,512,223
Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Best Practice Initiative (U.S. Department of Health and Human Service)

Other: Healthy People 2020; Public Health Accreditation Board: Standards and Measures; Agency for Healthcare Research and Quality: Public Health Performance Improvement Toolkit; Public Health Foundation Public Health Quality Improvement Handbook

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $732,992
Total Prior Year Funds Allocated to Health Objective: $820,491
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:
Communicate program outcomes
Between 07/2020 and 06/2021, Program will implement **2** communication strategies to highlight the success of the PHHSBG-funded programs.

Annual Activities:

1. **Publish Program Outcomes Report Online**
   Between 07/2020 and 06/2021, publish one Program Outcomes Report on the CDPH website to disseminate information to the public.

2. **Distribute Program Outcomes Report to Stakeholders**
   Between 07/2020 and 06/2021, distribute the Program Outcomes Report to at least eight stakeholders.

3. **Publish Program Success Stories Online**
   Between 07/2020 and 06/2021, publish at least ten success stories on the CDPH website to disseminate information to the public.

Objective 2:

Institute a QI Process to Improve PHHSBG Program Outcomes

Between 07/2020 and 06/2021, Program will implement **1** QI process to contribute to PHHSBG program evaluation.

Annual Activities:

1. **Perform QI Analysis of PHHSBG Programs**
   Between 07/2020 and 06/2021, analyze one Program Outcomes Report. For Programs that did not achieve objectives, at least one will be identified for a QI analysis, and the QI process using the PDSA model will be implemented.

2. **Assist PHHSBG Program Staff on QI Process**
   Between 07/2020 and 06/2021, provide at least one Training/Technical Assistance (TTA) to PHHSBG program staff via email, phone, or other communications, as appropriate; and conduct at least one QI meeting to ensure the QI process is understood.

Objective 3:

Track and Report PHHSBG Program Outcomes to Document Progress and Impact

Between 07/2020 and 06/2021, Program will develop **1** report on Program Outcomes to support PHHSBG program evaluation through analysis of met and unmet deliverables.

Annual Activities:

1. **Collect Outcomes Information from PHHSBG Programs**
   Between 07/2020 and 06/2021, collect and document PHHSBG program outcomes once from all 24 funded programs to assemble data for QI analyses.

2. **Develop a Report on Program Outcomes**
   Between 07/2020 and 06/2021, write one comprehensive summary report to document progress and impact.

3. **Provide TTA to Staff Submitting Program Outcomes Information**
   Between 07/2020 and 06/2021, provide at least four ad hoc TTAs to PHHSBG program staff via email, phone, and other communications as appropriate.

State Program Title: Injury Prevention Program

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 Priority: The California Wellness Plan includes 15 goals/objectives consistent with this program, including the goals of increasing accessible and usable health information and expanding access to comprehensive statewide data. There are several specific objectives for injury and violence, including objectives to decrease the annual incidence rate of unintentional injury deaths in California from 27 (baseline data from 2011) to 20 per 100,000, and decrease the annual incidence rate for homicides from 5 (baseline data from 2011) to 4 per 100,000, by the year 2020.

Evaluation Methodology: Injury numbers/rates overall and for specific injury types tracked using vital statistics and administrative health data. Process evaluation will focus on measuring whether objectives are met (e.g., number of trainings/participants). Impact evaluation will assess immediate and intermediate outcomes of activities using multiple measures (e.g., surveys, evaluations, EpiCenter website hits)

Primary Strategic Partners:

Internal

1. Chronic Disease Control Branch
2. Office of Health Equity
3. Maternal, Child, and Adolescent Health Branch
4. CDPH Fusion Center
5. Health in All Policies Program

External

1. Local Public Health Departments
2. California Department of Education
3. California Safe Kids Coalition
4. California Department of Aging
5. Office of Traffic Safety

State Program Setting:

Community based organization, Community health center, Local health department, Medical or clinical site, Senior residence or center

FTEs (Full Time Equivalents):

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

Position Name: Jeffery Rosenhall
Position Title: Health Program Manager II
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Name: Kate Bernacki
Position Title: Health Education Consultant III
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Karissa Anderson
Position Title: Health Program Specialist I
State-Level: 75% Local: 0% Other: 0% Total: 75%
Position Name: Vacant
Position Title: Health Education Consultant III
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Nana Tufuoh
Position Title: Research Scientist III
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Orion Stewart
Position Title: Research Scientist II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Carolyn Zambrano
Position Title: Research Scientist II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Mary Lackey
Position Title: Health Program Specialist I
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Claudia Angel
Position Title: Associate Government Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Joseph Kinkead
Position Title: Office Technician
State-Level: 25% Local: 0% Other: 0% Total: 25%
Position Name: Vacant
Position Title: Research Scientist III
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 11
Total FTEs Funded: 4.10

National Health Objective: HO IVP-1 Total Injury

State Health Objective(s):

Between 07/2020 and 06/2021, Program will strive to reduce by 5% the crude rate of total, unintentional, and intentional injury deaths in California from the current 2017 rates (51.9, 34.4 and 16.1 per 100,000 California residents respectively) toward their baseline 2013 levels of 45.6, 28.7 and 15.2 per 100,000, respectively.

Baseline:
Rate of injury deaths in California in 2013 for three indicators (EpiCenter):

- Total = 45.6 per 100,000
- Unintentional = 28.7 per 100,000
- Intentional = 15.2 per 100,000

Rate of injury deaths in California in 2017 for three indicators (EpiCenter):
- Total = 51.9 per 100,000
- Unintentional = 34.4 per 100,000
- Intentional = 16.1 per 100,000

Data Source:
EpiCenter: California Injury Data Online

State Health Problem:

Health Burden:
Injuries are the leading cause of death, hospitalization, and disability for people ages 1 - 44 years old in California, and have substantial impacts and consequences for the economy, communities, and the well-being of the State's population. Each year, injuries in California lead to over (1) 20,000 deaths, (2) 250,000 hospital visits, and (3) 2.5 million visits to emergency departments. The CDC has estimated the cost of only FATAL intentional and unintentional injuries in California, based on medical and work-lost costs (not including quality of life measures) to be $20.984 billion annually.

Target Population:
Number: 40,639,392
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: 40,639,392
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: CDPH EpiCenter website, March 2020

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: CDC Technical Reports; Safe States Injury Surveillance Wkgp Rpts;
Early Childhood Adversity, Toxic Stress...:
Translating Developmental Science Into Lifelong Health

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $886,166
Total Prior Year Funds Allocated to Health Objective: $909,042
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 available data and information on firearm safety
Between 07/2020 and 06/2021, Program will publish **1** Data brief/fact sheet on firearm safety in California based on multiple years of Behavioral Risk Factor Surveillance System (BRFSS) Firearm Safety Module questions.

Annual Activities:

1. **Conduct analyses to produce state level estimates of firearm safety**
   Between 07/2020 and 06/2021, Program will work with IVPB researchers to conduct analyses to produce state level firearm safety estimates based on multiple years of BRFSS Firearm Safety Module data.

2. **Publish data brief/fact sheet on firearm safety in CA**
   Between 07/2020 and 06/2021, Program will prepare and publish a data brief/fact sheet with state level firearm safety data estimates based on multiple years of BRFSS Firearm Safety Module data.

3. **Promote and disseminate firearm safety data brief/fact sheet**
   Between 07/2020 and 06/2021, Program will post firearm safety data brief/fact

sheet on the CDPH Violence Prevention Initiative (VPI) webpage and promote its release via email blasts, social media posts, and on the VPI Community of Practice webinar series.

Objective 2:

Increase capacity of local unintentional childhood injury prevention programs

Between 07/2020 and 06/2021, Program will implement **3** virtual conference and resource opportunities to stakeholders to improve California childhood unintentional injury prevention knowledge, best practice programs, partnership efforts and access to safety equipment.

Annual Activities:

1. **Maintain childhood unintentional injury prevention website as a resource**
   Between 07/2020 and 06/2021, Program will maintain one web page on the CDPH website on unintentional childhood injury prevention topics and resources for use by Kids' Plates programs, local entities and the public. The website provides information to professionals and the public on program development, coalition building, and topic-specific technical information for agencies who are addressing childhood unintentional injury risks and prevention education and outreach to local communities

2. **Coordinate one virtual conference on childhood unintentional injury prevention**
   Between 07/2020 and 06/2021, Program will coordinate one virtual statewide conference on unintentional childhood injury prevention topics and programs to local public health departments, the Kids' Plates programs, and the California unintentional childhood injury prevention community. The virtual conference will bring together multidisciplinary teams who work in prevention and treatment of childhood injuries to provide current injury data and innovative prevention efforts, and establish and expand partnerships across the state.

3. **Distribute childhood unintentional injury prevention safety equipment**
   Between 07/2020 and 06/2021, Program will assess the need for specific childhood injury prevention safety equipment across unintentional injury areas. Develop a plan and distribute safety equipment across the state to local public health departments, and other organizations for local distribution to the public.

Objective 3:

Increase capacity to promote healthy aging using a public health approach

Between 07/2020 and 06/2021, Program will conduct **10** Planning, collaboration, and technical assistance activities to increase the capacity within the Department and among stakeholders to promote healthy aging using a public health approach.

Annual Activities:

1. **Convene healthy aging stakeholders**
   Between 07/2020 and 06/2021, Program will host one convening of state and

local public health leaders to: 1) strategize and share best practices around older adult and caregiver health; and 2) support collective problem solving and build upon the work from the 2020 Healthy Aging Initiative Convening.

2. **Conduct healthy aging webinars for workforce education**
   Between 07/2020 and 06/2021, Program will host two public health workforce education and capacity building webinars on older adult and caregiver health. The webinars will broaden staff knowledge of issues related to aging across the lifespan and provide information on topics relevant to older adult and caregiver health.

3. **Expand partnerships with healthy aging stakeholders**
   Between 07/2020 and 06/2021, Program will strengthen the relationship with the California Department of Aging and the California Healthier Living Coalition by participating in at least two meetings with one, or both, of these organizations. These meetings will enable the sharing and alignment of priorities in public health aging efforts.

4. **Conduct technical assistance on healthy aging programs and resources**
   Between 07/2020 and 06/2021, Program will provide five technical assistance consultations to advise Local Health Jurisdictions (LHJ), community agencies, health care professionals, or members of the public, via telephone or e-mail on aging resources. CDPH will also serve as the license holder and technical assistance provider for the evidence-based fall prevention program Stepping On. The technical assistance consultations will enable sharing of best practices and resources among both professional aging stakeholders and members of the public.

Objective 4:

Increase the availability and usefulness of motor vehicle traffic injury data

Between 07/2020 and 06/2021, Program will conduct **5** technical assistance and/or training sessions/presentations to Local Health departments (LHD), stakeholders and other traffic safety partners to build their capacity to expand data-informed efforts to reduce traffic crashes, fatalities and serious injuries towards attaining the Vision Zero goal.

Annual Activities:

1. **Provide training on the application and interpretation of ICD-10-CM codes**
   Between 07/2020 and 06/2021, Program will conduct 2 training sessions/webinars/presentations to LHDs, stakeholders and other traffic safety partners on expanding and increasing the use of actionable traffic-safety data.

2. **Provide technical assistance to LHDs on FARS and ICD-10-CM coding system**
   Between 07/2020 and 06/2021, Program will conduct 5 TA sessions to LHDs, stakeholders and other traffic safety partners on the use and application of the

ICD-10-CM coding system (non-fatal) and FARS (fatal) for generating transportation related injury data from ED/hospital and fatal crash data sources.

3. **Produce ICD 10-CM traffic data brief for injury outcomes/severity**
   Between 07/2020 and 06/2021, Program will use linked crash and ICD-10-CM medical data, conduct data analyses on the impact of crashes, external causes of injury and the medical outcomes of crash injuries and produce one data brief.

Objective 5:

Update California injury and violence online data

Between 07/2020 and 06/2021, Program will update **3** Injury surveillance data sources on EpiCenter (CA Online Injury Data) and the CA Opioid Overdose Surveillance Dashboard.

Annual Activities:

1. **Update EpiCenter online injury site with most recent data**
   Between 07/2020 and 06/2021, Program will IVPB staff will update and upload most recently available injury data from three injury data sources (i.e., death, hospital and ED) to the EpiCenter.

2. **Provide TA and guidance to 25 data users for online data**
   Between 07/2020 and 06/2021, Program will provide TA and guidance to at least 25 data users on how to use the online injury and substance use data tools (e.g., query system; dashboards) to translate data into actionable information for use in program planning and evaluation.

State Program Title: Preventive Medical Residency Program

State Program Strategy:

Goal: The California Department of Public Health (CDPH) will conduct public health professional training through the Preventive Medicine Residency (PMR) and the California Epidemiologic Investigation Service Fellowship (Cal EIS). Residents will enter PMR after completing at least a Post-Graduate Year 1 elsewhere. Over two years, they will complete a Master of Public Health (MPH) and a public health practicum experience at a local health agency. Residents will receive exposure to epidemiology, biostatistics, social and behavioral aspects of public health, environmental health, health services administration and clinical preventive services. Cal EIS post-MPH fellows will receive real world experience in the practice of epidemiology and public health in local and state public health agencies.

Health Priority: PMR and Cal EIS objectives align with the CDPH Strategic Map 2019-2022 'Empower the Public Health Workforce' as they strengthen CDPH as an organization by developing a workforce of trained physicians and epidemiologists with the competencies needed to become public health professionals who support and facilitate the work of state and local health agencies. This priority relates to the Public Health 2020 National Objectives for Workforce, including Objective Public Health Infrastructure (PHI-1) that addresses incorporation of core competencies for public health professionals at state and local health agencies.

Evaluation Methodology: Program goals and objectives in line with national organizational requirements and state health objectives are monitored and evaluated yearly. Monitoring tools include program policies and procedures, monthly/quarterly trainee reports, preceptor/trainee evaluations, site visits, a Program Evaluation Committee, and American Board of Preventive Medicine resident pass rate.

Primary Strategic Partners:

Internal

1. Environmental Health Investigations Branch
2. California Tobacco Control Branch
3. Food and Drug Branch
4. Office of Oral Health
5. Injury and Violence Prevention Branch

External

1. Alameda County Public Health
2. Napa County Public Health
3. Yuba County Public Health
4. University of California, Berkeley, School of Public Health
5. University of California, Davis, School of Medicine, Department of Public Health Sciences

State Program Setting:
Community health center, Local health department, 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: Esther Jones
Position Title: PMRP Coordinator
State-Level: 55% Local: 0% Other: 0% Total: 55%
Position Name: Jami Chan
Position Title: Cal EIS Coordinator
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Vacant
Position Title: Training Administrator
State-Level: 40% Local: 0% Other: 0% Total: 40%

Total Number of Positions Funded: 3
Total FTEs Funded: 1.95

National Health Objective: HO PHI-13 Epidemiology Services

State Health Objective(s):
Between 07/2020 and 06/2021, Program will increase the public health workforce by graduating at least 14 trainees from PMR or Cal EIS, to become qualified public health (PH) physicians and epidemiologists who contribute to and/or lead the maintenance and improvement of the health of Californians.

Baseline:
Twelve graduates per year who achieved moderate to high skill levels in specific competencies developed by national organizations by working in local or state PH agency programs.

Data Source:
PMR and Cal EIS records, including Competency/Milestone charts, monthly/quarterly activity reports, preceptor/faculty evaluations, and program evaluations of trainee performance.

State Health Problem:

Health Burden:
To maintain a skilled professional workforce, PH agencies must train the next generation of experts and leaders. This need arises from two realities and concerns: 1) As older PH leaders retire, there is a need to replace them with well-trained professionals; 2) New leaders offer novel perspectives and insights into methods of

meeting the challenges of PH; and 3) the next general is more diverse and better represents the California population. Shortages of PH physicians and other health professionals continue. A 2017 Association of State and Territorial Health Officials (ASTHO) report indicated an 8.7% decline in the PH workforce nationwide from 2010-2016. California's state PH workforce is small relative to its population: California has fewer than 10 FTE per 100,000 population, compared to an average of 23 FTE per 100,000 among large states. Nationwide, the average age of state PH employees is 47; the median age is 48. Based on ASTHO projections, more than 41% of California's state PH workforce will be eligible to retire in 2020. PMR and Cal EIS ensure a steady supply of critically needed, well-trained PH physicians and epidemiologists to assume leadership positions in PH agencies in California, both at state and local agencies. These positions include Local Health Officers, state agency Medical Directors, Data Directors and Division/Branch/Section Chief physicians and epidemiologists. California needs trained experts ready to respond to PH emergencies that result in illness, injury, deaths and inequity, such as influenza, corona virus, floods and wildfires, as well as to respond to the alarming rise in chronic diseases that decrease life expectancy.

Target Population:
Number: 39,937,489
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Health Care Systems, Research and Educational Institutions

Disparate Population:
Number: 39,937,489
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Health Care Systems, Research and Educational Institutions

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: ACGME Program Requirements for Graduate Medical Education in Preventive Medicine; ACGME Milestones for Preventive Medicine Residents; Council of State and Territorial Epidemiologists (CSTE), Competencies for Applied Epidemiologists in Governmental Public Health Agencies

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $619,553
Total Prior Year Funds Allocated to Health Objective: $521,884
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 the number of trainees who gain Preventive Medicine and Epidemiology competencies

Between 07/2020 and 06/2021, Program will increase the number of trainees who, over the course of their training period, have satisfactorily achieved moderate or high competency in American College of Preventive Medicine (ACPM)/ACGME or CSTE competencies, by working in local or state PH agency programs or community-based settings and/or completing academic coursework, from 119 residents and 190 fellows to **at least 121 residents and 197 fellows**.

Annual Activities:

1. **Recruit and interview applicants for PMR and Cal EIS positions**
   Between 07/2020 and 06/2021, Program will recruit and interview at least 5 PMR applicants and 10 Cal EIS applicants. The competitive recruitment and selection process includes distributing PMR and Cal EIS information to schools of public health, residency programs, local health agencies and posting on various websites, such as FREIDA Online, Electronic Residency Application Service and PH Employment Connection. Applications from this pool will be reviewed by the PMR and Cal EIS Advisory Committees and top candidates will be selected for interview.

2. **Place residents and fellows in a public health training experience**
   Between 07/2020 and 06/2021, Program will train at least 14 individuals in the relevant competencies. Experienced preceptors will mentor and guide trainees to meet competencies through applied state and local PH experiences, providing training needed to develop California's PH workforce.

3. **Develop and implement public health practice curriculum**
   Between 07/2020 and 06/2021, Program will conduct at least 16 PH/preventive medicine seminars for PMR and Cal EIS trainees. These bi-monthly seminars address ACPM/ACGME/CSTE competencies and provide trainees with knowledge, insights and resources for PH practice, epidemiologic investigation procedures and other processes that prepare trainees to enter the PH workforce.

State Program Title: Public Health Accreditation

State Program Strategy:

Goal: As an accredited state public health department, the California Department of Public Health (CDPH) is required to provide accreditation-readiness technical assistance (TA) to California's 61 local health departments (LHDs) and tribal public health partners. This TA is intended to increase California's local and tribal agency capacity to pursue, achieve, and sustain national public health accreditation, thereby contributing to optimal public health services and outcomes for Californians.

Health Priority: Thirty-nine million people in California may receive public health services from local and tribal health departments. Accreditation serves as a mechanism to systematically review and evaluate health departments' systems and processes, along the continuum of Ten Essential Public Health Services. This evaluative process validates provision of quality services and may contribute to improving health outcomes to communities served.

Evaluation Methodology: Participating agencies will be required to commit to the requirements of CDPH's Public Health Accreditation Mini-Grant Program. OQPA's Public Health Accreditation program staff will monitor participants' adherence to program guidelines, timelines, and achievement of deliverables during the project period.

Primary Strategic Partners:

Internal

1. California Conference of Local Health Officers
2. Fusion Center
3. Office of Health Equity

External

1. California Accreditation Coordinators Collaborative
2. Centers for Disease Control and Prevention
3. County Health Executives Association of California (CHEAC)
4. Public Health Accreditation Board (PHAB)
5. Public Health Institute

State Program Setting:

Local health department, 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 PHI-17 Accredited Public Health Agencies

State Health Objective(s):
Between 07/2020 and 06/2021, Program will provide Technical Assistance services to increase accreditation readiness and capacity to at least three local and/or tribal public health agencies. These services will provide participating agencies an opportunity to develop, complete, and/or implement a process or project conforming to the Public Health Accreditation Board's (PHAB's) standards, thereby demonstrating increased readiness and capacity to apply for national public health accreditation.

Baseline:
In 2019, CHEAC surveyed 61 LHDs to assess status of accreditation readiness. Of the 59 respondents, 17 are PHAB accredited, 10 submitted an accreditation application, and one submitted a reaccreditation application. Additionally, 33 LHDs are in varying stages of accreditation planning, and nine are not actively planning.

Data Source:
County Health Executives Association of California, Accreditation Status Survey, November 2019

State Health Problem:

Health Burden:
As of February 2020, CDPH and 17 California LHDs are PHAB accredited. The remaining 44 LHDs and tribally controlled health departments may need support to plan for and achieve national public health accreditation. PHAB accreditation preparation is complex, requiring a public health department to conduct a comprehensive review to evaluate the effectiveness of its services against a set of national quality standards. This process highlights areas of strength and opportunities for improvement that may directly impact community health. PHHSBG funds will support OQPA's provision of accreditation-readiness TA services to build local and tribal capacity to pursue public health accreditation. If each California local and tribal public health department applied for and obtained PHAB accreditation, the statewide provision of public health services would meet a national standard of excellence, and overall public health for over 39 million state residents would be optimized.
The target and disparate populations (39,512,223, the population of California) are the same.

Target Population:
Number: 39,512,223
Infrastructure Groups: Other

Disparate Population:
Number: 39,512,223
Infrastructure Groups: Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Public Health Accreditation Board Standards and Measures, version 1.5, December 2013; Public Health Accreditation Board Guide to National Public Health Department Reaccreditation: Process and Requirements, December 2016

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $54,000
Total Prior Year Funds Allocated to Health Objective: $27,697
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 technical assistance services.
Between 07/2020 and 06/2021, Program will provide accreditation-related technical assistance services to **3** local and/or tribal public health agencies to improve capacity to prepare for national public health accreditation.

Annual Activities:

1. **Administer a mini-grant program**
   Between 07/2020 and 06/2021, Program will administer one CDPH Public Health Accreditation Mini-Grant Program for California's local and/or tribal public health agencies to receive accreditation-readiness technical assistance services. Mini-grants are awarded to local and/or tribal public health agencies in the form of vendor trainings, consultation, and technical assistance. These services may be used to support development of accreditation-related activities, such as community health assessment and improvement planning, workforce development, quality improvement, strategic planning, performance management, or documentation selection. No more than five types of mini-grants are expected to be awarded.

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 Priority: In 2018, the incidence of rape reported as crimes in California was 38.9 per 100,000. (California Department of Justice [CDOJ], 2018). 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, engaging in harmful behaviors, and experiencing intimate relationship difficulties (MMWR, CDC, 2008). This program addresses the national Healthy People 2020 focus area of Injury and Violence Prevention, which includes a developmental goal of reducing sexual violence.

Evaluation Methodology: Process data will be used to determine whether objectives are met by tracking number of trainings and number of rape crisis centers participating. Prevention assessments will track the extent to which the rape crisis centers implement programs. Rates of rape will be tracked using the crime data collected through the California Department of Justice.

Primary Strategic Partners:

Internal

1. CDPH Domestic Violence Prevention Program
2. CDPH Violence Prevention Initiative
3. CDPH Essentials for Childhood
4. CDPH Fusion Center
5. CDPH Center for Family Health

External

1. California Coalition Against Sexual Assault
2. University of California, San Diego
3. California Partnership to End Domestic Violence
4. California State University, Sacramento
5. California Office of Emergency Services

State Program Setting:

Community based organization, Rape crisis center, 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: Jeffery Rosenhall
Position Title: Health Program Manager II

State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: Vacant
Position Title: Research Scientist Supervisor I
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Karol Simmons
Position Title: Staff Services Manager I
State-Level: 30% Local: 0% Other: 0% Total: 30%

Total Number of Positions Funded: 3
Total FTEs Funded: 0.60

National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):
Between 07/2020 and 06/2021, Program will reduce by 1% the rate of rape in California, from the current 2018 rate, as measured by CA Dept. of Justice (DOJ) data.

Baseline:
In 2018, the incidence of rape reported to criminal justice in California was 38.9 per 100,000.

Data Source:
California Department of Justice, 2018. This is most current data.

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 (CDC, 2008). Females are more often the victims of rape; nearly 23 million women and 1.7 million men have been raped at some point in their lives, according to the National Sexual Violence and Intimate Partner Violence Survey data from 2010-2012, published in 2017 by the CDC.

Target Population:
Number: 38,706,907
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 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: 1,104,480
Ethnicity: Non-Hispanic
Race: African American or Black
Age: 4 - 11 years, 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. Retrieved 2/28/20.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Other: 1) CDC RPE CE19-1902 Using the Best Available Evidence for Sexual Violence Prevention (CDC, 2018); 2) STOP SV: A Technical Package to Prevent Sexual Violence (CDC, 2016)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $749,673
Total Prior Year Funds Allocated to Health Objective: $832,969
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:
Community/societal-level prevention strategies
Between 07/2020 and 06/2021, Program will implement **12** local prevention projects using community/societal-level prevention strategies by local rape crisis centers (RCCs) that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators in order to create environmental and community changes.

Annual Activities:

1. **Fund comprehensive community-based projects**
   Between 07/2020 and 06/2021, Program will fund 8 comprehensive community-

based projects using a community mobilization strategy in order to impact community/societal-level change. Training and technical assistance will be provided to promote social norm change and create protective environments in neighborhoods.

2. Fund comprehensive school-based projects
Between 07/2020 and 06/2021, Program will fund 4 comprehensive school-based projects using a strategy of healthy relationships, gender equity, or active bystander intervention in order to impact community/societal-level change. Training and technical assistance will be provided to create protective environments in schools through climate and policy change.

3. Collaborate with partners
Between 07/2020 and 06/2021, Program will collaborate with 3 key partners (CALCASA, CSUS, UCSD) to address community/societal-level strategies. Meet bi-monthly with partners to coordinate program implementation and evaluation of state sexual violence prevention efforts.

State Program Title: Southern California Asylum Seeker Health Surveillance and Linkage to Care

State Program Strategy:

Goal: The Southern California Asylum Seeker Health Surveillance and Linkage to Care program is aligned with Healthy People 2020 to improve access to comprehensive, quality health care services and reduce preventable infectious diseases among migrating populations through active surveillance and monitoring of infectious diseases. The project's overall goal supports HP 2020 Objectives 1) AHS-6: reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines and 2) IID-1: reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases.

Health Priority: There has been a significant increase in individuals seeking asylum in the U.S. with more than 9800 applications received in Southern California in FY 2019. Poor conditions during migration may put asylum seekers at greater risk for exposure to communicable diseases. Public benefits are not available to asylum seekers which may cause a delay in accessing health services and immunizations in the U.S. The proposed program provides support to highly impacted local health jurisdictions (LHJ's) in Southern CA to facilitate linkage to healthcare for the asylum-seeking population. Facilitating linkage to healthcare will 1) improve efforts to detect and respond to disease outbreaks and implement disease control measures; 2) initiate active surveillance of infectious/communicable diseases of public health concern among newly arriving asylum seekers and 3) mobilize and improve rapid public health response for vulnerable LHJs.

Evaluation Methodology: Project evaluation will be conducted with data reports from the enhanced Refugee Health Electronic Information System (RHEIS) database, including number of patient encounters, referrals, demographics and disease summaries and insurance enrollment. Project activities will also be evaluated through performance monitoring and site visits, along with feedback from county partners and stakeholders.

Primary Strategic Partners:

Internal

1. Office of Refugee Health (ORH)
2. Office of Binational and Border Health (OBBH)

External

1. County of San Diego, Public Health Services, TB Control and Refugee Health Branch
2. Los Angeles County Department of Public Health

State Program Setting:
Community based organization, 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: Prisci Quijada
Position Title: Program Manager
State-Level: 40% Local: 0% Other: 0% Total: 40%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.40

National Health Objective: HO IID-1 Vaccine-Preventable Diseases

State Health Objective(s):
Between 07/2020 and 06/2021, Program will:

- Conduct community outreach to southern California asylum seeking populations to facilitate linkage to health services including referral for immunizations and health screening.
- Expand California's current refugee health surveillance system –Refugee Health Electronic Information System (RHEIS) and health screening tool in Southern California to collect active surveillance data to identify diseases of public health concern among asylum seekers.
- Provide technical assistance to LHJs to conduct active surveillance among approximately 600 asylum seekers annually for the monitoring and detection of infectious conditions and prevention of vaccine-preventable diseases.

Baseline:
In California, according to immigration court records for FY 2019, there were a total of 7,905 asylum applications received across the southern California counties: San Diego, San Bernardino, Imperial and Los Angeles. This makes up 60% of those seeking asylum for the entire state and is an evolving situation in California expected to continue. Currently public benefits and a health screening are not available for most asylum seekers, and there is no mechanism in place to ensure disease surveillance and linkage to health service while asylum seekers remain in California. Therefore, to date, there are no accurate baseline estimates of disease trends or health care linkage for this population.

Data Source:
TRAC Immigration website (data is current)

State Health Problem:

Health Burden:

Every year thousands of migrants of diverse ethnic backgrounds globally, including countries in SE Asia, the Middle East, Central America, and E. Africa among others, arrive in California seeking asylum or protection from persecution. The asylum process can take up to two years for an interview date and decision to be made, yet there is no mechanism in place to ensure outreach, linkage to health care and disease surveillance while asylum seekers remain in California. Because public benefits and health services are limited or absent (i.e., for those >26 years) for this population, asylum seekers may not seek out preventive health services (i.e., immunizations), and may delay accessing needed healthcare. Prior to entering the U.S., many of these migrants are forced into overcrowded shelters in Mexico or other congregate settings at California Border Patrol facilities under conditions which increase risks for exposure to various communicable diseases. Recent surveillance in Mexico and California have identified influenza, TB, measles, varicella, ectoparasites, and other infectious conditions. Also, current RHEIS surveillance data show a higher prevalence of Hepatitis B and C among asylum granted compared to refugees. However, no data currently captures those who have not yet been granted asylum. Therefore, outreach efforts to increase linkage to care and improve surveillance for asylum seekers is necessary for monitoring infectious conditions and reducing disease transmission.

Target Population:
Number: 600
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, Asian, 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: Yes

Disparate Population:
Number: 600
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, Asian, 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: Yes
Location: Specific Counties
Target and Disparate Data Sources: CDPH Office of Refugee Health, RHEIS website(2017-19); San Diego County Public Services (2018-19); DHS Annual Flow Report of Refugees and Asylums (2017)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $212,400
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $100,000
Role of Block Grant Dollars: Start-up
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:
Active Disease Surveillance of Asylum Seekers in Southern California
Between 07/2020 and 06/2021, Program will collect **600** cases of asylum seeker health screening data including infectious diseases, immunizations and general demographic and heath data indicators.

Annual Activities:

1. **Enhance California's current refugee surveillance system database**
   Between 07/2020 and 06/2021, The Office of Refugee Health will modify their current refugee surveillance system database –Refugee Health Electronic Information System (RHEIS) and health screening tool for the purpose of capturing surveillance data of infectious diseases of public health concern among asylum seekers. This will include the addition of data fields to classify the asylum seeker population and to capture data needed to monitor referrals for linkage to health care.

2. **Assist LHJ's in conducting active surveillance among asylum seekers**
   Between 07/2020 and 06/2021, ORH and OBBH will provide technical assistance to Local Health Jurisdictions (LHJs) to conduct active surveillance of approximately 600 asylum seekers annually for the monitoring and detection of infectious conditions and prevention of vaccine-preventable diseases. This will include follow-up activities to collect health data from primary or specialty care providers where patients have been linked to health services by LHJ's. Patient health data will then be entered into the enhanced refugee health surveillance database (RHEIS) where it will be accessible for program monitoring and disease surveillance reporting.

Objective 2:

Analyze and Publish Asylum Seeker Surveillance Data

Between 07/2020 and 06/2021, Program will analyze **1** sample of asylum seeker health data and publish prevalence estimates.

Annual Activities:

1. **Analyze surveillance data**
   Between 07/2020 and 06/2021, Program will analyze data collected from the enhanced refugee surveillance database (RHEIS) to identify disease prevalence and trends among asylum seekers in Southern California.

2. **Produce one report**
   Between 07/2020 and 06/2021, upon completion of the analysis, the program will produce on report summarizing disease prevalence and trends among asylum seekers in Southern California.

Objective 3:

Community Outreach

Between 07/2020 and 06/2021, Program will identify **5** partnerships for conducting outreach to asylum seeking communities throughout Southern California to facilitate linkage to health screening and health services.

Annual Activities:

1. **Establishing partnerships**
   Between 07/2020 and 06/2021, Program will identify partners and collaborators by participating in refugee forums, legal aid programs, school events, asylum seeker orientation events as well as networking with federally qualified clinics and other non-profit agencies serving immigrant populations.

2. **Environmental Scan**
   Between 07/2020 and 06/2021, Program will identify agencies currently providing services to immigrant populations in order to gain a better understanding of the gaps in healthcare access and identify potential partners and collaborators.

3. **Focus Group**
   Between 07/2020 and 06/2021, Program will conduct focus group sessions with asylum seekers living in Tijuana, Baja California (BC) to assess the re-settling destination (counties) of asylum seekers once they cross into the U.S.A. This will include guided small-group discussions with 7-10 women and 7-10 men living in migrant shelters in Tijuana, BC. that are seeking asylum in the U.S.A.

Objective 4:

Facilitate Linkage to Health Services for Asylum Seekers

Between 07/2020 and 06/2021, Program will provide health case management to **600** asylum seekers residing in Southern California.

Annual Activities:

1. **Linkage to health services**
   Between 07/2020 and 06/2021, Local Health Jurisdictions (LHJs) programs will provide one-on-one case management services to asylum seekers to ensure patient linkage to Medi-Cal and healthcare services for those who are age-eligible (under the age of 26) and referrals to low cost Federally Qualified Health Centers or other health coverage for those outside of eligibility.

2. **Ensure continuity of care for health services**
   Between 07/2020 and 06/2021, Local Health Jurisdictions (LHJs) programs will provide case management for referrals to health providers for asylum seekers in Southern California.

State Program Title: Surveillance Sampling of Romaine Lettuce for E.Coli O157 and Cyclospora

State Program Strategy:

Goal: The goal of this program is to reduce the incidence of foodborne illness and prevent consumer exposure to romaine lettuce that may be contaminated with E. coli O157 and Cyclospora (single-celled parasite). Samples of romaine lettuce will be collected at retail locations in California and tested for E. coli O157 and Cyclospora. If positive samples are identified, investigational work and product recalls may be initiated.

Health Priority: The goal of this program is to reduce the incidence of foodborne illness and prevent consumer exposure to romaine lettuce that may be contaminated with E. coli O157 and Cyclospora (single-celled parasite). Samples of romaine lettuce will be collected at retail locations in California and tested for E. coli O157 and Cyclospora. If positive samples are identified, investigational work and product recalls may be initiated.

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

Primary Strategic Partners:

Internal

1. CDPH, Division of Communicable Disease Control, Infectious Diseases Branch

External

1. U.S. Food and Drug Administration
2. U.S. Centers for Disease Control and Prevention
3. Industry Trade Associations

State Program Setting:

State health department

FTEs (Full Time Equivalents):

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

Position Name: Eun-Jung Choi
Position Title: Research Scientist II
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Nikolas Storm
Position Title: Environmental Scientist
State-Level: 20% Local: 0% Other: 0% Total: 20%

Total Number of Positions Funded: 2
Total FTEs Funded: 1.20

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

State Health Objective(s):
Between 07/2020 and 06/2021, Program will reduce the incidence of illness caused by E. coli O157 and Cyclospora from ingestion of contaminated U.S. grown produce, through effective surveillance of high-risk food commodities and prompt interdiction to remove contaminated foods from commerce once identified.

Baseline:
Baseline data for U.S. grown produce contaminated with E. coli O157 and Cyclospora does not exist. A reliable test method for the detection of Cyclospora (single-celled parasite) was just developed by the U.S. Food and Drug Administration in 2018. Testing produce for Cyclospora is a new technique that is expected to reduce the burden of foodborne illness for residents of the United States.

Data Source:
Baseline data for U.S. grown produce contaminated with E. coli O157 and Cyclospora does not exist. The testing methodology for Cyclospora was just validated by the U.S. Food and Drug Administration in late 2018.

State Health Problem:

Health Burden:
The U.S. Centers for Disease Control and Prevention (CDC) estimates that each year roughly one in six Americans (or 48 million people) gets sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases. Using these national statistics, California's proportionate burden of foodborne illness would result in 5.86 million getting sick, 15,600 being hospitalized, and 366 dying each year. The target and disparate populations are the same: the population of California.

Target Population:
Number: 39,500,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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: 39,500,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native

Hawaiian or Other Pacific Islander, White
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 2019

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $180,000
Total Prior Year Funds Allocated to Health Objective: $184,647
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:
Implement an E. coli O157 and Cyclospora testing program in U.S. grown produce.
Between 07/2020 and 06/2021, Program will collect **275** samples of U.S. grown packaged romaine lettuce and test the lettuce for E. coli O157 and Cyclospora.

Annual Activities:

1. **Collect samples of U.S. grown produce**
   Between 07/2020 and 06/2021, Program will collect 275 samples of U.S. grown packaged romaine lettuce from retail locations in California.

2. **Test romaine lettuce samples for E. coli O157 and Cyclospora** Between 07/2020 and 06/2021, Program will test 275 samples of U.S. grown packaged romaine lettuce for E. coli O57 and Cyclospora. All testing will be completed at FDLB in Richmond, CA.

3. **Conduct regulatory follow-up**
   Between 07/2020 and 06/2021, Program will complete necessary regulatory

follow-up pending any positive E. coli O157 or Cyclospora findings. This may include recalls, market withdrawals, inspections, or investigations. This regulatory follow-up will ensure that any adulterated romaine in the marketplace is removed and will reduce the chance of illness in California consumers.

State Program Title: Toxicological Outbreaks Program

State Program Strategy:

Goal: Strengthen and maintain capacity to respond to illness and injury outbreaks that are not associated with infectious diseases, including toxicological outbreaks. This aligns with the Healthy People 2020 Environmental Health Goal to promote health for all through a healthy environment and the Preparedness Goal to strengthen and sustain communities' abilities to prevent, protect against, mitigate the effects of, respond to, and recover from incidents with negative health effects.

Health Priority: Develop and maintain public health infrastructure for non-infectious disease toxicological outbreak response. This includes: Building administrative and technical preparedness for noninfectious disease outbreaks (e.g., establish data agreements, protocols for activation, ensuring interoperability of data platforms, etc.); establishing surveillance and case finding protocols for noninfectious disease outbreak investigation; and identifying subject matter experts for state and local health departments on human exposures to acutely toxic substances.

Evaluation Methodology: Progress will be evaluated by the completion of steps outlined in the objectives and activities. 1. Quarterly milestone reports on administrative infrastructure development (e.g. standard operating procedure development) 2. Semi-annual milestone reports on technical infrastructure development (e.g. data sharing mechanisms). 3. Meetings with subject matter expert partners.

Primary Strategic Partners:

Internal

1. Center for Healthy Communities
2. Director's Office
3. Center for Health Statistics and Informatics
4. Emergency Preparedness Office
5. Information Technology Services Division

External

1. Local Public Health Departments
2. Poison Control Centers
3. California Environmental Protection Agency
4. Centers for Disease Control and Prevention

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: Sr. Environmental Scientist
State-Level: 60% Local: 0% Other: 0% Total: 60%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.60

National Health Objective: HO EH-22 Monitoring Diseases Caused by Exposure to Environmental Hazards

State Health Objective(s):
Between 07/2020 and 06/2021, Program will develop administrative and technical infrastructure for non-infectious disease outbreak investigations.

Baseline:
The number of noninfectious disease outbreaks is unknown, although CDC's National Outbreak Response System indicates that in California there were 60 outbreaks related to water, animal contact, or environmental agents in 2010-2017. Many toxicological outbreaks may go undetected because training and capacity in noninfectious disease outbreak identification and response is underdeveloped.

Data Source:
Centers for Disease Control and Prevention, National Outbreak Response System, Filtered of years and outbreak type described above (2010-2017, water, animal contact, environmental)

State Health Problem:

Health Burden:
Toxic agents are substances that arise outside the human body and can cause injury, illness, or even death. Classic examples of toxic agents include heavy metals (e.g., mercury, lead), organophosphate pesticides, gases (e.g., chlorine, ammonia) and even certain biological weapons (e.g., ricin). Outbreaks caused by toxic agents (noninfectious disease outbreaks) occur periodically in California. The National Association of County and City Health Officials has identified that local health departments report being less prepared for responses to toxic chemical incidents than any other emergency. Public Health has the authority to conduct special investigations into the sources of injury and illness, including their causes and means of prevention (Health and Safety Code, section 100325). Public Health's successes are most visible when responding to infectious disease outbreaks, and Public Health has substantial history and capacity responding to infectious diseases. In contrast, Public Health does not have a core team dedicated to noninfectious disease outbreak investigations, and previous investigations have been mostly ad hoc. The target populations and disparate populations include the population of California.

Target Population:

Number: 39,500,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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: 39,500,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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: US Census Bureau 2019

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

Other: National Center for Environmental Health's Toxicological Outbreak Investigations toolkit

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $112,500
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: Start-up
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:

Noninfectious Disease Outbreak Response Capacity

Between 07/2020 and 06/2021, Program will establish **1** program within public health for administrative, technical, and subject matter expertise on noninfectious disease outbreak surveillance and response.

Annual Activities:

1. **Administrative preparedness**

   Between 07/2020 and 06/2021, Program will establish data agreements, protocols for activation, and interoperability of data platforms.

2. **Surveillance Preparedness**

   Between 07/2020 and 06/2021, Program will develop surveillance frameworks and reporting protocols for noninfectious disease outbreak investigation.

3. **Build subject matter expertise**

   Between 07/2020 and 06/2021, Program will provide training and technical assistance as needed for state and local health departments on human exposures to acutely toxic substances.

State Program Title: Tuberculosis Free California

State Program Strategy:

Goal: TB Free California addresses the Healthy People 2020 IID-29 Reduce Tuberculosis (TB) target: Reduce TB to one new case per 100,000 population. Between now and 2040, an estimated 25,000 TB cases could be avoided with intensified testing and treatment of latent TB infection (LTBI), the asymptomatic infection that precedes TB disease. The TB Free California goal is to increase targeted testing and treatment of LTBI through training on, measuring, and implementing LTBI care practices in local public health programs and community healthcare clinics. The work aligns with California Let's Get Healthy Goals of Preventing and Managing Chronic Diseases (collaborating with diabetes and tobacco education programs), and the Access to Culturally and Linguistically Appropriate services state indicator.

Health Priority: Identify and treat those with LTBI, in order to prevent cases of TB disease in California. The TB Free California program aims to avert TB disease based on evidence-based practices, which will in turn improve overall health status and health equity throughout California.

Evaluation Methodology: The program team will evaluate progress towards objectives using process evaluation (feedback from partners and stakeholders collected via in-person meeting, electronic and paper surveys, and emails) and outcome evaluation including 1) proportion of at-risk patients receiving testing for LTBI, and 2) proportion of at-risk patients prescribed LTBI treatment, at participating community clinics. We will also track numbers of trainings and consultations performed and patient education materials distributed.

Primary Strategic Partners:

Internal

1. Office of Public Affairs
2. Office of Refugee Health
3. Office of Border and Binational Health
4. Chronic Disease Control Branch
5. Department of Health Care Services, Medi-Cal Managed Care

External

1. California Primary Care Association
2. Curry International Tuberculosis Center
3. Federally Qualified Health Centers
4. Kaiser Permanente
5. UC Berkeley University Health Services & UC Irvine Santa Ana Family Health Center

State Program Setting:
Community health center, Local health department, 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.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO IID-29 TB

State Health Objective(s):
Between 07/2020 and 06/2021, Program will provide technical support to >90% of local public health programs and community healthcare clinics that request assistance for TB prevention activities, including provider training, clinical factsheets and consultation, measurement of LTBI testing and treatment, and patient education. By treating LTBI, we aim to avert significant morbidity, mortality, and healthcare costs associated with TB disease.

Baseline:
The overall TB case rate in California in 2019 was 5.3 cases per 100,000 population, which is nearly double the national incidence of 2.7 per 100,000. The TB case rate in California in 2019 in persons born outside of the U.S. was 16.0 cases per 100,000 population. Preventing cases of TB disease in California depends on identifying and treating LTBI, yet estimates of LTBI testing and treatment completion are lacking. In meta-analyses examining the LTBI care cascade worldwide, <20% of people at risk for TB infection completed LTBI treatment. Preliminary CDPH data from discrete groups of high-risk California patients suggests that LTBI treatment completion among these patients is <10%. One of the TB Free California objectives is to define baseline rates of testing and treatment in California, in order to identify and address gaps in care and measure incremental improvement in performance.

Data Source:
State of California Department of Public Health, TB Control Branch: Report on TB in CA, 2019. All cases of TB in California are reported to the state TB Registry; Alsdurf H et al. The cascade of care in diagnosis and treatment of LTBI: a systemic review and meta-analysis. Lancet Infect Dis. 2016.

State Health Problem:

Health Burden:
The incidence of TB disease in California is nearly twice the national incidence. Californians born outside the U.S., as well as racial and ethnic minorities, experience disproportionately high rates of TB disease. Asians and Pacific Islanders have the

highest risk, making up half of California's TB cases in 2019. Asians and Pacific Islanders born outside of the U.S. are at particular risk, with a TB rate >40 times higher than that of U.S.-born white persons. Disparities also exist among U.S.-born African American and Hispanic populations, with rates 3-4 times higher than U.S.-born white persons. A reduction in health disparities in California is therefore expected by preventing TB disease. Although more than 2 million Californians have LTBI, which if identified and treated can prevent development of TB disease, it is estimated that only 12% have been treated.

Target Population:
Number: 2,100,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 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: 2,100,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 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: State of California, Department of Public Health, TB Control Branch: Report on Tuberculosis in California 2019

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: Sterling TR, Njie G, et al. Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from the National Tuberculosis Controllers Association and CDC, 2020; California Tuberculosis Elimination Advisory Committee. California Tuberculosis Elimination Plan 2016-2020. Richmond, CA.

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $540,000

Total Prior Year Funds Allocated to Health Objective: $553,940
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:

Collect & analyze data on LTBI testing and treatment practices in community clinics

Between 07/2020 and 06/2021, Program will analyze **2** metrics including: 1) proportion of at-risk population receiving testing for LTBI, and 2) proportion of at-risk population prescribed LTBI treatment, at two community clinic sites. These activities will occur in partnership with local health departments. Additionally, we will work with state and national partners to build infrastructure to collect data on LTBI testing and treatment for both public health surveillance and for monitoring and quality improvement within individual primary care settings. Our goal is to help build systems that enable collection of LTBI care cascade data statewide.

Annual Activities:

1. **Support community clinics in measuring LTBI testing and treatment**
   Between 07/2020 and 06/2021, Program will assist with data collection, management, and analysis at clinics with metrics including: 1) proportion of at-risk population receiving testing for LTBI, and 2) proportion of at-risk population prescribed LTBI treatment, at a minimum of two community clinic sites. We will provide technical assistance to clinics through direct consultation, provision of data management tools and templates with modifiable data fields, and analysis of collected data.

2. **Develop and publish a cascade of care model for LTBI**
   Between 07/2020 and 06/2021, Program will develop, pilot, and promote use of a consensus cascade of care for LTBI and develop a template with which clinics can estimate and report their own cascade data. We will publish and disseminate this cascade of care in the form of a poster or publication, populated with aggregate data from partner clinic sites. The latent TB cascade of care represents at least six distinct steps from initial TB testing through to completion of treatment for LTBI, with the goal of preventing cases of TB disease. Cascade of care monitoring has been successfully adopted in the global response to HIV and hepatitis C, and consensus definitions around cascades of care can help communicate how clinical entities are meeting key targets and identify strategic

priorities across organizations.

3. **Provide expertise to capture LTBI data in electronic medical records**
   Between 07/2020 and 06/2021, Program will provide technical expertise to a national task force aiming to standardize electronic medical records for public health surveillance and clinical monitoring, including LTBI testing and treatment, and ensure modifications are aligned with primary care clinic workflow. Recommendations and findings from this task force will be applied to California primary care-based settings.

Objective 2:

Increase awareness of LTBI as a health issue among at-risk populations in California

Between 07/2020 and 06/2021, Program will identify **5** organizations that serve a group at high-risk of TB infection in California to establish a joint TB prevention activity. Staff will also develop and distribute patient education materials, maintain a website with downloadable LTBI education materials, and develop content for patient-based LTBI messaging for partners throughout California. Our goal is to increase awareness of the risks of LTBI and benefits of testing and treatment among persons at high-risk of TB infection in California.

Annual Activities:

1. **Collaborate with organizations serving at-risk populations on TB prevention**
   Between 07/2020 and 06/2021, Program will develop partnerships with at least five organizations that serve a group at high-risk of TB infection or progression to TB disease, namely: (1) non-U.S.-born persons, (2) Asian and Pacific Islanders, (3) African Americans, (4) Hispanic/Latinx persons, (5) persons with diabetes mellitus, (6) persons with end stage renal disease, (7) persons who use tobacco products, (8) persons living with HIV, and (9) persons experiencing homelessness. Staff will work with each organization to ascertain the best mechanism for providing patient education to the target group, which may include attendance and education at organization meetings, providing patient education materials for use in a community center or referral center, creating a joint media campaign to encourage LTBI testing and treatment, or coordinating a targeted testing program from high-risk populations.

2. **Develop and evaluate culturally appropriate TB education materials**
   Between 07/2020 and 06/2021, Program will provide patient education materials to medical clinics on the topics of LTBI, testing, and treatment in key languages including Simplified Chinese, Vietnamese, Spanish, and Tagalog. We will continue to evaluate materials, measuring (1) patient satisfaction and (2) the process measure of willingness to discuss LTBI with their doctor after exposure to an educational material. We will continue to generate new patient education materials as requested by local health jurisdictions and clinic partners.

3. **Create and coordinate patient-based LTBI messaging for California**
   Between 07/2020 and 06/2021, Program will maintain an existing TB Free California website as a central repository for education materials on LTBI, develop patient-centered information on the risk of TB and benefits of testing and treatment for use on partners' social media sites, and contribute to unified LTBI messaging for populations across California by collaborating with organizations including the Centers for Disease Control and Prevention, the California Tuberculosis Elimination Coalition, and the California Tuberculosis Controllers Association.

Objective 3:

Increase the number of primary care clinics able to provide care for LTBI

Between 07/2020 and 06/2021, Program will identify **5** community clinics to participate in one or more of the TB Free California activities described below. All activities will occur in partnership with local health departments. Our goal is to provide the technical assistance and skills training necessary for primary care providers in California to effectively screen, test, and treat patients for LTBI.

Annual Activities:

1. **Conduct training on LTBI best practices and guidelines**
   Between 07/2020 and 06/2021, Program will work in collaboration with local TB control programs, clinics, and training centers to execute trainings on LTBI testing and treatment. Trainings will be completed at each site once or twice annually, depending on specific needs of site. Trainings will emphasize best practices for providers and will target providers who serve high-risk populations and patients at most risk for progression.

2. **Distribute clinical tools to aid providers with LTBI care**
   Between 07/2020 and 06/2021, Program will work with local TB control programs and community clinics to disseminate and support use of algorithms, protocols, fact sheets, and workflow modifications for programs and clinics to implement screening, testing, and treatment of patients with LTBI. Particular emphasis will be placed on use of interferon gamma release assay (IGRA) for non-U.S.-born patients, and use of short-course regimens, including 12-dose once-weekly isoniazid-rifapentine or four months of rifampin, for LTBI treatment. Clinical tools will address issues that are commonly encountered in primary care settings such as patient counseling on asymptomatic infection, drug adverse event monitoring, and treatment of special populations such as pregnant women and the immune-compromised. Examples of current clinical tools can be found on the TB Free California website: TB Free California website Provider Resources

3. **Provide expert consultation on clinical questions surrounding LTBI care**
   Between 07/2020 and 06/2021, Program will provide direct clinical consultation on testing and treatment of TB infection and TB prevention strategies for healthcare providers in community and institutional settings. Common consultation topics include interpretation of discordant tests for TB infection,

workup of TB disease prior to starting LTBI therapy, addressing drug interactions with LTBI medications, and accounting for partially completed LTBI therapy.

State Program Title: Youth Obesity Prevention

State Program Strategy:

Goal: The National Health Objective (HO AH–1): Increase the proportion of adolescents who have had a wellness checkup in the past 12 months and the State Health Objective: Increase the number of adolescent well-child checkups completed in the last 12 months complement the goals of the California Department of Public Health (CDPH), the Nutrition Education and Obesity Prevention Branch (NEOPB), and the programs in the School-Based Health Centers (SBHC) Workgroup because well child checkups address issues of prevention in obesity and violence, and mental, oral, and sexual health. Specifically, it aligns with NEOPB's goal to work with partners to promote healthy eating, activity, and food security in communities with health disparities. This work will focus on collaboration, formative evaluation, data collection, and training.

Health Priority: Increasing adolescent wellness checkups are the health priority because it provides an opportunity to promote healthy habits and chronic disease prevention issues related to diet, physical activity, mental health, sexual wellness and more. NEOPB has been the state lead and primary convener of internal and external stakeholders for SBHC work. NEOPB has developed and maintained strong relationships not only with other CDPH programs, but with other state departments including California Department of Health Care Services and California Department of Education. Building on past successes, the program will identify a minimum of one pilot site to provide concentrated training and technical assistance to focus on increasing the number of adolescents who have had a wellness checkup in the past 12 months.

Evaluation Methodology: Evaluation methodology will be a mixture of process and outcome measures over the course of the proposed work plan. Initially, we will identify the baseline measure for the number of adolescent well-child checkups. We will measure the number and gauge the quality of technical assistance, training sessions, and/or materials provided to the selected pilot site(s). Upon completion of the intervention, we will again measure the number of adolescent well-child checkups.

Primary Strategic Partners

Internal:

1. Office of Health Equity
2. Maternal Child and Adolescent Health
3. Chronic Disease Control Branch
4. California Tobacco Control Branch
5. CDC funded programs

External:

1. California School-Based Health Alliance
2. Nutrition Policy Institute, University of California – Office of the President
3. California Local Health Departments
4. California Department of Education

5.Department of Health Care Services

State Program Setting:
Community based organization, Local health department, Schools or school district, State health department, University or college

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Katharina Streng
Position Title: Health Program Specialist II
State-Level: 45% Local: 0% Other: 0% Total: 45%

Total Number of Positions Funded: 1
Total FTEs Funded: 0.45

National Health Objective: HO AH-1 Adolescent Wellness Checkup

State Health Objective(s):

Between 07/2020 and 06/2021, Program will work to increase the number of adolescent wellness checkups completed in the last 12 months. Program will focus on relationship building, formative evaluation, and technical assistance. Program will also support and identify healthcare indicators, link and map those indicators, and identify communities that would benefit from SBHCs.

Baseline:

Children
- 14.4% (642,000) of California children aged 2-11 are estimated to be overweight for their age.
- 35.5% (1,114,000) of California children aged 12-17 are estimated to be overweight and obese for their age.

Adults
- 60.1% (17,862,000) of California adults are estimated to be overweight/obese.
- 62.9% (45,862,000) of California adult less than 185% FPL are estimated to be overweight/obese.
- 27.1% (8,043,000) of California adults estimated to be obese.
- 30.0% (832,000) of California adults less than 185% FPL are estimated to be obese.

Data Source:

California Health Interview Survey (CHIS, 2018). This is the most current data.

State Health Problem:

Health Burden:
Obesity represents a public health challenge of equal magnitude to that of tobacco. 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 and disability, posing a major public health challenge. Health conditions associated with obesity include coronary heart disease, stroke, and high blood pressure; type 2 diabetes; some forms of cancer and arthritis; 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 -2014, CDPH, 2016)

Obesity in Children and Teens: In 2016-2018, 35.3% of children and teens aged 12 - 17 years ware considered overweight and obese. The *HP 2020* target is 9.6%. ***Obesity Prevalence:*** Adults: 27.1%, Low-income adults (less than or equal to 185% of the federal poverty level [FPL]): 32.6%. Prevalence by Race/Ethnicity (less than 185% of FPL):

- Hispanic: 37.7%,
- White: 30.1%,
- Asian: 11.2%,
- African-American: 38.0%,
- American Indian/Alaska Native: 30.7%,
- Native Hawaiian/Other Pacific Islander: 47.0%, Multiracial: 35.4%,

Target Population:
Number: 8,678,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 4,012,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 1 - 3 years, 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: California Health Interview Survey (CHIS), 2018

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Other: (1) Supplemental Nutrition Assistance Program Education (SNAP-Ed) Obesity Prevention Toolkit, USDA Food and Nutrition Services and the National Collaborative on Obesity Research, 2016; (2) Accelerating Progress in Obesity Prevention: Solving the Weight on 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: $135,000
Total Prior Year Funds Allocated to Health Objective: $276,970
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:
Coordinate health promotion and prevention services with partners
Between 07/2020 and 06/2021, Program will maintain **5** partnerships with internal and external partners to coordinate state and local efforts on health promotion and prevention services, specifically low-income and adolescents.

Annual Activities:

1. **Serve as the State SBHC Coordinator**
   Between 07/2020 and 06/2021, Program will serve as the State SBHC Coordinator and convene 4 meetings with the SBHC workgroup.

2. **Develop proposal for sustained funding**
   Between 07/2020 and 06/2021, Program will develop a draft proposal for sustained funding of cross-department support for SBHC.

3. **Develop an inventory of data sources and points**
   Between 07/2020 and 06/2021, Program will develop an inventory of available data sources and points identifying proportion of adolescent well-child visits across the state.

4. **Analyze inventory of data sources and points**
   Between 07/2020 and 06/2021, Program will use the information from the inventory of data sources and points to develop criteria for pilot site selection.

5. **Draft pilot intervention**
   Between 07/2020 and 06/2021, Program will work with partner agencies and workgroup to design a pilot intervention whose goal is to increase the number of adolescent well child check-ups.