

**California FY 2019 Preventive Health and Health Services
Block Grant**

Annual Report

**Annual Report for Fiscal Year 2019
Submitted by: California**

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Executive Summary

Federal Fiscal Year (FFY) 2019 Work Plan

On **April 23, 2019**, the Advisory Committee (AC) reviewed and recommended programs for funding, contingent upon the receipt of funding for FFY 2019.

On **May 30, 2019**, the **California Department of Public Health** convened a Public Hearing.

On **June 4, 2019**, the AC voted to approve the FFY 2019 Work Plan.

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for FFY 2019. The **California Department of Public Health** (CDPH) submitted it as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FFY 2019 PHHSBG is **\$10,615,610**. This amount is based on an allocation table distributed by CDC.

Funding for FFY 2018 Sexual Assault-Rape Crisis (HO IPV 40) activities detailed in the Work Plan: **\$832,969** of this total is a mandatory allocation to CDPH, which provides this funding to local Rape Crisis Centers to deliver sex-offense prevention programs and implement My Strength Clubs.

Program Title	Health Objective	Current Year PHHSBG \$s (includes related admin. costs)	Activities
California Behavioral Risk Factor Surveillance System Program	PHI-7 National Data for Healthy People 2020 Objectives	\$738,587	This California-specific surveillance system surveys adults on self-reported health behaviors. A report is published biennially, which allows analysis of trends over time.
California Wellness Plan Implementation	PHI-15 Health Improvement Plans	\$406,222	This is California's chronic disease prevention and health promotion plan with the overarching goal of equity in health and well-being.

Cardiovascular Disease Prevention Program	HDS-2 Coronary Heart Disease Deaths	\$392,054	Supports a statewide cardiovascular disease alliance, Healthy Hearts California, which coordinates statewide heart disease control and prevention efforts.
Commodity-Specific Surveillance: Food and Drug Program	FS-2 Outbreak-Associated Infections Associated with Food Commodity Groups	\$184,647	Collects surveillance samples of high-risk food products and initiates efforts to remove adulterated items from the marketplace, thereby preventing consumer exposure and reducing the incidence of food-borne illness.
Ecosystem of Data Sharing/CDPH Interoperability Initiative	HC/HIT-11 Users of Health Information Technology	\$197,841	Provides the infrastructure for interoperability, data sharing, and information exchange within CDPH registries, surveillance systems, and business support systems and with external stakeholders.
Emergency Medical Dispatch Program/EMS Communications	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$203,748	Improves statewide training standards and provides uniformity through guidelines, and improves interoperability communications among EMS agencies and public safety responders.
EMS for Children	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$121,486	Implements fully institutionalized Emergency Medical Services for Children in California by incorporating compliance with national performance measures, and collecting data to develop family-centered care for children in California's EMS system.
EMS Partnership for Injury Prevention and Public Education	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$93,557	Maintains continuous EMS participation in state-wide injury-prevention and public-education initiatives, programs, and policies.

EMS Poison Control System	IVP-9 Poisoning Deaths	\$94,856	Supports California's Poison Control System, one of the largest single providers of poison- control services in the United States and the sole provider of poison-control services for California.
EMS Prehospital Data and Information Services and Quality Improvement Program	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$994,368	Increases specialized pre-hospital EMS data submissions into the state EMS database system, unites components under a single data warehouse, and provides quality improvement oversight, resources, and technical assistance
EMS STEMI and Stroke Systems	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$190,174	Reduces premature deaths and disabilities from heart disease and stroke through improved cardiovascular health detection and treatment during medical emergencies.
EMS Systems Planning and Development	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$791,464	This program increases quality patient-care outcomes through 33 local Emergency Medical Services agencies throughout California.
EMS Trauma Care Systems	AHS-8 Rapid Prehospital Emergency Care (EMS)	\$196,384	Reduces morbidity and mortality resulting from injury in California by providing continued oversight of the statewide Trauma System.
Health in All Policies	PA-15 Built Environment Policies	\$547,245	Facilitates the California Health in All Policies Task Force, provides consultation to non-health agencies to integrate health and equity into their policies, programs, and procedures, and builds CDPH and Local Health Department capacity.

Healthy People 2020 Program	PHI-16 Public Health Agency Quality Improvement Program	\$820,491	Supports the overall efforts of the Block Grant by enhancing the accountability and transparency of the Block Grant through measuring progress and impact of funded programs through quality improvement initiatives, as well as communicating current accomplishments.
Intentional and Unintentional Injury Prevention	IVP-1 Total Injury	\$909,042	Maintains the prevention of injuries and violence as a core public health function, addresses the most serious childhood and traffic-related injuries and ensuring the capacity to address emerging cross-sector issues
Obesity Prevention for Californians	NWS-10 Obesity in Children and Adolescents	\$276,970	Fosters the development of healthy communities through the creation, adoption, and/or implementation of evidence-based policies, practices, and/or resources that support and advance community changes at both the state and local levels.
Partnering to Reduce Preventable Nonfatal Work-Related Injuries	OSH-2 Nonfatal Work-Related Injuries	\$156,950	Establishes a new, ongoing core capacity to reduce the impacts of preventable nonfatal work-related injuries through public awareness campaigns, education/outreach projects, and other interventions tailored to specific worker populations and high injury risk jobs/industries.

Preventive Medicine Residency Program/Cal-EIS	PHI-1 Competencies for Public Health Professionals	\$521,884	<p>PMR and Cal-EIS programs are the key workforce pipeline for hard-to-fill physician and epidemiologist positions in California state and local public health agencies.</p> <p>Trainees perform data and policy analyses, provide disease outbreak and emergency response, conduct community needs assessments and planning, and participate in quality improvement activities.</p>
<i>Public Health 2035</i> Capacity-Building Activities	PHI-15 Health Improvement Plans	\$947,579	Builds cross-sectoral external relations, strategic development, and community engagement that move forward CDPH's State Health Improvement Plan in support of the Public Health 2035 framework.
Public Health Accreditation	PHI-17 Accredited Public Health Agencies	\$27,697	Makes accreditation-related technical assistance available to California's local and tribal public health agencies, and oversees internal Departmental efforts to maintain compliance with national accreditation requirements
TB-Free California	IID-29 TB	\$553,940	Promotes prevention strategies to reduce tuberculosis disease among high-risk populations in California through the most current evidence-based TB testing and treatment strategies, including screening all non-U.S.-born residents for TB, and ensuring evaluation and treatment for those who test positive.

Using HIV Surveillance Data to Prevent HIV Transmission	HIV-13 Awareness of HIV Serostatus	\$415,455	<p>Develops HIV outbreak response protocols and develops and activates a scientific and technical HIV outbreak response team.</p> <p>Recurring activities will include matching people living with HIV with their reported labs to determine if they are receiving timely HIV care and treatment. Those documented to be out of care will be linked to HIV care.</p>
Grand Total		\$9,782,641	

Administrative costs associated with the PHHSBG total **\$1,061,561** which is **10%** of the grant. These costs include funding for activities to be distributed between CDPH and the Emergency Medical Services Authority (EMSA), with CDPH receiving approximately 70 percent and EMSA receiving approximately 30 percent of the base award. The 70/30 funding split is based on the historical categorical distribution.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020.

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 thus improving the health of Californians at the state and local levels.

Role of Block Grant Funds: Funds will be used for survey collection through the Public Health Survey Research Program at California State University, Sacramento.

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 Partnerships:

Internal

1. California Tobacco Control Program
2. Injury and Violence Prevention Branch
3. Childhood Lead Poisoning Prevention Branch
4. Environmental Health Investigation Branch
5. Occupational Health Branch

External

1. American Cancer Society

2. California Conference of Local Health Officers
3. Alzheimer's Association

National Health Objective: PHI-7 National Data for Healthy People 2020 Objectives

State Health Objective(s):

Between 07/2019 and 06/2020, 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.

State Health Objective Status

In Progress

State Health Objective Outcome

California BRFSS Program is successfully maintaining the BRFSS Program by collecting and providing data to the State programs. Data were used for directing program planning, evaluating programs, establishing program priorities, developing specific interventions and policies, assessing trends, and targeting relevant population groups utilizing guidance from CDPH's current Strategic Map and Public Health 2035 Initiative. Many CDPH programs funded by CDC are required to maintain Statewide collection and analysis of BRFSS data.

Reasons for Success or Barriers/Challenges to Success

This objective was able to be met due to the additional funding provided by PHHS Block Grant. The funding provided by CDC to collect BRFSS in CA is not sufficient, and the call center collecting BRFSS would have not been able to collect a complete year of data. Funding not only contributed to the collection of data, but also to the planning, questionnaire development, and data set creation.

Strategies to Achieve Success or Overcome Barriers/Challenges

Data will be collected and processed continuously from July 1, 2019 through June 30, 2020. The additional funding also allows for project planning for the survey and data collection to assist in identifying and implementing efficiencies.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The PHHS Block Grant funding supported the continuous administering of the BRFSS survey and processing of the data. CDC funding, which has decreased in recent years, and support from State programs by adding program-specific questions does not allow for a complete year of data collection.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Analyze and Publish BRFSS data

Between 07/2019 and 06/2020, Program will analyze 1 set of core questions for BRFSS data and publish the prevalence estimates for the questions in a report.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program analyzed 1 set of core questions for BRFSS data and publish the prevalence estimates for the questions in a report.

Reasons for Success or Barriers/Challenges to Success

Program was ensured continuous, high quality data collection producing a quality dataset for analysis.

Strategies to Achieve Success or Overcome Barriers/Challenges

Program hired additional survey interviewers, analyzed a larger data set and provided accurate prevalence estimates, and continued administering the survey. With continuous collection and processing of BRFSS data, a data set with over 9,000 completed surveys will be submitted to CDC and provided to programs for analysis.

Program will continue to analyze BRFSS data and provide assistance to other researchers when requested.

Activity 1:

Analyze BRFSS data

Between 07/2019 and 06/2020, analyze data collected from core questions on the annual BRFSS survey and produce one report summarizing health risk behaviors of California's adult population.

Activity Status

Completed

Activity Outcome

Staff produced prevalence estimates for core questions and an annual report was produced.

Reasons for Success or Barriers/Challenges to Success

Staff were able to complete analysis of BRFSS data and to produce State of California Behavioral Risk Factor Surveillance System (BRFSS) Annual Report.

Strategies to Achieve Success or Overcome Barriers/Challenges

Project planning and management ensured the successful collection without threat that the survey collection would be stopped mid-year due to lack of funding and staff could focus on analysis of data and production of report.

Activity 2:

Produce one report

Between 07/2019 and 06/2020, upon completion of analysis, produce a report summarizing health risk behaviors.

Activity Status

Completed

Activity Outcome

BRFSS data were successfully collected, processed, and data sets weighted to California Department of Finance were provided to programs and BRFSS data users.

Reasons for Success or Barriers/Challenges to Success

Project planning and management ensured the workplan for collection and processing of data occurred successfully without threat that the survey collection and processing of data would be stopped mid-year due to lack of funding.

Strategies to Achieve Success or Overcome Barriers/Challenges

CA BRFSS Program was carried out continuous data collection and processing of data. Program was able to hire additional survey interviewers for successful and timely collection, and staff were dedicated to processing BRFS data and data set creation.

Impact/Process Objective 2:

Maintain Statewide collection and analysis of BRFSS data

Between 07/2019 and 06/2020, Program will collect **9000** BRFSS surveys.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program collected over **9000** BRFSS surveys for 2019 BRFSS survey and started 2020 data collection. 2020 BRFSS data collection has been impacted by COVID-19. Data collection was suspended on March 14. The call center was re-opened on May 17, and 2020 data collection began again.

Reasons for Success or Barriers/Challenges to Success

With continuous collection and processing of BRFSS data in 2019, a data set with over 9,000 completed surveys was submitted to CDC in February 2020. California BRFSS data will be provided to programs for analysis upon the release of national BRFSS databy CDC. Furthermore, the additional funding allowed for stable per-question costs for State programs, enabling them to add program-specific questions. Survey data collection was halted for 2020 BRFSS due to COVID-19 and will impact the number collected.

Strategies to Achieve Success or Overcome Barriers/Challenges

Data collector is transitioning to remote data collection. Remote data collection has not been implemented and may not increase the number of surveys collected in 2020, but will allow for continuous survey data collection.

Activity 1:

Collect BRFSS data

Between 07/2019 and 06/2020, 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.

Activity Status

Completed

Activity Outcome

Collection was completed for 2019 BRFSS data collection, and 2020 BRFSS data collection began. Data collected in first and second quarter of 2020 was submitted to CDC; however, the number of completed surveys submitted was below what was expected. Program has been in contact with Project Officer and Branch Chief at CDC providing updates on California's data collection issues.

Reasons for Success or Barriers/Challenges to Success

Surveys were collected, but goal was not met because survey collection was not continuously collected due to COVID-19 and stay-at-home orders.

Strategies to Achieve Success or Overcome Barriers/Challenges

Project planning and management was in place; however, data collector was unable to transition to remote data collection in a timely manner.

Activity 2:

Provide data to BRFSS users

Between 07/2019 and 06/2020, provide data sets to BRFSS users for analysis, program planning, evaluation, and resource allocation activities.

Activity Status

Completed

Activity Outcome

BRFSS data sets were provided to programs with program-specific questions and public use data sets are distributed as requested.

Reasons for Success or Barriers/Challenges to Success

Distribution of data sets are a continuous activity throughout the year. Project planning and management ensured the workplan for collection and processing of data occurred successfully without threat that the survey collection and processing of data would be stopped mid-year due to lack of funding.

Strategies to Achieve Success or Overcome Barriers/Challenges

Additional survey interviewers were hired for successful and timely collection, and staff were dedicated to processing BRFSS data and data set creation.

Activity 3:

Conduct four BRFSS User Group Meeting

Between 07/2019 and 06/2020, convene four meetings to discuss and evaluate the effectiveness of the BRFSS program and to inform program partners of changes to survey or methods, data collection progress, data management, and planning and development of 2020 questionnaire.

Activity Status

Not Completed

Activity Outcome

One quarterly BRFSS User Group Meeting was held. Two meetings were not held because of staffing. The remaining meeting was not held due to COVID-19. Although BRFSS User Group Meetings were not held, communication was through emails when in-person and virtual meetings did not occur. A Research Scientist II has been hired to improve communication with users and increase analytic capacity.

Reasons for Success or Barriers/Challenges to Success

BRFSS user support and participation allow for successful user meetings.

Strategies to Achieve Success or Overcome Barriers/Challenges

BRFSS users' meetings inform users of changes to survey or methods, data collection progress, data management, and planning and development of 2020 questionnaire. To ensure continued participation, future meetings will present how specific data items are used in analysis and how data items such as occupation and industry variables can be used to enhance analysis for different programs. _____

State Program Title: California Wellness Plan Implementation

State Program Strategy:

Goal: Equity in health and well-being is the overarching goal of the California Wellness Plan (CWP), California's chronic disease prevention and health promotion plan, administered through the California Department of Public Health (CDPH) California Wellness Plan Implementation (CWPI) Program. The four CWP goals are: (1) Healthy Communities; (2) Optimal Health Systems Linked with Community Prevention; (3) Accessible and Usable Health Information; and (4) Prevention Sustainability and Capacity.

Health Priority: Prevent and reduce chronic disease and injury in California. Chronic disease and injury cause the majority of deaths in California and contribute to poor quality of life, disability, and premature death.

Role of Block Grant Funds: PHHSBG funds support staff salary, state-level monitoring, communication, policy, and coordination capacity, including trainings, meetings/conferences, and development and dissemination of reports and publications to advance chronic disease and injury prevention.

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

Primary Strategic Partnerships:

Internal

1. Department of Health Care Services
2. Covered California
3. Office of Statewide Health Planning and Development
4. Department of Aging
5. Department of Managed Health Care

External

1. American Heart Association
2. California Chronic Care Coalition
3. California Conference of Local Health Officers
4. County Health Executives Association of California
5. The California Endowment

National Health Objective: PHI-15 Health Improvement Plans

State Health Objective(s):

Between 07/2019 and 06/2020, improve, update, and implement a chronic disease and injury prevention plan to support public health, California Wellness Plan 2014, with an eight year timeframe.

State Health Objective Status

Not Met

State Health Objective Outcome

The purpose of the California Wellness Plan (CWP) is to guide capacity building statewide to effectively implement a chronic disease and injury prevention plan to improve population health outcomes, decrease medical care cost, and achieve health equity in California. The CDPH, Chronic Disease Control Branch (CDCB) Leadership has been instrumental in CWP development and public health stakeholder coordination, including a scheduled presentation to the CDPH Director's Office June 15, 2020 and providing monthly updates on the CWP Implementation (CWPI) Program to the Comprehensive Medication Management (CMM) Statewide Implementation Workgroup, which have resulted in increased utilization of CMM in Southern California pilots.

Reasons for Success or Barriers/Challenges to Success

Since July 1, 2019, CWPI staff have met several times to discuss and prioritize strategies, progress and opportunities identified at the June 13, 2019 CWP Executive Committee Meeting. This information was shared with the new CDPH Director and the CWP Executive Committee on June 15, 2020; and informed the future direction for future project work. The 2018 CWP Progress Report is posted on the CDPH CDCB website and continues to be distributed as a guidance tool to key public health stakeholders.

Strategies to Achieve Success or Overcome Barriers/Challenges

The CWPI team has written a Communications Strategy for the Progress Report, which includes distribution to internal partners, informational webinars with external partners.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block grant funding was used to convene statewide leaders in chronic disease prevention and injury control for a state level event Executive Committee Meeting via webinar on June 15, 2020 to share best practices, including distribution of the California Burden of Disease Report (Burden Report) and CWP Progress Reports. The anticipated total amount that was leveraged comes from in-kind support from sponsors and planning workgroup members that includes local health officers, public health departments, and other senior leaders; the California Endowment; and a health system provider.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Assess the California Wellness Plan (CWP) to update and prioritize strategies and indicators.

Between 07/2019 and 06/2020, Program will review **267** indicators as well as the strategies in the California Wellness Plan, as part of a mid-course update.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, CWPI Staff reviewed the **267** indicators and strategies in the California Wellness Plan and prioritized indicators related to cardiovascular disease (CVD) and stroke due to the disproportionate number of Californians with chronic disease being negatively impacted by the COVID-19 pandemic.

Reasons for Success or Barriers/Challenges to Success

CWPI staff conducted a mid-course review of CWP that entailed sending a survey to solicit feedback from stakeholders and reviewed other health indicator projects in order to prioritize the 267 CWP indicators and improve CWPI Program communication with external and internal partners. Preliminary recommendations from the stakeholder survey include prioritizing 20 CWP indicators based on the four (4) CWP goal areas and overarching Equity goal. To guide prioritization of topic areas, CWPI staff reviewed burden of disease data, local stakeholder priorities, statewide initiatives, and other health indicator frameworks.

Strategies to Achieve Success or Overcome Barriers/Challenges

CWP is aligned with Let's Get Healthy California (LGHC), the State Health Improvement Plan (SHIP). This alignment provides partners with an opportunity to coordinate and work together towards the five shared goals (i.e., Equity in Health and Wellbeing, Healthy Communities, Optimal Health Systems Linked with Community Prevention, and Accessible and Usable Health Information). Other frameworks considered included Burden of Disease (e.g., potential years of life lost); Local (e.g., Live Well San Diego); CA State Government (e.g., Health in All Policies); Federal (e.g., Healthy People 2020); National (America's Health Rankings); other states (Ohio SHIP); and International (e.g., Human Development Index).

Activity 1:

Update and prioritize CWP indicators and strategies

Between 07/2019 and 06/2020, update, prioritize and consider reorganizing and changing the current set of 267 CWP indicators based on burden of disease data, local health department priorities, federal and other non-local health indicator frameworks, and stakeholder input.

Activity Status

Completed

Activity Outcome

CWPI Staff updated and prioritized three indicators on CVD and stroke. The indicators include:

1. 2.6.8L: By 2020, decrease stroke mortality rate from 36.5 per 1,000 in 2011 to 29.5 per 100,000
2. 2.6.9L: By 2020, decrease heart disease mortality rate from 159.1 in 2011 to 96.4 per 100,000
3. 2.6.1L: By 2020, decrease the prevalence of high blood pressure from 26 percent in 2009 to 23 percent.

Reasons for Success or Barriers/Challenges to Success

Preliminary analysis of prioritizing the 267 CWP indicators has been completed to guide the narrowing down of indicators.

Strategies to Achieve Success or Overcome Barriers/Challenges

The CWPI team will ensure that any final recommended priorities will continue to align with local, state, national, and federal frameworks. One data-related challenge includes persistent data gaps and indicators for children and teens from the California Health Interview Survey. This makes it difficult to assess progress due to small sample sizes. The CWPI team also experienced staffing shortage as the Research Scientist (RS) III was reassigned at the end of September 2019. The RS III was replaced by a part-time senior epidemiologist in January 2020.

Activity 2:

Track progress in health equity

Between 07/2019 and 06/2020, add at least one measure to track progress in health equity such as yearly trends in the ratio of potential years of life lost and other health outcomes by location, race, income, and/or education level.

Activity Status

Completed

Activity Outcome

CWPI staff monitored progress in health equity by tracking burden of disease trends for potential years of life lost by race/ethnicity.

Reasons for Success or Barriers/Challenges to Success

CWPI staff partnered with the CDPH Fusion Center to enhance the California Community

Burden of Disease and Cost Engine (CCB). The CCB is a dynamic online data platform built with modern collaborative tools, providing detailed visualizations for discovery and deeper understanding of health outcomes (and associated factors) for public health action. Trends in Years of Life Lost (YLL) for all causes of death is now available by race/ethnicity for California. In addition, CWPI provided assistance to the CDPH's Health Aging Initiative to help identify data sources for assessing disparities among older adults.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Overarching goal of CWP is Equity in Health and Wellbeing, with an emphasis on the elimination of preventable chronic disease and injury. Tracking YLL by race/ethnicity will help strengthen CWP's capacity to monitor data collection and implement chronic disease prevention strategies that is inclusive of specific priority populations.

Activity 3:

Update the online CWP Data Reference Guide

Between 07/2019 and 06/2020, update the online CWP Data Reference Guide on the California Health and Human Services Agency (CHHS) Open Data Portal to reflect indicator additions, deletions and changes: [CHHS Open Data Portal website](#)

Activity Status

Completed

Activity Outcome

CWPI staff have updated and maintained the CHHS Open Data Portal CA Wellness Plan Data Reference Guide.

Reasons for Success or Barriers/Challenges to Success

The data reference guide is being maintained and does not require any updates at this time. CWPI staff have maintained the data reference guide for public use.

Strategies to Achieve Success or Overcome Barriers/Challenges

CWPI staff will continue to work with all of the contributors to keep the data reference guide relevant and up-to-date.

Activity 4:

Maintain communication with stakeholders

Between 07/2019 and 06/2020, hold at least one webinar or in-person meeting to share progress and solicit feedback from the California Wellness Plan Implementation (CWPI) Executive Committee.

Activity Status

Completed

Activity Outcome

CWPI Staff held a virtual meeting on June 15, 2020 with the CWPI Executive Committee. The focus of the meeting was to update Executive Committee Members on the new CVD priority and get feedback on how to support and align statewide efforts on CVD prevention and management.

Reasons for Success or Barriers/Challenges to Success

CDPH has utilized its contract with CSUS to maintain contact with the Executive Committee and to receive direction and guidance for CWP activities. Contact with the diverse voices represented in the Executive Committee ensures that the CWP remains flexible, dynamic, and responsive to local needs.

Strategies to Achieve Success or Overcome Barriers/Challenges

The CWPI team coordinated with the CWPI Executive Committee and public health stakeholders to complete the Burden Report update. The updated Burden Report has been made ADA compliant through a CA State University, Sacramento contract and posted on the CA Department of Public Health website.

Activity 5:

Align with CDPH's Center for Healthy Communities

Between 07/2019 and 06/2020, convene at least one in-person meeting with leadership at the CDPH Center for Healthy Communities (CHC) to align the updated and prioritization of CWP indicators and strategies with the CHC Strategic Plan and the shared vision for healthy communities.

Activity Status

Completed

Activity Outcome

Due to the ongoing COVID-19 pandemic and CDPH compliance with state directives, the convening with state and local leaders planned for Spring/Summer 2020 will be virtual. CWPI staff continues to participate in the Center for Healthy Communities Local Health Jurisdiction Quarterly Calls which focuses on providing department and program updates, including updates for at risk populations and resource sharing.

Reasons for Success or Barriers/Challenges to Success

As of November 6, 2019, a contract has been signed by CA State University, Sacramento to facilitate this convening for June 15, 2020. CDPH has convened three planning Action Teams that align with the components of the Center for Healthy Communities shared vision for creating healthy and resilient communities. Each team met three times by teleconference in October 2019. Conversations from these teleconferences will help to inform the contents for the June 15, 2020 convening.

Strategies to Achieve Success or Overcome Barriers/Challenges

The CWPI team will be working to align prioritization of CWP indicators and strategies with the Center for Healthy Communities Strategic Plan and the shared vision for healthy communities. The June 15, 2020 convening facilitated through CA State University, Sacramento brought together 200 CDPH staff and partners (including CWPI) to discuss program successes and challenges and determine future objectives.

Impact/Process Objective 2:

Disseminate updated chronic disease and injury prevention information

Between 07/2019 and 06/2020, Program will develop **3** new resources to share data on chronic disease and injuries, including progress towards CWP goals.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program developed **3** new resources to share data on chronic disease and injuries, including progress towards CWP goals. The three resources that were disseminated are:

1. The Burden of Chronic Disease and Injury, CA, 2nd Edition Report
2. Cardiovascular Disease Fact Sheet
3. Comprehensive Medication Management Fact Sheet

Reasons for Success or Barriers/Challenges to Success

The data display will provide current data on chronic disease burden on population health. The Burden Report was approved by CA Department of Public Health and posted online at the department website. Communication plans were created for both reports and the reports will be disseminated to key partners under these plans via email and webinar by June 30, 2020.

The Burden Report is a key communications objective for the Center for Healthy Communities' Strategic Plan. The Burden Report and CWP have been highly cross-collaborative projects: the CWPI team has worked for years across numerous branches at CDPH and with external partners to create two editions of the Burden Report, the California Wellness Plan, and its update, the 2018 Progress Report. Each new edition has incorporated feedback from those who worked to write the original reports and from key stakeholders who are the target audience of the communications.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Burden Report will continue to be promoted by the Center for Healthy Communities as part of the 2018-2020 strategic planning process. A draft communications strategy has been developed for the Burden Report that incorporates support from key partnerships with

external and internal partners. Simultaneously, Center leadership had initial conversations on how to incorporate feedback from readers and contributors of the Progress Report to improve future editions.

CWPI staff has developed a communications strategy for the CWP Progress Report that includes distribution within CDPH via webinars and with external partners via email, webinars, and in-person meetings.

Activity 1:

Distribute the updated CA Burden of Disease Report (“Burden Report”)

Between 07/2019 and 06/2020, follow up with the California Health and Human Services Agency for approval to print and post one Burden of Chronic Disease and Injury, California, Second Edition on the CDPH web page.

Activity Status

Completed

Activity Outcome

CWPI Staff distributed the Burden Report to the CWPI Executive Committee, the California Chronic Disease Leadership Team Project, CDPH programs, and other stakeholders. The Americans with Disabilities Act version of the report is posted on the Chronic Disease Control Branch (CDCB), Chronic Disease-Related Data and Statistics webpage.

Reasons for Success or Barriers/Challenges to Success

The Burden Report has been a Center for Healthy Communities priority and is being pushed forward in the Center's Strategic Planning process. Diverse internal collaboration made this report possible.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Burden of Chronic Disease and Injury, California Second Edition was approved by Agency and is posted on the branch website. Center staff developed a draft communications strategy and worked with Office of Public Affairs to widely distribute. Center leadership had initial conversations on how to incorporate feedback from readers and contributors of the Progress Report to improve future iterations.

Activity 2:

Evaluate stakeholder satisfaction with the Burden Report

Between 07/2019 and 06/2020, prepare one online survey for stakeholders to evaluate the utility of The Burden of Chronic Disease and Injury, CA 2nd Edition Report.

Activity Status

Completed

Activity Outcome

CWPI Staff developed a 14 question survey to assess the utility of The Burden of Chronic Disease and Injury, CA, 2nd Edition Report.

Reasons for Success or Barriers/Challenges to Success

The Burden Report is posted on the CDPH website. A communications strategy for dissemination of the Burden Report has been created and has been used to disseminate the report. CWPI staff drafted a survey for stakeholders and will work with partners to develop a plan for webinars and other distribution featuring the Burden Report.

Strategies to Achieve Success or Overcome Barriers/Challenges

CWPI staff will continue to solicit the feedback of diverse stakeholders to determine what disease states and CDPH branches need to be included in future reports as well as alternative report options for future reports.

Activity 3:

Track progress on indicators by incorporating updated data

Between 07/2019 and 06/2020, track progress on the updated set of CWP indicators by incorporating new information such as the California Health Interview Survey data release anticipated in late 2019.

Activity Status

Completed

Activity Outcome

The 2018 California Health Interview Survey data was used to update the prioritized CWPI CVD indicators.

Reasons for Success or Barriers/Challenges to Success

Preliminary analysis has been completed regarding updating and prioritizing the 267 CWP indicators. To guide prioritization of topic areas, CWP staff reviewed burden of disease data, local stakeholder priorities, statewide initiatives, and other health indicator frameworks.

Strategies to Achieve Success or Overcome Barriers/Challenges

CWPI staff will ensure that any new and/or updated data related to the 2019 release of the California Health Interview Survey will be incorporated in the CWP indicators and progress will be tracked.

Activity 4:

Enhance CWP website to more effectively share progress towards 8-year targets

Between 07/2019 and 06/2020, add at least two visualizations (such as a “progress pie chart” and trends of key health indicators over time) and at least three links to related websites such

as the Institute for Health Metrics and Evaluation, Healthy People, America's Health Rankings, the Healthy Places Index, Human Development Index and CDPH's new California Burden of Disease mapping and ranking tool.

Activity Status

Completed

Activity Outcome

The CWPI website was enhanced by posting: 1) ChangeLab Solution's three Planning for Healthy, Equitable Communities infographics; 2) Bridging the Gap Between Clinical and Community Prevention Fact Sheet; 3) Cardiovascular Disease Fact Sheet; and 4) The Burden of Chronic Disease and Injury, CA 2nd Edition Report. The Burden Report contains visualizations related to the three CWPI CVD prioritized indicators.

Reasons for Success or Barriers/Challenges to Success

A draft communications strategy has been developed for the Burden Report that incorporates support from key partnerships with external and internal partners. Simultaneously, CHC leadership had initial conversations on how to incorporate feedback from readers and contributors of the Progress Report to improve future editions.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Burden Report is posted on the CDPH website.

Activity 5:

Post data requests on CDPH Chronic Disease Control Branch (CDCB) Website

Between 07/2019 and 06/2020, post frequently asked questions (FAQs) based on data requests from partners and the general public on the CDCB website so that topical health information can be found more easily while reducing demands on CDPH staff.

Activity Status

Completed

Activity Outcome

CWPI Staff did not receive any data requests from partners and the general public. In the future, if requests are made, CWPI Staff will post the FAQs on the CDCB website.

Reasons for Success or Barriers/Challenges to Success

FAQs based on data requests will be posted on the CDCB website to provide the public and other stakeholders information related to CWP topic areas and will help to identify potential data areas for further program exploration.

Strategies to Achieve Success or Overcome Barriers/Challenges

CWP staff will work with CHC staff and the CDCB Communications Liaison to ensure

that FAQs are posted on the CDCB website in a timely manner and updated as needed.

Impact/Process Objective 3:

Identify communities most in need

Between 07/2019 and 06/2020, Program will identify 1 California community to prioritize for chronic disease and/or injury prevention.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program will identify 2 California community to prioritize for chronic disease and/or injury prevention.

CWPI Staff reviewed the county health rankings to identify areas with the highest burden of CVD and Stroke. Based on the results and our prioritization of indicators, future work will be focused in San Bernardino and Riverside counties to address CVD and Stroke disparities.

Reasons for Success or Barriers/Challenges to Success

CWPI staff will work with community partners to provide statistics regarding California communities that are most burdened by chronic disease in order to address health disparities and health equity.

The overarching goal of CWP is Equity in Health and Wellbeing, with an emphasis on the elimination of preventable chronic disease and injury. Addressing the upstream factors that determine a community's health is a key component of chronic disease prevention.

Strategies to Achieve Success or Overcome Barriers/Challenges

CWPI staff will continue to provide statistics to assist community partners in identifying interventions to help communities most in need.

Activity 1:

Compile and share burden of disease data with partners

Between 07/2019 and 06/2020, provide partner programs at CDPH with a list of priority counties or sub-county locations for interventions based on measures such as age-adjusted mortality and prevalence of diabetes, heart disease, hypertension and stroke.

Activity Status

Completed

Activity Outcome

CWPI Staff shared The Burden of Chronic Disease and Injury, CA, 2nd Edition Report with several programs and posted the Americans with Disabilities Act (ADA) compliant document

on the CDCB Chronic Disease-Related Data and Statistics webpage.

Reasons for Success or Barriers/Challenges to Success

CWPI staff provided CDPH partner programs with statistics and graphs to help understand the estimates for potential YLL in California. CWPI staff plans to use CDPH's CCB to provide a list of the counties most burdened by conditions (i.e., stroke,) as measured in potential years of life lost.

The CCB currently displays over 15 years of California condition-specific mortality burden data, using a range of measures displayed at the state, county, community, and census tract levels, with interactive rankings, charts, maps, and trend visualizations.

CWPI staff will assist CDCB partner programs in identifying high rates of mortality for burden conditions by county in order to help inform policy decisions with stakeholders.

Strategies to Achieve Success or Overcome Barriers/Challenges

CWPI staff will continue to use the CCB to assist CDPH partner programs to address burden conditions at the local level.

Activity 2:

Convene local health leaders

Between 07/2019 and 06/2020, convene quarterly workgroup meetings with local health department and other chronic disease leaders to identify and implement strategies to strengthen public health infrastructure for chronic disease prevention, focusing on communities most in need.

Activity Status

Completed

Activity Outcome

An in-person meeting was hosted January 2020 and a virtual conference call was held in April 2020. Due to the ongoing COVID-19 pandemic all in-person meetings were cancelled.

Reasons for Success or Barriers/Challenges to Success

The CWPI team partnered with CSUS to bring together statewide chronic disease prevention leaders for regular convening's. Presentations have included Health Services and Social Services Partnerships to Share Data; Public Health and Social Services Partner to Engage Residents to Improve Community Conditions; and Leveraging Public Health and Social Services Partnership to Impact the Social Determinants of Health.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Leadership Team (LT) will continue to meet in-person and via webinar to bring chronic disease prevention leaders together to share best practices. The input of the prevention leaders from the January and April 2020 meetings will continue to guide the direction of the

group's work and key efforts.

Activity 3:

Share best practices and success stories

Between 07/2019 and 06/2020, conduct at least one webinar or in-person meeting to share strategies that local health departments and others are using to prioritize communities most in need and achieve California Wellness Plan goals, using Healthy People 2020's "Who's Leading the Leading Health Indicators" webinars as a template.

Activity Status

Completed

Activity Outcome

A virtual meeting was held June 25, 2020. The meeting served as an idea exchange for LT to discuss strategies to prevent underlying conditions and address inequities in the COVID-19 response and recovery.

Reasons for Success or Barriers/Challenges to Success

The contract with CSUS supports Goal 2 of the CWP: Optimal Health Systems Linked with Community Prevention. One way to achieve this partnership is to convene regional partnerships that provide an opportunity for cross-sector and cross-county dialogue and to share chronic disease prevention strategies.

Strategies to Achieve Success or Overcome Barriers/Challenges

These regional convenings have been fruitful in providing opportunities to facilitate regional conversations on best/promising practices, disseminate resources to key stakeholders, as well as provide an opportunity to solicit feedback on resources being shared.

Impact/Process Objective 4:

Promote Comprehensive Medication Management (CMM) Implementation

Between 07/2019 and 06/2020, Program will maintain **1** Comprehensive Medication Management (CMM) Workgroup.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program maintained **1** Comprehensive Medication Management (CMM) Workgroup.

Reasons for Success or Barriers/Challenges to Success

The CDPH Prevention Forward (PF) Program Staff presented on the PF Pharmacy

Strategies and their 2019 Pharmacy Practices Survey during the August 30, 2019 CMM Statewide Implementation Workgroup webinar. CMM workgroup members were given an opportunity to review the survey, ask questions, and provide feedback regarding the survey dissemination plan. Several workgroup members volunteered to share the survey with their pharmaceutical colleagues and networks.

The CMM Statewide Implementation Workgroup serves as a vehicle for leaders in the CMM field to provide thoughtful and informative feedback on resources pertaining to the role of pharmacists and advancing CMM within health systems.

Strategies to Achieve Success or Overcome Barriers/Challenges

The monthly CMM Statewide Implementation Workgroup meetings will continue to serve as an opportunity to solicit feedback and share both CWPI and CDPH Program information and resources.

Activity 1:

Maintain CMM Work Group

Between 07/2019 and 06/2020, conduct monthly webinars with work group members to share updates on CMM implementation and evaluation in order to ensure that high risk individuals with chronic conditions and injuries avoid preventable hospitalizations and health complications.

Activity Status

Completed

Activity Outcome

Monthly calls/webinars were held with work group members in January, April, May and June 2020. Due to the unavailability of CMM workgroup members and a conflicting Centers for Disease Control and Prevention Clinician Outreach and Communication Activity (COCA) Call webinar entitled "Underlying Medical Conditions and People at Higher Risk for Coronavirus Disease 2019 (COVID-19)," meetings were canceled in February.

The CDPH Prevention Forward (PF) Program Staff presented on the PF Pharmacy Strategies and their 2019 Pharmacy Practices Survey during the August 30, 2019 CMM Statewide Implementation Workgroup webinar. CMM workgroup members were given an opportunity to review the survey, ask questions, and provide feedback regarding the survey dissemination plan. Several workgroup members volunteered to share the survey with their pharmaceutical colleagues and networks.

Reasons for Success or Barriers/Challenges to Success

CMM workgroup team members are leaders in the realm of CMM and come from diverse backgrounds but share a common goal of improving CMM delivery and accessibility. Members come together monthly to share news, resources, and updates on the topic of CMM. These include updates on: 1) The CMM expansion partnerships with Los Angeles (LA) Care and Inland Empire Health Plans; 2) The CWPI and A3 Collaborative partnership technical assistance opportunity which supported 4 California clinics in implementing CMM

services at their clinics; and 3) The CDC 1817 Grant which includes a medication management component in the prevention and management of diabetes, heart disease, stroke and high blood cholesterol. In addition, Dr. Jessica Nunez de Ybarra (CDCB Branch Chief) presented at a September 2019 meeting to a group of pharmacists in LA who are implementing CMM.

Strategies to Achieve Success or Overcome Barriers/Challenges

The CMM Statewide Implementation Workgroup has met once a month to discuss the barriers to CMM implementation and strategies to overcome these challenges. Program updates on the CDPH Prevention Forward Grant are also provided at these webinars.

The workgroup will continue to meet on a monthly basis to share information and resources around implementation and best practices within CMM. CWPI will continue to actively engage with partners and lift up best practices in the implementation of CMM at the local and state level.

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, (1) Heart Disease and Stroke (HDS)-2: reduce coronary heart disease deaths and (2) HDS-5.1: reduce the proportion of adults with hypertension. In addition, our health priorities align with our State goals and indicators, including California's "Let's Get Healthy California" and the "Public Health 2035 Initiative."

Health Priority: The Cardiovascular Disease Prevention Program (CDPP) will (1) focus on the control and prevention of heart disease, with an emphasis on hypertension, employing primary and secondary prevention strategies to fulfill objectives; (2) provide leadership via a statewide cardiovascular disease alliance: Healthy Hearts California (HHC). HHC was created to coordinate statewide heart disease control and prevention efforts by (1) decreasing silos, (2) increasing efficiency and effectiveness, (3) decreasing health disparities, and (4) addressing factors that contribute to heart disease. HHC members include state and local health departments; private and non-profit organizations; health, medical, and business communities; academic institutions; researchers; survivors; and caregivers.

Role of Block Grant Funds: CDPP funds will support salaries of two staff members: Health Program Specialist II and Associate Governmental Program Analyst.

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 partnerships, coordination, and synergy among HHC membership.

Primary Strategic Partnerships:

Internal

1. Chronic Disease Control Branch, Programs & Policy Section
2. California Stroke Registry/California Coverdell Program
3. Nutrition Education and Obesity Prevention Branch
4. Tobacco Control Branch
5. California Department of Health Care Services

External

1. American Heart Association
2. American Stroke Association
3. Right Care Initiative, University of Best Practices
4. California Chronic Care Coalition

5. Million Hearts Initiative

National Health Objective: HDS-2 Coronary Heart Disease Deaths

State Health Objective(s):

Between 07/2019 and 06/2020, 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 100,000 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.

State Health Objective Status

Not Met

State Health Objective Outcome

For HDS-2, in 2018, the age-adjusted coronary/ischemic heart disease mortality rate was 79.2 per 100,000 population. For HDS-24, 2018, there were 302 heart failure hospitalizations per 100,000 people in California (the 7th most common hospitalization). For HDS-5.1, in 2018, an estimated 30% of California adults were diagnosed with HTN. For HDS-11, the most recent data which is for 2017, shows an estimated 71% of California adults diagnosed with HTN reported taking medications to control it.

Reasons for Success or Barriers/Challenges to Success

Staff have fostered new cardiovascular disease (CVD) networking success with CA CVD stakeholders using the Prevention Forward Public Health Resource Listserve and Healthy Heart California (HHC) quarterly meetings as venues to distribute new research and best practice materials for clinical level improvements in CVD. In addition, Staff collaborated with UC Berkeley, Right Care Initiative to develop and print a data and briefs packet of CVD resources and literature on research based findings to strengthen quality improvement options at the clinic level. Staff collaborated with the California Wellness Plan Implementation Program Comprehensive Medication Management workgroup to collaborate on HTN management with pharmacists. CDPP will continue its collaboration with its partners and chronic disease stakeholders to build statewide capacity successes to meet the state health objectives.

Strategies to Achieve Success or Overcome Barriers/Challenges

CDPP has leveraged 1815 Prevention Forward contracted relationships with local health departments and several public and private organizations to improve prevention and management of heart disease and stroke prevalence in high burden populations across California. CDPP utilizes Centers for Disease Control and Prevention fund (e.g., Prevention

Forward, Stroke Registry) to expand heart disease prevention resources and program activities to target hard-to-reach populations using Community Health Workers (CHW) and promoters. CDPP was also able to share Team-Based Care and health information technology expertise within health systems (local hospitals, medical centers, and clinics). CDPP, in coordination with the University of California Berkeley, Right Care Initiative (RCI), promoted the improvement of evidence-based CVD best practices, recent scientific publications, and success stories at RCI meetings and in HHC webinars to improve the heart health of Californians.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

CDPP continues the work of the Healthy Heart California (HHC) in collaboration with the American Heart Association (AHA/ASA) to plan, promote, and hold quarterly HHC training webinars. Coordinated with AHA/ASA to conduct regional self-measured blood pressure (SMBP) monitoring, in English and Spanish, for community workers. In addition, CDPP staff support the Prevention Forward strategies and activities. CDPP staff identified mutual strategies and develops the content, resources and expert speakers for the HHC meetings. CDPP leverages staff coordination with the Stroke Registry to collect, analyze, and report California stroke data. CDPP also leveraged coordination with the Nutrition Education and Obesity Branch to disseminate obesity prevention and management resources for heart disease risk reduction. CDPP helped to introduce CHW college curriculum improvements for skills development in public health programs.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Develop and publish materials on CVD and hypertension control

Between 07/2019 and 06/2020, Program will develop 2 fact sheets on cardiovascular health in women and sodium reduction to improve hypertension.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Not completed pending release of the 2019 Behavioral Risk Factor Surveillance System (BRFSS) data. BRFSS Sodium Reduction data is collected by calendar year, however; 2019 BRFSS data has not been received by CDPH and will probably not be available until November 2020.

Reasons for Success or Barriers/Challenges to Success

CDPP found that staff vacancies, particularly due to a vacant senior epidemiologist position since September 20, 2019, presents an ongoing hurdle in analyzing current data.

Strategies to Achieve Success or Overcome Barriers/Challenges

Effective January 2020, a part-time senior epidemiologist was assigned to the Program.

Activity 1:

Develop and distribute heart health awareness educational material

Between 07/2019 and 06/2020, develop a fact sheet/infographic on cardiovascular disease in women and strategies to maintain optimal health. English and Spanish versions will be developed. Program will share the material widely with at least 100 statewide and local partners.

Activity Status

Not Started

Activity Outcome

Pending completion of the BRFSS data analysis, the sodium reduction fact sheet that focuses on women's health will be revised and completed. Cardiovascular Disease Prevention Program (CDPP) is in the process of updating and improving a 2018 fact sheet for women and CVD. This will not be a final product until after March 2021.

Reasons for Success or Barriers/Challenges to Success

BRFSS data collection and analysis is in progress but not complete at this time.

Strategies to Achieve Success or Overcome Barriers/Challenges

Program will continue to work with BRFSS research scientists to obtain current BRFSS data to incorporate into the fact sheet/infographic. We will continue to research evidence-based resources to provide strategies for women to follow to obtain optimal heart health and decide on the processes for translating this fact sheet into Spanish.

Program will promote the upcoming release of the woman-focused updated sodium reduction fact sheet/infographic to existing statewide, regional, and local partners and contractors.

Activity 2:

Collect and analyze data from BRFSS

Between 07/2019 and 06/2020, analyze 2019 data from the California BRFSS state module question to measure awareness of reducing sodium intake to help prevent and control hypertension. A fact sheet will be produced on sodium awareness highlighting the 2019 BRFSS data. Program will distribute the fact sheet to at least 100 statewide and local partners.

Activity Status

Not Started

Activity Outcome

The availability of BRFSS data is expected March 2021. Pending completion of the BRFSS data analysis, the sodium awareness fact sheet will be created.

Reasons for Success or Barriers/Challenges to Success

2019 BRFSS data is unavailable.

Strategies to Achieve Success or Overcome Barriers/Challenges

CDPP staff will continue to work with the BRFSS research scientists to obtain current data.

Impact/Process Objective 2:

Provide subject-matter expertise and guidance relating to CVD

Between 07/2019 and 06/2020, Program will provide webinars to **at least 40** Healthy Hearts California (HHC) members. Webinars will provide information on emerging CVD issues.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program provided webinars to **40** Healthy Hearts California (HHC) members. Webinars provided information on emerging CVD issues. The impact objective was not met as Activity 1 was not completed.

Reasons for Success or Barriers/Challenges to Success

HHC is a well-established collaborative effort between CDPH, state, regional, and local partners and organizations. The roster currently numbers more than 120 individuals and CDPH is proficient in recruiting high-caliber subject matter experts and promoting the quarterly webinars. The HHC is an active statewide collaborative that involves local and regional CVD experts and practitioners who are eager to learn about new and exciting CVD prevention and management activities and programs.

Strategies to Achieve Success or Overcome Barriers/Challenges

The HHC is promoted using a number of list serves and CDPH workgroups. CDPP will continue to promote its quarterly meetings to boost participation in future HHC webinars. The HHC is also promoted via program partners distribution lists (e.g., Nutrition Education and Obesity Prevention Branch, and CDC 1815 Prevention Forward contractors).

Activity 1:

Maintain statewide CVD alliance

Between 07/2019 and 06/2020, maintain one HHC alliance, created to coordinate statewide stroke and heart disease control and prevention efforts. HHC provides support, technical assistance, resources, best practices, and a statewide forum for discussion relating to

undiagnosed hypertension, obesity, nutrition, and physical activity.

Activity Status

Completed

Activity Outcome

Between 07/2019 and 06/2020, Program maintained one HHC alliance. On a monthly basis, sometimes more frequently, updates and resources were sent to the HHC. The shared resources include information about upcoming CVD-related webinars, COVID-19 and CVD-related resources, and links to training sessions related to the prevention and management of CVD.

Reasons for Success or Barriers/Challenges to Success

CDPP staff maintained the Healthy Hearts California (HHC), a statewide alliance created to coordinate stroke and heart disease control and prevention efforts. Staff engaged HHC members by providing training and technical assistance and facilitating frequent discussions on how to work together in the areas of undiagnosed HTN, prediabetes, diabetes self-management, obesity, nutrition, and physical activity. The HHC was maintained successfully due to continuous coordination and preparation of the quarterly meetings. In addition, CDPP was able to create new partners due to the continuous delivery of valuable resources and the ability to bring together stakeholders, foster relationships, and build capacity to perform work in local communities.

Strategies to Achieve Success or Overcome Barriers/Challenges

CDPP staff strategically maintained the HHC by bringing together the members to achieve a common vision, mission, goals, and guiding principles relating to the prevention and control of CVD. To successfully maintain the HHC, CDPP staff sought to understand the needs of the membership. Upon identifying their needs using an evaluation survey, CDPP staff linked members to valuable resources and fostered collaboration among the members to build capacity to perform CVD control and prevention work.

Activity 2:

Host 3-4 HHC meetings

Between 07/2019 and 06/2020, host and facilitate 3-4 meetings/webinars via HHC. Meetings/webinars will provide support and information on emerging CVD issues, such as improving the delivery and use of clinical and other preventive services through implementation of quality-improvement processes through electronic health records, health information exchange, team-based care, and strategic use of health systems quality measure data, resulting in improved health outcomes.

Activity Status

Completed

Activity Outcome

Two HHC webinars were held on December 18, 2019, and March 18, 2020. The topic for both webinars was pharmacist-physician collaboration. The December 18, 2019 webinar featured Dr. Jan Hirsch, Dean for the School of Pharmacy at University of California Irvine, presenting “Collaborative Practice Agreements” for pharmacist and physician clinical coordination. The March 18, 2020 webinar was conducted in conjunction with the California Wellness Plan and Comprehensive Medication Management workgroups and featured Dr. Steven Chen and Dr. Todd Sorensen who presented on comprehensive medication management in team-based care.

Reasons for Success or Barriers/Challenges to Success

CDPP successfully hosted and facilitated HHC webinar meetings on September 18, 2019 and December 18, 2019. Meeting discussion topics included lifestyle management practices as they relate to cardiovascular health promotion and treatment. In addition, collaborative practice agreements between pharmacists and health care providers were explained and promoted. HHC meetings were held to provide support, technical assistance, resources, best practices, and a statewide forum for discussion related to CVD prevention and management.

Strategies to Achieve Success or Overcome Barriers/Challenges

CDPP staff strategically planned, hosted, and facilitated quarterly HHC meetings to maintain statewide infrastructure for the alliance through the identification of a vision, mission, goals, and guiding principles. A key strategy CDPP used in hosting the HHC meetings was to solicit and identify membership needs prior to the meetings and then to provide resources and technical experts to present and join discussions. The quarterly meetings provide opportunities for HHC members to build relationships, familiarize themselves with available resources, and learn about successful CVD projects.

Activity 3:

Conduct HHC annual evaluation and compile report

Between 07/2019 and 06/2020, conduct one evaluation per year to track statewide partnerships, coordination, and synergy among HHC membership. Evaluation results will be summarized in an annual report.

Activity Status

Not Completed

Activity Outcome

Survey was distributed to HHC members in June 2020 and is in the process of being analyzed and summarized. Delay in this analysis is a direct result of staff redirections to COVID-19 and other program priorities.

Reasons for Success or Barriers/Challenges to Success

CDPP will conduct an annual evaluation to track statewide and local activities, partnerships, coordination, and synergy among the HHC membership. The evaluation report will

summarize the work and satisfaction for the HHC membership. It will include a demographic breakdown of the membership, populations served, a list of participating organizations, results of the annual evaluation questionnaire, a catalog of member activities and accomplishments, and response rate. CDPP staff intends to allow future plans/next steps for the workgroup. To overcome previous challenges with a low members more time to complete the survey. CDPP will also increase the promotion of the survey all during the 2020 survey period.

Strategies to Achieve Success or Overcome Barriers/Challenges

CDPP will reassess the previous evaluation survey questions and update them as needed. Staff will review workgroup evaluation surveys used by other programs and coalitions to ensure the greatest benefit to the HHC members and CDPP. The survey will continue to promote the submission of local activities as a way to share accomplishments, resources, and foster coordination and synergy amongst members.

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

State Program Strategy:

Goal: The goal of the Commodity-Specific Surveillance program is to prevent consumer exposure to and reduce the incidence of foodborne illness by collecting surveillance samples of high-risk food products that are known to be susceptible to Cyclospora (single-celled parasite) contamination, evaluating samples for Cyclospora contamination, and initiating interdiction efforts to remove products from the marketplace if they are determined to be adulterated.

Health Priority: Identification and removal of foods contaminated with Cyclospora from the food supply will prevent and reduce the incidence of foodborne illness and injury. In 2018 a total of 761 laboratory-confirmed cyclosporiasis illnesses were determined to be linked to prepackaged vegetable trays and salads from a large fast food chain restaurant. Regulatory follow-up regarding the salads from the fast food chain restaurant identified Cyclospora on romaine lettuce grown and harvested in California. [CDC Morbidity and Mortality Report](#)

Role of Block Grant Funds: PHHS Block Grant funds will support salaries and a small portion of laboratory supplies. This will include one FDB staff at 15% FTE conducting field work such as sampling and removal of adulterated foods and 1 FDLB staff at 95% FTE conducting the microbial analyses of the samples collected.

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 Partnerships:

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

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

State Health Objective(s):

Between 07/2019 and 06/2020, reduce the incidence of illness caused by 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.

State Health Objective Status

Met

State Health Objective Outcome

FDB staff continues to sample U.S. grown pre-packaged romaine lettuce from retail locations in California. These samples are tested for the presence of Cyclospora by FDLB. Although Cyclospora has not been isolated in romaine to date, FDB remains ready to conduct regulatory follow-up in the event of a Cyclospora finding. Regulatory actions may include recalls, market withdrawals, inspections, or investigations to ensure the removal of any adulterated romaine in the marketplace.

Reasons for Success or Barriers/Challenges to Success

Sample collection and Cyclospora testing have been progressing as expected. Communication strategies discussed prior to the project between FDB and FDLB have been implemented and are working well. Sample counts are within the expected range considering the reporting time frame.

Strategies to Achieve Success or Overcome Barriers/Challenges

Communication strategies were discussed prior to initiating the sample collection and testing project. These strategies enabled staff to collect samples and complete testing within a reasonable amount of time. Retail sampling for romaine are being spread between many California cities and many different retailers. Challenges regarding sample collection in the future are not expected.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Implement Cyclospora testing program in U.S. grown produce

Between 07/2019 and 06/2020, Program will collect **375** samples of U.S. grown pre-packaged romaine lettuce and test the lettuce for Cyclospora.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program collected **389** samples of U.S. grown pre-packaged romaine lettuce and test the lettuce for Cyclospora.

Reasons for Success or Barriers/Challenges to Success

Sample collection and Cyclospora testing were completed as expected. Communication strategies discussed prior to the project between Food and Drug Branch (FDB) and Food and Drug Laboratory Branch (FDLB) were implemented and worked well. Sample counts exceeded our goal.

Strategies to Achieve Success or Overcome Barriers/Challenges

Communication strategies were discussed prior to initiating the sample collection and testing project. These strategies enabled staff to collect samples and complete testing in a reasonable amount of time. Retail sampling of U.S. grown pre-packaged romaine lettuce is being spread between many California cities and many different retailers.

Activity 1:

Collect samples of U.S. grown produce

Between 07/2019 and 06/2020, FDB staff will collect 375 samples of U.S. grown pre-packaged romaine lettuce from retail locations in California.

Activity Status

Exceeded

Activity Outcome

FDLB staff analyzed 389 samples of romaine lettuce for Cyclospora. All samples were negative for Cyclospora.

Reasons for Success or Barriers/Challenges to Success

Sample collection and Cyclospora testing were completed as expected. Communication strategies discussed prior to the project between FDB and FDLB were implemented and worked well. Sample counts exceeded our goal.

Strategies to Achieve Success or Overcome Barriers/Challenges

Communication strategies were discussed prior to initiating the sample collection. These strategies enabled staff to collect samples within a reasonable amount of time. Retail sampling of food is being spread between many California cities and many different retailers.

Activity 2:

Test romaine lettuce samples for Cyclospora

Between 07/2019 and 06/2020, FDLB staff will test 375 samples of U.S. grown pre-packaged romaine lettuce for Cyclospora. All testing will be completed at the Food and Drug Laboratory Branch in Richmond, CA.

Activity Status

Exceeded

Activity Outcome

FDLB staff analyzed 389 samples of romaine lettuce for Cyclospora. All samples were negative for Cyclospora.

Reasons for Success or Barriers/Challenges to Success

Sample analysis progressed as expected. Communication strategies discussed prior to the project among FDB and FDLB were implemented and worked well. Sample counts exceeded our goal.

Strategies to Achieve Success or Overcome Barriers/Challenges

FDB and FDLB used effective communication strategies to achieve success. A delivery schedule was arranged between FDB and FDLB to ensure consistency and efficiency for both groups. FDB and FDLB did not experience any significant challenges regarding this project.

Activity 3:

Conduct regulatory follow-up

Between 07/2019 and 06/2020, FDB staff will complete necessary regulatory follow-up pending any positive 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.

Activity Status

Completed

Activity Outcome

All 389 romaine samples collected under this project tested negative for Cyclospora. Regulatory follow-up was not required.

Reasons for Success or Barriers/Challenges to Success

Sample collection and Cyclospora testing were completed as expected. Communication strategies discussed prior to the project between FDB and FDLB were implemented and worked well. Sample counts exceeded our goal.

Strategies to Achieve Success or Overcome Barriers/Challenges

FDB and FDLB used effective communication strategies to achieve success. A delivery schedule was arranged between FDB and FDLB to ensure consistency and efficiency for both groups. FDB and FDLB did not experience any significant challenges regarding this project.

State Program Title: Ecosystem of Data Sharing/CDPH Interoperability Initiative

State Program Strategy:

Goal: Use health communication strategies and health information technology to improve population health outcomes and health care quality, and to achieve health equity is a Healthy People 2020 goal in direct alignment with specific objectives of the California Department of Public Health (CDPH) Ecosystem Of Data Sharing (EODS) initiative.

Health Priority: Equity in health and well-being is the overarching goal of the California Wellness Plan (CWP), California's chronic disease prevention and health promotion plan. Specific objectives of the EODS initiative are in direct alignment with objective #3 of the current CWP program goals: Accessible and Usable Health Information.

Role of Block Grant Funds: PHHSBG funds support staff salary, including trainings, meetings/conferences, and development and dissemination of reports and publications to advance health care information exchange.

Evaluation Methodology: The objectives of the program have been established and are being tracked and evaluated utilizing the well-known SMART goal management principles, based on the EODS Strategic Roadmap that is updated annually and approved by the EODS Steering Committee, and tracked by the five EODS workgroups.

Primary Strategic Partnerships:

Internal

1. Information Technology Services Division
2. Center for Infectious Disease
3. Center for Healthy Communities
4. Center for Health Care Quality
5. Fusion Center for Strategic Development and External Relations

External

1. University of California, Davis Health System
2. California Office of Statewide Health Planning and Development
3. California Emergency Medical Services Authority
4. California Department of Justice

National Health Objective: HC/HIT-9 Access to Online Health Information

State Health Objective(s):

Between 07/2019 and 06/2020, the EODS project will continue to build and expand the service oriented architecture to include two additional CDPH data systems over the course of

the grant period for more easily accessible and usable health information.

These two systems will be onboarded into the technical infrastructure so that the system data is ingested, integrated, and interoperable with the existing data sources, allowing cross-analysis and predictive analytics, and ultimately improving the strategic use of data for public health decision-making.

State Health Objective Status

Met

State Health Objective Outcome

EODS has successfully built the service oriented architecture and proved the functional capability of the minimum viable product (MVP) version of the architecture. This early version of the architecture successfully ingested, integrated, and interoperated multiple datasets from different sources, and provided insights (automated incidence and prevalence calculations) to an internal user. This MVP has proven that the architecture functions properly, and is ready for expanded functionality.

Reasons for Success or Barriers/Challenges to Success

Reasons for Success: 1) the clearly defined EODS Governance structure and workgroups allowed for streamlined decision-making and a working environment capable of agile architecture development that was required for success. 2) the architecture is the first complete interoperable infrastructure within CDPH, capable of ingesting and integrating data from any source, and providing automated analytics on those data.

Strategies to Achieve Success or Overcome Barriers/Challenges

The primary strategy in achieving success was the close partnership with CDPH's Information Technology Services Division (ITSD) and data owners (internal to CDPH and external to CDPH). This close (weekly or daily) agile collaboration allowed for clear requirements gathering, and a "win-win" development of the architecture, benefiting multiple programs and stakeholders.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

These block grant dollars were leveraged through personnel cost of one Information Technology Specialist II. This position functioned as a lead in the requirements gathering, system development, and functional testing of the architecture to ensure success.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Manage EODS system development and implementation activities

Between 07/2019 and 06/2020, Program will implement 1 Service Oriented Architecture (SOA) technical system for the EODS initiative. EODS staff will ensure the SOA is capable of ingestion functionality (securely receive, discern, and store data from data sources), interoperable functionality (data linkage, data virtualization, and de- duplication), and analysis functionality (data visualization, advanced descriptive analysis, predictive analysis, and prescriptive analysis).

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program implemented 1 Service Oriented Architecture(SOA) technical system for the EODS initiative. EODS staff will ensure the SOA is capable of ingestion functionality (securely receive, discern, and store data from data sources), interoperable functionality (data linkage, data virtualization, and de- duplication), and analysis functionality (data visualization, advanced descriptive analysis, predictive analysis, and prescriptive analysis).

Reasons for Success or Barriers/Challenges to Success

Primary Reason for Success: EODS's development of SOA utilized an agile approach, with a weekly Joint Application Development workgroup meeting that included all stakeholders necessary to provide status updates and discuss upcoming priorities and issues related to SOA development. Additionally, there were daily collaboration "huddles" with EODS development staff to discuss technical requirements, development progress, and changes requiring management approval.

Strategies to Achieve Success or Overcome Barriers/Challenges

The primary strategy in achieving success was the close partnership with CDPH's Information Technology Services Division (ITSD) and data owners (internal to CDPH and external to CDPH). This close (weekly or daily), agile collaboration allowed for clear requirements gathering, and a "win-win" development of the architecture, benefiting multiple programs and stakeholders.

Activity 1:

Develop the SOA technical infrastructure version 1.0

Between 07/2019 and 06/2020, build the technical infrastructure necessary according to technical requirements gathered in FFY 2018-19. SOA version v1.0 will include: 1) data ingestion capability, 2) data linkage of multiple data sources, 3) data virtualization, capability, and 4) secure data storage.

Activity Status

Completed

Activity Outcome

SOA v1.0 is built and has been tested to ensure it successfully meets the early version functionality described in activity 1.

Reasons for Success or Barriers/Challenges to Success

Primary Reason for Success: EODS's development of SOA utilized an agile approach, with a weekly Joint Application Development workgroup meeting that included all stakeholders necessary to provide status updates and discuss upcoming priorities and issues related to SOA development. Additionally, there were daily collaboration "huddles" with EODS development staff to discuss technical requirements, development progress, and changes requiring management approval.

Strategies to Achieve Success or Overcome Barriers/Challenges

By utilizing the block grant funding for the ITS II position, made it possible for coordination of many parallel tracks of work associated with SOA development, including: health information management, client services, communications, and future planning. This lead roles have been essential to the previous system requirements gathering and actual SOA development.

Activity 2:

Maintain the EODS governance structure

Between 07/2019 and 06/2020, ensure sustainability of the EODS project by maintaining and expanding the decision-making governance structure responsible for setting data standards and making recommendations on legal, privacy, and security considerations of data sharing.

Activity Status

Completed

Activity Outcome

The EODS governance structure has been successfully maintained and utilized for decision-making at various levels of organization, including decisions involving: data standards, data privacy and security, and data sharing.

Reasons for Success or Barriers/Challenges to Success

EODS strategic direction for CDPH has included involvement of every Center and Office within CDPH. Since the SOA will include data analytics and interoperable services to CDPH programs upon request, involving and partnering with representatives from each Center and Office within CDPH was key to success.

Strategies to Achieve Success or Overcome Barriers/Challenges

In addition to the existing governance structure (steering committee and workgroups), EODS

has implemented a Data and Security Coordinator workgroup, which is comprised of a representative from each Center and Office within CDPH that is the point-of-contact for EODS services requests and proposals for additional datasets and SOA development functionality. Through this group, CDPH will ensure the sustainability and collaborative nature of EODS and SOA expansion in years to come.

State Program Title: Emergency Medical Dispatch Program/EMS Communications

State Program Strategy:

Goal: Improve statewide training standards and provide uniformity through guidelines by California Emergency Medical Dispatch (EMD) program staff (1) assessing statewide EMS training standards that encourage use of medical pre-arrival instructions by dispatchers at Public Safety Answering Points (PSAPs); and (2) working in conjunction with the California 9_1_1 Emergency Communications Office staff, who have technical and fiscal oversight of the PSAPs.

Health Priority: Improve interoperability communications among EMS agencies and public safety responders so that critical communication links are available during major events and timely access to comprehensive, quality emergency health care services is ensured. California is dedicated to employing strong interoperable communications governance, training, and outreach to provide first responders and the wider public-safety community the tools, training, and support needed to ensure the safety and security of the citizens of California.

Role of Block Grant Funds: Funded positions: (1) coordinate state and local agencies that implement statewide standardized program guidelines for EMD; (2) improve interoperability communications among EMS agencies and public-safety responders to ensure timely access to comprehensive, quality emergency health care services.

The vacant positions are expected to be filled by December 31, 2019.

Evaluation Methodology: Monitor local EMS systems plans related to EMD and 9-1-1 communications components to ensure statewide disaster-frequency coordination; and attend meetings with stakeholder groups.

Primary Strategic Partnerships:

Internal

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

External

1. California State Association of Counties
2. California Fire Chiefs Association
3. California Ambulance Association
4. California Chapter of Emergency Numbers Association
5. California Association of Public Safety Communications Officers

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

State Health Objective(s):

Between 07/2019 and 06/2020, Program staff will maintain one Emergency Medical Dispatch and EMS Communications Program to provide statewide coordination and leadership for the planning, development, and implementation in the operations and development of local EMD and 9-1-1 communication system service programs.

State Health Objective Status

Met

State Health Objective Outcome

EMSA staff maintains one Emergency Medical Dispatch and EMS Communications Program at a minimal level by attending key communications stakeholder meetings and having staff available to provide assistance requested by local EMS agencies developing the communications components of their EMS plans.

Reasons for Success or Barriers/Challenges to Success

There were no requests for assistance during this reporting period and prior commitments precluded attending every stakeholder meeting available, however staff was available to provide technical assistance when needed.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA will continue to be available to provide assistance as requests are received. Meeting attendance goal was met by the end of the grant period.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Maintain partnerships with key EMS communication stakeholders

Between 07/2019 and 06/2020, Program will maintain **30%** participation in key EMS communications stakeholder association groups that represent EMSA in California EMS communications operations. Participation is defined by attendance at 9-1-1 Advisory board meetings and NAPCO meetings. 9-1-1 Advisory board meetings are held quarterly and NAPCO meetings are held monthly, Participation at 30% is defined as attending a total of 5 of the possible 16 meetings.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program maintained **30%** participation in key EMS communications stakeholder association groups that represent EMSA in California EMS communications operations.

Reasons for Success or Barriers/Challenges to Success

EMSA attended three NAPCO meetings and two 9-1-1 Advisory Board meetings.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff plans to continue to attend meetings to maintain communications with stakeholder groups and represent EMSA in California EMS communications operations.

Activity 1:

Attend 9-1-1 Advisory Board Meetings

Between 07/2019 and 06/2020, participate in at least two 9-1-1 Advisory Board meetings to: (1) develop relationships with key EMS communication stakeholders; (2) receive up-to-date 9-1-1 service information, and (3) ensure statewide coordination of efficient pre-hospital medical responses.

Activity Status

Completed

Activity Outcome

EMSA staff has attended two 9-1-1 Advisory Board meetings. One on November 20, 2019 and one on May 20, 2020 which was held as a Zoom meeting due to COVID-19.

Reasons for Success or Barriers/Challenges to Success

The California 9-1-1 Advisory Board meetings are held quarterly. Conflicting duties did not allow for attendance at the August 2019 meeting, but program staff was able to attend the November 2019 meeting and the meeting in May, 2020 which was held by Zoom due to COVID-19.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff plans to continue to attend meetings to maintain communications with stakeholder groups and represent EMSA in California EMS communications operations.

Activity 2:

Attend NAPCO meetings

Between 07/2019 and 06/2020, attend three Northern California Chapter of the Association of Public-Safety Communications Officials (NAPCO) meetings, to develop relationships with key communication stakeholders and provide EMS-related information in NAPCO activities.

Activity Status

Completed

Activity Outcome

EMSA Staff attended three meetings held August 8, 2019, December 12, 2019, and June 11, 2020. The June 11th meeting was held as a Zoom meeting due to COVID-19.

Reasons for Success or Barriers/Challenges to Success

The NAPCO meetings are held monthly and EMSA staff was able to attend three meetings.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff plans to continue to attend meetings to maintain communications with stakeholder groups and represent EMSA in California EMS communications operations.

Impact/Process Objective 2:

Respond to frequency-use requests

Between 07/2019 and 06/2020, Program will review **100%** of frequency use requests to ensure the requester is an appropriate entity to use a medical frequency, and that the frequency is consistent with EMS bandwidth use and medical in nature (such as MedNet and Hospital Administrative Radio), to verify whether a support letter should be provided.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program will review 100% of frequency use requests to ensure the requester is an appropriate entity to use a medical frequency, and that the frequency is consistent with EMS bandwidth use and medical in nature (such as MedNet and Hospital Administrative Radio), to verify whether a support letter should be provided. EMSA staff received and responded to one frequency use request in March 2020. As additional frequency use request letters are received, EMSA staff will continue to review and respond.

Reasons for Success or Barriers/Challenges to Success

EMSA staff received one frequency use request during this reporting period and responded promptly and appropriately.

Strategies to Achieve Success or Overcome Barriers/Challenges

As frequency use request letters are received, EMSA staff will review and respond.

Activity 1:

Write frequency use letters

Between 07/2019 and 06/2020, respond to all frequency use requests received, that are determined to be an appropriate use of the Med-Net radio channels, with a letter of support that the requester must keep on file to show that they are approved to use a Med-Net radio channel. The support letter is also used by the requester when applying for FCC license renewal.

Activity Status

Completed

Activity Outcome

EMSA staff processed one frequency use request on March 6, 2020. EMSA staff will continue to be available to review all frequency use requests as they are received and provide the letter of support as required.

Reasons for Success or Barriers/Challenges to Success

EMSA staff received one frequency use request during this reporting period and provided the appropriate letter of support.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff will continue to be available to review all frequency use requests as they are received and provide the letter of support as required.

Impact/Process Objective 3:

Review communication components of EMS Plans

Between 07/2019 and 06/2020, Program will review **100%** of all communications components of EMS Plans submitted by LEMSAs to ensure compliance with EMS regulations, standards, and guidelines.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program reviewed **100%** of all communications components of EMS Plans submitted by LEMSAs to ensure compliance with EMS regulations, standards, and guidelines.

Reasons for Success or Barriers/Challenges to Success

EMSA staff reviews the communications component of LEMSA annual EMS plans as they are received.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff will continue to review the communications component of LEMSA annual EMS plans as they are received.

Activity 1:

Collaborate on EMS Plan reviews

Between 07/2019 and 06/2020, collaborate and coordinate with the EMS Plans Coordinator via email and in-person discussion to acquire and review the communications component sections of submitted EMS Plans for review.

Activity Status

Completed

Activity Outcome

EMSA staff continually collaborates and coordinates with the EMS Plans Coordinator to ensure the communications component of all EMS plans are reviewed thoroughly.

Reasons for Success or Barriers/Challenges to Success

EMSA staff can only review the communications portions of EMS plans as they are received.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff will continue to review the EMS communications components of the EMS plans as they are received. Additionally, EMSA staff will continue to work with the EMS Plans Coordinator regarding any needs regarding communications plans.

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.

Role of Block Grant Funds: PHHSBG dollars support EMSAAC staff salaries. EMSA staff work with local emergency medical services agencies (LEMSAs) to develop and improve EMSC throughout California.

The vacant position is expected to be filled by December 30, 2019.

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 Partnerships

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

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

State Health Objective(s):

Between 07/2019 and 06/2020, Program staff 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.

State Health Objective Status

Met

State Health Objective Outcome

EMSA has maintained one EMSC program by providing statewide coordination and leadership through implementation of EMSC regulations effective July 1, 2019, and providing guidance to LEMSAs who are establishing EMSC programs.

Reasons for Success or Barriers/Challenges to Success

The EMSC regulations became effective on July 1, 2019. Guidance has been provided to the LEMSAs who have questions on how to implement EMSC programs in their jurisdictions.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSC program staff will continue to provide assistance to LEMSAs choosing to implement an EMSC program in their jurisdiction.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Implement EMSC regulations

Between 07/2019 and 06/2020, Program will implement 1 set of EMSC regulations. These regulations will provide the LEMSAs and other local facilities with minimum requirements to establish and maintain EMSC program(s). Program will create an implementation tool kit and provide technical assistance when requested by LEMSAs who want to establish an EMSC program.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program implemented 1 set of EMSC regulations. These regulations will provide the LEMSAs and other local facilities with minimum requirements to establish and maintain EMSC program(s). Program provided technical assistance when

requested by LEMSAs establishing EMSC programs according to regulations. An EMSC toolkit was not created due to EMSA staff assisting with the state's emergency response to the COVID-19 pandemic; however, technical assistance was provided when requested and three LEMSAs did establish programs in their jurisdictions.

Reasons for Success or Barriers/Challenges to Success

The EMSC program has an outdated toolkit. The EMSC program staff and stakeholders have had discussions about whether to revamp the old toolkit or create a new one. The EMSC Technical Advisory Committee (TAC) had meetings in January and June 2020; however, due to time constraints with Zoom, the item was eliminated from the meeting.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSC program staff will continue to work with the EMSC TAC to create the EMSC program tool kit for the LEMSAs. While the toolkit will be a helpful tool to facilitate implementation of EMSC programs, it is not required for program implementation. Program will continue to provide technical assistance on an ongoing basis.

Activity 1:

Provide statewide coordination and leadership of EMSC Programs

Between 07/2019 and 06/2020, Provide technical assistance to at least four LEMSAs who are implementing an EMSC program in their jurisdiction. Technical assistance will be provided by email, phone, and resources on the EMSA website.

Activity Status

Exceeded

Activity Outcome

The EMSC program coordinator was in phone and/or email contact with five LEMSAs (Los Angeles, Contra Costa, San Diego, Alameda, and Kern) to assist in implementing the EMSC regulations in their jurisdictions.

Reasons for Success or Barriers/Challenges to Success

At this time, five LEMSAs have contacted the EMSC program staff by phone and/or email with questions about implementing EMSC programs in their jurisdictions.

Strategies to Achieve Success or Overcome Barriers/Challenges

The EMSC program coordinator will continue to be in contact with LEMSAs to provide assistance on implementing an EMSC program in their jurisdiction.

Activity 2:

Create one EMSC program implementation tool-kit

Between 07/2019 and 06/2020, work with the EMSC Technical Advisory Committee and stakeholders to create one EMSC program implementation tool kit to assist the LEMSAs

implementing an EMSC program.

Activity Status

Not Completed

Activity Outcome

The meetings scheduled for January took place, and the toolkit development was discussed. Work on the toolkit has been delayed due to the COVID-19 pandemic. The June meeting was held via Zoom but discussions of the toolkit were limited.

Reasons for Success or Barriers/Challenges to Success

The EMSC program has a toolkit that is outdated and was originally created to aid stakeholders with the requirements created in statute. EMSC program staff and stakeholders have held numerous discussions on revamping the old toolkit or creating anew one.

Strategies to Achieve Success or Overcome Barriers/Challenges

Productive meetings and conversations continue to take place in an effort to create a meaningful and useful toolkit for stakeholders.

Impact/Process Objective 2:

Maintain EMSC public information website

Between 07/2019 and 06/2020, Program will maintain **1** EMSC public information webpage to provide relevant sources of pediatric information to EMSC partners and promote quality medical care in the pediatric community.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program maintained **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. Quarterly monitoring will occur to ensure accurate information is provided.

Reasons for Success or Barriers/Challenges to Success

EMSC program staff reviewed and maintained one EMSC public information web page to provide relevant sources of pediatric information to EMSC partners. Two broken links were removed, and 5 links were updated.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSC program staff will continue to monitor the EMSC portion of the EMSA website on a quarterly basis to maintain up-to-date information. If it is brought to the attention of EMSA staff that a web link is not working, it's investigated and corrected immediately.

Activity 1:

Verify functionality of EMSC website links

Between 07/2019 and 06/2020, 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.

Activity Status

Completed

Activity Outcome

The EMSC program coordinator continues to review and update 25 links on the EMSC program public information webpage to ensure accurate information is provided.

Reasons for Success or Barriers/Challenges to Success

EMSC program staff reviews the EMSC program public information page quarterly to ensure all links and all information is correct and relevant.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSC program staff will continue to monitor the EMSC page on the EMSA website to maintain up-to-date information.

Impact/Process Objective 3:

Provide education on trends in emergency medical care of pediatric patient

Between 07/2019 and 06/2020, Program will conduct **1** California EMSC Educational Forum to provide educational opportunities for EMS and hospital providers related to medical treatment of pediatric patients.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program conducted **1** California EMSC Educational Forum to provide educational opportunities for EMS and hospital providers related to medical treatment of pediatric patients.

Reasons for Success or Barriers/Challenges to Success

The EMSC program staff successfully planned, organized and hosted the 2019 EMSC Educational Forum. Presentations on current and sensitive topics drew participants from EMS and hospital providers across the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

Block grant funds allowed for appropriate staffing to plan, organize, and host the 22nd Annual EMSC Educational Forum.

Activity 1:

Organize Annual EMSC educational Forum

Between 07/2019 and 06/2020, 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.

Activity Status

Completed

Activity Outcome

The EMS for Children Educational Forum was held on Friday, November 8, 2019 in Fairfield, CA. A venue was selected and speakers were scheduled to present on topics that included pediatric trauma, human trafficking, infectious diseases, and the recent Camp Fire in Paradise, CA. Attendees were also given the option to participate in skills stations related to emergency medical care of pediatric patients.

Reasons for Success or Barriers/Challenges to Success

The EMSC Educational Forum is well attended and successful due to scheduling reputable speakers who present current information related to the specific needs in pediatric emergency medical services.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA will continue to book speakers with relevant topics for future EMSC Educational Forums.

Activity 2:

Promote Annual EMSC Educational Forum

Between 07/2019 and 06/2020, 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.

Activity Status

Completed

Activity Outcome

EMSC program staff ensured promotion of the EMS for Children Educational Forum through the EMSA Facebook page, EMSA Twitter page, as well as providing flyers via email and posting on the EMSA website.

Reasons for Success or Barriers/Challenges to Success

EMSC program staff created informative and enticing event flyers for posting on the EMSA Facebook and Twitter pages as well as the EMSA website. The event flyer was distributed to previous attendees and stakeholders.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSC program staff collaborated with EMSC stakeholders and EMSA staff to ensure the event was promoted throughout various methods.

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.

Role of Block Grant Funds: PHHSBG dollars support EMS staff participation in statewide prevention and public-education activities by covering a percentage of personnel costs and associated operating expenses related to these activities.

The vacant position is expected to be filled by December 30, 2019.

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 Partnerships:

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

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

State Health Objective(s):

Between 07/2019 and 06/2020, 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.

State Health Objective Status

Met

State Health Objective Outcome

EMSA staff have maintained one EMS Partnership for Injury Prevention and Public Information program, providing statewide coordination and leadership for the planning, development and implementation of Illness & Injury Prevention awareness and resources for Californians.

Reasons for Success or Barriers/Challenges to Success

Using Block Grant funding, EMSA was able to successfully staff a full-time position to maintain the EMS Partnership for Injury Prevention and Public Information Program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Activities for this objective were completed by June 2020 and are ongoing.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Maintain EMSA Injury & Illness-prevention and Trauma System public information web pages

Between 07/2019 and 06/2020, Program will maintain 2 web pages on the EMSA website, one pertaining to Injury and Illness prevention and one pertaining to the state trauma system. The web page links on the Injury and Illness-prevention web page linkssources of education for the public and EMS Partners. The trauma systems webpage houses public resources for the state trauma system.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program maintained **2** web pages on the EMSA website, one pertaining to Injury and Illness prevention and one pertaining to the state trauma system. The web page links on the Injury and Illness-prevention web page linkssources of education for the public and EMS Partners. The trauma systems webpage houses public resources for the state trauma system.

Reasons for Success or Barriers/Challenges to Success

EMSA staff provide, at a minimum, quarterly monitoring on all web page resource information. If it is brought to the attention of EMSA that a web link is not working, it is investigated and corrected immediately.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff set reminders to check web page links to ensure inactive links are updated quarterly.

Activity 1:

Verify functionality of links and review linked content on Injury and Illness webpage

Between 07/2019 and 06/2020, on a quarterly basis, review 66 links verifying functionality on the Injury and Illness prevention web page that bring up outside sourcesof information and/or education. Review the linked content to ensure the information is current and relevant to injury and illness prevention.

Activity Status

Completed

Activity Outcome

EMSA staff reviewed 66 links in July and October 2019. EMSA staff updated 4 links toensure information is available and current.

Reasons for Success or Barriers/Challenges to Success

Checking web links on a quarterly basis allows EMSA staff to ensure all links areworking.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff set reminders to check web links on a quarterly basis.

Activity 2:

Verify functionality of links and review content on Trauma System web page

Between 07/2019 and 06/2020, on a quarterly basis review the content the trauma system webpage to ensure current public information and resources are applicable andavailable. If a link is reviewed and the content is no longer applicable or current it will beremoved. Non-working links will be replaced as needed and additional links added as new information is

determined to be pertinent.

Activity Status

Completed

Activity Outcome

EMSA staff updated the trauma system webpage quarterly to ensure the most recent information is available.

Reasons for Success or Barriers/Challenges to Success

EMSA staff add and update information to the trauma system webpage, as it becomes available. This provides the public with access to the most current information available on the state trauma system.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff set calendar reminders to check web page content on a quarterly basis.

Impact/Process Objective 2:

Promote education to prevent life-threatening falls

Between 07/2019 and 06/2020, Program will collect 1 workshop for LEMSAs and trauma center managers to develop sustainable fall prevention educational campaigns in California.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program collected 1 workshop for LEMSAs and trauma center managers to develop sustainable fall prevention educational campaigns in California.

The Falls Prevention workshop was part of the 2020 State Trauma Summit scheduled to take place in San Diego on May 12-13. EMSA's Director made the difficult decision to cancel the 2020 Trauma Summit to comply with CDPH's Mass Gatherings Guidance issued on March 12, 2020. The Trauma Summit could not be held via Zoom due to EMSA staff assisting with the state's emergency response to the COVID-19 pandemic

Reasons for Success or Barriers/Challenges to Success

EMSA program staff collaborated with the Trauma Managers Association of California (TMAC) to identify successful falls prevention education campaigns in California in order to develop this workshop.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff requested collaboration with TMAC to develop a workshop on preventing falls in elderly populations to ensure the inclusion of current best practices being used in communities

and in trauma centers to reduce both primary and secondary falls.

Activity 1:

Develop workshop components

Between 07/2019 and 06/2020, work with 2020 Trauma Summit Planning Committee to identify three subject matter experts in falls prevention. EMSA staff will reach out to subject matter experts to develop a 90 minute workshop to be held at the 2020 State Trauma Summit. This workshop will provide a roadmap for LEMSAs trauma managers on how to start and maintain an effective fall prevention campaign.

Activity Status

Completed

Activity Outcome

In January 2020, Program staff contacted three subject matter experts in Falls Prevention. A teleconference meeting was held that same month. During this meeting, learning objectives and a draft outline were developed.

Reasons for Success or Barriers/Challenges to Success

EMSA program staff included TMAC as part of the Trauma Summit Planning Committee. TMAC members are comprised of trauma manager nurse educators from trauma centers and LEMSAs throughout California.

Strategies to Achieve Success or Overcome Barriers/Challenges

By including TMAC in the planning of this workshop, EMSA program staff drew upon the expertise of TMAC members to create a workshop with useful and up-to-date information on falls prevention.

Activity 2:

Promote falls prevention workshop

Between 07/2019 and 06/2020, promote the falls prevention workshop by creating one link to the workshop description on the 2020 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.

Activity Status

Completed

Activity Outcome

A link to the falls prevention workshop description was created and distributed by email to potential attendees. This link also appeared on Eventbrite and EMSA's Trauma webpage.

Reasons for Success or Barriers/Challenges to Success

EMSA program staff worked in conjunction with the TMAC, to determine workshop content and speakers. Unfortunately, the Trauma Summit was cancelled due to restrictions on in-person gatherings because of the COVID-19 pandemic.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA program staff planned the content of the workshop and identifying speakers. This strategy provided enough time to meet deadlines for creating workshop descriptions to post on the 2020 Trauma Summit registration webpage.

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.

Health 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.

Role of Block Grant Funds: PHHSBG dollars support EMSA staff positions charged with oversight of the California Poison Control System, in providing rapid, prehospital, poison-related medical advice; prevention; and educational information, to reduce the morbidity and mortality rates of people exposed to poisons. The vacant position is expected to be filled by December 30, 2019.

Evaluation Methodology: Quarterly progress reports are required to: (1) evaluate and monitor CPCS operations; and (2) ensure compliance with state standards for poison-control services and contractual scopes of work.

Primary Strategic Partnerships:

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 Francisco, San Diego, Davis)
4. Children's Hospital (Fresno/Madera)
5. Office of Emergency Services

National Health Objective: IVP-9 Poisoning Deaths

State Health Objective(s):

Between 07/2019 and 06/2020, 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.

State Health Objective Status

Met

State Health Objective Outcome

EMSA staff maintains one California Poison Control System (CPCS) by providing oversight of the CPCS through contract monitoring.

Reasons for Success or Barriers/Challenges to Success

Success is achieved by maintaining consistent, open dialogue with the CPCS, communicating contract requirements, and providing immediate response assistance when needed.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff monitors the CPCS webpage developed by the CPCS to maintain awareness and to ensure public access. The direct link is <https://calpoison.org/>. EMSA staff conducts many conference calls with the CPCS discussing contract requirements and reporting.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Provide oversight to the CPCS

Between 07/2019 and 06/2020, Program will provide direct oversight through contractual agreement to one poison control service provider, the CPCS, monitoring the 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, performance measures and contract deliverables are met and leading to a reduction of poisonings.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program provided direct oversight through contractual agreement to one poison control service provider, the CPCS, monitoring the 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, performance measures and contract deliverables are met and leading to a reduction of poisonings.

Reasons for Success or Barriers/Challenges to Success

Program provides direct oversight of the CPCS through contractual agreement. Program updated the scope of work for fiscal year 2019/20, and the contract was executed on March 27, 2020.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA has maintained an excellent working relationship and external partnership with the CPCS, and will provide continuous administrative and technical support to the CPCS to obtain an executed contract and ensure contractual deliverables are met.

Activity 1:

Conduct site visits

Between 07/2019 and 06/2020, conduct one site visit on a rotating basis at one of four poison control centers within California, to verify activities performed are consistent with scope of work and in accordance with statutory (Health and Safety Code Division 2.5, Chapter 6, Article 4) and regulatory authority (Title 22, Division 9, Chapter 9).

Activity Status

Not Completed

Activity Outcome

Program was scheduled to conduct one site visit of the San Francisco Poison Control Center to verify activities performed are consistent with the scope of work and in accordance with statutory and regulatory authority. Due to the COVID-19 pandemic, and in accordance with social distancing guidelines, EMSA postponed the site visit until State Fiscal Year 2020/21.

Reasons for Success or Barriers/Challenges to Success

Due to the COVID-19 pandemic, and in accordance with social distancing guidelines, EMSA postponed the site visit until State Fiscal Year 2020/21.

Strategies to Achieve Success or Overcome Barriers/Challenges

Program will develop a site visit tool and begin to plan for conducting a site visit at the San Francisco or Fresno poison control center.

Activity 2:

Review data reports

Between 07/2019 and 06/2020, review five data reports, one per quarter and one year-end report, from one poison control service provider, CPCS, to verify CPCS activities are consistent with their contractual scope of work to ensure funding provided is used to maintain

and improve poison control services provided to Californians.

Activity Status

Completed

Activity Outcome

EMSA reviewed one year-end report and one quarterly activity report for previous fiscal year in July 2019, and one quarterly activity report for first quarter of the current fiscal year in October 2019. Two quarterly activity reports from the second and third quarter of State Fiscal Year 2019/20 were reviewed in January and April 2020, for a total of 5 data reports reviewed in State Fiscal Year 2019/20. EMSA verified the work performed was consistent with the contractual scope of work.

Reasons for Success or Barriers/Challenges to Success

EMSA staff reviewed the activity reports and verified compliance with the scope of work. Using an internal control spreadsheet, EMSA staff tracked the activity submission to monitor for timeliness.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff notifies the CPCS in advance of the quarterly report deadlines to ensure timely submission and evaluation.

Activity 3:

Review medical director records

Between 07/2019 and 06/2020, review one medical director record each per quarter for a minimum of four medical directors from one poison control service provider, the CPCS, to ensure accountability for the number of work hours and tasks documented at one of the four poison control centers is consistent with contractual obligations, in accordance with statutory and regulatory authority.

Activity Status

Not Completed

Activity Outcome

EMSA reviewed one set of medical director records (one from each of the four PCC's medical directors) on April 15, 2020, for the third quarter of Fiscal Year 2019/20, ensuring accountability for the number of work hours and tasks documented at the poison control center.

Reasons for Success or Barriers/Challenges to Success

Medical director records were not submitted by the CPCS for the first and second quarters and was unenforceable by EMSA as the contract was not executed until March 27, 2020. Because this is a new deliverable for the 2019/20 fiscal year, this activity should have been

written to say “review a minimum of **three** records, one per quarter” because the fourth quarter report will be due after June 30, 2020.

Strategies to Achieve Success or Overcome Barriers/Challenges

Program will notify the CPCS in advance of the deadlines to ensure timely submission and evaluation.

Activity 4:

Review protocols and clinical guidelines

Between 07/2019 and 06/2020, review one standardized and detailed protocols and clinical guidelines submission from one poison control services provider, the CPCS, to verify processes and procedures are consistent with statutory and regulatory authority to ensure patient safety.

Activity Status

Completed

Activity Outcome

EMSA reviewed one protocols and guidelines from the CPCS, submitted April 15, 2020, to verify processes and procedures are consistent with statutory and regulatory authority.

Reasons for Success or Barriers/Challenges to Success

EMSA tracks and monitor submissions and communicates with the CPCS if not received by the deadline.

Strategies to Achieve Success or Overcome Barriers/Challenges

Program will notify the CPCS in advance of the deadline to ensure timely submission.

Activity 5:

Review staffing schedule

Between 07/2019 and 06/2020, review one centralized staffing schedule from one poison control service provider, the CPCS, to verify the queuing theory software program is being utilized to monitor staff workload and needs for the consistent delivery of poison control services to Californians.

Activity Status

Completed

Activity Outcome

EMSA reviewed one staffing schedule from the CPCS, submitted April 15, 2020, to verify the queuing theory software program is being utilized to monitor staff workload and needs. The next staffing schedule submission is due July 15, 2020.

Reasons for Success or Barriers/Challenges to Success

EMSA tracks and monitors submissions and communicates with the CPCS if not received by the deadline. EMSA staff reviews staff schedules in comparison to call volume and verifies the queuing theory adequately address the needs of Californians.

Strategies to Achieve Success or Overcome Barriers/Challenges

Program will notify the CPCS in advance deadlines to ensure timely submission.

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

State Program Strategy:

Goal: (1) Data and Information: Increase specialized pre-hospital EMS data submissions by local EMS agencies (LEMSAs) into the EMS Authority's (EMSA's) state EMS database system and unite components under a single data warehouse, fostering analyses on patient-care outcomes, public health system services, and compliance with California state and federal EMS service laws; 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.

Role of Block Grant Funds: PHHSBG dollars support: (1) development of a state QI program; (2) implementation of QI activities; and (3) operating expenses and program personnel costs.

The vacant positions are expected to be filled by December 30, 2019.

Evaluation Methodology: Statewide QI/QA (quality-assurance) activities, including annual review and revision of state QI/QA indicators (CA EMS Core Quality Measures) reported by LEMSAs (e.g., scene time for trauma, percentage of direct transports). This will provide evidence-based decision-making information available for EMSA and statewide EMS stakeholders to improve delivery of EMS care throughout California.

Primary Strategic Partnerships:

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
1. EMS Administrators Association
2. EMS Medical Directors Association
3. National EMS Data Analysis Resource Center

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

State Health Objective(s):

Between 07/2019 and 06/2020, Program staff 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.

State Health Objective Status

Met

State Health Objective Outcome

EMSA staff continues to 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.

Reasons for Success or Barriers/Challenges to Success

Using Block Grant funding, EMSA is successfully able to staff full time positions to maintain one EMS Prehospital Data and Information Services and Quality Improvement Program.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA hired two full-time permanent staff and one full-time permanent supervisor. The change from a limited term to permanent maintains continuity and continuous improvement.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Coordinate Core Measure reporting

Between 07/2019 and 06/2020, Program will provide technical assistance to 100% of the LEMSAs that request assistance with Core Measure reporting, to ensure effective use of data used to prepare Core Measure reports regarding selected clinical measures.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program provided technical assistance to 100% of the LEMSAs that requested assistance with Core Measure reporting, to ensure effective use of data used to prepare Core Measure reports regarding selected clinical measures.

Reasons for Success or Barriers/Challenges to Success

Program successfully coordinated Core Measures reporting for 2018 data information. All 33 LEMSAs were notified of the reporting deadline and reporting expectations Program provided Technical Assistance outreach and outlined reporting expectations to all 33 LEMSAs regarding the submission of 2018 Core Measures data. Providing the reporting expectations ahead of time allowed for fewer errors in reported data and decreased the number of technical assistance requests.

Strategies to Achieve Success or Overcome Barriers/Challenges

Funding allowed for adequate staffing to coordinate Core Measures Reporting from LEMSAs. Program staff will continue to be available to provide technical assistance when requested.

Activity 1:

Facilitate Core Measure Taskforce

Between 07/2019 and 06/2020, facilitate at least two Core Measure Taskforce meetings to prepare the Core Measures instruction manual and review Core Measure reports, to ensure that measures are written accurately and appropriately by inclusion of EMS stakeholders and experts.

Activity Status

Exceeded

Activity Outcome

EMSA Staff hosted two meetings with EMS Stakeholders to review and discuss the measures in the Core Measures Project. One was on December 2nd in San Francisco. The second was on February 28th in Orange County. EMSA Staff planned a third meeting for

March/April 2020 but cancelled due to concerns relating to COVID-19 and compliance with social distancing guidelines. EMSA Staff sent a revised Core Measure Manual to EMS Stakeholders via e-mail on May 28th to further engage participants in the review and discussion of Core Measures.

Reasons for Success or Barriers/Challenges to Success

Program staff regularly assess the Core Measure project needs to ensure those needs are met and that EMS Stakeholders continue to have representation in the project execution.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff will continue to review the coordination challenges presented with this project, and if necessary, may facilitate an additional task force meeting.

Activity 2:

Develop annual summary report

Between 07/2019 and 06/2020, develop one summary report of all LEMSA Core Measure data submitted and one map of Core Measure reported values, to provide data to the public and EMS stakeholders. If appropriate, the report will be published on the EMSA website.

Activity Status

Completed

Activity Outcome

EMSA has developed one Annual Summary report of Core Measures information, including one map of Core Measure reported values.

Reasons for Success or Barriers/Challenges to Success

Block Grant funds facilitated the success of this activity by allowing EMSA to be appropriately staffed for coordination of Core Measures information which was compiled into a summary report. Publication of the core measures report will be discussed at the December 2nd Core Measures Task Force Meeting.

Strategies to Achieve Success or Overcome Barriers/Challenges

Program plans to review the Core Measures material with EMS Stakeholders to drive discussion and coordinate additional project successes.

Impact/Process Objective 2:

Increase the quality and availability of EMS data

Between 07/2019 and 06/2020, Program will develop 1 CEMSIS specific dashboard to display specific data elements which populate CEMSIS. This data dashboard will be published on the EMSA website quarterly, to help develop a state baseline and track what data are successfully moving from the LEMSAs to CEMSIS.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program developed 4 CEMSIS specific dashboard to display specific data elements which populate CEMSIS. This data dashboard will be published on the EMSA website quarterly, to help develop a state baseline and track what data are successfully moving from the LEMSAs to CEMSIS. This was stalled due to EMSA staff assisting with the state's emergency response to the COVID-19 pandemic.

Reasons for Success or Barriers/Challenges to Success

This objective is in process. EMSA successfully developed four CEMSIS specific dashboards to display specific data elements which populate CEMSIS but has not yet published them to the EMSA website. EMSA is working with vendors and stakeholders to determine the best mechanism to publish these dashboards on the EMSA website.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff continues to monitor CEMSIS data and develop relevant dashboards based on this information and the needs of the public and EMS Community.

Activity 1:

Analyze CEMSIS database data

Between 07/2019 and 06/2020, analyze 100% of one selected data set submitted by LEMSAs to the CEMSIS database, to ensure accurate, efficient evaluation of critical data submitted for successful QI and QA data reporting.

Activity Status

Not Completed

Activity Outcome

EMSA continuously analyzed 100% of one select data set submitted by LEMSAs to the CEMSIS database as the data/information is submitted. However, analysis was temporarily halted in March 2020 due to EMSA program staff assisting with the state's emergency response to the COVID-19 pandemic.

Reasons for Success or Barriers/Challenges to Success

EMSA staff is continuously analyzing 100% of one select data set submitted by LEMSAs to the CEMSIS database as the data/information is submitted. Analysis was temporarily halted during this time period due to program staff assisting with the state's response to the COVID-19 pandemic.

Strategies to Achieve Success or Overcome Barriers/Challenges

As the demand for staff to assist with the COVID-19 pandemic response eases, program staff will continue to analyze 100% of selected data in the CEMIS databases as the data/information is submitted.

Activity 2:

Publish EMS data dashboard

Between 07/2019 and 06/2020, publish one EMS data dashboard for display via the EMSA website, to make the data available to promote public trust and quality patient care.

Activity Status

Not Completed

Activity Outcome

This activity is in progress. While EMSA has developed four data dashboards for display via the EMSA website, the dashboards have not yet been published to the EMSA website. Progress has been stalled due to EMSA staff assisting with the state's emergency response to the COVID-19 pandemic.

Reasons for Success or Barriers/Challenges to Success

Through ongoing discussion with EMS stakeholders, EMSA is still determining which dashboard will be of the most value to the public and EMS community. Analysis was temporarily halted in March 2020 due to program staff assisting with the state's response to the COVID-19 pandemic.

Strategies to Achieve Success or Overcome Barriers/Challenges

As the demand for staff to assist with the COVID-19 pandemic response eases, program staff will continue to work with EMS Stakeholders to ensure that the published dashboard will provide value to the public and EMS community.

Activity 3:

Coordinate Ambulance Patient Offload Time APOT information

Between 07/2019 and 06/2020, receive and evaluate 100 percent of LEMSA submitted Ambulance Patient Offload Time (APOT) information for statewide assessment.

Activity Status

Completed

Activity Outcome

EMSA staff received and evaluated 100 percent of LEMSA submitted APOT information. EMSA received APOT information from 13 LEMSAs as of October 18, 2019. Program staff

reviewed and evaluated 100% of received submissions and aggregated for statewide assessment. All work on this activity after November, 2019 was completed under different funding.

Reasons for Success or Barriers/Challenges to Success

Block Grant funds facilitated the success of this activity by allowing EMSA to be appropriately staffed to coordinate this activity. EMSA provided a reporting spreadsheet and reporting instructions to all 33 LEMSAs to streamline the reporting process for the LEMSAs

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success are continued outreach and coordination with LEMSAs and providing technical assistance when requested.

Impact/Process Objective 3:

Review LEMSA QI Plans

Between 07/2019 and 06/2020, Program will review **100%** of LEMSA submitted QI Plans to ensure they meet the compliance requirements of California EMS regulations, standards, and guidelines.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program reviewed **100%** of LEMSA submitted QI Plans to ensure they meet the compliance requirements of California EMS regulations, standards, and guidelines.

Reasons for Success or Barriers/Challenges to Success

Upon receipt of QI Plans, EMSA staff logged and reviewed all QI Plans to ensure compliance requirements were met. Federal Block Grant funding allowed for adequate staffing to be made available to complete this activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

Program staff will be assigned to continue to review all QI Plans as they are received.

Activity 1:

Coordinate QI Plan submissions

Between 07/2019 and 06/2020, contact 100% of the LEMSAs who do not have a current QI plan on file, and do not submit the required QI plans with their EMS Plans. Contact is made by electronic or telephone communication, to request timely plan submission for evaluation.

Activity Status

Completed

Activity Outcome

EMSA staff contacted one LEMSA who did not have a current QI plan on file and did not submit the required QI plans with their EMS Plans.

Reasons for Success or Barriers/Challenges to Success

EMSA staff ensured that a current QI Plan was on file upon receipt of an EMS plan. When EMSA staff determined that a LEMSA did not have a current QI Plan on file or did not submit their required QI Plan, EMSA staff reach out to the LEMSA by electronic or telephone communication.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff successfully tracked the status of all LEMSA QI Plan submissions to ensure that a current QI Plan was on file. Moreover, status of plan submissions is now provided and reported to the Commission on EMS.

Activity 2:

Provide Technical Assistance to LEMSAs

Between 07/2019 and 06/2020, provide Technical Assistance to 100% of all LEMSAs that request it to ensure that QI compliance requirements are met.

Activity Status

Completed

Activity Outcome

EMSA staff successfully provided Technical Assistance to 100% of all LEMSAs that request it to ensure that QI compliance requirements are met. One LEMSA (Riverside EMS Agency) reached out to EMSA to request assistance. Program staff were able to provide full assistance.

Reasons for Success or Barriers/Challenges to Success

Program staff provided technical assistance to LEMSAs inquiring about QI compliance. Federal Block Grant funding allowed for adequate staffing to be made available to complete this activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff will continue to provide technical assistance to LEMSAs inquiring about QI compliance.

Activity 3:

Maintain activity log for QI plan submissions

Between 07/2019 and 06/2020, maintain one administrative QI Plan activity log, identifying submission and approval dates.

Activity Status

Completed

Activity Outcome

EMSA Staff maintained one administrative QI Plan activity log, identifying dates for submission and approval.

Reasons for Success or Barriers/Challenges to Success

Upon receipt of a LEMSA QI Plan, Program staff immediately log the submission and place the plan in queue for review.

Strategies to Achieve Success or Overcome Barriers/Challenges

The QI Plan activity log will continue to be maintained to provide current information on the status of QI Plan submissions.

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 to implement statewide regulations for optimal acute heart attack (STEMI) and stroke systems of care; and (2) providing leadership and oversight of STEMI and Stroke Critical-Care System services.

Role of Block Grant Funds: PHHSBG dollars support EMSA staff, who establish specialized and timely STEMI and Stroke Critical-Care Systems within prehospital emergency medical services. The vacant position is expected to be filled by December 30, 2019.

Evaluation Methodology: PHHSBG dollars support EMSA staff, who establishes a specialized and timely STEMI and Stroke Critical-Care System within prehospital emergency medical services.

Primary Strategic Partnerships:

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

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

State Health Objective(s):

Between 07/2019 and 06/2020, 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. Leadership, coordination, and support will be measured by achieving the objectives and activities outlined in this 2019 State Plan.

State Health Objective Status

Met

State Health Objective Outcome

EMSA staff maintained one EMS STEMI and Stroke program by providing technical support, oversight, and leadership to LEMSAs requesting assistance with implementation of the STEMI and Stroke regulations and creation of STEMI and Stroke Critical Care System plans required by regulations.

Reasons for Success or Barriers/Challenges to Success

Thorough knowledge of STEMI and Stroke Systems of Care coupled with continued transparent communication with LEMSAs by program staff allowed EMSA to provide leadership, coordination and support to those LEMSAs who request assistance.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff will continue to provide effective oversight based on the most updated Stroke and STEMI guidelines from the American Heart Association, American College of Cardiology, and the American Academy of Neurology.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Establish Technical Advisory Committee (TAC) for STEMI Program

Between 07/2019 and 06/2020, Program will establish 1 STEMI Program Technical Advisory Committee (TAC) to serve as subject-matter experts to advise EMSA on identifying and meeting the program goal of supporting optimum patient outcomes during medical emergencies.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program established 1 STEMI Program Technical

Advisory Committee (TAC) to serve as subject-matter experts to advise EMSA on identifying and meeting the program goal of supporting optimum patient outcomes during medical emergencies.

Reasons for Success or Barriers/Challenges to Success

EMSA staff has established one TAC, which advises the EMSA Director on all aspects of the STEMI Critical Care System in California.

EMSA contacted potential TAC members from organizations and stakeholders involved in the STEMI Critical Care System throughout California, requesting their level of interest in being a part of this committee. These organizations and stakeholders nominated a representative and EMSA sent an official appointment letter to the selected individuals.

Strategies to Achieve Success or Overcome Barriers/Challenges

Effective communication with organizations and stakeholders involved with the STEMI Critical Care System facilitated the selection of the optimal nominees for the TAC membership.

Activity 1:

Recruit STEMI Program TAC members

Between 07/2019 and 06/2020,

1. Mail one letter of request for volunteers to STEMI Program constituents to serve on STEMI TAC; requesting a letter of interest and CV if interested in serving on the TAC.
2. Review all letters of interest and CVs to choose STEMI TAC members based on subject-matter knowledge, and experiences need in TAC.
3. Provide one list of recommended members to the EMSA executive staff for final appointment.
4. Send one appointment letter to each chosen member finalized by the EMSA director.

Activity Status

Completed

Activity Outcome

EMSA staff completed steps 1–4 outlined above to establish the STEMI TAC and recruit members for official appointment.

Reasons for Success or Barriers/Challenges to Success

After developing a list of candidates and their contact information, EMSA staff realized many of the potential members were qualified to be in both the STEMI and Stroke

TACs. A decision was made to establish one TAC for both the STEMI and Stroke programs and hold specific meeting sessions for each lead by special subject matter experts.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA Staff had a clear plan in place to recruit qualified candidates based on solicited interest in the TAC and area of expertise. EMSA staff made a list of interested nominees and researched their credentials prior to sending the official appointment letter.

Activity 2:

Plan and facilitate STEMI program TAC meetings

Between 07/2019 and 06/2020, schedule at least one meeting or conference call for STEMI TAC to facilitate discussions regarding the TAC's mission, purpose, parameter, and meeting rules.

Activity Status

Exceeded

Activity Outcome

The STEMI TAC had one face-to face-meeting regarding the mission of the TAC and outlined the goals and objectives for the committee. The TAC also held an additional conference call to follow up and report on their activities.

Reasons for Success or Barriers/Challenges to Success

The first TAC meeting was held on February 11, 2020. The second meeting was held on June 9, 2020 via Zoom due to limitations on in-person meetings because of the COVID-19 pandemic.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff will continue to plan and facilitate regular meetings of the TAC, and work around the limitations set in place by the COVID-19 pandemic.

Impact/Process Objective 2:

Establish Technical Advisory Committee (TAC) for Stroke Program

Between 07/2019 and 06/2020, Program will establish 1 Stroke Program Technical Advisory Committee (TAC) to serve as subject-matter experts to advise EMSA on identifying and meeting the program goal of supporting optimum patient outcomes during medical emergencies.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program established 1 Stroke Program Technical Advisory Committee (TAC) to serve as subject-matter experts to advise EMSA on identifying and meeting the program goal of supporting optimum patient outcomes during medical emergencies.

Reasons for Success or Barriers/Challenges to Success

EMSA staff has established one TAC, which advises the EMSA Director on all aspects of the Stroke Critical Care System in California. EMSA contacted potential TAC members from organizations and stakeholders involved in the Stroke Critical Care System throughout California, requesting their level of interest in being a part of this committee. These organizations and stakeholders nominated a representative and EMSA sent an official appointment letter to the selected individuals.

Strategies to Achieve Success or Overcome Barriers/Challenges

Effective communication with organizations and stakeholders involved with the Stroke Critical Care System facilitated the selection of the optimal nominees for the TAC membership.

Activity 1:

Recruit Stroke Program TAC members

Between 07/2019 and 06/2020,

1. Mail one letter of request for volunteers to STEMI Program constituents to serve on STEMI TAC; requesting a letter of interest and CV if interested in serving on the TAC.
2. Review all letters of interest and CVs to choose STEMI TAC members based on subject-matter knowledge, and experiences need in TAC.
3. Provide one list of recommended members to the EMSA executive staff for final appointment.
4. Send one appointment letter to each chosen member finalized by the EMSA director.

Activity Status

Completed

Activity Outcome

EMSA staff completed steps 1–4 outlined above to establish the Stroke TAC and recruit members for this committee.

Reasons for Success or Barriers/Challenges to Success

After developing a list of candidates and their contact information EMSA staff realized many of the potential members were qualified to be in both the STEMI and Stroke

TACs. A decision was made to establish one TAC for both the STEMI and Stroke programs and hold specific meeting sessions for each lead by special subject matter experts.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA Staff had a clear plan in place to recruit qualified candidates based on solicited interest in the TAC and area of expertise. EMSA staff made a list of interested nominees and researched their credentials prior to sending the official appointment letter.

Activity 2:

Plan and facilitate STEMI program TAC meetings

Between 07/2019 and 06/2020, schedule at least one meeting or conference call for Stroke TAC to facilitate discussions regarding the TAC's mission, purpose, parameter, and meeting rules.

Activity Status

Exceeded

Activity Outcome

The Stroke TAC had one face to face meeting regarding the mission of the TAC and outlined the goals and objectives for the committee. The TAC also held an additional conference call to follow up and report on their activities.

Reasons for Success or Barriers/Challenges to Success

The first TAC meeting was held on February 11, 2020. The second meeting was held on June 9, 2020 via Zoom due to limitations on in-person meetings because of the COVID-19 pandemic.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff will continue to plan and facilitate regular meetings of the TAC, and work around the limitations set in place by the COVID-19 pandemic.

Impact/Process Objective 3:

Implement STEMI regulations statewide

Between 07/2019 and 06/2020, Program will implement **1** set of STEMI Critical-Care System regulations to provide LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI Critical-Care Systems throughout California.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program implemented 1 set of STEMI Critical-Care System regulations to provide LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI Critical-Care Systems throughout California.

Reasons for Success or Barriers/Challenges to Success

The STEMI Critical Care System regulations became effective July 1, 2019, providing LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI Critical Care Systems throughout California. To facilitate implementation of the new regulations, EMSA staff and the TAC discussed creating an implementation plan and toolkit. While the toolkit will be a helpful tool to facilitate implementation of Critical Care Systems, it is not required for program implementation. One LEMSA did implement a STEMI Critical Care System with oversight and technical assistance from EMSA.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA will continue to meet regularly with the TAC and follow up with the LEMSAs to ensure that all regulation requirements are met in their jurisdiction.

Activity 1:

Develop implementation tool-kit for STEMI regulations

Between 07/2019 and 06/2020, develop one implementation tool-kit for STEMI regulations to assist LEMSAs and other local facilities in establishing and maintaining their STEMI Critical-Care System.

Activity Status

Not Completed

Activity Outcome

This task is in progress. The TAC created a subcommittee to conduct the preliminary process of gathering information and analyzing the STEMI Systems of Care at the LEMSA level, but was stalled due to EMSA's required response to the COVID-19 pandemic.

Reasons for Success or Barriers/Challenges to Success

This task was discussed at the TAC meetings and work is ongoing.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA will continue to move forward to create the implementation plan and tool kit to help make sure STEMI Critical Care systems are compliant with the new regulations.

Activity 2:

Provide Technical Assistance

Between 07/2019 and 06/2020, provide technical assistance to 100% of entities that request support in developing STEMI Critical-Care Systems.

Activity Status

Completed

Activity Outcome

EMSA staff provided technical assistance to 75 entities that requested support in developing Stroke Critical Care Systems. Technical assistance consisted of phone calls, and emails assisting LEMSAs, Specialty Care Centers, public and other state departments.

Reasons for Success or Barriers/Challenges to Success

Block Grant funds ensure that EMSA program staff are available to provide technical assistance to any LEMSA or other entity who reach out with any questions or needing help regarding the STEMI Critical Care System plan development.

Strategies to Achieve Success or Overcome Barriers/Challenges

Good communication and timely response by dedicated EMSA staff helped achieve success providing technical assistance to 100% of the entities requesting support in developing STEMI Critical Care Systems, especially after the STEMI regulations effective date and mandatory requirement of plan submission.

Impact/Process Objective 4:

Implement Stroke regulations statewide

Between 07/2019 and 06/2020, Program will implement 1 set of Stroke Critical-Care System regulations to provide LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI Critical-Care Systems throughout California.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program implemented 1 set of Stroke Critical-Care System regulations to provide LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI Critical-Care Systems throughout California.

Reasons for Success or Barriers/Challenges to Success

The Stroke Critical Care System regulations became effective July 1, 2019, providing LEMSAs and other local facilities with minimum requirements to establish and maintain Stroke Critical Care Systems throughout California. To facilitate implementation of the new regulations and the implementation of the new regulations, EMSA staff and the TAC discussed creating an implementation plan and toolkit. While the toolkit will be a helpful tool to facilitate implementation of Critical Care Systems, it is not required for program implementation. One LEMSA did implement a Stroke Critical Care System with oversight and technical assistance from EMSA.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA will continue to meet regularly with the TAC and follow up with the LEMSAs to ensure that all regulation requirements are met in their jurisdiction.

Activity 1:

Develop implementation tool-kit for Stroke regulations

Between 07/2019 and 06/2020, develop one implementation tool-kit for Stroke regulations to assist LEMSAs and other local facilities in establishing and maintaining their Stroke Critical-Care System.

Activity Status

Not Completed

Activity Outcome

This task is in progress. The TAC created a subcommittee to conduct the preliminary process of gathering information and analyzing the Stroke Systems of Care at the LEMSA level, but was stalled due to EMSA's required response to the COVID-19 pandemic.

Reasons for Success or Barriers/Challenges to Success

This task was discussed at the TAC meetings and work is ongoing.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA will continue to move forward to create the implementation plan and tool kit to help make sure STEMI Critical Care systems are compliant with the new regulations.

Activity 2:

Provide Technical Assistance

Between 07/2019 and 06/2020, provide technical assistance to 100% of entities that request support in developing Stroke Critical-Care Systems.

Activity Status

Completed

Activity Outcome

EMSA staff provided technical assistance to 75 entities that requested support in developing Stroke Critical Care Systems. Technical assistance consisted of phone calls, and emails assisting LEMSAs, Specialty Care Centers, public and other state departments.

Reasons for Success or Barriers/Challenges to Success

Block Grant funds ensure that EMSA program staff are available to provide technical assistance to any LEMSA or other entity who reach out with questions or needed help regarding the Stroke Critical Care System plan development.

Strategies to Achieve Success or Overcome Barriers/Challenges

Good communication and timely response by dedicated EMSA staff helped achieve success providing technical assistance to 100% of the entities requesting support in developing Stroke Critical Care Systems.

Impact/Process Objective 5:

Track the level of specialty care services provided by hospitals in California

Between 07/2019 and 06/2020, Program will maintain **1** tracking mechanism to identify all ambulatory care facilities with emergency departments in California to track the level of specialty care services provided.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program maintained **1** tracking mechanism to identify all ambulatory care facilities with emergency departments in California to track the level of specialty care services provided.

Reasons for Success or Barriers/Challenges to Success

EMSA staff reviews EMS plans received from LEMSAs and extracts the information from submitted EMS plans to update the California Hospital list.

Strategies to Achieve Success or Overcome Barriers/Challenges

The California Hospital list tracks specialty care services and level of care based on the

information received from LEMSAs and information gleaned from research on hospital websites. This procedure keeps the information current and available to EMSA staff, other stakeholders, and the public who require and request this information.

Activity 1:

Maintain the California Hospitals spreadsheet

Between 07/2019 and 06/2020, research and extract information on the specialty care services provided in emergency departments in California to maintain and update one tracking spreadsheet on a continuous basis.

Activity Status

Completed

Activity Outcome

EMSA updated one tracking spreadsheet on a continuous basis. The California Hospital list tracks the specialty care services and the level of care as a regular task based on information received from LEMSAs.

Reasons for Success or Barriers/Challenges to Success

The California Hospital spreadsheet is used to track the specialty care services and the level of care provided at all the hospitals in the state, based on information received from LEMSAs. EMSA staff reviews the EMS plan received from LEMSAs, extracts the information from EMS plans, and updates the excel spreadsheet.

Strategies to Achieve Success or Overcome Barriers/Challenges

Reviewing the plans promptly and electronic communications help the EMSA staff to complete this task successfully. This procedure keeps the information current and available to EMSA staff, other stakeholders, and the public who require and request this information.

State Program Title: EMS Systems Planning and Development

State Program Strategy:

Goal: Increase quality patient-care outcomes through 33 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: Administer an effective statewide EMS system of coordinated emergency care, injury prevention, and disaster medical response to ensure quality patient care.

Role of Block Grant Funds: PHHSBG dollars support EMSA staff positions and activities that promote quality EMS patient care across California. The vacant positions are expected to be filled by December 30, 2019.

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. 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 Partnerships:

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

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

State Health Objective(s):

Between 07/2019 and 06/2020, 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 for optimum EMS patient care.

State Health Objective Status

Met

State Health Objective Outcome

EMSA staff is maintaining one EMS Systems Planning and Development Program by providing statewide coordination and leadership to LEMSAs through adherence to statute and regulations, providing technical assistance, and reviewing and making decisions on local EMS plans.

Reasons for Success or Barriers/Challenges to Success

Success was achieved by maintaining consistent, open dialogue with LEMSAs, interpreting statute and regulations, providing immediate response when needed, and providing written correspondence on plan determinations.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff maintains a Systems Organization and Management resource webpage on EMSA’s website that LEMSAs and all stakeholders can access for information on EMS Planning and Transportation. The direct link is <https://emsa.ca.gov/systems-organization-and-management/>.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Provide oversight to LEMSAs

Between 07/2019 and 06/2020, Program will provide oversight to **100%** of the LEMSAs required to submit annual EMS Plans/updates through coordination of EMS Plan submission with the LEMSA Administrators, technical assistance, and EMS Plan determinations, in accordance with statutory authority.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program provided oversight to 100% of the LEMSAs required to submit annual EMS Plans/updates through coordination of EMS Plan submission with the LEMSA Administrators, technical assistance, and EMS Plan determinations, in accordance with statutory authority.

Reasons for Success or Barriers/Challenges to Success

Program maintained communication with the LEMSAs required to submit EMS plans and provided assistance with submissions, as needed. Plans were reviewed by eight EMSA subject matter experts to ensure compliance with statute, regulations, and case law in order to provide optimum EMS patient care statewide.

Strategies to Achieve Success or Overcome Barriers/Challenges

Success was achieved by Program maintaining ongoing communication with LEMSA administrators. This included notifying LEMSA administrators in advance of EMS plan deadlines, confirming receipt of plan submissions, seeking additional information and/or clarification as needed, reviewing plan submissions timely, and sending written correspondence of the EMS Authority's plan determination.

Activity 1:

Record EMS Plan activity, and collaborate with EMSA staff

Between 07/2019 and 06/2020, update one internal tracking log to show EMS Plan activity, including receipt of EMS Plans/updates, status of active EMS Plans within EMSA, Plan outcomes, contact with LEMSAs, and collaboration with EMSA staff on EMS Plan review, to ensure effective oversight of the Plan review process for timely, comprehensive Plan development and decisions.

Activity Status

Completed

Activity Outcome

Program updated one internal tracking log to reflect comments provided by the LEMSAs on the status of their upcoming plan submission, dates EMS plans are received, and LEMSAs annual EMS plan due date. Program collaborated with EMSA staff to ensure effective oversight of the plan review process for timely, comprehensive plan development and plan approvals. Collaboration includes review of written EMS plan findings provided by EMSA staff and clarification of comments and questions.

Reasons for Success or Barriers/Challenges to Success

An internal spreadsheet was used to track 33 LEMSA's EMS plan submission schedule. Also tracked is the internal plan review by EMSA subject matter experts for each LEMSA submission.

Strategies to Achieve Success or Overcome Barriers/Challenges

Conference calls are conducted with LEMSA administrators when EMS plan submissions require additional information or clarification, as determined by EMSA subject matter experts and management.

Activity 2:

Oversee funding to multicounty EMS agencies

Between 07/2019 and 06/2020, 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 for optimum EMS patient care.

Activity Status

Completed

Activity Outcome

Program monitored expenditures for six multicounty EMS agencies and ensured quarterly expenditures did not exceed allocations. Program also coordinated with six multicounty EMS agencies to obtain estimated fourth quarter expenditures (not due until August 1) to determine if any remaining funds exist.

Reasons for Success or Barriers/Challenges to Success

Program developed the scope of work for the contracts and worked collaboratively with EMSA's Administrative Division to get approval of contracts.

Strategies to Achieve Success or Overcome Barriers/Challenges

Program will closely monitor executed contracts and follow up with the six multicounty EMS agencies to ensure deliverables are met timely.

Activity 3:

Coordinate submission of annual financial audit

Between 07/2019 and 06/2020, coordinate the submission of one financial audit from a minimum of six multicounty EMS agencies, to verify work performed is consistent with statutory authority and their contractual scope of work.

Activity Status

Completed

Activity Outcome

Program staff received one financial audit report covering fiscal year 2018/2019 from each of the six multicounty EMS agencies.

Reasons for Success or Barriers/Challenges to Success

To assist in coordinating the receipt of each financial audit, Program electronically notified the six multicounty EMS agencies one month in advance of the submission deadline.

Strategies to Achieve Success or Overcome Barriers/Challenges

Submission of one financial audit from the six multicounty EMS agencies is a new contractual deliverable for fiscal year 2019/20. With this completed deliverable, and all other met deliverables, Program can approve 2nd quarter reimbursement invoices for payment to agencies.

Activity 4:

Review quarterly activity reports

Between 07/2019 and 06/2020, review six activity reports per quarter, one 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.

Activity Status

Completed

Activity Outcome

Program reviewed four quarterly reports from each of the six multicounty EMS agencies to verify that work performed was consistent with the contractual scope of work. A total of 24 quarterly reports were reviewed.

Reasons for Success or Barriers/Challenges to Success

Program reviewed the 24 LEMSA's quarterly reports submitted during the specified reporting period and has no identified findings. Using an internal control spreadsheet, Program tracks submission of the reports and deadlines.

Strategies to Achieve Success or Overcome Barriers/Challenges

Program uses electronic task reminders to notify LEMSA administrators of the quarterly reports deadlines to ensure timely submission and evaluation.

Impact/Process Objective 2:

Review transportation component for compliance in EMS Plans

Between 07/2019 and 06/2020, Program will evaluate **100%** of EMS Plans submitted to ensure the transportation components are in compliance with the California Health & Safety Code.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program evaluated **100%** of EMS Plans submitted to ensure the transportation components are in compliance with the California Health & Safety Code.

Reasons for Success or Barriers/Challenges to Success

EMSA Staff received nine EMS Plans during this period. With careful time management and planning, the transportation components were successfully reviewed for compliance with the California Health & Safety Code.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff will continue to use careful time management and planning, so that all plans are reviewed when submitted for compliance with the California Health & Safety Code.

Activity 1:

Review Ambulance Zone Forms and Table 8: Resource Directory Forms

Between 07/2019 and 06/2020, review 100% of all submitted EMS Plan Ambulance Summary Forms and Table 8: Resource Directory forms for approval and maintain EOA and EMS Responder spreadsheets.

Activity Status

Completed

Activity Outcome

During this reporting period EMSA staff reviewed 100% of all submitted EMS Plan Ambulance Summary Forms and Table 8 forms for approval, maintenance of EOAs and the associated data recorded on the EMS Responder spreadsheets.

Reasons for Success or Barriers/Challenges to Success

EMSA Staff received nine EMS Plans with associated Ambulance Zone forms and Table 8 forms during this period. With careful time management and planning, these transportation components were successfully reviewed for compliance with the California Health & Safety Code.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff will continue to use careful time management and planning, ensuring as additional plans are submitted, the AZS forms and Table 8 forms will be reviewed timely for approval. All submitted data will be recorded on the EMS Responder spreadsheets.

Activity 2:

Maintain LEMSA transportation service Request for Proposals (RFPs) log

Between 07/2019 and 06/2020, maintain one EMS ambulance transportation log by a continuous update with each EMS Plan and RFP approval/denial and utilize the log monthly for formal LEMSA notification of expiration of exclusivity rights.

Activity Status

Completed

Activity Outcome

EMSA staff have maintained and updated the one transportation service request for proposal (RFP) log that is reviewed on a quarterly basis.

Reasons for Success or Barriers/Challenges to Success

Starting 7/2019, the EMS ambulance transportation log has been continuously updated with each EMS Plan and RFP approval/denial. The log is utilized monthly for formal LEMSA notification of expiration of exclusivity rights.

Strategies to Achieve Success or Overcome Barriers/Challenges

As RFPs are submitted, they will be reviewed and either approved or denied, based on statute, regulation or case law. When a determination is made, the EMS transportation log will be updated.

Activity 3:

Assist with development of LEMSA transportation request for proposal (RFP)

Between 07/2019 and 06/2020, assist in the review and development of at least one LEMSA RFP for emergency ambulance services, regarding prospective exclusive operating areas. EMSA LEMSA collaboration promotes successful, competitive bidding for local emergency ambulance services that assure patient care during an emergency.

Activity Status

Exceeded

Activity Outcome

Beginning 07/2019, assisted in the review and development of five LEMSA RFPs for emergency ambulance services, regarding prospective exclusive operating areas.

Reasons for Success or Barriers/Challenges to Success

EMSA performs a dual review by EMSA legal counsel and EMSA Transportation Coordinator for identification of inconsistencies with statutes, regulations, and/or case law within the RFP prior to submission. Conference calls with LEMSAs were conducted to clarify needed changes and the reasoning behind the required changes for approval

in accordance to the Health and Safety Code.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff will continue to offer to conduct pre-reviews of draft RFPs to LEMSAs who request them. Conference calls are conducted with LEMSAs to discuss EMSA's review of the submitted RFPs. The pre-reviews and conference calls allow LEMSAs to gain a clearer understanding of requirements and requested clarifications.

Activity 4:

Assess LEMSA EMS Transportation Plan appeal hearing documentation

Between 07/2019 and 06/2020, research one LEMSA appeal by investigating submitted transportation documents, history of EMS exclusive and non-exclusive operating zones, provider company sales, and EMS plans in preparation for appeal hearings filed with the Office of Administrative Hearings. Program staff provides testimony at hearings, as Subject Matter Experts.

Activity Status

Completed

Activity Outcome

Program researched one LEMSA appeal by investigating submitted transportation documents, history of EMS exclusive and nonexclusive operating zones, provider company sales, and EMS plans in preparation for appeal hearings filed with the Office of Administrative Hearings (OAH). EMSA staff researched LEMSA transportation documents, history of EMS exclusive and non-exclusive operating zones, provider company sales, and EMS Plans in preparation for one appeal hearing filed with the OAH. There were no additional appeal hearings scheduled due to the COVID-19 pandemic.

Reasons for Success or Barriers/Challenges to Success

EMSA conducted reviews of Board of Supervisor reports, reviewed statutes dealing with public utility models, reviewed past RFPs, and researched prior EMS Plans. The above activities led to a better understanding of the facts EMSA to be used in the appeal hearing.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA conducted reviews of Board of Supervisor reports, reviewed statutes dealing with public utility models, reviewed past RFPs, and researched prior EMS Plans. The above activities led to a better understanding of the facts EMSA to be used in the appeal hearing.

Activity 5:

Provide Technical Assistance

Between 07/2019 and 06/2020, provide technical assistance on all areas related to

EMS ambulance transportation for 100% of requests received from LEMSAs, EMS Providers, the general public, and other state agencies in the form of correspondence, email, and phone calls.

Activity Status

Completed

Activity Outcome

Beginning 07/2019, provided technical assistance on all areas related to EMS ambulance transportation for 41 requests received from LEMSAs, EMS Providers, the general public, and other state agencies in the form of correspondence, email, and phone calls.

Reasons for Success or Barriers/Challenges to Success

EMSA continually provided technical assistance and leadership to 100% of EMS providers, the general public, and other state agencies regarding transportation services associated with LEMSA EMS Plans.

Strategies to Achieve Success or Overcome Barriers/Challenges

Success was achieved by maintaining consistent, open dialogue, and providing immediate response assistance to LEMSAs, providers, the general public and other state agencies regarding EMS ambulance transportation.

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.

Role of Block Grant Funds: PHHSBG dollars support EMSA staff who coordinate state and local trauma services and assist in ongoing improvements to trauma-related patient-care programs across the State. The vacant position is expected to be filled by December 30, 2019.

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 Partnerships:

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

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

State Health Objective(s):

Between 07/2019 and 06/2020, 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.

State Health Objective Status

Met

State Health Objective Outcome

EMSA staff has maintained one EMS Trauma Care System Program providing statewide coordination and leadership for the planning and development of the program.

Reasons for Success or Barriers/Challenges to Success

Using Block Grant funding, EMSA is successfully able to staff a full-time position to maintain the EMS Trauma Care System Program. This position was converted from a limited-term position to a permanent position.

Strategies to Achieve Success or Overcome Barriers/Challenges

To conduct program activities and achieve success, appropriate staffing with thorough knowledge of the Trauma Care System Program is required. EMSA converted one limited-term position to a permanent position, thereby retaining knowledge and ensuring consistency and continuation of efforts.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Conduct Annual State Trauma Summit

Between 07/2019 and 06/2020, 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.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program conducted 0 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.

Reasons for Success or Barriers/Challenges to Success

The State Trauma Summit was scheduled for May 12-13, 2020 in San Diego. Due to the evolving COVID-19 situation, EMSA's Director made the difficult decision to cancel the Trauma Summit to comply with CDPH's Mass Gatherings Guidance issued on March 12, 2020. The Trauma Summit could not be held via Zoom due to EMSA staff assisting with the state's emergency response to the COVID-19 pandemic.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA Program Staff will create promotional materials and distribute them to previous summit attendees. All LEMSAs were sent electronic "save the date" postcards on August 8, 2019. Registration for the trauma summit will be electronic and advertised on Eventbrite. National trauma organizations will post links to the summit information on their websites.

Activity 1:

Develop Trauma Summit program

Between 07/2019 and 06/2020, create one two-day program with 11 hours of educational sessions. EMSA staff will seek input from the State Trauma Advisory Committee to develop educational topics and potential speakers for the topics.

Activity Status

Completed

Activity Outcome

A two-day program was completed with a total of 11 educational topics and 18 confirmed speakers.

Reasons for Success or Barriers/Challenges to Success

EMSA program staff developed the two-day program, but it could not be used due to the cancellation of the Trauma Summit.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA program staff are exploring alternative plans to offer the forum in the next year via an online venue such as a webinar or Zoom meeting.

Activity 2:

Create a “Save the Date” postcard

Between 07/2019 and 06/2020, 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.

Activity Status

Completed

Activity Outcome

A “save the date” postcard, a summit program with 11 hours of educational sessions, and a link for both documents were posted on the EMSA website. The postcard and summit program were distributed by email to 33 LEMSAs and made available on the EMSA website.

Reasons for Success or Barriers/Challenges to Success

As experienced with previous trauma summits, the “save the date” postcard is a successful way to notify trauma professionals of the summit date. They will be viewed many times on EMSAs website and on Eventbrite. Many LEMSAs will forward the “save the date” postcard to trauma centers. Trauma center staff will print the postcard and hang them in common areas so staff can mark their calendars to attend.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA program staff met all deadlines for creating and distributing the “save the date” postcard. Even though the Trauma Summit had to be cancelled, the “save the date” postcard can be updated and used for future events.

Activity 3:

Establish online registration webpage

Between 07/2019 and 06/2020, create one Eventbrite registration portal for attendees. Registrants will be able to pay for registration through the portal and download the summit program. The link to the Trauma Summit registration webpage will be made available on the EMSA website.

Activity Status

Completed

Activity Outcome

An Eventbrite registration portal was created for attendees. Registrants were able to pay for registration through the portal and download the summit program. The link to the Trauma Summit registration webpage was also available on the EMSA website. At the time of cancellation, there were over 100 registrants.

Reasons for Success or Barriers/Challenges to Success

Although this activity was successfully completed, registration was cancelled for the Trauma summit due to the COVID-19 pandemic.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff includes as much information as possible about the event on the Eventbrite portal and it is a useful tool that can be used for future virtual events as well as in-person events once large gatherings are allowed to take place.

Activity 4:

Establish online sponsor/educational exhibitor registration webpage

Between 07/2019 and 06/2020, 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 Trauma Summit sponsor/educational exhibitor registration webpage will be linked to the online registration webpage.

Activity Status

Completed

Activity Outcome

An Eventbrite registration portal for sponsors and educational exhibitors with descriptions for each level of sponsorship was created. The registration portal provided options for educational exhibitors. The link to the Trauma Summit sponsor/educational exhibitor registration webpage was linked to the online registration webpage. At the time of cancellation, 8 sponsors/educational exhibitors had agreed to support the event.

Reasons for Success or Barriers/Challenges to Success

An Eventbrite portal for sponsors and educational exhibitors provides specific information about the levels of sponsorship offered to interested organizations. The portal provides a one-stop venue for registration and payment of fees for sponsors and educational exhibitors.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff will reach out to previous sponsors and exhibitors to see if they are interested in participating in a virtual 2020 event.

Activity 5:

Create trauma summit registration materials

Between 07/2019 and 06/2020, create one master registration package for trauma summit attendees that includes a sign-in spreadsheet, name badges, and a post-summit evaluation survey.

Activity Status

Not Completed

Activity Outcome

Due to the restrictions on gatherings and the social distancing guidelines in place because of the COVID-19 pandemic, this event was cancelled.

Reasons for Success or Barriers/Challenges to Success

This activity could not be completed due to the COVID-19 pandemic.

Strategies to Achieve Success or Overcome Barriers/Challenges

For future events, EMSA program staff will contact potential sponsors/vendors starting the first quarter of 2020 to determine interest in a virtual event to be held online.

Activity 6:

Provide continuing education credits

Between 07/2019 and 06/2020, distribute at least 30 continuing education certificates to eligible Trauma Summit participants.

Activity Status

Not Started

Activity Outcome

Due to the restrictions on gatherings and the social distancing guidelines in place because of the COVID-19 pandemic, this event was cancelled.

Reasons for Success or Barriers/Challenges to Success

This activity was not started due to cancellation of the Trauma Summit.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff will plan for a virtual event to be held in 2021.

Impact/Process Objective 2:

Draft revised trauma regulations

Between 07/2019 and 06/2020, Program will develop **1** draft revision to Health and Safety Code Title 22, Chapter 7, Trauma Regulations which incorporates feedback and advisement from trauma stakeholders in California.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program developed **0** draft revision to Health and Safety Code Title 22, Chapter 7, Trauma Regulations which incorporates feedback and advisement from trauma stakeholders in California.

This objective was not met due to EMSA staff assisting in the state's emergency response to the COVID-19 pandemic

Reasons for Success or Barriers/Challenges to Success

A revisions workgroup was formed to work on this activity, however progress was slowed due to COVID-19 pandemic response.

Strategies to Achieve Success or Overcome Barriers/Challenges

The revisions workgroup is a sixteen-member group and includes trauma stakeholders from hospitals, pre-hospital patient care providers, LEMSAs, and other state departments. It is the goal of EMSA staff to receive input from stakeholders on a draft revision document prior to any official public comment period.

Activity 1:

Create trauma revisions master calendar

Between 07/2019 and 06/2020, develop one master calendar that includes meeting dates for Trauma Regulations Workgroup members, due dates for the review of preliminary draft trauma regulations, and dates for written updates to EMS Commission.

Activity Status

Completed

Activity Outcome

Program staff have developed one master calendar that includes meeting dates for Trauma Regulations Workgroup members.

Reasons for Success or Barriers/Challenges to Success

Workgroup meetings have been calendared through December 2019. Future meetings and Commission updates will continue to be incorporated into a master calendar and will be fully scheduled by March 31, 2020.

Strategies to Achieve Success or Overcome Barriers/Challenges

A schedule of future meetings allows for members to plan in order to attend. This activity will be completed by March 31, 2020.

Activity 2:

Schedule in-person meetings

Between 07/2019 and 06/2020, schedule at least four in-person meetings with Trauma Regulations Revisions Workgroup members. An option to participate via webinar will also be made available to Workgroup members who are not able to attend.

Activity Status

Not Completed

Activity Outcome

Three in-person meetings took place on July 23, 2019, October 7, 2019, and February 6, 2020. The fourth meeting was scheduled for March 19, 2020 but was cancelled due to EMSA staff assisting in the state's emergency response to the COVID-19 pandemic

Reasons for Success or Barriers/Challenges to Success

Meetings are scheduled at least three months in advance to allow for members to block time out of their calendars to attend.

Strategies to Achieve Success or Overcome Barriers/Challenges

For in-person meetings to take place, members are provided with a range of dates they can attend in-person. A date is selected that maximizes in-person attendance. In-person meetings are scheduled to accommodate long-distance travel schedules by having meetings begin at 10:00 a.m. and end at 3:00 p.m. Work is ongoing for this activity using virtual online meeting tools such as Zoom.

Activity 3:

Review preliminary draft trauma regulations

Between 07/2019 and 06/2020, review at least one preliminary draft trauma regulations and present to EMSA Systems Division Manager and Executive Administration for edits.

Activity Status

Not Completed

Activity Outcome

The revisions workgroup is systematically reviewing each section of regulations. This strategy allows for a comprehensive review of regulations before the group moves to the next section. The revisions workgroup halted efforts due to the emergency response efforts regarding the COVID-19 pandemic.

Reasons for Success or Barriers/Challenges to Success

The revisions workgroup halted efforts due to the emergency response efforts regarding the COVID-19 pandemic.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff organizes revisions of workgroup members prior to each meeting to facilitate discussion on items where viewpoints differ the most. This strategy makes best use of meetings and helps the process to move more smoothly. This activity will be ongoing and continue when COVID-19 pandemic response efforts ease.

Activity 4:

Provide updates to EMS Commission

Between 07/2019 and 06/2020, provide at least two written updates to the EMS Commission on creation of draft trauma regulations. Provide written updates to EMS Systems Division Manager for comments and approval prior to submission to EMS Commission.

Activity Status

Completed

Activity Outcome

EMS Commission was updated on the progress of draft trauma regulations on September 18, 2019, December 4, 2019, and March 18, 2020.

Reasons for Success or Barriers/Challenges to Success

EMS staff take detailed notes on the progress of draft trauma regulations. Notes are summarized to include specific milestones for EMS Commission updates.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMS Commission meetings take place quarterly, thus allowing EMSA program staff to plan out when updates need to be prepared.

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.

Health 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.

Role of Block Grant Funds: CDPH Employee Salaries

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

Primary Strategic Partnerships:

Internal

1. Injury and Violence Prevention Branch
2. Nutrition Education and Obesity Prevention Branch
3. Environmental Health Investigations Branch
4. Chronic Disease Control Branch
5. Fusion Center

External

1. Health in All Policies Task Force
2. Governor's Strategic Growth Council
3. Government Alliance on Race and Equity
4. Bay Area Health Inequities Initiative
5. Public Health Alliance of Southern California

National Health Objective: PA-15 Built Environment Policies

State Health Objective(s):

Between 07/2019 and 06/2020, Office of Health Equity (OHE) staff 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.

State Health Objective Status

Met

State Health Objective Outcome

Health and equity has been embedded into more than 10 programs, policies, and processes including but not limited to Caltrans' Active Transportation Program Grant, Strategic Growth Council's (SGC's) Affordable Housing and Sustainable Communities Grant program, SGC's Transformative Climate Communities Grants, SGC's Climate Change Research Program, the Natural Resources Urban Greening Grant Program, Environmental Protection Agencies analysis and data visualization of workforce equity, 19 departments All Staff Equity surveys, and more.

Staff have also maintained or built partnerships with at least 10 departments including Environmental Protection Agency, Transportation Agency, Department of Transportation, Department of Education, Transportation Commission, Department of Social Services, Community Services and Development, California Coastal Commission, California Air Resources Board, Housing and Community Development.

Reasons for Success or Barriers/Challenges to Success

Health in All Policies (HiAP) is a strategy that has grown out of the recognition that government, at all levels, is often siloed. The result is that policies and programs are disjointed or uncoordinated and the health impacts of various decisions are often not considered early or ever in the process. The HiAP approach is successful because we focus on breaking down the siloes between institutions and working across sectors so that we can create solutions with health co-benefits and mitigate potential health harms. Another key to success is the focus on co-benefits or win-wins helps to ensure that both public health and partner agencies are meeting both independent and collective goals.

Strategies to Achieve Success or Overcome Barriers/Challenges

HiAP is a collaborative approach to improving the health and well-being of all people by incorporating health and equity considerations into policies, practices, and processes in non-health sectors. One of the core strategies that staff employ to do this is to build trust and relationships with partners from the 22 state agency members of the California Health in All Policies Task Force. Over the last 9 years, staff have invested considerable time into these relationships. The result is that partner agencies have come to trust our staff and often invite us to participate in decision-making early in the development of new grant programs and when guidance documents are under review.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Build public health capacity to promote and implement equity in Policy, Systems, and Environments

Between 07/2019 and 06/2020, 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 health equity, implement health in all policies activities, and understand and address the social determinants of health, including the built and social environment.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program conducted **more than 30** 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 health equity, implement health in all policies activities, and understand and address the social determinants of health, including the built and social environment.

Reasons for Success or Barriers/Challenges to Success

Staff were successful conducting meetings, trainings, and one-on-ones to CDPH and LHD representatives for several reasons including 1) increasingly CDPH programs are looking for support to address health equity issues in their work in response to recommendations from community advocates 2) CDPH leadership has elevated promoting health and racial equity and taking a silo-less approach to our work across the Department and 3) finally, having staff available (funded by the Block Grant) to proactively reach out to other programs, build relationship, and to offer hands on support has been critical to the success of this objective. We hope to use the work with Center for Infectious Diseases (CID) as a model for all other Centers at CDPH.

Strategies to Achieve Success or Overcome Barriers/Challenges

As with all this work, building trusting relationships has been the first step to success. Another key to success is having CID leadership engaged and supportive at the highest level.

Activity 1:

Build CDPH capacity to promote health and racial equity in PSEs

Between 07/2019 and 06/2020, provide trainings or consultations to at least five CDPH programs or offices to: (1) build CDPH staff's capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and (3) understand and address the social determinants of health, including the built and social environment.

Activity Status

Completed

Activity Outcome

In collaboration with the Fusion Center the Office of Health Equity (OHE) conducted 7 focus groups from across the Department. The groups addressed housing as a social determinant of health and the opportunities that exist for programs to intervene in the housing crisis and prevent homelessness. Additionally, OHE Health in all Policies (HiAP) staff provided technical assistance, support, and shared learning through an additional 22 meetings/consultations with representatives from across the Department. Consultation with CDPH programs is ongoing.

Reasons for Success or Barriers/Challenges to Success

In addition to the above-mentioned reasons for success, the adoption of the Racial and Health Equity Action Plan in 2017 has been integral for paving the way to further work within CDPH on racial and health equity. The Action Plan is a five-year strategy to transform and bolster internal programs, policies, and practices in support of racial and health equity. One of the early activities in the Action Plan supports normalizing the conversation surrounding racial and health equity within CDPH. To achieve racial and health equity in the communities served, CDPH is working to also embody and demonstrate these principles in its own policies and practices.

Strategies to Achieve Success or Overcome Barriers/Challenges

The OHE staff play an important role as a convener and connector not only between other departments, but also within CDPH. It takes concerted and coordinated efforts to break down those internal siloes and to do innovative and collaborative work. One example of how OHE supports this cross-departmental collaboration is through OHE staff's role in leading the Racial and Health Equity (RHE) Initiative including staffing the Workgroup and Steering Committee, and moving work forward to accomplish the goals of the RHE Action Plan. These and other intra-departmental meetings and collaboration between other CDPH programs and offices and OHE staff are key to the success of OHE. Additionally, the cross-departmental work is part of a strategy to build CDPH's broad capacity to address health equity.

Activity 2:

Build LHD capacity to promote health and racial equity in PSEs

Between 07/2019 and 06/2020, provide trainings or TA 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 (3) increase understanding of and address the social determinants of health, including the built and social environment.

Activity Status

Completed

Activity Outcome

CDPH HiAP staff provided training presentations at two statewide events, the California Government Alliance on Race and Equity (GARE) Convening and the California Rising Tobacco Control Conference. At least 15 LHDs attended the GARE Convening. Most, if not all, 61 LHDs attended the California Rising conference. At least three LHDs have increased capacity and understanding to integrate equity and address the social determinants of health.

Reasons for Success or Barriers/Challenges to Success

Through a variety of forums including regional collaboratives like the Bay Area Regional Health Inequities Initiative (BARHII) and the Public Health Alliance of Southern California, the OHE Advisory Committee, and direct one-on-one outreach, multiple OHE staff are engaging with local health departments on a regular basis to share insights, tools, and best practices around health equity and Health in All Policies approaches.

This knowledge sharing supports our local partners' key priorities around updating Health Improvement Plans and accreditation applications, responding to community advocates, and increasing their internal capacity to understand and address historical and emerging health disparities.

Strategies to Achieve Success or Overcome Barriers/Challenges

Local health departments are one of OHE's key partners in building healthy, equitable communities. OHE staff are responsive to the needs and requests of local health departments to ensure that innovations emerging in the field are scaled up and disseminated across program areas and geographic regions to ensure all communities have access to the best thinking around health equity. OHE staff work through existing forums including the Office of Health Equity Advisory Committee, BARHII, and others to reach local health departments and ensure that we are advancing this work in a coordinated manner. Additionally, OHE has a number of list serves that include many of the local health departments to ensure that we communicate new opportunities and updates on existing work on an ongoing basis. OHE staff maintain and continue to build new relationships with individuals from local health departments.

Impact/Process Objective 2:

Create awareness of the state of women's health in California

Between 07/2019 and 06/2020, Program will develop 1 issue/data brief on the state of women's health in California through an equity lens that places an emphasis on the social determinants of health and how they impact the health of women and girls of color as well as lesbian, bisexual, and transgender women.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

Program was not able to conduct any work on this objective. After a Public Hearing was held 5/30/19 and the PHHS Block Grant Advisory Committee voted on 6/4/19 to

approve California's Work Plan, CDPH redirected the \$55,818 slated for this women's health objective to help fund a position a different program also funded by the PHHS Block Grant.

Reasons for Success or Barriers/Challenges to Success

Program was not able to conduct any work on this objective. After a Public Hearing was held 5/30/19 and the PHHS Block Grant Advisory Committee voted on 6/4/19 to approve California's Work Plan, CDPH redirected the \$55,818 slated for this women's health objective to help fund a position in a different Office.

CDPH redirected the \$55,818 slated for the women's health objective under the Health in All Policies Program to the CDPH Office of Policy and Planning. With this amount, CDPH intended to help fund a Career Executive Assignment (CEA) position, a high-level managerial position, which would support the state health improvement plan, Let's Get Healthy California.

Strategies to Achieve Success or Overcome Barriers/Challenges

Since funding was redirected, work on this Objective will not be completed.

Activity 1:

Develop project management plans

Between 07/2019 and 06/2020, meet with OHE and CDPH leadership to develop one workplan for the OHE staff team to use for the creation of the issue/data brief focusing on the state of women's health in California through an equity lens that places an emphasis on the social determinants of health and how they impact the health of women and girls of color as well as lesbian, bisexual, and transgender women. The workplan will address the following components: background research of the topic, convening internal and external partners, data collection and curation, the development of the issue brief, and a communications plan for disseminating the brief.

Activity Status

Not Started

Activity Outcome

Program was not able to begin work on this activity. CDPH redirected funds from the women's health Objective to help fund a salary position which would advance the state health improvement plan, Let's Get Healthy California. Since funding was redirected, this activity was not be completed.

Reasons for Success or Barriers/Challenges to Success

Program was not able to begin work on this activity. CDPH redirected funds from the women's health Objective to help fund a salary position which would advance the state health improvement plan, Let's Get Healthy California.

Strategies to Achieve Success or Overcome Barriers/Challenges

Since funding was redirected, this activity will not be completed.

Activity 2:

Convene Stakeholders

Between 07/2019 and 06/2020, host: (1) at least four internal meetings with CDPH program staff to identify opportunities of intersectionality between women's health outcomes and the linkages to social determinants of health and (2) at least two meetings with external stakeholders to get perspectives from our Federal and local partners for how this issue brief will be used and what content would be the most helpful for promoting PSE to improve women's health.

Activity Status

Not Started

Activity Outcome

Program was not able to begin work on this activity. CDPH redirected funds from the women's health Objective to help fund a salary position which would advance the state health improvement plan, Let's Get Healthy California. Since funding was redirected, this activity was not be completed.

Reasons for Success or Barriers/Challenges to Success

Program was not able to begin work on this activity. CDPH redirected funds from the women's health Objective to help fund a salary position which would advance the state health improvement plan, Let's Get Healthy California.

Strategies to Achieve Success or Overcome Barriers/Challenges

Since funding was redirected, this activity will not be completed.

Activity 3:

Communications and Dissemination of the Issue/Data Brief

Between 07/2019 and 06/2020, update at least two webpages: the Women's Health and LGBTQ webpages for CDPH to include the issue brief as well as any additional content that was created during the process that would be useful for both of the webpages.

Program will also disseminate the issue/data brief to at least two external stakeholder groups and three internal stakeholder programs.

Activity Status

Not Started

Activity Outcome

Program was not able to begin work on this activity. CDPH redirected funds from the women's health Objective to help fund a salary position which would advance the state health improvement plan, Let's Get Healthy California. Since funding was redirected, this activity was not be completed.

Reasons for Success or Barriers/Challenges to Success

Program was not able to begin work on this activity. CDPH redirected funds from the women's health Objective to help fund a salary position which would advance the state health improvement plan, Let's Get Healthy California.

Strategies to Achieve Success or Overcome Barriers/Challenges

Since funding was redirected, this activity will not be completed.

Impact/Process Objective 3:

Increase collaboration and integration of health and equity considerations

Between 07/2019 and 06/2020, Program will implement 5 health and/or equity considerations into non-health department polices, programs, or practices to impact the social determinants of health, including the built and social environment.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program implemented more than 5 health and/or equity considerations into non-health department polices, programs, or practices to impact the social determinants of health, including the built and social environment.

Reasons for Success or Barriers/Challenges to Success

Through the Health in All Policies Task Force, Office of Health Equity Staff provide the opportunity and the support for collaboration and the integration of health and equity into non-public health sectors. Staff play a key role in facilitating inter-departmental planning and then implementation. For example, OHE staff has engaged more than 6 Departments in the development of the HiAP Task Force's Healthy Transportation Action Plan. The purpose of the Action Plan is to increase healthy and equitable transportation in California by focusing on increasing active transportation, improving safety, and reducing vehicle miles traveled. Proposed activities cover state employee transportation; state grants, programs, guidelines, and research; land use, and both traffic and personal safety.

Strategies to Achieve Success or Overcome Barriers/Challenges

One of the core strategies to achieve success is to build strong relationships with partners from other departments and agencies. These relationships have been built by

supporting partners in achieving their goals while also advancing public health goals. The result is that partner agencies have come to trust our staff and often invite us to participate in decision-making early in the development of new programs and when guidance documents are under review.

Activity 1:

Increase health and equity considerations in non-health department programs

Between 07/2019 and 06/2020, through the Health in All Policies Task Force and through other intersectoral collaborations, partner with at least five non-health departments to integrate health and equity considerations in at least four programs, such as the Caltrans' Active Transportation Program Grant, the Strategic Growth Council's (SGC's) Affordable Housing and Sustainable Communities Grant program, the SGC's Transformative Climate Communities Grants, and the Natural Resources Urban Greening Grant Program.

Activity Status

Completed

Activity Outcome

OHE staff met with staff from more than 10 departments. Through these meetings, health and equity considerations have been included in 3 non-health departments: 1) the Caltrans/CTC Active Transportation Grant Program, 2) the Affordable Housing and Sustainable Communities Program, and 3) the Transformative Climate Communities Program. Further, Housing and Community Development is also considering how to include human vulnerability indicators when doing climate adaptation planning. In addition to the above 3 programs, OHE staff also met with Caltrans and California State Transportation Agency (CalSTA) regarding the California Integrated Travel Project (Cal-ITP) to discuss integrating CDPH and other HHS program benefits through a statewide transit/social services card.

Reasons for Success or Barriers/Challenges to Success

The Office of Health Equity staff are engaged in many different state grant programs and guidance documents. OHE staff represent CDPH and the larger public health community in the development of grant guidelines like the Active Transportation Program. In addition to bringing expertise in equity, OHE staff also engage public health experts from both within CDPH and from outside to ensure that the information being provided represents the best public health science and practices.

Strategies to Achieve Success or Overcome Barriers/Challenges

Focusing on embedding health and equity considerations into non-public health grant programs has been a successful strategy to improve the social determinants of health, resulting in building healthy communities at the local level.

Activity 2:

Increase health and equity considerations in non-health department practices

Between 07/2019 and 06/2020, through the Health in All Policies Task Force and through other intersectoral collaborations, 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.

Activity Status

Completed

Activity Outcome

Staff have partnered with more than 14 non-health departments to increase capacity and integrate health and/or equity considerations into at least 3 policies, practices, or programs, including: CalEPA and Department of Toxic Substances' module of longer racial equity and environmental justice training designed for government staff; HCD's Community Development Block Grant to support the agency in finding ways to add racial and health equity into their RFPs; and diversity and/or inclusion statements to job postings for several state agencies. OHE staff continued to partner with non-health departments to advance capacity and to integrate health and equity into policies, practices, and guidance documents.

Reasons for Success or Barriers/Challenges to Success

The Office of Health Equity staff play an important role as subject matter experts on health and equity for HiAP Task Force members and other state agencies. Additionally, there is a lack of knowledge and capacity within state government to operationalize health equity principles into concrete actions agencies can implement through their programs and services. Thus, learning sessions, speaker series, and other convenings highlighting strategies to promote health equity hosted by OHE staff consistently garner high participation from partner agencies.

Strategies to Achieve Success or Overcome Barriers/Challenges

One strategy that has been successful to advance the social determinants of health has been being flexible and opportunistic, so that when opportunities present themselves, staff can capitalize on them. For example, staff tend to focus on current policy and program opportunities where there is momentum that have the potential to make big advances for public health.

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: HPP 2020 objectives align with the CDPH Public Health 2035 and Strategic Map as they strengthen CDPH as an organization and make continuous quality improvement (QI) standard in the Department. 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.

Role of Block Grant Funds: Funds will support salaries of staff responsible for overarching PHHSBG activities: evaluation; QI process; stakeholder relationships; communication of program outcomes; and program, fiscal, and grant management.

Evaluation Methodology: Program goals and objectives are in line with congressional mandate; Centers for Disease Control and Prevention (CDC); State, Tribal, Local, and Territorial Subcommittee recommendations; and the CDC PHHSBG evaluation initiative. 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 Partnerships:

Internal

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

External

1. Emergency Medical Services Authority

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

State Health Objective(s):

Between 07/2017 and 06/2020, 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.

State Health Objective Status

Not Met

State Health Objective Outcome

The HPP 2020 has analyzed the successes and barriers data from the FFY 2018 Annual Report, as well as final outcomes in our own FFY 2018 Program Outcomes Report (POR). These data sources demonstrate which Programs exceeded, met, partially met, or did not meet specific objectives and activities in the FFY 2018 Work Plan. Analysis from these sources is the precursor to implementing a QI process for FY 2019. The Intentional and Unintentional Injury Prevention Program (IUIP) was selected and notified. A meeting was held on April 29, 2020 to discussed ways to improve IUIP's outcomes.

Reasons for Success or Barriers/Challenges to Success

The HPP 2020 created a final POR each year in order to capture the additional work which all California's PHHS Block Grant Programs complete between February 1, when the Annual Progress Report is due, and June 30, which is the end of our cycle. Data from this report is useful since it reflects an entire year's worth of work. It is an important tool in selecting one Program for a Quality Improvement process. One Program was selected and the QI process was completed by June 2020.

Strategies to Achieve Success or Overcome Barriers/Challenges

Building off the analysis of the data sources mentioned above, the HPP 2020 Staff selected one Program and informed them of the intent of the QI process. The Program was willing and cooperated with the HPP 2020 in the QI process.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Not applicable

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Communicate program outcomes

Between 07/2019 and 06/2020, Program will implement 2 communication strategies to

highlight the success of the PHHSBG-funded programs.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program implemented 2 communication strategies to highlight the success of the PHHSBG-funded programs. HPP 2020 staff posted ten Success Stories to the CDPH website. The Program Outcomes Report (POR) data was reviewed and the final report was completed. It was shared with participants in the Advisory Committee Meeting which was publicly noticed and included a registration link on the CDPH website.

Reasons for Success or Barriers/Challenges to Success

Two communication strategies are partially completed. 1) Healthy People 2020 staff collected Success Stories from Programs funded through the PHHS Block Grant. 2) Data for the POR is currently being reviewed. The Success Stories are posted on the CDPH website. Due to staffing shortage, the POR has not been posted and HPP 2020 is currently working on getting it posted to the CDPH website,

The HPP 2020 works closely with 24 PHHS Block Grant Programs, providing guidance, user-friendly templates, support, and technical assistance. We also implement sound project management, including the use of internal tracking sheets and carefully monitoring work flow and timelines. We are partner with one Program on a QI process annually.

Strategies to Achieve Success or Overcome Barriers/Challenges

HPP 2020 staff will continue to follow internal review processes and formatting procedures so the POR meet the requirements for publication on the CDPH website.

Activity 1:

Publish Program Outcomes Report online

Between 07/2019 and 06/2020, publish one Program Outcomes Report on the CDPH website to disseminate information to the public.

Activity Status

Not Completed

Activity Outcome

The FFY 2018 POR was completed and shared with participants in the Advisory Committee Meeting. However, it has not been published due to staffing shortage.

Reasons for Success or Barriers/Challenges to Success

HPP 2020 finalized the FFY 2018 POR in the summer of 2019. The POR has not been

published on the CDPH website because staffing shortage. The HPP 2020 is working on formatting the POR to meeting the requirements for publication. The POR will be posted on the CDPH website once all publication requirements are met.

Strategies to Achieve Success or Overcome Barriers/Challenges

HPP 2020 staff utilized the outcomes submitted to CDC for the FFY 2018 Annual Progress Report to create the POR. HPP 2020 will follow internal Department procedures for getting it published on the CDPH website.

Activity 2:

Distribute Program Outcomes Report to stakeholders

Between 07/2019 and 06/2020, distribute the Program Outcomes Report to at least nine stakeholders.

Activity Status

Completed

Activity Outcome

The POR was distributed to at least nine stakeholders to highlight the success and progress of PHHSBG funded programs.

Reasons for Success or Barriers/Challenges to Success

The FFY 2018 was shared with Advisory Committee members.

Strategies to Achieve Success or Overcome Barriers/Challenges

By maintaining current contact information with stakeholders, HPP 2020 was able to share the FFY 2018 POR. However, we are currently working on formatting requirements and will post the POR once all requirements are met.

Activity 3:

Publish program Success Stories online

Between 07/2019 and 06/2020, publish at least ten success stories on the CDPH website to disseminate information to the public.

Activity Status

Completed

Activity Outcome

HPP 2020 staff posted ten Success Stories from FFY 2019 on the CDPH website. These stories add a more compelling narrative to highlight program success.

Reasons for Success or Barriers/Challenges to Success

HPP 2020 staff provided Success Story templates along with instructions and technical assistance to all 24 Programs.

Strategies to Achieve Success or Overcome Barriers/Challenges

HPP 2020 staff will continue to follow internal document review procedures and specific Department requirements for web formatting.

Impact/Process Objective 2:

Institute a QI process to improve PHHSBG program outcomes

Between 07/2019 and 06/2020, Program will implement 1 QI process to contribute to PHHSBG program evaluation.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program implemented 1 QI process to contribute to PHHSBG program evaluation.

Reasons for Success or Barriers/Challenges to Success

The HPP 2020 has instituted a QI process by finalizing the analysis of data from the FFY 2018 POR and selecting a Program for the QI process.

Challenges included: 1) a four-month vacancy (starting at the end of June, 2019) in the position primarily responsible for collecting final POR data from Programs and 2) and other worthwhile, but time-competing, activities such as participating in CDC's National PHHS Block Grant Evaluation and working with CDPH leadership in selecting Programs to participate in any future funding cycles for the PHHS Block Grant. During this time, we tapped into our strength of having prior data collection knowledge.

Strategies to Achieve Success or Overcome Barriers/Challenges

Despite these challenges, the HPP 2020 was on track to select one Program for a QI process and completed the QI process.

Activity 1:

Perform QI analysis of PHHSBG programs

Between 07/2019 and 06/2020, 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.

Activity Status

Completed

Activity Outcome

The Program Outcomes Report was analyzed with special attention to programs who did not meet their objectives and activities. One program, the Injury Prevention Program, was selected for a QI process using the PDSA model.

Reasons for Success or Barriers/Challenges to Success

One challenge was a vacant Health Program Specialist I (HPS I) position at the time that data collection was due to begin for the POR. Through hard work, the HPP 2020 was able to complete the final POR. Staff was also involved in the hiring process and the vacancy was later filled.

Strategies to Achieve Success or Overcome Barriers/Challenges

With the HPS I position filled, HPP 2020 was able to complete the data analysis, select one Program, and meet with that Program to discuss process improvement by June 30, 2020.

Activity 2:

Assist PHHSBG Program staff on QI process

Between 07/2019 and 06/2020, (1) provide at least one Training/Technical Assistance (TTA) to PHHSBG program staff via email, phone, or other communications, as appropriate; and (2) conduct at least one QI meeting to ensure the QI process is understood.

Activity Status

Completed

Activity Outcome

Both a TTA and a QI meeting were conducted in the spring of 2020 with the IUIP to ensure the QI process is understood.

Reasons for Success or Barriers/Challenges to Success

Even though a staff vacancy put the HPP 2020 slightly behind with finishing the POR, we were able to assist one PHHS Block Grant Program with a QI process.

Strategies to Achieve Success or Overcome Barriers/Challenges

HPP 2020 staff reached out to the selected program in April 2020 and was able to complete this activity before the end of June 2020.

Impact/Process Objective 3:

Track and report PHHSBG program outcomes to document progress and impact

Between 07/2019 and 06/2020, Program will develop 1 report on Program Outcomes to support PHHSBG program evaluation through analysis of met and unmet deliverables.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program developed 1 report on Program Outcomes to support PHHSBG program evaluation through analysis of met and unmet deliverables.

Reasons for Success or Barriers/Challenges to Success

HPP 2020 developed one report on Program Outcomes, the FFY 2018 POR, to support PHHSBG program evaluation through analysis of met and unmet deliverables.

In order to create the POR, HPP 2020 staff use data submitted to CDC as part of the Annual Report and then follow up each year with Programs after June 30 to capture any additional outcomes that have been completed since then.

Strategies to Achieve Success or Overcome Barriers/Challenges

HPP 2020 continues to collect outcomes data twice per year to support programs and program evaluation. If data indicate that objectives and activities are incomplete, it presents an opportunity for us to investigate further, discuss barriers and challenges with the Program, and generate solutions together.

Activity 1:

Collect outcomes information from PHHSBG programs

Between 07/2019 and 06/2020, collect and document PHHSBG program outcomes once from all 24 funded programs to assemble data for QI analyses.

Activity Status

Completed

Activity Outcome

HPP 2020 staff collected and documented program outcomes from all 24 funded programs beginning in November 2019.

Reasons for Success or Barriers/Challenges to Success

Staff worked closely with funded programs to collect data on program outcomes, employing data collecting templates, using internal tracking sheets, and providing technical assistance.

Strategies to Achieve Success or Overcome Barriers/Challenges

HPP 2020 staff will continue to provide communication and technical assistance to PHHS Block Grant Programs, looking for areas of improvement and efficiency, and implementing them in future cycles.

Activity 2:

Develop a report on program outcomes

Between 07/2019 and 06/2020, write one comprehensive summary report to document progress and impact.

Activity Status

Completed

Activity Outcome

HPP 2020 staff wrote one comprehensive summary report, the FFY 2018 POR to document progress and impact. This report was completed in Fall 2019.

Reasons for Success or Barriers/Challenges to Success

HPP 2020 staff worked closely with programs to collect data and provide technical assistance when needed.

Strategies to Achieve Success or Overcome Barriers/Challenges

We will continue to maintain strong relationships with Programs and to serve as a trusted resource providing timely support and direction via meetings, phone calls, and email.

Activity 3:

Provide TTA to staff submitting program outcomes information

Between 07/2019 and 06/2020, (1) provide at least four ad hoc TTAs to PHHSBG program staff via email, phone, and other communications as appropriate; and (2) conduct at least one TTA meeting for no less than 25% of PHHSBG-funded programs to ensure continuous QI for PHHSBG programs.

Activity Status

Completed

Activity Outcome

During this period, HPP 2020 staff provided four ad hoc TTAs to PHHSBG programs via email, phone, and in person. We also conducted one TTA meeting for more than 25% of PHHSBG-funded programs in the fall of 2019.

Reasons for Success or Barriers/Challenges to Success

Staff provide weekly ad hoc TTA to programs on both programmatic and fiscal processes.

Strategies to Achieve Success or Overcome Barriers/Challenges

HPP 2020 staff will continue to keep the lines of communication open with programs, looking for opportunities to support and improve processes and outcomes. When issues are identified, staff will communicate to Programs via email. If further clarification is required, Program staff are encouraged to call the HPP 2020 for assistance. When needed, meetings are held to clarify and instruct all funded Programs.

State Program Title: Intentional and Unintentional Injury Prevention

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 in 2011 to 20 per 100,000, and decrease the annual incidence rate for homicides from 5 in 2011 to 4 per 100,000.

Role of Block Grant Funds: PHHS Block Grant funds will be used by the California Department of Public Health (CDPH) Injury and Violence Prevention Branch (IVPB) (formerly Safe and Active Communities Branch (SACB)) to: 1) pay staff salaries; 2) provide information, data, training, technical assistance (TA), and funding to support policies and programs for the prevention of: a) unintentional childhood injuries, b) older adult falls, c) traffic-related injuries, and d) Adverse Childhood Experiences; and, 3) support data enhancements of data display, dissemination and usability.

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 Partnerships:

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 State Falls Coalition

5. Office of Traffic Safety

National Health Objective: IVP-1 Total Injury

State Health Objective(s):

Between 07/2019 and 06/2020, IVPB staff 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.

State Health Objective Status

Not Met

State Health Objective Outcome

Despite state supported injury prevention programs and multi-sectorial collaborations, the overall injury death rate has continued to increase since 2013, from 45.6 per 100,000 in 2013 to 53.9 per 100,000 in 2019. The rate of unintentional injury deaths increased from 28.7 to 37.0, while the violent death rate (i.e., suicides and homicides) has remained relatively stable, at 15.2 in 2013 and 15.4 in 2019.

Reasons for Success or Barriers/Challenges to Success

Preventing and reducing fatal and non-fatal injuries is a complex public health problem that requires a complex set of social and technical solutions and involves a collective public health response. The IVPB staff participate in multiple collective impact efforts to address various forms of injury, including unintentional (e.g., CA Strategic Highway Safety Plan; Prescription Drug Overdose Prevention; Kids Plates; older falls prevention; infant safe sleep) and intentional (e.g., Cal-VDRS; CDPH Violence Prevention Initiative; Let's Get Healthy California; Domestic, Sexual and Teen Dating Violence Prevention; Essentials for Childhood; and All Children Thrive) injury prevention activities.

Strategies to Achieve Success or Overcome Barriers/Challenges

The IVPB continues to strive to raise the salience of injury prevention within governmental agencies and in partnership with non-profit and private sector domains through collaboration, public awareness, convenings, policy and systems change, and support for prevention and intervention programs.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block grant funds have been used to leverage additional funds, resources and partners in nearly every IVPB program. For 2018-9 these funds include traffic safety (e.g., OTS Caltrans - ~ \$1.7 million); opioid overdose prevention (e.g., CDC Opioid Data to Action [OD2A] grants - ~ \$5.7 million; DHCS SAMHSA - ~\$4.5 million), and violence

prevention (e.g., CDC Essentials - ~\$308,740 million; CA All Children Thrive - ~\$3.3 million).

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Increase available data and information on early childhood adversity

Between 07/2019 and 06/2020, Program will publish **1** data brief on early childhood adversity in California based on multiple years of Behavioral Risk Factor Surveillance System (BRFSS) ACEs module with county and zip code level estimates.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program published **0** data brief on early childhood adversity in California based on multiple years of Behavioral Risk Factor Surveillance System (BRFSS) ACEs module with county and zip code level estimates.

Reasons for Success or Barriers/Challenges to Success

These data have not been finalized into a brief format; however, given its length and content, it will be a “report” versus a “brief.” The data report has not yet been published or disseminated as it is completing review and finalization. A meeting is scheduled on 7/30/20 with subject matter experts to confirm that the city-level and zip code estimates should not be included given that the confidence intervals were too wide to ensure reliability and determine if it should only include state and county data. It is anticipated that the report will be released in October 2020.

Strategies to Achieve Success or Overcome Barriers/Challenges

A draft of a data brief has been developed and will be finalized and disseminated.

Activity 1:

Conduct analyses to produce county and city level estimates of ACEs

Between 07/2019 and 06/2020, work with researchers at University of CA Davis to conduct analyses to produce county and city level child adversity data estimates based on multiple years of BFRSS ACEs module data.

Activity Status

Completed

Activity Outcome

In partnership with the UC Davis, Violence Prevention Research Program, the IVPB staff have combined and analyzed multiple years of Behavioral Risk Factor Surveillance

System (BRFSS) ACEs module data (2011-2017) with county and zip code level estimates. Subject matter experts have expressed concern over the use of the city-level and zip code estimates given that the confidence intervals appear too wide to guarantee reliability.

Reasons for Success or Barriers/Challenges to Success

Program maintained a successful partnership with the University of California Violence Prevention Research Program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Data were compiled and prepared for analysis. Analyses were conducted.

Activity 2:

Publish data brief on early childhood adversity in California

Between 07/2019 and 06/2020, prepare and publish a data brief with county and city level child adversity data estimates based on multiple years of BFRSS ACEs module data.

Activity Status

Completed

Activity Outcome

The data report has been completed. Program provided edits to UC Davis after subject matter expert review in the spring of 2020 and received an edited version that will complete review on 7/30/2020. The data report will then be finalized and put forward for release and dissemination.

Reasons for Success or Barriers/Challenges to Success

In part due to program maintaining a successful partnership with the University of California Violence Prevention Research Program.

Strategies to Achieve Success or Overcome Barriers/Challenges

Work will continue to complete the Data Report in a timely manner and then it will be disseminated to stakeholders.

Activity 3:

Update childhood adversity data on Kidsdata.org website

Between 07/2019 and 06/2020, update the Childhood Adversity and Resiliency topic data on Kidsdata.org website by uploading county and city child adversity data to the Kidsdata.org website.

Activity Status

Not Completed

Activity Outcome

Kidsdata.org staff, All Children Thrive, California, the University of California, Davis, and IVPB have collaborated to prepare data for release. Subject matter experts will be asked to confirm on 7/30/20 that the city-level and zip code estimates should not be utilized and to recommend publication of the county and state data only. The data report will be put forward for release and dissemination, and then Kidsdata will publish the data on the website. All agreements are in place and the data is with Kidsdata.org and has been prepared for release, but is on standby until after Department approval is given.

Reasons for Success or Barriers/Challenges to Success

Program maintained a collaborative partnership with Kidsdata.org. Initial collaborative plans have been created with Kidsdata.org staff to prepare and upload the new ACEs data. Once the ACEs module data are prepared, the IVPB staff will work with the Kidsdata.org staff to upload the new ACEs data to Kidsdata.org under the Child Adversity and Resilience topic.

Strategies to Achieve Success or Overcome Barriers/Challenges

Program continues to prepare ACEs module data for upload to Kidsdata.org.

Impact/Process Objective 2:

Increase capacity of local unintentional childhood injury prevention programs

Between 07/2019 and 06/2020, Program will conduct **10** training and resource opportunities to stakeholders to improve California childhood unintentional injury prevention knowledge, best practice programs, and partnership efforts.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program conducted **12** training and resource opportunities to stakeholders to improve California childhood unintentional injury prevention knowledge, best practice programs, and partnership efforts.

Reasons for Success or Barriers/Challenges to Success

IVPB staff has maintained successful partnerships with external stakeholders and subject matter experts in the childhood injury field.

Thus far, IVPB has conducted twelve (12) training and technical assistance resources including website, one webinar and one regional meeting to serve the unintentional childhood injury prevention community in California.

Strategies to Achieve Success or Overcome Barriers/Challenges

IVPB will continue to offer training and technical assistance resources via technical and programmatic webinars to increase capacity of professionals to develop effective interventions locally, and regional meetings to bring coalitions together to partner and share successes and challenges. The website will continue to be updated to provide accurate and helpful information to all partners serving the childhood unintentional injury prevention community.

Activity 1:

Maintain childhood unintentional injury prevention website as a resource.

Between 07/2019 and 06/2020, 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.

Activity Status

Completed

Activity Outcome

Program continues to make updates to CDPH website on unintentional childhood injury prevention topics and resources for use by Kids' Plates programs and statewide local entities and the public.

Reasons for Success or Barriers/Challenges to Success

IVPB has updated the CDPH web site on unintentional childhood injury prevention topics and resources including a link to the success of the Kids' Plates program. The IVPB website covers unintentional childhood injury program areas and resources used by the California unintentional injury prevention community. The IVPB website also provides a statewide database of injuries by year, county, and type and source of injury, called "EPICenter" that is based on data collected from hospital discharge, emergency room, and coroner reports. The data provides a foundation for the building and justification for local unintentional injury coalitions, programs and interventions.

Strategies to Achieve Success or Overcome Barriers/Challenges

IVPB will maintain the website with childhood unintentional injury prevention topic areas, resources and information for Kids' Plates program grantees and the California community to use for local programs and interventions.

Activity 2:

Provide trainings to stakeholders on unintentional childhood injury topics

Between 07/2019 and 06/2020, conduct six webinars and three regional meetings on

unintentional childhood injury prevention topics and programs to the California unintentional childhood injury community, Kids' Plates programs, and/or local programs. The trainings will include information on program development, coalition building, and injury topic-specific information for local health departments, organizations, and Kids' Plates programs who are implementing childhood unintentional injury programs in their communities.

Activity Status

Met

Activity Outcome

IVPB conducted six webinars and three regional meetings to support local unintentional childhood injury prevention programs. The six webinars covered: safety for children in cars and car seats, poisoning prevention, drowning prevention, safe sleep for children, child passenger safety and COVID-19 adaptations, and local coalition staff and volunteer development. Three regional meetings were held, one in the Bay Area on November 19, 2019, one on February 27, 2020 in Fresno, with the central valley public health partners, and the other virtually for the greater Sacramento and northern California counties on June 4, 2020.

Reasons for Success or Barriers/Challenges to Success

IVPB conducted two webinars and one regional meeting on Nov. 19, 2019. The Kids' Plates grantees and other advocates are engaged in their communities and look to IVPB to provide data, technical and resource information and program development on unintentional injury prevention topics to enrich their local program.

Strategies to Achieve Success or Overcome Barriers/Challenges

IVPB will continue to offer webinars and regional meetings to the Kids' Plates grantees and the California childhood unintentional injury prevention community to increase topic specific knowledge and coalition building strategies for the further development of intervention programs that serve the public.

Impact/Process Objective 3:

Increase capacity to promote healthy aging using a public health approach

Between 07/2019 and 06/2020, Program will conduct **16** planning and technical assistance activities to increase the capacity within the Department and among stakeholders to promote healthy aging using a public health approach.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program conducted **22** planning and technical assistance activities to increase the capacity within the Department and among

stakeholders to promote healthy aging using a public health approach.

Reasons for Success or Barriers/Challenges to Success

Program staff completed all activities with the exception of activity #4 (stakeholder convening). This convening was originally planned for May 20, 2020, but due to COVID-19, the convening was rescheduled for August 2020.

Strategies to Achieve Success or Overcome Barriers/Challenges

Staff have initiated development of a Healthy Aging Workgroup that will help create CDPH's Healthy Aging Framework; identify opportunities for strategic alignment and training needs across CDPH's Centers and Offices to promote healthy aging; support the development of communications materials; assist with data collection, analysis, and presentation; and participate in the planning and implementation of partner and stakeholder events.

Activity 1:

Collaborate with internal stakeholders to promote healthy aging

Between 07/2019 and 06/2020, engage stakeholders within the department to promote healthy aging using a public health approach. Program will focus on primary prevention of older adult unintentional injury within the branch, which will include addressing traffic safety, opioid misuse, falls, and violence prevention. Program will also initiate intra-departmental work on other older adult public health issues such as chronic disease, Alzheimer's, nutrition, physical activity promotion, mental health, and disaster preparedness. This activity will be accomplished through a minimum of two meetings. These meetings will result in one summary document that will include areas of program intersection and possible collaboration, and a list possible agenda items for the larger scale statewide stakeholder convening described in activity on convening healthy aging stakeholders.

Activity Status

Exceeded

Activity Outcome

Staff conducted 20 internal stakeholder meetings to initiate collaborations between intra-departmental programs, promote application of a healthy aging lens to projects, and to determine the data available for adults age 60 and over. Staff produced one summary document and a list of possible agenda items.

Reasons for Success or Barriers/Challenges to Success

Staff had success collaborating with internal stakeholders due to strong outreach initiated via an intra-departmental survey and follow-up communications.

Strategies to Achieve Success or Overcome Barriers/Challenges

Intra-departmental collaborations will continue to strengthen through the remainder of

the year as the Healthy Aging Workgroup begins work on a variety of project areas, including data, communications, and regional stakeholder convenings.

Activity 2:

Facilitate statewide fall prevention meetings

Between 07/2019 and 06/2020, facilitate and contribute expertise to three statewide fall prevention meetings, such as the California StopFalls Coalition and the Healthier Living Coalition. These meetings will enable professional stakeholders to align priorities, and share expertise, innovative practices, and data to address the fall prevention component of healthy aging.

Activity Status

Completed

Activity Outcome

Staff facilitated and provided expertise to three statewide fall prevention meetings. The meetings took place on October 15, November 5, and December 5, 2019. One of these meetings (December 5, 2019) included a staff presentation on California falls prevention data and the Department's Healthy Aging Initiative.

Reasons for Success or Barriers/Challenges to Success

This partnership with Healthier Living Coalition was possible due to an existing working relationship with the organization's leadership team.

Strategies to Achieve Success or Overcome Barriers/Challenges

CDPH staff will work closely with Healthier Living Coalition staff to ensure a smooth transition of resources, class data, and local falls coalition information from the StopFalls California website. Staff will also contribute to an e-newsletter distributed by Healthier Living Coalition.

Activity 3:

Conduct TA on healthy aging programs and resources

Between 07/2019 and 06/2020, conduct 10 technical assistance consultations to advise Local Health Departments (LHDs), community agencies, health care professionals, or members of the public, via telephone or e-mail, on fall prevention programs and healthy aging resources. CDPH will also serve as the license holder and technical assistance provider for Stepping On fall prevention programs in California. The TA consultations will enable sharing of best practices and resources among both professional healthy aging stakeholders and members of the public.

Activity Status

Exceeded

Activity Outcome

Staff conducted 17 TA consultations to advise LHDs, community agencies, health care providers, or members of the public, via telephone or e-mail, on fall prevention programs and healthy aging resources.

Reasons for Success or Barriers/Challenges to Success

Staff succeeded in this activity due to on-going networking with fall prevention and injury prevention stakeholders who are able to direct technical assistance questions to CDPH staff.

Strategies to Achieve Success or Overcome Barriers/Challenges

Staff will continue to provide technical assistance for fall prevention or healthy aging-related resources as needed throughout the year.

Activity 4:

Convene internal and external healthy aging stakeholders

Between 07/2019 and 06/2020, augment planned internal stakeholder collaboration to include one convening of statewide healthy aging public health stakeholders for the purpose of exploring and identifying future priorities for healthy aging work. The convening will be led by a professional facilitator and will include a minimum of six stakeholder programs or organizations, such as local health departments, AARP, health care organizations, and Area Agencies on Aging. Program will conduct one evaluation and create one summary report post-convening.

Activity Status

Not Completed

Activity Outcome

Healthy aging stakeholder convening was scheduled for May 20, 2020, but due to COVID-19, the convening was postponed to August 2020 and will be held in a virtual format. As previously planned, the August 2020 convening will bring together statewide stakeholders to align public health priorities around aging.

Reasons for Success or Barriers/Challenges to Success

Staff made rapid progress in executing a contract with California State University, Sacramento by collaborating with and expanding upon our Center for Healthy Communities' Interagency Agreement already in development. This significantly reduced the time required to begin moving a contract through CDPH's Contract Management Unit.

Strategies to Achieve Success or Overcome Barriers/Challenges

Staff will work with its newly formed Healthy Aging Initiative Workgroup to determine the regional convenings' focus and key speakers, and how to best structure the events to

achieve actionable outcomes.

Impact/Process Objective 4:

Increase the availability and usefulness of motor vehicle traffic injury data

Between 07/2019 and 06/2020, Program will conduct **5** one-on-one or group technical assistance or training sessions to local health department (LHD) and other traffic safety partners to build their capacity to expand data-informed efforts to reduce traffic crashes and injuries.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program conducted **11** one-on-one or group technical assistance or training sessions to local health department (LHD) and other traffic safety partners to build their capacity to expand data-informed efforts to reduce traffic crashes and injuries.

Reasons for Success or Barriers/Challenges to Success

IVPB staff continued to maintain successful relationships with local county health departments and California Conference of Local Health Data Managers and Epidemiologists (CCLHDME) and having gained a deeper understanding of the newly implemented ICD-10-CM coding system have applied it to the external causes of injury matrix and diagnoses codes in diagrammatic and tabular forms and provide consultation to stakeholders on how to navigate the ICD-10-CM coding system. As a result of this deeper understanding, Crash Medical Outcomes Data (CMOD) project epidemiological staff were able to translate the ICD-10-CM codes into presentations, consultations, technical assistance, etc. to stakeholders and the injury surveillance community to help them get a better understanding of applying this coding system to their daily work.

Strategies to Achieve Success or Overcome Barriers/Challenges

IVPB staff continued to maintain successful relationships with local county health departments and CCLHDME and having gained a deeper understanding of the newly implemented ICD-10-CM coding system have applied it to the external causes of injury matrix and diagnoses codes in diagrammatic and tabular forms and provide consultation to stakeholders on how to navigate the ICD-10-CM coding system. As a result of this deeper understanding, CMOD epidemiological staff were able to translate the ICD-10-CM codes into presentations, consultations, technical assistance, etc. to stakeholders and the injury surveillance community to help them get a better understanding of applying this coding system to their daily work.

Activity 1:

Provide training on the use of the ICD-10-CM coding system

Between 07/2019 and 06/2020, conduct 2 training sessions or webinars to LHDs and

other traffic safety partners on how to increase the availability and use of actionable traffic-safety data.

Activity Status

Completed

Activity Outcome

Based on two technical working papers on ICD-10-CM injury coding (activity #3), CMOD staff provided training through three presentations to the CCLHDME, including one at its annual conference, at which there were epidemiologist from at least 25 LHDs and Metropolitan Planning Organizations (MPO) in attendance, on the transition to ICD-10-CM and understanding and applying the coding system to general injury and specifically to motor vehicle traffic injury external causes of injury.

Reasons for Success or Barriers/Challenges to Success

IVPB staff maintained a successful partnership with CCLHDME

Strategies to Achieve Success or Overcome Barriers/Challenges

IVPB staff conducted outreach and relationship building activities with local health department epidemiologist staff.

Activity 2:

Provide technical assistance to LHDs on using the ICD-10-CM coding system

Between 07/2019 and 06/2020, conduct 5 TA sessions to LHDs and other traffic safety partners on the use of the ICD-10-CM coding system for generating transportation related injury data from hospital and ED data sources.

Activity Status

Completed

Activity Outcome

CMOD staff provided technical assistance to 11 county public health departments and other agencies on injury surveillance and traffic safety, including Alameda, Contra Costa, City of Long Beach's (Public Works), Los Angeles - Division of Chronic Disease and Injury Prevention, Orange, and San Francisco. 11 one-on-one discussions and technical assistance sessions were held to local health department epidemiology staff.

Reasons for Success or Barriers/Challenges to Success

IVPB staff continued a successful partnership with CCLHDME.

Strategies to Achieve Success or Overcome Barriers/Challenges

IVPB staff conducted outreach and relationship building activities with local health department epidemiology staff. IVPB epidemiologists respond to data requests from

local health department staff and provide technical support and assistance to them.

Activity 3:

Produce one data brief on the application of ICD-10-CM traffic data

Between 07/2019 and 06/2020, conduct data analyses and produce one data brief on motor vehicle traffic injuries using ICD-10-CM coding (i.e., 2016 -2018 data).

Activity Status

Completed

Activity Outcome

Produced two technical working papers on ICD-10-CM injury coding. IVPB staff produced two technical reports on applying the ICD-10-CM coding system to general injury data, and specifically to motor vehicle traffic/collision injuries on: 1) crosswalk for 2015 data with both ICD-9-CM and ICD-10-CM codes; and 2) application of ICD-10-CM external cause of injury codes to 2016-18 motor vehicle traffic/collision injury data.

Reasons for Success or Barriers/Challenges to Success

Program partnered with national and state subject matter expert groups (i.e., Council of State and Territorial Epidemiologists; CCLHDME).

Strategies to Achieve Success or Overcome Barriers/Challenges

Development of national standards for creating ICD-10-CM injury categories for motor vehicle related injuries (e.g., driver versus passenger) is still in progress. CMOD staff conducted their own analytic work to develop effective coding solutions and have shared their lessons learned with the national and state groups.

Impact/Process Objective 5:

Update California injury and violence online data

Between 07/2019 and 06/2020, Program will update **3** injury surveillance data sources on each EpiCenter (CA Online Injury Data) and the CA Opioid Overdose Surveillance Dashboard.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program updated **1** injury surveillance data sources on each EpiCenter (CA Online Injury Data) and the CA Opioid Overdose Surveillance Dashboard.

Reasons for Success or Barriers/Challenges to Success

Data on deaths due to injuries and violence was updated to include 2017 data. The CA Opioid Overdose Surveillance Dashboard has been updated with data through 2019, on opioid-related deaths, Emergency Department visits, and Hospitalizations.

IVPB staff prepared injury and violence data to be uploaded to the EpiCenter site using the most recent available data and applying the new ICD-10-CM coding system.

The tracking of medical data (i.e., emergency department visits and hospitalizations) on traffic injuries underwent a dramatic change in October 2015 with the switch from the ICD-9-CM coding system to the ICD-10-CM system. This change continues to challenge national, state and local epidemiologists to this day. IVPB CMOD staff created a crosswalk for ICD-10-CM injury codes to ICD-9-CM injury coding categories for the transition 2015 year, and were able to prepare and upload 2015 injury data to the EpiCenter site.

Strategies to Achieve Success or Overcome Barriers/Challenges

The IVPB staff participated in the national dialogue working to create new standards for identifying and tracking fatal and serious injuries, including motor vehicle crashes, and were part of the workgroup that compiled a toolkit with indicators for injury surveillance which was released in June, 2019.

Activity 1:

Prepare and upload 2018 injury data to the EpiCenter

Between 07/2019 and 06/2020, update and upload 2018 injury data from three injury data sources (i.e., death, hospital and ED) to the EpiCenter.

Activity Status

Not Completed

Activity Outcome

Data on deaths due to injuries and violence was updated to include 2017 data. IVPB staff is currently still in the process of reconciling ICD-10-CM injury coding categories in order to plan for preparation and upload of more recent years of data for EpiCenter.

Unfortunately, the continuing compatibility issues with the ICD-10-CM and ICD-9-CM injury codes continues to be a challenge that has slowed and complicated progress on this activity; this needs to be resolved and hopefully in the coming fiscal year we will be able to upload 2018 injury data to the EpiCenter.

Reasons for Success or Barriers/Challenges to Success

The tracking of medical data (i.e., emergency department visits and hospitalizations) on traffic injuries underwent a dramatic change in October 2015 with the switch from the ICD-9-CM coding system to the ICD-10-CM system. This change continues to challenge national, state and local epidemiologists to this day.

Strategies to Achieve Success or Overcome Barriers/Challenges

The IVPB staff participated in the national dialogue working to create new standards for identifying and tracking fatal and serious injuries, including motor vehicle crashes, and were part of the workgroup that compiled a toolkit with indicators for injury surveillance which was released in June, 2019.

Activity 2:

Prepare and upload substance abuse consequences data

Between 07/2019 and 06/2020, prepare and upload substance abuse consequences data from three data sources (i.e., death, hospital and ED) to EpiCenter and/or an expanded CA Opioid Overdose Surveillance dashboard.

Activity Status

Completed

Activity Outcome

The CA Opioid Overdose Surveillance Dashboard has been updated with data through 2019, on opioid-related deaths, Emergency Department visits, and Hospitalizations.

Reasons for Success or Barriers/Challenges to Success

Program partnered with data providers (e.g., Vital Statistics; OSHPD).

Strategies to Achieve Success or Overcome Barriers/Challenges

Program established data user agreements and routine communications.

Activity 3:

Provide TA and guidance to 25 data users for online data

Between 07/2019 and 06/2020, provide TA and guidance to at least 25 data users on how to use the online injury and substance use data (e.g., query system; dashboards) to translate data into actionable information for use in program planning and evaluation. When new data are uploaded users often need guidance on what and how to use these new data.

Activity Status

Completed

Activity Outcome

Guidance on, and data from, the Opioid Overdose Dashboard were provided at several convenings including the Opioid Safety Network Summit (50+ participants) and the Statewide Opioid Safety (SOS) Workgroup (50+ participants). Overviews and technical assistance on using the dashboard were also provided to the SOS Treatment and Data Task Forces. Several media requests involved providing TA on using the dashboard as

well.

Reasons for Success or Barriers/Challenges to Success

IVPB maintained partnerships with data providers and outreach to data user stakeholders.

Strategies to Achieve Success or Overcome Barriers/Challenges

Program maintained data user agreements and relationships with data sources and conducted ongoing outreach to stakeholders to assist with translating data into useful information for action.

State Program Title: Obesity Prevention for Californians

State Program Strategy:

Goal: The goal of the Nutrition Education and Obesity Prevention Branch (NEOPB) is to promote healthy eating, physical activity, and food security, emphasizing communities with the greatest health disparities through statewide, regional, and local partnerships.

NEOPB works directly with local health departments (LHDs) on the obesity epidemic. The LHD model provides an equitable distribution of funds and resources and facilitates statewide representation. NEOPB also partners with state departments, universities, schools, and community and faith-based organizations.

Health Priority: Although California adults and adolescents meet the Healthy People 2020 (HP 2020) targets for obesity, rates among low-income children exceed the targets. The prevalence rates double when overweight and obesity are combined for adults and adolescents.

Role of Block Grant Funds: PHHSBG funding cover staff positions (partially funds two staff members), contractors who provide capacity building, expertise and training opportunities for the Branch that focus on policy, systems and environmental changes (PSEs). This funding allows for statewide impact by leveraging USDA SNAP-Ed and CDC REACH and SPAN grants that target low-income populations, specifically women and children.

Evaluation Methodology: Obesity-prevention projects will be evaluated using a combination of process measures (including number of trainings, pre and post assessment of the trainings, and the number of partnerships), along with the required project success story. We will use the most recent CHIS data to assess decreases in the prevalence of overweight and/or obesity in children and adolescents.

Primary Strategic Partnerships:

Internal

1. SNAP-Ed funded programs
2. CDC funded programs
3. Injury and Violence Prevention Branch
4. Chronic Disease Control Branch
5. California Tobacco Control Program

External

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

4. California Department of Education
5. California State University, Sacramento

National Health Objective: NWS-10 Obesity in Children and Adolescents

State Health Objective(s):

Between 07/2019 and 06/2020, establish and maintain up to 3 relationships with internal, external and nontraditional partners. These relationships and partnerships will include projects that will focus on school based health centers, internal capacity building with an emphasis on health equity, and policy, systems, and environmental changes to improve and promote healthy eating, physical activity, and food security.

State Health Objective Status

Met

State Health Objective Outcome

NEOPB engaged in partnerships and collaborations throughout California. The Branch invested in policy, systems and environmental change projects and activities where the end goal is to have social behavior change. The purpose was for our target population to make healthier and smarter choices when it comes to food and beverages. This objective was met and completed for FFY 2019.

Reasons for Success or Barriers/Challenges to Success

One of main reasons for success was the existing relationships, experience and knowledge within NEOPB.

Strategies to Achieve Success or Overcome Barriers/Challenges

NEOPB leveraged internal and external partnerships to help guide the programmatic and policy direction.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Build Capacity to Support Community Change

Between 07/2019 and 06/2020, Program will conduct **4** staff capacity building trainings based on NEOPB's assessment of staff training and program resource needs. These trainings will align with NEOPB programmatic priority areas for the Federal Fiscal Year

2020-2022.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program conducted 4 staff capacity building trainings based on NEOPB's assessment of staff training and program resource needs. These trainings will align with NEOPB programmatic priority areas for the Federal Fiscal Year 2020-2022.

Reasons for Success or Barriers/Challenges to Success

NEOPB conducted 3 in-person staff capacity trainings. These trainings focused on communication, editing/writing skills, and equity. From January to June 2020, Program conducted 1 online/virtual staff capacity trainings for NEOPB staff which focused on 34 Strong.

NEOPB has a well-established training team/section who assisted with defining the important elements of each training.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies for success included utilization of results from a recent assessment to prioritize capacity building trainings for the Branch. Based on the results, program was able to prioritize and tailor staff trainings. After each training, an evaluation was shared where data was gathered (pre and post), information was collected and

feedback is provided. The evaluation results also helped guide the direction of future capacity building trainings for staff.

Activity 1:

Continue Capacity Building Opportunities

Between 07/2019 and 06/2020, continue to provide Branch-wide capacity building opportunities for nearly 100 staff members. NEOPB will offer up to 4 capacity building opportunities that will prepare state level staff to plan for Federal Fiscal Year 2020-2022. The upcoming three-year funding cycle is more PSE driven, which is a new direction for the funded LHDs since it has been historically nutrition education focused. It is important to prepare NEOPB staff with robust training and technical assistance.

These trainings promote health equity, and address health inequities in communities through policy, systems, and environmental change strategies.

Activity Status

Completed

Activity Outcome

NEOPB completed this activity; provided 4 capacity building opportunities for staff. From July to December 2019, NEOPB hosted 3 in-person trainings for staff that included Editing for Maximum Effectiveness, Discover Secrets of Effective Communication and Health Equity. From January to June 2020, NEOPB hosted a virtual 34 Strong training for staff.

Reasons for Success or Barriers/Challenges to Success

After the trainings, program provided an evaluation for staff input and feedback. Based on the results, staff were satisfied with the content and delivery of the trainings.

Strategies to Achieve Success or Overcome Barriers/Challenges

A strategy for success is ensuring the topic of trainings are inclusive of all staff, whether staff is specialized in different areas (i.e. programmatic, administrative, and fiscal). Also another successful strategy is bringing in external subject matter expertise to lead these trainings, but CDPH staff assists with the planning and development process.

Impact/Process Objective 2:

Coordinate healthy eating, physical activity and food security activities with partners

Between 07/2019 and 06/2020, Program will maintain 5 partnerships with internal and external partners to coordinate state and local efforts in the priority focus areas of food and beverages, physical activity, and food security to reduce the prevalence of obesity in California, specifically low-income and adolescents. These external and internal partners include the California Tobacco Control Program, CA Chronic Disease Control Branch, Injury and Violence Prevention Branch, Maternal Child and Adolescent Health, and CA Department of Education. Involvement with the partners are inclusive of coalition involvement, trainings, conference support, content development and sponsorship.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program maintained more than 5 partnerships with internal and external partners to coordinate state and local efforts in the priority focus areas of food and beverages, physical activity, and food security to reduce the prevalence of obesity in California, specifically low-income and adolescents. These external and internal partners include the California Tobacco Control Program, CA Chronic Disease Control Branch, Injury and Violence Prevention Branch, Maternal Child and Adolescent Health, and CA Dept. of Education. Involvement with the partners are inclusive of coalition involvement, trainings, conference support, content development and sponsorship.

Reasons for Success or Barriers/Challenges to Success

One of main reasons for success is the partnerships that are created and maintained across various CDPH programs and branches.

Strategies to Achieve Success or Overcome Barriers/Challenges

NEOPB is actively engaged in cross program workgroups, task force and committees.

Activity 1:

Maintain partnerships with School Based Health Centers in CA

Between 07/2019 and 06/2020, Continue to maintain partnerships with internal and external partners for support around School Based Health Centers. These partnerships include School Based Health Alliance, Infectious Disease Control Branch, California Department of Health Care Services, Office of Health Equity and CA Department of Education to build internal capacity support to provide comprehensive, integrated, support for SBHC staff providing care in targeted communities. Maintaining partnerships includes reviewing the SBHC assessment, prioritizing needs, and serving as the lead of an SBHC Task Force.

Activity Status

Completed

Activity Outcome

Even with the COVID-19 pandemic, Program was able to continue and maintain diverse SBHC partnerships and developed creative ways to transition work and strategize focus.

Reasons for Success or Barriers/Challenges to Success

A reason for success is serving as the state's lead role for the SBHC Task Force that coordinates regular meetings with the partnerships listed above.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies for success include the regular meetings and involvement of members on the SBHC Task Force. The members provide input and feedback with SBHC needs, as well as resources and materials.

Activity 2:

Maintain policy-inventory infrastructure

Between 07/2019 and 06/2020, maintain the online platform of existing organizational and legislative policies related to obesity prevention, nutrition and physical activity among local California jurisdictions. NEOPB will continue its partnership with UC Davis and CA State University, Sacramento. UC Davis provides subject matter expertise on the research and draft of the model policy and scoring rubric. Sacramento State assist

with maintenance of the platform, meeting logistics and support. In 18/19, the Policy Inventory platform housed and tracked school wellness policies. For 19/20, we will add a new policy focus area which could include early child education, physical activity or active transportation.

Activity Status

Completed

Activity Outcome

We were able to provide maintenance to the platform by adding upgrades and incorporating changes to test user ability. However, we were not able to choose a new policy focus area and start the process of a new PSE focus for 19/20 due to NEOPB staff was redirected for state COVID-19 Activities.

Reasons for Success or Barriers/Challenges to Success

One challenge is the lengthy internal review, feedback and approval process of the platform.

Strategies to Achieve Success or Overcome Barriers/Challenges

A strategy to overcome the challenge is to continue with monthly meetings and communication with the contractor and Branch Leadership members. At these meetings, feedback and information is shared and gathered with next action steps to keep the project moving to meet deadlines.

State Program Title: Partnering to Reduce Preventable Nonfatal Work-Related Injuries

State Program Strategy:

Goal: Reduce serious nonfatal work-related injuries in high-risk industries by investigating and identifying hazards and promoting prevention recommendations through expanded partnerships.

Health Priority: OHB will maintain and, over subsequent years, decrease the annual incidence rate of nonfatal work-related injuries in selected high-risk industries (i.e., those industries with lost-time injury rates at least 50% greater than the overall 2017 rate of 3.6 injuries per 100 full-time equivalent (FTEs) workers employed for all industries, based on the Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses (BLS SOII, 2017). This priority will be accomplished by increasing access to prevention information through expanded partnerships with organizations representing affected employers and workers.

Role of Block Grant Funds: The Block Grant Funds will support one FTE position salary and operating expenses, including travel to conduct worksite investigations, stakeholder relationship building, and educational activities.

Evaluation Methodology: OHB will evaluate progress toward injury-rate reduction with process evaluation (input and feedback from partners and stakeholders; number of investigations and new partnerships; number of educational activities and participants reached), and outcome evaluation (changes in knowledge, attitudes, and behaviors among participants in educational activities; decrease in injury rate).

Primary Strategic Partnerships:

Internal

1. Safe and Active Community Branch
2. Office of Health Equity
3. Licensing and Certification Program

External

1. Department of Industrial Relations, Divisions of Occupational Safety and Health (Cal/OSHA) and Workers' Compensation
2. Labor Occupational Health Program, University of California, Berkeley
3. Labor Occupational Safety Health, University of California, Los Angeles
4. Service Employees International Union Nurse Alliance of California
5. Hispanic Arborist Association

National Health Objective: OSH-2 Nonfatal Work-Related Injuries

State Health Objective(s):

Between 07/2019 and 06/2020, maintain or reduce the baseline annual incidence rate of nonfatal work-related injuries in three selected high-risk industries, i.e., those industries with lost-time injury rates at least 50% greater than the overall 2017 rate of

3.6 injuries per 100 FTEs employed for all industries (BLS SOII, 2017). This objective will be accomplished by increasing access to prevention information through expanded partnerships with organizations representing affected employers and workers.

State Health Objective Status

Met

State Health Objective Outcome

Objective 1: All four required activities have been completed. Objective 2: Activity 1 and 2 have both been completed.

Reasons for Success or Barriers/Challenges to Success

Successes are due to OHB's decades of technical achievements and strong community, academic, government, and industry relationships. In addition to having many partners with access to vulnerable working populations, OHB has had substantial achievements in the area of data surveillance and analysis, as well as robust skills in the development of bilingual educational products.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to achieve success: OHB will continue to: (1) Work with existing partners while identifying opportunities to develop new relationships with individuals/groups with target industry subject matter expertise and access to workers, especially those in vulnerable populations; (2) Analyze injury surveillance data and identify new data sources; and (3) Research emerging target industry hazards and new prevention solutions by conducting research, attending trade shows and workshops, and interviewing stakeholders.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Implement Interventions to Reduce Injuries in Selected High-Risk Industries

Between 07/2019 and 06/2020, Program will implement 3 industry-specific interventions. The interventions will be aimed at reducing serious work-related injuries by working with partners to develop and disseminate best practices and prevention recommendations.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program implemented 3 industry-specific interventions. The interventions will be aimed at reducing serious work-related injuries by working with partners to develop and disseminate best practices and prevention recommendations.

Reasons for Success or Barriers/Challenges to Success

Three interventions were completed for the targeted industries: (1) Landscaping: A bilingual safety training video accompanied by a set of bilingual tool box talks; (2) Warehouses: A train-the-trainer ergonomics safety training curriculum. (3) Healthcare: A report summarizing the experiences of our partner organizations relating to California Code of Regulations, Title 8, Section 3342, Workplace Violence Prevention in Healthcare. The report also includes the analysis of 36 months of data collected through Cal/OSHA's Workplace Violent Incident Reporting System for Hospitals. The purpose of the report is to provide feedback to Cal/OSHA on the challenges hospitals confront daily on complying with the standard as well as to highlight best practices which resulted from the requirements. The feedback was collected to reflect the perspectives of hospital administration, employees, and their unions.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategy to achieve success: Some of the action items listed above (e.g., hiring an experienced film crew and a bilingual narrator) are already in process or close to completion.

The key to OHB's success in completing the intervention is working with partners with in-depth industry knowledge, access to worker populations, and hiring an experienced bilingual film crew with extensive experience in producing safety educational videos for workers.

Activity 1:

Identify Partner Organizations for Each Selected High-Risk Industry

Between 07/2019 and 06/2020, identify at least three (one per selected high-risk industry) trade associations, labor unions, worker advocacy organizations, community-

based groups, government agencies, and others with access to and/or knowledge of the selected high-risk industries willing to partner on development and implementation of interventions aimed at reducing injuries.

Activity Status

Exceeded

Activity Outcome

Program identified the following partnerships:(1) Landscaping: California Landscaping Contractors Association, National Day Laborer Organizing Network, UCLA Labor Occupational Safety and Health Program, Hispanic Arborist Association; (2) Warehouse: Warehouse Worker Resource Center, International Warehouse Association; and (3) Healthcare: California Hospital Association, California Division of Occupational Safety and Health, University of California hospitals, California Nurses Association, Service Employees International Union. Additional partners identified: (1) Landscaping: Oakland Workers' Collective, Graton Day Labor Center; (2) Healthcare: Sutter Health, Kaiser Permanente, Marshall Medical Center, and CDPH Fusion Center.

Reasons for Success or Barriers/Challenges to Success

Reason for success: OHB has an extensive network of partners due to its decades of experience providing guidance and technical expertise on health and safety issues to employer and worker organizations in diverse industries. In its long history of occupational safety and health work, OHB has also successfully completed many research projects collaborating with academic researchers and government personnel at local, state, and federal levels.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategy for success: In the remainder of this fiscal year, OHB will continue to look for opportunities to form new partnerships in the three target industries. Partner outreach strategies will include identifying subject matter experts at meetings/conferences and conducting additional research. Existing partners will also assist OHB to find more organizations with access to workers and employers—groups which are going to be critical during the dissemination phase. Especially important to this project are groups who can share safety information with non-English speaking vulnerable worker populations.

Activity 2:

Convene Industry Stakeholders

Between 07/2019 and 06/2020, convene at least three (one per selected high-risk industry) meetings and/or phone calls with industry partners/stakeholders, to obtain technical input and review of prevention recommendations, share industry best practices and recommendations for prevention, and plan for educational interventions in selected high-risk industries.

Activity Status

Exceeded

Activity Outcome

Five project planning meetings (both in-person and by phone) have been completed. Meeting topics included setting timelines and developing employer and worker dissemination plans. (1) Landscaping: California Landscaping Contractors Association, UCLA Labor Occupational Safety and Health Program; (2) Warehouses: Warehouse Worker Resource Center; and (3) Healthcare: California Hospital Association, University of California Hospitals (Los Angeles, San Francisco, San Diego, Irvine, Davis). Ten additional project meetings took place during this period: (1) Landscaping: California Landscaping Contractors Association, Hispanic Arborist Association, and NORA Landscaping; (2) Warehouses: Warehouse Worker Resource Center; (3) Healthcare: California Hospital Association, CDPH Fusion Center, Cal/OSHA, Kaiser Permanente, Marshall Medical Center, and Sutter Health.

Reasons for Success or Barriers/Challenges to Success

OHB and OHB's partners are experienced in project implementation and in understanding the need and the many steps necessary to successfully plan a project, including the assignment of responsibilities, setting timelines and goals, identifying potential obstacles ahead of time, and anticipating needed resources.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategy for success: OHB will continue to schedule regular meetings to keep partners apprised of project progress, barriers, and successes. OHB will also frequently solicit partner feedback to ensure their participation in the planning process.

Activity 3:

Provide Educational Activities to Employers/Workers in High-Risk Industries

Between 07/2019 and 06/2020, work with partners to host at least three (one per selected high-risk industry) injury-prevention activities such as in-person trainings or webinars designed for employers and workers. Educational interventions may also include factsheets, booklets, and website information. All educational activities will share case studies of injury incidents and preventable risk factors, industry best practices, and practical and feasible methods for preventing future incidents. Our program will also build upon the successes of interventions implemented in project year 2018-9, such as scheduling trainings in geographic locations different from the classes previously conducted (e.g., Southern versus Northern California).

Activity Status

Completed

Activity Outcome

See above under Objective 1 for 3 completed educational interventions.

Reasons for Success or Barriers/Challenges to Success

(1) A substantial amount of risk factor and prevention information has already been collected from previous years' PHHSBG work, including completed bilingual training curricula on target industry topics; and (2) OHB has many years of experience producing safety training videos and developing bilingual training curriculum.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategy to achieve success: In the remainder of this fiscal year, OHB will continue to incorporate into its intervention products any new risk factor and best practice knowledge collected from site visits and employer/partner/worker interviews.

Activity 4:

Participate in Industry Meetings and Other Educational Venues

Between 07/2019 and 06/2020, participate in at least three (one per selected high-risk industry) industry meetings and other educational venues, as available, to continue to provide technical consultation and scientific expertise on best practices to prevent serious work-related injuries within selected high-risk industries.

Activity Status

Exceeded

Activity Outcome

Program participated in the following meetings and venues: 1) Landscaping: 2019 Safety and Health Summit in Sacramento (October); (2) Warehouse: 2019 American Society of Safety Professionals California Joint Technical Symposium in Carson (October); and (3) Healthcare: A systematic review of the prevalence of workplace violence towards staff in U.S. inpatient psychiatric treatment settings, Presentation to California State Association of Occupational Health Nurses in Sacramento (November). Additional Meetings and Venues: (1) Landscaping: California Landscape Contractors Association Northern California Educational Workshop (February); (2) Warehouses: Center for Occupational and Environmental Health presentation: Warehouse Health Hazards - Regulations and Enforcement in a Changing Workplace (January); (3) Healthcare: SEIU Nurse Alliance Workshop "Using the Cal/OSHA Workplace Violence Prevention Standard in Healthcare" (March).

Reasons for Success or Barriers/Challenges to Success

OHB has many decades of attending or presenting at conferences and is frequently invited to participate either as a presenter or moderator at these events.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategy for success: OHB will continue to attend or present at venues with opportunities to provide technical consultation and scientific expertise on best practices to prevent serious work-related injuries within selected high-risk industries.

Impact/Process Objective 2:

Investigate Industries at High-Risk of Serious Work-Related Injuries

Between 07/2019 and 06/2020, Program will investigate **3** industries with lost time injury rates of at least 50% greater than the 2017 overall rate of 3.6 per 100 FTE. The selection criteria also take into consideration new safety regulations and emerging technologies which may impact safety practices in an industry, injury clusters identified in an industry within a short timeframe, injuries occurring in vulnerable populations, and high-risk industries identified through California's FACE Program. The three selected industries are: (1) Warehousing (6.0/100 FTE), (2) Landscaping (6.0/100 FTE), and (3) Healthcare in hospitals (7.6/100 FTE), especially as related to workplace violence.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program investigated 3 industries with lost time injury rates of at least 50% greater than the 2017 overall rate of 3.6 per 100 FTE. Important site visit data used to develop interventions included information on hazards, equipment, employer/worker populations, industry and job characteristics, employer barriers to safety program implementation, best practices, and availability of existingsafety resources.

Reasons for Success or Barriers/Challenges to Success

The successes were from OHB's ability to use its data sources to identify specific worksites that fit the appropriate injury criteria as well as using its partners to gain entry into the worksites.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategy for success: OHB will continue to use available data sources, the expertise of its partners, and its large amount of technical safety knowledge, to identify 3 or more additional worksites in the target industries for investigation.

Activity 1:

Review Work-Related Injury Data and Select Cases for Field Investigations

Between 07/2019 and 06/2020, review the most current BLS SOII data (2017), Cal/OSHA accident reports (2019), workers' compensation cases (2019), to select worksites for field investigations. Worksites will be selected based on injury descriptions, injury locations, the Cal/OSHA citation history of the company, and the potential of the investigation to collect risk factor and work process information about an industry. Worksites with the potential for collecting best practices recommendations for the targeted industries may also be inspected. In addition, we will continue to research new data sources throughout 2019-20.

Activity Status

Completed

Activity Outcome

Occupational Health Branch (OHB) selected six sites for investigations after completing a thorough data review and applying the above criteria. (1) Landscaping: a company which does yard cleanup and maintenance, and a company that trims trees; (2) Warehouse: a sorting center which sorts, packs, and ships customer orders, and a receiving center which focuses on storing and transporting large orders of quick-selling inventory; and (3) Healthcare: a private and a public hospital. The following data sets were reviewed for this period: (1) 2018 BLS SOII data; (2) Cal/OSHA incident reports for January 2020 (this data source terminated after January); (3) January to June 2020 hospital workplace violence reports from Cal/OSHA.

Reasons for Success or Barriers/Challenges to Success

Reason for success: A substantial amount of risk factor and prevention information has already been collected from previous years' PHHSBG work, enabling OHB to select worksites performing job tasks with potential exposures to a wide array of hazards and are representative of California workers and companies in the three target industries.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategy for success: OHB will continue analyzing surveillance data sources and work with partners to select additional worksites to investigate. Of special interest will be worksites using new tools and technology with the potential to decrease the risk of injuries.

Activity 2:

Conduct Worksite Investigations

Between 07/2019 and 06/2020, conduct six worksite investigations (one per selected high-risk industry) that involve meetings at the worksite with employers, workers, witnesses, and health and safety professionals; assessing workplace injury hazards and control measures, reviewing written safety and training materials; obtaining related documents on equipment design; and producing three investigation reports containing at least three prevention recommendations per investigation that will be shared with employers and employees.

Activity Status

Completed

Activity Outcome

Prevention recommendations based on worksite investigations and other project activities were incorporated into educational interventions as described in Objective 1.

Reasons for Success or Barriers/Challenges to Success

Several weeks are required to select a worksite that is representative of the job tasks, hazards, organizational structure, and worker characteristics of an industry. In addition, additional weeks to months are needed to arrange walkthroughs with company representatives, review documentation, and interview both management and workers. Often, a walkthrough requires multiple dates to complete, especially in healthcare facilities where patient care schedules cannot be interrupted. Successes stem from OHB's substantial experience in conducting worksite investigations and producing highly accurate technical industrial hygiene reports. Examples of investigation expertise include conducting detailed technical document reviews and bilingual worker interviews.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategy to achieve success: A substantial amount of risk factor and prevention information has already been collected from previous years' PHHSBG work, enabling OHB to select worksites performing job tasks with potential exposures to a wide array of hazards and are representative of California workers and companies in the three target industries. OHB will continue to use available data sources, the expertise of its partners, and its large amount of technical safety knowledge, to identify and investigate 3 or more additional worksites in the target industries.

State Program Title: Preventive Medicine Residency Program

State Program Strategy:

Goal: The California Department of Public Health (CDPH) will support public health professional training through the Preventive Medicine Residency Program (PMRP) and the California Epidemiologic Investigation Service Fellowship Program (Cal-EIS).

Residents will enter PMRP in Post-Graduate Year (PGY)-2, complete graduate-level coursework, and/or receive a Master of Public Health (MPH) degree. Residents will receive requisite exposure to epidemiology, biostatistics, social and behavioral aspects of public health, environmental health, health services administration, clinical preventive services, and risk communication.

Cal-EIS post-MPH trainees will receive real-world experience in the practice of epidemiology, public health, surveillance, and evaluation at a local or state health department.

Health Priority: PMRP and Cal-EIS Fellowship objectives align with Public Health 2035 and the CDPH Strategic Map as they strengthen CDPH as an organization by developing a workforce of trained physicians and epidemiologists with the competencies needed to become public health (PH) professionals who support and facilitate the work of state health departments and local health departments (LHDs). 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 public health agencies.

Role of Block Grant Funds: Funds will: (1) support trainees' stipends, as well as salaries for three staff who recruit, place, and monitor the Residents/Fellows; (2) leverage state and local funding for stipends and; (3) assure continued accreditation of the Residency Program, including program modifications to meet Accreditation Council of Graduate Medical Education (ACGME) requirements.

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/procedures, monthly/quarterly trainee reports, preceptor/trainee evaluations, site visits, and a Program Evaluation Committee.

Primary Strategic Partnerships:

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. Placer 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

National Health Objective: PHI-1 Competencies for Public Health Professionals

State Health Objective(s):

Between 07/2019 and 06/2020, Program staff will increase the public health workforce by graduating at least 14 trainees from PMRP or Cal-EIS, to become qualified PH physicians and epidemiologists who contribute to and/or lead the maintenance and improvement of the health of Californians.

State Health Objective Status

Met

State Health Objective Outcome

PMRP/Cal-EIS staff increased the PH workforce by graduating 14 trainees from PMRP and Cal-EIS to become qualified PH physicians and epidemiologists who contribute to and/or lead the maintenance and improvement of the health of Californians.

Reasons for Success or Barriers/Challenges to Success

Cal-EIS successfully graduated 12 MPH or PhD-level epidemiologists who achieved Council of State and Territorial Epidemiologists (CSTE) competencies. PMRP graduated 2 Residents who achieved American College of Preventive Medicine (ACPM)/Accreditation Council for Graduate Medical Education (ACGME) competencies. The primary factor contributing to the successful graduation of Fellows and Residents is the growing number of state and local PH programs that value the workforce pipeline and are directing resources and expertise to support experiential learning and exposure to public health careers.

Strategies to Achieve Success or Overcome Barriers/Challenges

PMRP and Cal-EIS programs annually conduct national recruitments that attract highly qualified applicants. In addition, the PMRP/Cal-EIS partnership with local health departments and state programs provides mentorship for Residents and Fellows under seasoned PH physicians, epidemiologists, and PH professionals, with a wealth of learning experiences.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Block Grant-funded Cal-EIS staff recruit applicants and market these applicants to local health departments and state programs. These placement sites pay the Fellows' annual stipends. Funds were leveraged from the Counties of Alameda, Placer, Sutter, and Napa; and state programs in the Office of Statewide Health Planning and Development, Tobacco Control Branch, Environmental Health Investigations Branch, Food and Drug Branch, Office of Oral Health, and Injury and Violence Prevention Branch. PMRP staff leveraged Block Grant funds in their successful application for a 5-year Health Resources and Services Administration (HRSA) Preventive Medicine Residencies Grant (\$383,624 for current year), which supports both resident and PMRP staff costs.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Increase the number of trainees who gain Preventive Medicine and Applied Epidemiology competencies

Between 07/2019 and 06/2020, 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 120 Residents and 190 Fellows to 125 Residents and 201 Fellows.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program increased 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 120 Residents and 190 Fellows to 125 Residents and 203 Fellows.

Reasons for Success or Barriers/Challenges to Success

Cal-EIS successfully recruited and trained 13 Fellows during this reporting to satisfactorily achieve CSTE competencies. PMRP successfully recruited and trained 5 Residents during this reporting period. By the end of their training, these Residents will satisfactorily achieve ACPM/ACGME competencies. Each program provides didactic and experiential learning opportunities that enable each trainee to progress toward their personal goals and identified competencies.

Strategies to Achieve Success or Overcome Barriers/Challenges

PMRP and Cal-EIS conducts national recruitments that attract highly qualified applicants. This includes referrals from past graduates. In addition, PMRP staff work closely with LHDs, clinical sites, and academic partners to assure organizational structures and administrative processes are in place. Cal-EIS recruits state programs, LHDs Preceptors who mentor Fellows in epidemiology and guide PH experiences and projects. Cal-EIS staff market the program as a win-win for Fellows, host programs, and the epidemiology workforce, generating tremendous interest in the program among placement sites, Preceptors, and young epidemiologists.

Activity 1:

Recruit and interview applicants for PMRP and Cal-EIS positions

Between 07/2019 and 06/2020, recruit and interview at least 9 PMRP applicants and 23 Cal-EIS applicants. The competitive recruitment and selection process includes distributing PMRP and Cal-EIS information to schools of public health, residency programs, and LHDs, and posting on various websites, such as FREIDA Online, Electronic Residency Application Service (ERAS), and PH Employment Connection.

Applications from this pool will be reviewed by the PMRP and Cal-EIS Advisory Committees, and top candidates will be selected for interview.

Activity Status

Exceeded

Activity Outcome

Since 07/2019, PMRP/CalEIS interviewed 11 PMRP applicants and 23 Cal EIS applicants, and offered positions to 3 residents and 17 fellows. Due to applicant withdrawal from the program due to COVID19, only 14 fellows will be in the 2020-21 cohort.

Reasons for Success or Barriers/Challenges to Success

The competitive recruitment and selection process includes distributing information on PMRP and Cal-EIS to schools of public health, residency programs, and LHDs, and posting on various websites, such as FREIDA Online, ERAS, PH Employment Connection, UC Berkeley School of PH, and Emory Rollins School of PH.

Strategies to Achieve Success or Overcome Barriers/Challenges

PMRP and Cal-EIS recruited on a state and national level, and tapped program alumni to bolster efforts, generating wide interest and resulting in a total of 48 PMRP and 46 Cal-EIS applications.

Activity 2:

Place trainees for a public health training experience

Between 07/2019 and 06/2020, train at least 14 individuals (at least 12 Cal-EIS trainees to achieve CSTE competencies and at least two Residents to meet ACPM/ACGME competencies). Experienced preceptors will mentor and guide trainees to meet competencies through applied state and local PH experiences, providing training needed to develop the State's PH workforce.

Activity Status

Exceeded

Activity Outcome

Since 07/2019, PMRP/Cal-EIS staff trained 18 individuals, supporting 13 Cal-EIS trainees to achieve CSTE competencies and 5 Residents to meet ACPM/ACGME competencies.

Reasons for Success or Barriers/Challenges to Success

Recruitment efforts by Block Grant-funded PMRP and Cal-EIS staff identified experienced Preceptors to mentor and guide trainees to meet competencies through applied state and local PH experiences. PMRP Preceptors were recruited at Yolo County, Los Angeles County, Marin County, Sacramento County, and San Francisco Departments of Public Health, while Cal-EIS Preceptors were recruited at Alameda, Placer, Sutter, and Napa County Departments of Public Health; CDPH's Tobacco Control Branch, Environmental Health Investigations Branch, Food and Drug Branch, Injury and Violence Prevention Branch, Office of Oral Health, and the Office of Statewide Health Planning and Development. PMRP also partners closely with the University of California, Davis and Los Angeles to support Residents in earning a MPH degree.

Strategies to Achieve Success or Overcome Barriers/Challenges

To meet ACGME competencies and provide a quality learning experience that supports a well-trained PH physician workforce in California, PMRP developed a cohort of health officers at LHDs that offer public health and clinical experiences for Residents.

Commitment from local health officers to provide such training have been obtained from Placer, Solano Counties, Los Angeles, Alameda, Yolo, Sacramento and the Department of Health Care Services for future Residents, in addition to the current training sites.

Cal-EIS staff recruit placement sites annually through outreach to local health officers and epidemiologists through the California Conference of Local Health Officers and its affiliates.

Activity 3:

Develop and implement public health practice curriculum

Between 07/2019 and 06/2020, conduct at least 16 PH/preventive medicine seminars

for PMRP and Cal-EIS trainees. These bi-monthly seminars address ACPM/ACGME or CSTE competencies and provide trainees with insights and resources on PH practice, epidemiologic investigation procedures, and other processes that prepare trainees to enter the public health workforce.

Activity Status

Exceeded

Activity Outcome

Since 07/2019, PMRP/CalEIS staff conducted 20 public health/PM seminars for PMRP and CalEIS trainees.

Reasons for Success or Barriers/Challenges to Success

Dedicated faculty from LHDs and state programs are committed to training the new generation of PH health leaders. These faculty span the breadth of the field of PH.

Strategies to Achieve Success or Overcome Barriers/Challenges

The curriculum and seminar topics are determined at the beginning of each year. State and local PH leaders teach one or more of the PH/PM Seminars, which span a wide variety of PH issues. These dedicated faculty return on a yearly basis, sharing up-to-date information with the trainees.

State Program Title: Public Health 2035 Capacity-Building Activities

State Program Strategy:

Goal: Pro-actively support an environment of meaningful cross-disciplinary collaboration to advance California's adopted health improvement plan, Let's Get Healthy California (LGHC) and address emerging health issues, such as substance use, and personal and community violence. 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 to drive the Department further upstream to improve community health outcomes by addressing social determinants of health.

Health Priority: Make California the healthiest state in the nation by 2022 by increasing the Department's capacity to address social determinants of health outcomes, particularly those associated with chronic conditions, violence, and substance use.

LGHC contributes to making CA the healthiest state in the nation by monitoring indicators toward our 10-year targets; promoting community innovations; and informing and convening cross-sector collaborations. As the State Health Improvement Plan (SHIP), LGHC guides CDPH in addressing complex challenges. To align activities with LGHC, the FC facilitates innovative approaches to improving population health.

Role of Block Grant Funds: Funds support salaries of staff and contractors who coordinate initiatives with partners and stakeholders; conduct policy analysis; develop data visualizations and applications; pilot innovative ways to support local agencies; prepare and disseminate reports, data, and tools; and deliver trainings and technical assistance. Ultimately, these activities ensure we have an agile and nimble Department and increase innovative approaches and tools to address the priorities in the SHIP.

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 Partnerships:

Internal:

1. Center for Healthy Communities
2. Office of Health Equity
3. Center for Health Statistics & Informatics
4. Office of Public Affairs
5. Office of Quality Performance and External Relations

External:

1. Local Health Jurisdictions
2. California Health & Human Services Agency
3. Office of Statewide Planning & Development

National Health Objective: PHI-15 Health Improvement Plans

State Health Objective(s):

Between 07/2019 and 06/2020, strengthen the primary prevention focus and cross-program alignment of California's state and community health improvement plans. Fusion Center initiatives will drive 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.

State Health Objective Status

Met

State Health Objective Outcome

Between 07/2019 and 12/2019, the Fusion Center (FC) strengthened alignment between state and community health improvement plans; enhanced data tools to inform messaging and policy approaches incorporating social determinants of health (SDOH) and disparities analytics; and collaboratively developed communications and engagement activities on initiatives such as opioid safety and violence prevention.

Reasons for Success or Barriers/Challenges to Success

Key reasons for success include the ongoing development of cross-collaborative partnerships with Centers, Departments, Agency, community partners, and Local Health Offices as well as leadership support. Additionally, the FC has created compelling and innovative data analytics and data visualization tools and systems to support the work of the Department.

Challenges include staff turnover (primarily due to promotional opportunities), and their impact on our very small team. Mitigation efforts include improving the process and tools to streamline onboarding, and working collaboratively with Human Resources to expedite recruitment hiring. Leadership transition has also provided the additional responsibility of briefing new leaders and integrating ongoing activities with most current Department, Agency and State priorities.

Strategies to Achieve Success or Overcome Barriers/Challenges

The FC is a committed team built on strong communication and collaboration with a network of program, policy, data and technical subject matter experts who are leading excellent public health work. The Fusion Center exists as a nimble strategic team that

strengthens department capacity to address crosscutting priorities defined by public health. That role enables the development of these partnerships and FC support to advance and amplify key efforts. Additionally, the FC approach to data analysis and data presentation allows the exploration of methods to overcome data limitations and to elevate the importance of equity and disparity. The FC works closely with partners to identify needs and gaps, and to identify strategies and assets to meet those needs.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Coordinate Cross-Program Efforts Addressing Substance Use and Addiction

Between 07/2019 and 06/2020, Program will conduct **3** cross-program activities engaging multiple CDPH programs and interdepartmental partners in joint efforts addressing substance use and addiction.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program conducted **3** cross-program activities engaging multiple CDPH programs and interdepartmental partners in joint efforts addressing substance use and addiction.

Reasons for Success or Barriers/Challenges to Success

Although for Activity 1 the specific number of Statewide Opioid Safety (SOS) Workgroup meetings planned could not be completed due to the COVID-19 response, the program conducted alternate cross-program activities (an interdepartmental impact analysis survey, and a cross-program comment letter) to fulfill the objective of engaging multiple CDPH programs and interdepartmental partners in joint efforts addressing substance use and addiction.

The Fusion Center hosted three cross-programmatic activities in the following areas: youth substance use, polysubstance use, and the overlap between substance use and childhood adversity. The Fusion Center coordinated and organized a Statewide Opioid Safety Workgroup meeting to have a presentation on youth substance use and available services (early intervention, treatment, and recovery). The Fusion Center also has facilitated and coordinated an opioid surveillance workgroup, which is a cross-programmatic internal convening, around the use of multiple substances (e.g., opioids, meth, etc.). In addition, the Fusion Center is planning an issue framing training for interdepartmental partners to learn how to effectively message around addressing substance use and addictions and the overlap

with childhood adversity.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Fusion Center is structured to conduct flexible strategic planning around high priority areas of interest and emerging issues. These approaches were used to support multi-sector planning, facilitating, and coordinating multiple cross-programmatic efforts pertaining to substance use to encourage and promote cross-programmatic collaboration in an effort to advance the strategic direction.

Activity 1:

Coordinate Statewide Opioid Safety (SOS) Workgroup Meetings

Between 07/2019 and 06/2020, coordinate at least six Statewide Opioid Safety (SOS) Workgroup meetings. The SOS Workgroup includes partners from over 40 state-level and non-government stakeholders convened to improve coordination and expand joint efforts to address opioid overdose and addiction. The SOS Workgroup created, and now collaborates, around the shared policy framework. The Fusion Center will work with CDPH program and interdepartmental partners to develop SOS Workgroup agendas, recruit presenters, and organizing activities through the Workgroup's four task forces which leverage partnerships across sectors to address the shared priorities. The Fusion Center will work through this venue to host dialogue about opportunities to address upstream drivers of the opioid epidemic and identify opportunities to address shared risk and protective factors across addiction regardless of substance.

Activity Status

Not Completed

Activity Outcome

While coordinating the 2020 SOS Workgroup (Workgroup) meetings, the Coronavirus (COVID-19) began to impact Workgroup partners' availability, and after a statewide stay-at-home order was in place, many partners' efforts were redirected to COVID-19 response.

In lieu of Workgroup meetings, the Fusion Center (FC) helped develop and coordinate a survey of the Workgroup partners that included questions regarding impacts to each partner's target population resulting from COVID-19, related gaps, potential efforts to address the gaps, and when partners will have capacity to continue participation in the Workgroup. Workgroup members were engaged in regular communications regarding the overlap of substance use disorders and COVID-19. The FC helped coordinate a comment letter responding to new proposed regulations regarding access to prescribing data from the State's Prescription Drug Monitoring Program. Subsequently, the core staff for the Opioid Workgroup was redirected to COVID-19 response.

Reasons for Success or Barriers/Challenges to Success

One key reason for success is that these ongoing meetings are scheduled with strong buy-in from our multi-sector partners throughout one fiscal year, so this activity is on track to be completed by 6/2020. In addition, the Fusion Center works in close partnership with the Injury

and Violence Prevention Branch as the programmatic leads in this area.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Fusion Center convenes weekly opioid meetings with the Injury and Violence Prevention Branch (IVPB) to plan and coordinate the SOS Workgroup meetings, as IVPB provides programmatic expertise to inform the planning process with key priorities arising from data and partner input.

Activity 2:

Develop SOS Workgroup Issue Briefs

Between 07/2019 and 06/2020, collaboratively work with one SOS task force to facilitate the development and delivery of two issue briefs providing information and resources on emerging topics of concern leveraging the expertise of multiple sectors. Examples include a set of resources for prescribers on strategies and tools to support high risk patients in tapering opioid use and referral to treatment and information for available guidance for first responders on safe practices for overdose response in cases of potential fentanyl exposure.

Activity Status

Completed

Activity Outcome

The Fusion Center collaboratively worked with the IVPB, the SOS Workgroup, and two of the SOS task forces to develop and release three issue briefs: 1) Responding to a Fentanyl Overdose, 2) Don't Drop Your Patient, What CA First Responders Need to Know, and 3) The Maternal/Neonatal Core Principles. Specifically, the Fusion Center provided guidance and feedback on the content of these work products in addition to providing assistance in dissemination.

Reasons for Success or Barriers/Challenges to Success

In 2018, the SOS Workgroup initiated an action-oriented goal for each meeting. As a result, the task forces created goals and objectives for what they wanted to achieve throughout the year. These goals and objectives resulted in the development and creation of the three issue briefs. The Fusion Center also facilitated the development of "The Action Notice Mechanism" as a method to brand products from the SOS Workgroup and disseminate them through multi-sector partner channels, and created a location on the Opioid webpage on the CDPH website for the Action Notices to be posted for public use.

Strategies to Achieve Success or Overcome Barriers/Challenges

The SOS Workgroup and its Task Forces have partners that range across sectors and include government and non-government entities. This wide range of expertise allows the Workgroup and the Task Forces to reach broad audiences to address key priorities.

Activity 3:

Facilitate the CDPH Coordinated Opioid Response Governance Structure

Between 07/2019 and 06/2020, facilitate four meetings of the Operations Team for the CDPH Coordinated Opioid Response Governance Structure which will provide a mechanism for internal operational coordination of five CDPH Offices and Centers engaged in opioid response activities; including the areas of injury prevention, infectious disease, family health, informatics, public affairs and emergency preparedness. The Operations Team will serve as a venue for information sharing, joint planning, and identification of mutually reinforcing activities as CDPH develops a comprehensive plan and shared agenda for the public health role and priorities in addressing issues of substance use and addiction. The Fusion Center will lead dialogue in this venue to identify opportunities for addressing social determinants of health that put individuals at risk for substance use. In addition to the Operations Team, the Fusion Center will provide support to five cross-program workgroups addressing the areas of surveillance and interoperability, grant planning and tracking, collaboration and partnership, communications and outreach, and program interventions.

Activity Status

Completed

Activity Outcome

Since July, there have been four Operations Team meetings. These meetings include partners from multiple programs across the department, which has provided expertise that has helped surface new areas of opportunity and exploration for education and new partnerships to impact the opioid epidemic, such as developing working principles for partnering with law enforcement and delivering training on harm reduction strategies.

Reasons for Success or Barriers/Challenges to Success

The Operations team is a key setting to open up cross-programmatic discussions that have led to plans to expand state-level partnerships and improved resource coordination. The purpose of these partnerships is to increase the number of internal and external partners aligning with the shared strategies to address the opioid epidemic.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Opioid Governance Structure convenes the programs across the CDPH that have opioid-related efforts with the purpose of sharing current efforts with the intent of creating and implementing mutually reinforcing activities, and identifying opportunity for cross-programmatic partnership.

Impact/Process Objective 2:

Drive population and community health improvement strategies further upstream

Between 07/2019 and 06/2020, Program will maintain **2** activities that align cross-program and cross-sector resources to drive CDPH's population and community health improvement strategies further upstream through the strategies of place-based burden

assessment and cross-sector engagement for collective impact.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program maintained **2** activities that align cross-program and cross-sector resources to drive CDPH's population and community health improvement strategies further upstream through the strategies of place-based burden assessment and cross-sector engagement for collective impact.

Reasons for Success or Barriers/Challenges to Success

The FC successfully incorporated new and improved data and functionality into both the CCB and LGHC Website to support a comprehensive assessment that looks at the health of California through various lenses. The FC engaged with partners in order to access a broader range of data, leverage expertise, and increase capacity and understanding of the health burden and contributing factors in California. The FC published an updated state health improvement plan, elevating SDOH as a shared priority and promoting a collective approach to addressing California's toughest health challenges. The FC leveraged partnership with LHDs and conducted a targeted review of community health assessments and improvement plans as an extension to our assessment to ensure that these shared priorities and subsequent health planning were rooted in community needs.

Strategies to Achieve Success or Overcome Barriers/Challenges

The FC will continue to explore approaches for increasing integration of population health planning efforts between state, local, and hospital entities and promote coordination of activities for greater impact. The FC will continue to elevate SDOH and primary prevention approaches to health improvement, identify and communicate alignment between new and existing efforts, and build awareness around promising practices.

Activity 1:

Expand Data Published in California Community Burden of Disease Engine (CCB)

Between 07/2019 and 06/2020, The Fusion Center will enrich the CCB with improved functionality (e.g. additional downloads, improved assistance, and maps with statistical differences) and by adding SDOH data and stratification by race/ethnicity. FC will determine which SDOHs will be added based on CDPH and local program priorities (e.g. housing). The CCB, including the statewide version, as well as locally deployed versions, supports comprehensive approaches to addressing SDOH by providing the objective data required to identify which conditions are most burdensome in which disadvantaged communities, and to measure the impact of policies targeting the disparities.

Activity Status

Completed

Activity Outcome

This project period, the Fusion Center enriched the CCB with trend data and a "disparities" view providing visual and statistical assessment of differences in death rates, for all causes of death, for all counties, by race/ethnicity, age group, and sex. The CCB was also enriched with hospitalization data and additional SDOH data. CCB functionality was enhanced by allowing downloading of more data and charts, and by providing a substantially improved and easier to navigate "help" system and user interface.

Reasons for Success or Barriers/Challenges to Success

The CCB Team was able to successfully enrich and enhance the system to provide more and better data for community health improvement by continuing with our core approach of using modern open-source programming and collaboration tools to constantly and incrementally add new data, improved usability, and deploy new visualizations for insight.

The distributed team of core CDPH staff, along with rotating interns, partners from other Departments and Local Health Jurisdictions, and other outside volunteers allows the FC team to regularly bring new skills and fresh perspectives to build and improve the CCB.

The ongoing partnership with our Information Technology Services Division provides for support with the efficient use of the evolving server-related tools that are essential for deployment and sharing of the CCB and associated data products.

Strategies to Achieve Success or Overcome Barriers/Challenges

The strategy of steady incremental enhancement with a distributed and motivated team has allowed the CCB team to achieve success and overcome barriers and challenges as they arise.

Furthermore, our strategy of reaching out to and supporting other teams' efforts, whether directly or tangentially related to CCB priorities, results in support for and collaboration with CCB efforts over time.

Activity 2:

Elevate Social Determinants of Health as a Health Improvement Priority

Between 07/2019 and 06/2020, plan and implement one comprehensive communications and engagement campaign to elevate, communicate, and promote cross-sector dialogue on social determinants of health (SDOH) as shared priorities within our state health improvement plan (SHIP).

Activity Status

Completed

Activity Outcome

The FC elevated SDOH as a health improvement priority by implementing several communications and engagement activities, including publishing new data and information around key SDOH topics, conducting a review of community health improvement plans to identify synergies between state and local priorities and activities, facilitating an environmental scan on housing and homelessness, and producing an updated SHIP (report) with a renewed emphasis on prevention, health equity, and collective action.

Reasons for Success or Barriers/Challenges to Success

The FC worked collaboratively with partners (i.e., Employment Development Department, Public Policy Institute of California, Office of Statewide Health Planning and Development) to develop and publish meaningful data and information around key SDOH topics (i.e., unemployment, poverty, community cohesion, neighborhood safety, health care shortage) to the LGHC Website, including the adoption of 10 of new and modified indicators to elevate these topics as priorities within the SHIP.

In partnership with the Office of Health Equity (OHE), the FC convened 10 small Center-specific focus groups to survey the programs about their efforts in housing and homelessness. Findings were synthesized into a two-page issue brief for CDPH Directorate on the public health role in addressing housing and homelessness; highlighting current work and potential opportunities to inform future state planning in this area.

Strategies to Achieve Success or Overcome Barriers/Challenges

Several key strategies have led to the success of elevating SDOH as a health improvement priority, including an ongoing strategic partnership with CHHS Agency, a working collaboration with both the Center for Health Statistics and Informatics and OHE, building off of existing assessments (i.e., CCB, Healthy Places Index) to inform SHIP priorities, leveraging the health improvement planning infrastructure to identify and highlight synergies between local and state priorities, and working collaboratively with internal and external partners to access data, obtain broader context and expertise, and share dialogue around SDOH efforts.

The timeframe for review and approval of new indicators has been a barrier to rapid publication. The FC has taken a sprint approach to batch content on a rolling basis for a more streamlined process.

Impact/Process Objective 3:

Increase Capacity for Primary Prevention Approaches through the Violence Prevention Initiative

Between 07/2019 and 06/2020, Program will conduct **4** supporting activities for the Violence Prevention Initiative, which coordinates a cross-program and interdisciplinary response to suicide, and interpersonal and community violence, elevating it as a public health issue with an emphasis on elevating and building capacity for primary prevention approaches to address multiple forms of violence.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program conducted 4 supporting activities for the Violence Prevention Initiative, which coordinates a cross-program and interdisciplinary response to suicide, and interpersonal and community violence, elevating it as a public health issue with an emphasis on elevating and building capacity for primary prevention approaches to address multiple forms of violence.

Reasons for Success or Barriers/Challenges to Success

The Fusion Center coordinated and organized monthly meetings among the Violence Prevention Initiative (VPI) Steering Committee members for cross-program strategic planning. The Fusion Center co-facilitated two community of practice webinars with participation from of public health practitioners and stakeholders across the state. The Fusion Center organized meetings with external public health partners to explore promising and best practices for primary prevention efforts that address multiple forms of violence. The Fusion Center, in partnership with the Violence and Injury Prevention Branch (IVPB), has developed a plan for a primary prevention messaging and issue framing workshop for local health departments, Rape Prevention Education program partners, and Essentials for Childhood program partners.

Strategies to Achieve Success or Overcome Barriers/Challenges

This objective has been met, and additionally, the Fusion Center will continue to co-facilitate the VPI community of practice webinars and explore further implementation of primary prevention approaches to address multiple forms of violence. The Fusion Center will also ensure that the VPI Steering Committee and CDPH Directorate maintain involvement in the development of additional local health department resources and the coordination of additional activities that build awareness of public health approaches to preventing violence.

Activity 1:

Coordinate the Violence Prevention Initiative 2019 Convening

Between 07/2019 and 06/2020, provide organizational, logistical, and strategic support, in partnership with the Center for Healthy Communities, to host one Violence Prevention Convening with at least three dozen partners representing California government departments and agencies.

Activity Status

Completed

Activity Outcome

The FC, in partnership with the IVPB, organized a three-part webinar series on message framing. Between 70 and 107 state and local subject matter experts working

on any of the multiple forms of violence attended these interactive webinars. Each training session focused on specific message framing elements related to framing primary prevention of violence in order to build public understanding. The final product of this workshop was the development of a core messaging strategy. This tool was informed by those who attended any of the three webinars and will be disseminated more broadly to other state and local partners across the state as a resource to improve and build shared messaging around violence prevention, or other related health topics.

Reasons for Success or Barriers/Challenges to Success

Results for the 2016 and 2018 violence prevention survey among local health departments led by the VPI and post-survey feedback responses from the VPI community of practice webinars, indicated a need for support in primary prevention messaging. This need informed the planning and development of a workshop hosted by the VPI. Due to the community of practice webinars that took place at the beginning of this year and planning logistics such as room availability and various administrative processes, it was determined that the workshop should take place in the Spring of 2020 and is scheduled for May. The Fusion Center organized meetings with internal and external partners to develop the strategy for this workshop and coordinated administrative logistics to support its implementation.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Fusion Center will continue its role as a liaison and coordinator of this cross-cutting issue and department priority by facilitating and engaging the Steering Committee and CDPH Directorate involvement in activities and identified action steps following the convening workshop. This activity was successful due to the input gathered from local health departments, the support of the Steering Committee, meetings with external partners, and the partnership with the IVPB.

Activity 2:

Facilitate the Violence Prevention Steering Committee

Between 07/2019 and 06/2020, facilitate at least ten Violence Prevention Steering Committee meetings, aligning collaborative efforts across four CDPH Centers and Offices including Center for Family Health, Center for Healthy Communities, and Office of Health Equity, and Fusion Center. The Steering Committee assesses progress and develops the strategic direction for the statewide public health Violence Prevention Initiative collective impact agenda.

Activity Status

Completed

Activity Outcome

The FC facilitated strategic engagement across multiple programs to align violence prevention efforts within the department. The FC convened the core Violence Prevention Steering Committee eight times to identify opportunities for wider external communications and engagements around the department's Violence Prevention Initiative (VPI) activities. The FC also convened this group twice to strategize and

coordinate activities around special projects for a total of ten meetings. Strategy sessions led by the FC informed long-term goals and capacity building opportunities such as completing policy analyses and applications for funding opportunities through a collective approach.

Reasons for Success or Barriers/Challenges to Success

These meetings are sometimes challenging to coordinate due to scheduling conflicts for the executive leaders of each center and office among this group and capacity constraints. This year participation among this group was expanded so that additional representatives from each center could join and alternate as necessary, which has been successful in keeping these meetings on track. Additionally, some members of this group will also be participating in other VPI project specific meetings so that they are more involved and familiar with various activities carried out by the VPI.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Fusion Center will continue to be flexible in scheduling these meetings to promote ongoing participation. This will include providing WebEx options and meeting with Steering Committee members by center individually as needed.

Activity 3:

Coordinate Violence Prevention Webinars

Between 07/2019 and 06/2020, coordinate three violence prevention webinars presenting data, highlighting emerging and evidence based approaches and providing technical assistance for primary prevention approaches to address multiple forms of violence for a statewide network of over 100 local public health practitioners and stakeholders.

Activity Status

Completed

Activity Outcome

The FC co-facilitated two community of practice webinars around the topic of homicide prevention. The first webinar discussed how to use data to drive violence prevention program planning and the second webinar showcased primary efforts across the state to decrease homicide rates in California. Almost 100 people registered for each webinar and 64 attended the first webinar and 46 attended the second webinar. Due to the COVID-19 pandemic and the need to shift one of the VPI's activities that included a workshop to a virtual platform, the VPI partnered with the Essentials for Childhood Initiative team within the department on a third webinar topic by supporting and promoting their webinar series pertaining to COVID-19 and adverse childhood experiences. This allowed for the VPI to be responsive to the pandemic and needs of local partners to provide information and resources in a timely manner.

Reasons for Success or Barriers/Challenges to Success

The Fusion Center will continue to work with the VPI team to analyze all of the post-

survey feedback responses to determine the focus of future webinars. Additionally, the Steering Committee will continue to provide strategic input for these webinars, participate as needed, and disseminate communications to their various networks to promote the webinars.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Fusion Center will continue to work with the VPI team to analyze all of the post-survey feedback responses to determine the focus of future webinars. Additionally, the Steering Committee will continue to provide strategic input for these webinars, participate as needed, and disseminate communications to their various networks to promote the webinars.

Activity 4:

Increase Violence Prevention Initiative Network Participation

Between 07/2019 and 06/2020, increase the number of participants within the Violence Prevention Initiative network that subscribe to activity updates and resource announcements by at least 20%.

Activity Status

Exceeded

Activity Outcome

Between 07/2019 and 12/2019, the Fusion Center increased the number of participants within the Violence Prevention Initiative from a baseline of #195 participants to a total of 279 participants, an increase of 43%.

Reasons for Success or Barriers/Challenges to Success

As of July 2019, the VPI network consisted of 207 subscribers and increased to 269 subscribers as of December 2019, which is approximately a 30% increase. This increase was due to the promotion of the VPI community of practice webinars, which many external partners also promoted across their networks.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Fusion Center will continue to work with the Steering Committee members and external partners to promote VPI activities and expert participation within the VPI network.

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 outcomes to communities served.

Role of Block Grant Funds: PHHSBG funds will support the administration of the CDPH Public Health Accreditation Mini-Grant Program by the Office of Quality Performance and Accreditation (OQPA). This program will enable California's local and/or tribal public health agencies to receive services to support accreditation-readiness activities.

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 Partnerships:

Internal

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

External

1. Centers for Disease Control and Prevention
2. County Health Executives Association of California
3. Public Health Accreditation Board
4. Public Health Institute

National Health Objective: PHI-17 Accredited Public Health Agencies

State Health Objective(s):

Between 07/2019 and 06/2020, 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.

State Health Objective Status

Not Met

State Health Objective Outcome

The Public Health Mini-Grant Program framework awards accreditation-readiness TA to local and/or tribal public health agencies. This TA is provided by the California Department of Public Health (CDPH) staff and external vendors. CDPH provided quality improvement (QI) training to two local health departments. Program staff has identified vendors and is developing service order contracts for other TA services. Until the vendor procurement process is complete, those services cannot be delivered.

Reasons for Success or Barriers/Challenges to Success

Due to the CDC funding not being available until October of 2019, this caused a delay in working with the vendor to create the scope of work and process the service order request. The service order request was processed through CDPH Accounting but we were informed that it could not be processed due to COVID-19 mandates and restrictions. This required local health departments to shift their priorities to COVID-19 emergency response which resulted in objective not being met. In April 2020, CDPH Program experienced the loss of the CDPH Accreditation Coordinator who functions as lead expert and provides consultative, technical assistance, and training services to CDPH staff and programs to maintain the Department's National Public Health Accreditation and foster statewide Accreditation readiness for California's local and tribal public health departments. In addition, the Accreditation Coordinator functions as lead for OQPA Preventive Health and Health Services Block Grant (PHHSBG) funding. With not only CDPH staff redirected to assist in COVID-19 activities, local health departments shifted priorities and were not able to resume accreditation activities due to the emergency pandemic crisis of COVID-19.

Strategies to Achieve Success or Overcome Barriers/Challenges

Due to COVID-19 mandates and restrictions, as well as local health departments being required to shift their priorities to COVID-19 response, these activities were not able to be completed.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Provide technical assistance services

Between 07/2019 and 06/2020, 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.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program provided accreditation-related technical assistance services to **2** local and/or tribal public health agencies to improve capacity to prepare for national public health accreditation.

Reasons for Success or Barriers/Challenges to Success

In April 2020, CDPH Program experienced the loss of the CDPH Accreditation Coordinator who functions as lead expert and provides consultative, technical assistance, and training services to CDPH staff and programs to maintain the Department's National Public Health Accreditation and foster statewide Accreditation readiness for California's local and tribal public health departments. In addition, the Accreditation Coordinator functions as lead for OQPA Preventive Health and Health Services Block Grant (PHHSBG) funding. With not only CDPH staff redirected to assist in COVID-19 activities, local health departments shifted priorities and were not able to resume accreditation activities due to the emergency pandemic crisis of COVID-19.

Strategies to Achieve Success or Overcome Barriers/Challenges

Due to COVID-19 mandates and restrictions, as well as local health departments being required to shift their priorities to COVID-19 response, these activities were not able to be completed.

Activity 1:

Administer a mini-grant program

Between 07/2019 and 06/2020, 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. 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.

Activity Status

Not Completed

Activity Outcome

Unable to complete a mini-grant program due to impacts of COVID-19 pandemic due to the Executive Order March 19, 2020, Governor Gavin Newsom, implemented an order in the County of Sacramento directing all individual living in the county to stay at home except that they may leave to provide or receive certain essential services or engage in certain essential activities and work for essential businesses and governmental services. Including directing all businesses and governmental agencies to cease non-essential operations at physical locations in the county; prohibiting all non-essential gatherings or any number of individuals; and ordering cessation of all non-essential travel. In addition, OQPA's Accreditation Coordinator position became vacant on March 31, 2020. In addition, Since April 2020, six OQPA staff have been redirected to respond to the COVID-19 pandemic and to work on emergency response efforts and continue other important public health work.

Reasons for Success or Barriers/Challenges to Success

Due to COVID-19 mandates and restrictions, as well as local health departments being required to shift their priorities to COVID-19 response, these activities were not able to be completed.

Strategies to Achieve Success or Overcome Barriers/Challenges

Due to COVID-19 mandates and restrictions, as well as local health departments being required to shift their priorities to COVID-19 response, these activities were not able to be completed.

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 2017, the incidence of rape reported as crimes in California was 37.2 per 100,000. (California Department of Justice [CDOJ], 2017). 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.

Role of Block Grant Funds: PHHSBG Rape Set-Aside allocation will be used by the Injury and Violence Prevention Branch (IVPB) to: provide funding to local RCCs that directly serve victims, and potential victims and perpetrators, to deliver sex offense (rape) prevention programs that promote positive social norms and change attitudes, behaviors, and social conditions that make sexual violence possible in the first place.

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 Partnerships:

Internal

1. Office of Health Equity
2. Maternal, Child, and Adolescent Health
3. CDPH Health in All Policies
4. CDPH Sexually Transmitted Diseases Control Branch

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

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

State Health Objective(s):

Between 07/2019 and 06/2020, reduce by 1% the rate of rape in California, from the current 2017 rate, as measured by CDOJ data.

State Health Objective Status

Not Met

State Health Objective Outcome

Between 7/2019 and 06/2020, reduced by 0% the rate of rape in California, as measured by CDOJ data. This objective was not met during the reporting period, as it is difficult to affect change in these long-term outcomes throughout California within one year. The incidence of rape among women reported to the criminal justice system in California in 2018 was 38.9 per 100,000, an increase of 5.3% in the rate from 2017 to 2018. This is based on the most recent data available. (California Department of Justice, 2018).

Reasons for Success or Barriers/Challenges to Success

The data period of the State Health Objective (2019-20) is too recent to obtain corresponding data. The PHHSBG Rape Set-Aside allocation provides much needed funding to local rape crisis centers to deliver sexual offense (rape) prevention programs. However, the reach of these local programs, often implemented in middle schools and high schools, while impactful, may not be sufficient to see a reduction in incidence of sexual assault on a statewide basis from year to year. Change in incidence rate is a long-term outcome that may not be realized for many years. Therefore, it is difficult to meet this outcome on a yearly basis. Also, rapes reported to the criminal justice system in the CDOJ data may be affected by many external factors, including greater visibility of rape in the media, making it more acceptable for men and women to report incidents to the police.

Strategies to Achieve Success or Overcome Barriers/Challenges

The California Department of Public Health (CDPH) Injury and Violence Prevention Branch (IVPB) funded sexual violence-related questions for the last few years on the California Behavioral Risk Factor Survey System (BRFSS) to collect data to better report on this objective. However, there has not been enough data collected for multiple years to obtain data on trends. While 2017 BRFSS data has been procured, 2018 data is not yet available. IVPB also has developed a more focused evaluation plan to assess outcomes related to rape prevention in the state, and will be assessing the suitability of other data sources to evaluate the effectiveness of rape prevention in California.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Program funds 12 local rape crisis centers (RCCs) to implement sexual violence prevention programs. These 12 contractors also leverage other federal funding for approximately \$774,969 to support their prevention programs.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Address the community and/or societal levels of the social ecological model

Between 07/2019 and 06/2020, Program will increase the number of local rape crisis centers (RCCs) that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators that address the community/and societal levels of the social ecological model (SEM) from 6 to 12.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program increased the number of local rape crisis centers (RCCs) that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators that address the community/and societal levels of the social ecological model (SEM) from 6 to 12.

Reasons for Success or Barriers/Challenges to Success

All twelve RCCs are implementing programs that address the community and/or societal levels of the social ecological model. For example, eight agencies are implementing community mobilization as a community-level strategy, and four agencies are developing school sexual violence prevention policy as a community-level strategy. All twelve RCCs are working toward campaigns and actions to change social norms against sexual violence. Although rape crisis centers are building their capacity in these community/societal level strategies, the outcomes are long-term and challenging to measure progress on a yearly basis.

Strategies to Achieve Success or Overcome Barriers/Challenges

Program has developed and implemented specific tools for rape crisis centers, including defined logic models, essential program elements, risk and protective factors to be addressed, and outcomes to be collected via the new Evaluation Toolkit. Indicators for all levels of the SEM have been identified for various strategies in order for them to be evaluated. Community-level outcomes are reported on a regular basis in order to track progress.

Activity 1:

Assess sexual violence risk and protective factors that RCCs address

Between 07/2019 and 06/2020, conduct assessments with twelve RCCs to determine to

what extent they are implementing sexual-offense prevention programs addressing community and/or societal level risk and protective factors. Technical assistance and training will be provided to assess capacity of RCCs in community and/or societal level strategies.

Activity Status

Completed

Activity Outcome

Program conducted assessments with twelve RCCs to determine to what extent they are implementing sexual-offense prevention programs addressing community and/or societal level risk and protective factors. Technical assistance and training were provided to assess capacity of RCCs in community and/or societal level strategies.

Reasons for Success or Barriers/Challenges to Success

All twelve RCCs indicated that their prevention programs are addressing community and/or societal-level risk and protective factors. For example, RCCs are targeting general tolerance of sexual violence in their community, community support/connectedness, societal norms that support sexual violence or male superiority/entitlement, and/or weak policies related to sexual violence and gender equity.

Strategies to Achieve Success or Overcome Barriers/Challenges

Program conducted several methods to assess the risk and protective factors of RCCs. Program conducted a baseline prevention assessment to examine how RCCs are working at the community and/or societal levels of the social ecological model; an organizational readiness assessment for RCCs implementing a community mobilization strategy; and community-level outcome reporting forms from the Evaluation Toolkit.

Activity 2:

Increase knowledge and skills of RCCs to utilize a public health approach

Between 07/2019 and 06/2020, conduct a minimum of four educational activities to enhance the knowledge and skills of staff from twelve RCCs to conduct sexual offense (rape) prevention programs that address the community and/or societal levels of the SEM. Technical assistance and training will be provided to build capacity of RCCs in community and/or societal level strategies.

Activity Status

Completed

Activity Outcome

Program conducted four educational trainings to enhance the knowledge and skills of staff from twelve RCCs to conduct sexual offense (rape) prevention programs that address the community and/or societal levels of the SEM. Technical assistance and

training was provided to build capacity of RCCs in community and/or societal-level strategies.

Reasons for Success or Barriers/Challenges to Success

Program partnered with its training and technical assistance providers, California Against Sexual Assault (CALCASA) and California State University, Sacramento (CSUS) to provide 4 in-person educational trainings as well as 4 community of practice web conferences. Trainings focus on the public health approach, risk and protective factors across the SEM levels, and the principles of effective prevention.

Strategies to Achieve Success or Overcome Barriers/Challenges

CDPH has executed contracts with its training providers, CALCASA and CSUS to provide training deliverables to support RCCs in building their capacity in community and/or societal level program strategies. Program meets regularly with its contractors to develop a training plan with objectives, agenda topics, and subject matter experts in order to support program goals and outcomes.

Activity 3:

Fund sexual-offense prevention programs

Between 07/2019 and 06/2020, fund twelve local RCCs to conduct sexual offense prevention programs that address the community and/or societal level levels of the SEM. Programs to be implemented include community mobilization, gender equity, active bystander, and healthy relationships in order to address community/societal level change.

Activity Status

Completed

Activity Outcome

Program funded twelve local RCCs to conduct sexual offense prevention programs that address the community and/or societal level levels of the SEM. Programs include community mobilization, gender equity, active bystander, and healthy relationships in order to address community/societal level change.

Reasons for Success or Barriers/Challenges to Success

Program funded eight agencies to implement community mobilization in local neighborhoods and four agencies to address positive school climate through gender equity, active bystander or healthy relationships. These strategies all address community/societal level change in alignment with CDC's focus areas to prevent sexual violence.

Strategies to Achieve Success or Overcome Barriers/Challenges

Although intensive training and technical assistance is offered to local rape crisis centers, there is a high level of staff turnover which presents loss of knowledge and

gaps in program implementation. As a result, Program is working with its training providers to create an onboarding training plan with recorded webinars and resources to support capacity building. In addition, Program is highlighting the need for prevention integration and sustainability within local organizations.

State Program Title: TB Free California

State Program Strategy:

Goal: The California Department of Public Health (CDPH) TB Free California program will address the Healthy People 2020 IID-29 Reduce Tuberculosis (TB) target: Reduce TB to one new case per 100,000 population. CDPH estimates that between now and 2040, 25,000 cases of TB could be avoided with intensified testing and treatment of latent TB infection (LTBI), the asymptomatic infection that precedes TB disease. The goal of TB Free California is to increase targeted testing and treatment of LTBI through provision of evidence-driven technical assistance. The program supports critical work in training, measuring, and implementing of LTBI care practices taking place in local public health programs and community healthcare clinics.

Health Priority: Identify and treat those with LTBI, in order to prevent cases of TB disease in California. This work is in alignment with CDPH's 2035 Initiative of "engaging communities through prevention, based on collaborative and science-based practices that ... improve health equity throughout 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.

Role of Block Grant Funds: Funds will be used to support salaries for three contract positions with expertise in: 1) TB clinical prevention strategies and health systems; 2) Epidemiology, surveillance and evaluation methods; and 3) Communication and health education. Funds will also support travel for the three person team, production costs for training materials, and incentives for partnerships between community healthcare organizations and public health organizations.

Evaluation Methodology: Measure progress using process evaluation (from partners and stakeholders, using meetings, surveys and emails) and outcome evaluation (LTBI testing and treatment in community healthcare settings). Outcome metrics include proportion of the at-risk population: completing risk assessment; receiving LTBI testing; and completing LTBI treatment. Performance on these metrics will be tracked over time.

Primary Strategic Partnerships:

Internal

1. Office of Public Affairs
2. Office of Refugee Health/Office of Border and Binational Health
3. Tobacco Control Branch
4. Office of AIDS
5. Chronic Disease Control Branch

External

1. California Primary Care Association

2. University of CA: UCSF Curry International Tuberculosis Center; UC Berkeley University Health Services; UC Irvine Santa Ana Family Health Center
3. Department of Health Care Services, MediCal Managed Care
4. Federally Qualified Health Centers
5. Kaiser Permanente

National Health Objective: IID-29 TB

State Health Objective(s):

Between 07/2019 and 06/2020, TB Free California will provide technical support to 100% of local public health programs and community healthcare clinics that request assistance with TB prevention activities, including provider training, clinical tools, clinical consultation, measurement of LTBI testing and treatment, and patient education. By treating latent TB infection, we aim to avert significant morbidity, mortality, and healthcare costs associated with TB disease.

State Health Objective Status

Completed

State Health Objective Outcome

California has the highest TB incidence in the continental U.S. largely driven by the large number of California residents born outside the U.S. with undiagnosed LTBI. Our 2019-2020 goal is to reduce the TB case rate from the current California rate of 5.3 per 100,000 to 5.0 per 100,000. Our process outcome measures are described in detail below; all focus on increasing testing and treatment of LTBI in primary care settings.

Reasons for Success or Barriers/Challenges to Success

Although nearly 2.5 million Californians have LTBI, which if identified and treated can prevent development of TB disease, it is estimated that more than 2 million of these persons are unaware of their infection and have untreated LTBI. The broad challenges to our project include: 1) identifying discrete populations of patients at high-risk for TB infection, 2) identifying and engaging medical providers who serve high-risk patients, 3) changing behavior for medical providers related to LTBI testing and treatment, and 4) improving accessibility and acceptability of LTBI care for high-risk patients.

Strategies to Achieve Success or Overcome Barriers/Challenges

Using California State epidemiology, the TB Free California team identifies and engages community providers whose populations are at high-risk for LTBI and at high-risk for progression from LTBI to infectious TB disease. The TB Free California team has developed evidence-based trainings and clinical materials to guide medical providers, as well as linguistically and culturally appropriate patient education materials. We have also engaged in quality improvement projects at specific clinics to measure baseline and follow-up rates of LTBI testing and treatment. Using this combination of strategies, we have increased screening, testing, and treatment in community clinics across the

state.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The amount of PHHS Block Grant funds budgeted for TB Free California for the project period is \$600,000. Between 07/2019 and 12/2019 approximately \$300,000 was used to support staff time to work with public health and community providers to scale up TB prevention activities as part of the statewide TB Free California initiative. An additional

\$20,000 in state funds provided in-kind staffing and administrative support for the initiative.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Collect and analyze data on LTBI testing and treatment practices in community clinic settings

Between 07/2019 and 06/2020, Program will collect **2** data from clinical sites on metrics related to LTBI care, namely: 1) proportion of at-risk population completing risk assessment, 2) proportion of at-risk population receiving testing for LTBI, and 3) proportion of at-risk population completing LTBI treatment. 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, and exchange data between healthcare clinic, local, and state public health settings, as outlined in Activities 2-4. Our goal is to enable clinics to collect LTBI performance data and measure the impact of targeted interventions, and to help build systems that eventually enable collection of LTBI care cascade data statewide.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 7/2019 and 06/2020, TB Free California staff completed data analysis at **two clinical sites**, focusing on two key metrics related to LTBI care, namely: 1) proportion of the at-risk population receiving testing for LTBI, and 2) proportion of the at-risk population that tested positive completing LTBI treatment.

Reasons for Success or Barriers/Challenges to Success

Specific barriers to measuring LTBI testing and treatment include: 1) lack of incentive for individual clinics to measure their performance due to absence of an existing national quality measure related to latent TB, 2) challenges with ordering and documenting LTBI care in the Electronic Medical Record (EMR), 3) challenges with extracting data from EMR, and 4) fractured continuity of care for patients after they test

positive for LTBI.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies that have made the project successful in this objective include direct work with EMR analysts to modify EMRs and generate automatic LTBI reports, as well as enable workflow changes to minimize repeat patient visits. The TB Free California team is also in the early stages of piloting a national quality measure related to LTBI, for submission to the Centers for Medicare and Medicaid Services (CMS) Adult and Child Core Set Quality Measures, in order to provide a broader incentive for clinics to track and report on their own LTBI care.

Activity 1:

Collect clinic data on LTBI testing, diagnosis, treatment completion

Between 07/2019 and 06/2020, assist with data collection, management, and analysis at clinics with metrics including: 1) proportion of at-risk population completing risk assessment, 2) proportion of at-risk population receiving testing for LTBI, and 3) proportion of at-risk population completing LTBI treatment. This will serve as baseline performance data on LTBI care, and pre-intervention data for clinics that are planning to institute interventions to increase LTBI testing or treatment.

Activity Status

Completed

Activity Outcome

Between 07/2019 and 06/2020, TB Free California staff supported data collection and management at two (2) partner clinics with metrics including: 1) proportion of the at-risk population receiving testing for LTBI, and 2) proportion of the at-risk population that tested positive completing LTBI treatment. We defined these metrics and analyzed these data at two (2) clinics to understand changes in LTBI testing and/or treatment completion over time. At baseline, data from both clinics showed a low proportion of at-risk patients receiving testing for LTBI and a low proportion of patients completing preventive treatment. Both testing and treatment increased following interventions supported by the TB Free California team, which included training and education, electronic medical record modifications (EMR), and workflow improvements. The findings from these analyses were communicated back to clinic.

Reasons for Success or Barriers/Challenges to Success

TB Free California staff provided assistance to two (2) clinics to improve capture of LTBI data in their EMR. At each clinic, we have met onsite with medical providers and EMR analysts, identified existing barriers to track and follow up LTBI testing and document LTBI completion. We have performed chart abstraction at multiple time points in one (1) clinic, and at another, assisted in creating a report in the medical record system that captures relevant LTBI data that can be updated in real-time.

Strategies to Achieve Success or Overcome Barriers/Challenges

The ability to query data in real-time can help determine where gaps are in individual patient care and allow providers to work with patients to ensure evaluation and LTBI treatment completion. We've also been successful in modifying medical records to add testing reminders into EMR flags or order sets, making it easier for providers to remember to test their patients. In future years, we hope to take the lessons we've learned through our work with partner clinics and disseminate them more widely, through webinars to other clinics interested in LTBI care, and through a national workgroup on the Epic EMR.

Activity 2:

Use statewide data registry and LTBI indicators to understand LTBI testing

Between 07/2019 and 06/2020, use previously developed LTBI indicators and state data registries, in order to describe LTBI testing practices among discrete populations of providers in California; target populations may include civil surgeons, providers reporting to the California Immunization Registry, and providers caring for refugees and immigrants.

Activity Status

Completed

Activity Outcome

Between 07/2019 and 06/2020, TB Free California staff reviewed the LTBI data entered into the statewide California Immunization Registry (CAIR) during 2010-2019. The volume of data entered each year is high (>500,000 TB tests entered during 2015-2018) and providers across the state utilize the system. In combination with other LTBI surveillance systems, CAIR can be used to monitor volumes of Interferon Gamma Release Assay (IGRA) testing over time and estimate LTBI incidence through capture-recapture methods as other state surveillance systems become more robust.

Reasons for Success or Barriers/Challenges to Success

TB Free California established a partnership with CAIR and learned more about the data available. CAIR is used throughout the state (>120,000 TB tests entered in 2018) and routine analysis of the data is feasible. There are challenges, however, to interpreting the CAIR data and using it to monitor trends over time. These challenges include 1) incomplete capture of risk information (e.g., country of birth), and 2) no treatment data.

Strategies to Achieve Success or Overcome Barriers/Challenges

We have discussed adding risk assessment and treatment information to CAIR, but there are legislative challenges to doing so. The addition of these data elements would allow for use of CAIR as an LTBI surveillance system. We will continue to use the data available to monitor trends in the number of TB blood tests and TB skin tests performed/entered, positivity rate for each type of test, counties and providers performing tests and entering data. While risk information is not available, the positivity rates can help to indicate whether a high-risk population is being tested. For example,

~5.5% of TB skin tests were positive, compared to 12% of TB blood tests – suggesting those who are receiving a blood test are a higher-risk group.

Activity 3:

Advise on electronic medical record changes to capture LTBI care cascade

Between 07/2019 and 06/2020, provide technical expertise to a national task force aiming to modify electronic medical records for public health surveillance, 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 in future years to California primary care-based settings.

Activity Status

Completed

Activity Outcome

Between 07/2019 and 06/2020, TB Free California staff participated in a national workgroup convened to develop standardized resources for capturing relevant TB data in the Epic electronic medical record (EMR). The group established sub-workgroups to focus on primary care and public health surveillance, respectively. The primary care group critically reviewed a list of key data elements for monitoring LTBI care at the clinic level. Re-convening of the workgroup is planned in FY20, and important groundwork was completed in the first year.

Reasons for Success or Barriers/Challenges to Success

The workgroup involves representatives from across the U.S. who have experience working with Epic systems. A challenge is making LTBI care a priority within Epic, so a change or module could be incorporated into multiple Epic-based systems. We have had success in working with individual systems, but implementing changes across all systems will be challenging.

Strategies to Achieve Success or Overcome Barriers/Challenges

The workgroup has begun to build on successes in individual systems and to generate white papers documenting methods for use in other clinical settings. The target audiences for the white papers are primary care groups that seek an improved method to capturing and monitoring LTBI data, and public health clinics that seek to enhance data collection and monitoring of LTBI and TB disease cases. To elevate the issue of LTBI within Epic, the group is considering establishing an official Epic Users Group.

Activity 4:

Build network of providers serving patients at high risk for TB infection

Between 07/2019 and 06/2020, use existing CDPH data to generate a list of clinics that serve patients at high risk of TB infection in California. As part of a long range plan for disseminating guidelines and tools related to LTBI care, and in order to collect information related to program needs and barriers to LTBI care, staff will build a network

of clinics and providers in California that provide primary care for patients at high risk for TB infection and disease; this list will be used to engage clinics and enable future partnerships.

Activity Status

Completed

Activity Outcome

Between 07/2019 and 06/2020, TB Free California staff used existing California epidemiologic data to generate a list of clinics that serve patients at high-risk of TB infection in California. A list of over 130 providers from clinics, school-based health centers, and large healthcare networks have been identified. As part of a long-range plan for disseminating guidelines and tools related to LTBI care, and in order to collect information related to program needs, TB Free California staff have built a network with clinics and providers in California that provide primary care for patients at high-risk for TB infection and disease.

Reasons for Success or Barriers/Challenges to Success

Gaining an understanding of where patients who are at high-risk of TB infection receive medical care is challenging, but critical to providing outreach and services related to LTBI. Patients with TB disease are often diagnosed in hospitals or clinical settings that are separate from where they receive their primary care.

Strategies to Achieve Success or Overcome Barriers/Challenges

Using California epidemiologic data, we identified 25 zip codes with the largest number of non-U.S.-born cases in California from 2010 to 2017 and explored both public and private clinics serving these zip codes. TB Free California staff called each of these clinics individually to collect contact information of the medical director at the clinic. As of now, we have compiled 30 names and email addresses from clinics in six (6) counties (Alameda, Los Angeles, Orange, San Diego, San Francisco and Santa Clara). This list will be used for the project to engage clinics and disseminate key clinical tools and messages.

Impact/Process Objective 2:

Increase awareness of LTBI as a public health issue among at-risk populations inCA

Between 07/2019 and 06/2020, Program will develop 1 partnership(s) with a community organization that serves a group at high risk of TB infection in California. Additionally, distribute patient education resources to a minimum of five partner clinics, and maintain one TB Free California webpage. 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.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, TB Free California staff established **five (5)** new partnerships with organizations that serve Asians and Pacific Islanders (API) in California, distributed patient education materials to twelve (12) clinics and five (5) community organizations and maintained a TB Free California webpage.

Reasons for Success or Barriers/Challenges to Success

TB Free California staff established three (3) new partnership with organizations that serve Asians and Pacific Islanders in California, distributed patient education materials to five (5) partner clinics and community organizations and maintained a TB Free California webpage.

In focused conversations with our clinic partners, we have identified patient misinformation and stigma about TB infection, and the resulting reluctance to take LTBI medication as key challenges in providing LTBI care. Therefore, a critical part of our project strategy is increasing patient awareness and education regarding TB infection. Current barriers to the provision of high quality patient education materials include a lack of culturally and linguistically appropriate materials, and limited access to (and sometimes mistrust of) local and state TB programs.

Strategies to Achieve Success or Overcome Barriers/Challenges

The TB Free CA project team has developed culturally and linguistically appropriate patient education materials. The team is partnering with community and civic organizations that serve patients at-risk, so that these partners can disseminate and amplify the prevention messages. In California, half of our TB cases occur in patients of Asian and Pacific Islander descent, therefore, our community outreach efforts are focused on groups serving Asians and Pacific Islanders.

Activity 1:

Create partnerships w/community organizations serving high-risk populations

Between 07/2019 and 06/2020, Establish contact and create a partnership with at least one community organization that serves a group at high risk of TB infection in California. High-risk priority groups include (1) non-U.S.-born, (2) Asian and Pacific Islander, (3) African American, or (4) Hispanic/Latin people; we will partner with a minimum of one organization that serves one of these high-risk groups. Staff will work with the organization to ascertain the best mechanism for providing patient education to the target group, which may include attendance at community organization meetings, providing patient education materials for use in a community center or referral center, and/or creating a joint media campaign for social media.

Activity Status

Exceeded

Activity Outcome

Between 7/2019 and 06/2020, TB Free California staff established partnerships with

seven (7) community organizations serving the API community. The TB Free California team identified the following organizations for outreach: 1) Hepatitis B Free Los Angeles; 2) San Francisco Hepatitis B Free Bay Area; 3) the Chinese Newcomers Service Center; 4) Association of Asian Pacific Community Health Organizations; 5) the Asian & Pacific Islander American Health Forum; 6) YMCA Chinatown San Francisco; and 7) Chinese for Affirmative Action.

Reasons for Success or Barriers/Challenges to Success

The TB Free California team continues to establish successful partnerships and identify leaders who serve as TB champions at each site to facilitate TB prevention activities.

The project has been able to engage partners in critical discussion about TB awareness, testing, and treatment of high-risk individuals. In addition to disseminating educational materials in digital and print formats, the project provides support to increase TB awareness through planning health education activities, identifying affordable TB testing sites, and developing resources as requested by the community-based organization.

As of October 2019, the TB Free California partnership with Hepatitis B Free LA has resulted in the dissemination of 3200 print materials to high-risk individuals in Los Angeles County at various community events. The materials were available in several key languages including English, Simplified/Traditional Chinese, Spanish, Thai and Vietnamese.

Strategies to Achieve Success or Overcome Barriers/Challenges

A challenge that the project staff experienced in conducting outreach among the Asians and Pacific Islanders community is the need to communicate in various languages. To address this barrier, the TB Free California team has reached out to partnering community sites and local TB control programs for language support. The strong TB Free CA partnership with various organizations allows the project to provide effective messages and materials to high-risk individuals.

Activity 2:

Distribute and evaluate education materials for use with LTBI patients

Between 07/2019 and 06/2020, disseminate patient education materials to a minimum of five partner clinics. Existing patient education materials include 1 waiting room poster, 3 patient handouts (available in English, Spanish, Cantonese, and Vietnamese), 3 patient education videos, and 1 patient self-risk assessment. Additionally, we will evaluate a LTBI waiting room poster, measuring patient satisfaction, and the process measure of willingness to discuss LTBI with their doctor after exposure to an educational poster. We will continue to generate new patient education materials as requested by clinic sites.

Activity Status

Completed

Activity Outcome

Between 07/2019 and 06/2020, TB Free California staff distributed over 4,600 patient education materials to twelve clinics and five community groups. The materials were available in several key languages including English, Simplified/Traditional Chinese, Spanish, Thai, and Vietnamese. To make the patient education materials widely available, they are provided for free download on the Community Resource page of the TB Free California webpage: tbfreecalifornia.org.

Reasons for Success or Barriers/Challenges to Success

As discussed above, the TB Free California partnership with Hepatitis B Free LA has resulted in the distribution of 3200 print materials to high-risk individuals in Los Angeles County at various community events. The materials were available in several key languages including English, Simplified/Traditional Chinese, Spanish, Thai and Vietnamese. Because Hepatitis B Free LA had limited funding to print the TB Free CA resources, TB Free CA provided print materials for Hepatitis B Free LA to distribute at health fairs.

Strategies to Achieve Success or Overcome Barriers/Challenges

The TB Free California project distributes patient education materials to existing partners and any other clinic on request. To make the patient education materials widely available, they are provided for free download on the Community Resource page of the TB Free California webpage: tbfreecalifornia.org. The TB Free California project will work with the CDPH Office of Public Affairs to measure the number of downloads from the webpage in FY20.

Activity 3:

Increase social media presence of TB Free California

Between 07/2019 and 06/2020, maintain and refresh content for one program website providing information on TB- Free California activities, and providing a central electronic repository for all provider and patient resources. TB Free California staff will check the functionality of website links, update the News section of the webpage with new activities, and add resources to the Provider and Patient Resources section, as they are developed.

Activity Status

Completed

Activity Outcome

Between 7/2019 and 06/2020, TB Free California staff reviewed, updated and maintained the website with newly developed LTBI materials. Since July 2019, the webpage has had over 4,500 views by visitors comprised of community members and providers who want to access LTBI educational resources. We have received feedback from our partners that our webpage has been successful because of engaging materials that are available in multiple languages. Furthermore, print and digital materials are easy to access and download from the webpage.

Reasons for Success or Barriers/Challenges to Success

The TB Free California health educator routinely reviews the webpage to ensure accuracy and makes necessary edits. Since July 2019, the webpage has had 2330 views by visitors comprised of community members and providers who want to access LTBI educational resources. We have received feedback from our partners that our webpage has been successful because of engaging materials that are available in multiple languages. Furthermore, print and digital materials are easy to access and download from the webpage.

Strategies to Achieve Success or Overcome Barriers/Challenges

Due to the large volume of visitors to the webpage, the TB Free California team will continue to research and improve the LTBI health messaging and resources on the webpage to meet the needs of the community. We will work with the CDPH Office of Public Affairs to measure the number of web site downloads in FY20.

Activity 4:

Create and coordinate patient-based LTBI messaging for California

Between 07/2019 and 06/2020, contribute feedback on unifying messaging for LTBI testing and treatment for populations across California to collaborating organizations including the Centers for Disease Control and Prevention, the California Tuberculosis Elimination Coalition, and the California Tuberculosis Controllers Association.

Activity Status

Completed

Activity Outcome

Between 7/2019 and 06/2020, the TB Free California team developed patient-centered LTBI messaging that is easy to adopt statewide. To streamline the LTBI messaging in California, the project used two strategies: 1) working with California Tuberculosis Controllers Association (CTCA) communications committee, comprised of representatives from local health jurisdictions throughout California; and 2) implementation of findings from LTBI messaging focus groups conducted by the Centers for Disease Control and Prevention among diverse communities in California.

Reasons for Success or Barriers/Challenges to Success

To streamline the LTBI messaging in California, the project used two strategies: 1) working with CTCA communications committee, comprised of representatives from local health jurisdictions throughout California; and 2) implementation of findings from an LTBI messaging focus groups conducted by the CDC among diverse communities in California.

Strategies to Achieve Success or Overcome Barriers/Challenges

Although our main messages and communications strategy has been developed, we continue to pilot test our materials, to ensure that LTBI messaging is linguistically

relevant and culturally sensitive for the communities served, and that it addresses the main points of misinformation and confusion regarding LTBI.

Activity 5:

Collaborate with existing chronic disease public health campaigns

Between 07/2019 and 06/2020, identify existing examples of community outreach and patient education campaigns within CDPH programs that target tobacco use, HIV/AIDS, and diabetes. Staff will become informed about successful methods for outreach within these patient populations, in order to develop and improve LTBI patient education.

Activity Status

Completed

Activity Outcome

The TB Free California team met with 1) Health Resources and Services Administration (HRSA) Region 9 Office of Regional Operations to discuss collaboration with existing diabetes campaigns, and 2) CDPH Chronic Disease Control Branch to discuss potential collaborations with Diabetes health educators. Diabetes increases progression from LTBI to active TB disease, making diabetes a potentially impactful chronic disease collaboration. In FY19, TB Free staff met with the CDPH Chronic Disease Control Branch's Diabetes Prevention team about educating diabetes specialists and primary care providers about the connection between diabetes and TB. Continued discussion and joint activities will resume with this team in FY20.

Reasons for Success or Barriers/Challenges to Success

HRSA provides funding and resources to community health centers serving vulnerable populations. HRSA Region 9 Office funds and coordinates programs focused on diabetes prevention and have partnerships across the U.S. Since diabetes increases progression from LTBI to active TB disease, this is a beneficial partnership to prevent TB. The TB Free California team provided data to leadership of the HRSA Region 9 Office showing that nearly 1/3 of TB cases diagnosed in California have diabetes.

Strategies to Achieve Success or Overcome Barriers/Challenges

HRSA has regional offices that allow TB Free California to engage with local staff who understand the challenges in California. A general lack of awareness about the association of diabetes and TB, even among healthcare and public health workers, is a barrier to addressing LTBI. The TB Free California project will use the partnership with HRSA to for new partnerships, and educate diabetes specialists and primary care providers.

Impact/Process Objective 3:

Increase number of primary care clinics able to provide care for latent TBinfection

Between 07/2019 and 06/2020, Program will provide technical assistance to 5 community clinics, in the form of evidence-based provider training, clinical tools, clinical

consultation, or assessment of barriers to care. We will work with a minimum of five clinics in 2019-2020, engaging in one or more of the technical assistance activities described below. Our goal is to provide assistance to 100% of clinics that request our support, and in doing so, to increase capacity of primary care providers in California to effectively screen, test, and treat patients for LTBI.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program provided technical assistance to 5 community clinics, in the form of evidence-based provider training, clinical tools, clinical consultation, or assessment of barriers to care. We will work with a minimum of five clinics in 2019-2020, engaging in one or more of the technical assistance activities described below. Our goal is to provide assistance to 100% of clinics that request our support, and in doing so, to increase capacity of primary care providers in California to effectively screen, test, and treat patients for LTBI.

Reasons for Success or Barriers/Challenges to Success

From July to December 2019, we have worked directly with five (5) clinics to provide intensive technical assistance, in the form of trainings, measuring rates of LTBI testing and treatment, and providing LTBI protocols, clinical tools, and patient education materials. To locate clinic partners, we have communicated with collaborators in existing partnerships in high burden counties and are now actively soliciting new clinic partners.

Strategies to Achieve Success or Overcome Barriers/Challenges

From July to December 2019, the TB Free California team has continued to expand technical assistance to existing partners throughout the state and has fielded requests from clinic principals who want to increase their clinic capacity to provide LTBI care. We plan to reach out to new clinic partners through local health departments and our internal network of high priority providers, and to use the California Primary Care Association to solicit additional primary care physician partners who serve high-risk patients.

Activity 1:

Conduct training on LTBI best practices and guidelines

Between 07/2019 and 06/2020, conduct a minimum of three provider trainings on LTBI testing and treatment. Trainings will emphasize best practices for providers, and will target providers who serve high risk populations and patients at most risk for progression.

Activity Status

Exceeded

Activity Outcome

Between 07/2019 and 06/2020, TB Free California staff conducted seven (7) provider trainings on LTBI testing and treatment.

Reasons for Success or Barriers/Challenges to Success

Despite a U.S. Preventive Services Task Force recommendation to perform LTBI testing for asymptomatic adults at high-risk of TB infection, many primary care providers remain unaware of TB risk groups, ideal testing strategies, and medication options for treating LTBI. Thus, provider training on latent TB is a high-demand activity for many clinics. Our staff conducted four (4) trainings and provided slides and supporting materials for at least three (3) additional trainings.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue to provide evidence-based training and training support to clinic partners.

Activity 2:

Develop clinical tools to aid providers with LTBI care and management

Between 07/2019 and 06/2020, disseminate evidence-based clinical tools to a minimum of five partner clinics, in order to increase capacity to test and treat for LTBI. Existing clinical tools include 2 LTBI clinical protocols, 4 drug fact sheets, 1 LTBI counseling document for providers, and 3 LTBI counseling videos for providers (all developed in

Y1-2 of this program). Additionally, develop new clinical tools and workflow modifications on an as-needed basis, with particular emphasis 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.

Activity Status

Exceeded

Activity Outcome

Between 07/2019 and 06/2020, TB Free California staff disseminated evidence-based clinical tools to six (6) partner clinics in order to increase capacity to test and treat for LTBI, including two (2) LTBI clinical protocols, four (4) drug fact sheets, one (1) LTBI counseling document for providers, and three (3) LTBI counseling videos for providers. Additionally in FY19, the team developed a new LTBI Testing and Treatment Algorithm that emphasizes use of 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. This document is also disseminated across various clinics and is available for download on the TB free California website.

Reasons for Success or Barriers/Challenges to Success

As described above, many primary care providers remain unaware of risk groups, ideal

testing strategies, and medication options for treating LTBI. There is a high demand for concise clinical tools, including algorithms, treatment cards, and drug fact sheets, that providers can use to guide LTBI testing and treatment decisions. We developed and piloted several concise clinical tools in FY17 and FY18 and are disseminating them to clinic partners and providers across the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

We distribute clinical tools in either print or digital format to existing partners and to any clinic that requests them. To make our existing clinical tools widely available, they can be downloaded for free on the Provider Resource page of the TB Free California website: tbfreecalifornia.org. We will work with the CDPH Office of Public Affairs to measure the number of downloads from our webpage in FY20.

Activity 3:

Provide expert consultation on clinical questions surrounding LTBI care

Between 07/2019 and 06/2020, provide consultation on testing and treatment of TB infection and TB prevention strategies for healthcare providers in community and institutional settings to a minimum of three partner clinics. Consults will take place on an as-needed basis, but based on past years, we expect a minimum of monthly contact with each of our partner clinics.

Activity Status

Exceeded

Activity Outcome

Between 07/2019 and 06/2020, TB Free California staff provided expert consultation on LTBI testing and treatment and TB prevention strategies for 32 healthcare providers/clinics in 17 counties.

Reasons for Success or Barriers/Challenges to Success

Tuberculosis clinical care involves many diagnostic and therapeutic nuances, including distinguishing latent TB from active disease, interpretation of discordant tests, treating special populations, including infants and pregnant women, and managing drug side effects. Therefore, in addition to training and clinical tools, we provide direct clinical consultation for providers at any clinic that have questions relating to LTBI patients. This support allows busy primary care providers direct access to TB clinical experts, increasing their comfort and ability to provide TB specific care.

Strategies to Achieve Success or Overcome Barriers/Challenges

Clinical consultation has been a very successful facet of our project. We are contacted by providers for consultation on LTBI cases roughly 30 times per year. Direct clinical consultation is provided not only to TB Free California clinic partners, but for any provider that requests help with LTBI management. Consultation allows us to build capacity and provider knowledge related to LTBI care, but also helps us understand the main LTBI challenges encountered by primary care providers, and to build relationships

with leadership of clinics that may be interested in future partnerships.

Activity 4:

Assess systemic barriers to providing LTBI care

Between 07/2019 and 06/2020, use a previously developed needs assessment to formally assess clinic-level barriers to providing LTBI testing and treatment at TB Free California partner clinics. Potential barriers explored will include protocol-driven testing, electronic medical record triggers, lab test availability, drug availability, insurance coverage, coordination of care for lab and radiology services; additional barriers to care will be solicited.

Activity Status

Completed

Activity Outcome

Between 07/2019 and 06/2020, TB Free California staff used a previously developed needs assessment to formally assess clinic-level barriers to LTBI care across the State of California. Barriers explored include protocol-driven testing, electronic medical record triggers, laboratory test availability, drug availability, insurance coverage, coordination of care for laboratory and radiology services, and lack of a national quality measure related to LTBI. In the second half of FY19, we sent the needs assessment to >130 providers in California. To date we have collected responses from >100 providers at >15 representative clinics across the state.

Reasons for Success or Barriers/Challenges to Success

We began in FY18 by distributing this tool to a convenience sample of providers attending our clinical trainings or working with us as clinic partners. Using this strategy, we have collected survey data from >90 health care providers in 15 clinics across the state. A dissemination plan to reach a wider group of providers, including at larger healthcare networks, is an ongoing goal. A barrier to achieving this goal is engaging busy providers with many competing priorities, and the provider time associated with filling out a needs assessment.

Strategies to Achieve Success or Overcome Barriers/Challenges

One strategy that has improved the usability of our needs assessment is turning our paper-based survey into an electronic survey tool, using the online software REDCap. This allows providers to complete the survey quickly and anonymously and allows the TB Free California team to easily manage the data. Another insight to improve completion rates has been to have the survey introduced by a TB controller or known clinical leader. In collaboration with colleagues in our CDPH Tuberculosis Control Branch Surveillance and Epidemiology Section, we continue to work on a long-term dissemination plan to primary care providers in California who work with a high-volume of non-U.S. born patients.

State Program Title: Using HIV Surveillance Data to Prevent HIV Transmission

State Program Strategy:

Goal: The California Department of Public Health (CDPH) Office of AIDS will address the Healthy People 2020 “HIV-13: Increase the proportion of persons living with HIV who know their serostatus” and improve health equity outcomes by implementing HIV/STD Outbreak Response Protocols and activating an Outbreak Response Team. This objective is listed as a high priority health issue.

Health Priority: Using surveillance data to identify individuals experiencing STDs or having a connection to a known HIV cluster and reaching out to them through disease investigators who connect them to testing, immediate treatment and/or prevention services is an effective HIV prevention intervention. Increasing community resources for disease investigation will improve health equity outcomes in knowledge of serostatus, linkage to care and viral suppression. The OA/STD Outbreak Response Team is aligned with the Presidents Ending the HIV Epidemic: A Plan for America by rapidly detecting and responding to growing HIV clusters and preventing new HIV infections. In addition, formulating an OA/STD Outbreak Response Team aligns with the recommendations provided to the Governor in California’s HIV Alliance "End the Epidemics Project" which calls out the need to the end HIV, STD and HCV epidemics.

Role of Block Grant Funds: Funds will support a scientific and technical team to develop and implement an Outbreak Response Protocol to rapidly detect and respond to growing HIV/STD infection clusters through testing, linkage to and reengagement in care and linkage to PrEP. Block Grant funds will be used for: (1) salaries for three State positions with expertise in responding to disease investigations strategies; 2) support for required training for the team members; and (3) travel for the three-person team.

Evaluation Methodology: Evaluation of outputs and outcomes will be tracked continuously beginning with developing metrics and performance indicators for outbreak response protocols, response team training, and response team activities. The primary project outcome from surveillance data will be percentage of persons who know their serostatus by group.

Primary Strategic Partnerships:

Internal

1. STD Control Branch
2. Office of Public Affairs

External

1. All Local Health Jurisdictions
2. Federally Qualified Health Centers

National Health Objective: HIV-13 Awareness of HIV Serostatus

State Health Objective(s):

Between 07/2019 and 06/2020, use multiple strategies to contribute to the goal of increasing the percent of persons living in California who know their serostatus to 90% and reduce disparity among subgroups. This effort is aligned with Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan's goals of Reducing New HIV Infections in California; and Achieving a More Coordinated Statewide Response to the HIV Epidemic.

State Health Objective Status

In Progress

State Health Objective Outcome

The most recent HIV Surveillance data available from 2017 indicates that of the estimated 153,154 individuals living with HIV in California, about 88 percent (135,082 persons) are aware of their serostatus. This is slightly lower than the 2019 target of 92 percent.

Reasons for Success or Barriers/Challenges to Success

The factors that contribute the most to ensuring individuals living in California know their serostatus are increased and enhanced HIV testing services, development and use of partner services within social networks, cluster identification, and enhanced collaborations and community involvement. In addition, data quality in California continues to evolve as enhanced systems are integrated into HIV surveillance data.

Strategies to Achieve Success or Overcome Barriers/Challenges

Office of AIDS (OA) employs several strategies to increase the number of persons who are aware of their serostatus. These strategies are outlined in California's Integrated HIV Surveillance, Prevention, and Care Plan and include the following:

- Increase and improve HIV testing,
- Expand partner services,
- Improve usability of collected data, and
- Enhance collaborations and community involvement.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The Division Medical Officer provides technical assistance to this project, and a small percentage of his time is leveraged to support the launch of the Using HIV Surveillance

Data to Prevent HIV Transmission project.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:

Develop improved outbreak response state-wide protocols

Between 07/2019 and 06/2020, Program will develop 1 Comprehensive state-wide protocol for coordinating disease intervention activities and mobilizing resources effectively at state and local levels for robust outbreak response and one customized tool for outbreak settings.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program developed 0 Comprehensive state-wide protocol for coordinating disease intervention activities and mobilizing resources effectively at state and local levels for robust outbreak response and one customized tool for outbreak settings.

Reasons for Success or Barriers/Challenges to Success

During this reporting period, HIV Prevention program began working closely with the Office of AIDS (OA) Medical Officer and the molecular cluster investigation team to develop comprehensive state-wide outbreak response protocol utilizing the CDC HIV Cluster and Outbreak Detection & Response plan template as a guide. Programs efforts in completing a draft version of the protocols have been delayed due to a significant number of OA staffing resources being diverted to assist with COVID-19 response.

Strategies to Achieve Success or Overcome Barriers/Challenges

As the HIV Prevention Branch finalizes recruitment efforts, we continue to work closely with the OA Molecular Data Core Committee and the Division Medical Officer. In addition, OA also works closely with counties to determine what support is needed from the State when molecular clusters and HIV/STD outbreaks have been identified. The collaboration with counties has allowed for identifying and responding to gaps in data sharing, developing protocols for responding to newly diagnosed cases of HIV and implementation of surveillance-based partner services plans.

Activity 1:

Develop Investigation Planning & Protocol Development

Between 07/2019 and 06/2020, describe aberration detection criteria that were developed in previous activity to be used for outbreak detection and prioritization as a basis for planning outbreak investigation.

Activity Status

Completed

Activity Outcome

During this reporting period, program began working closely with the OA Medical Officer to finalize the criteria used for aberration detection and prioritization of outbreaks.

Program's efforts in completing the finalized criteria have been delayed due to staffing resources being diverted to assist with COVID-19 response.

Reasons for Success or Barriers/Challenges to Success

The development of the OA Molecular Data Core Committee and collaboration with STDC Branch have contributed to progress towards completing. As the HIV Prevention program is actively recruiting to staff the field investigation and outbreak response team, the work is moving forward through the development of response protocols for molecular cluster investigation.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program has access to data needed to identify priority cluster investigation areas to develop proper response protocols in coordination with the OA Molecular Data Core Committee. In addition, OA has drafted a data sharing policy to share data between multiple jurisdictions that are participating in a response to a cluster of HIV infections that have been detected with molecular data analysis.

Activity 2:

Facilitate Interjurisdictional Case Management

Between 07/2019 and 06/2020, provide medical and case management consultation from our state medical officer that incorporates protocols and procedures for inter-jurisdictional communication for the purpose of medical case management.

Activity Status

Completed

Activity Outcome

Due to impacts of COVID-19 on the LHJs, program has received no requests for medical and case management consultation related to identified HIV clusters or HIV outbreaks; however, we continue to communicate increases in new diagnoses or cluster identification.

Reasons for Success or Barriers/Challenges to Success

No barriers or challenges to report as no requests for interjurisdictional case management arose during the reporting period.

Strategies to Achieve Success or Overcome Barriers/Challenges

The program will coordinate medical and case management consultation for inter-jurisdictional cases as needed.

Activity 3:

Access to Specialized Laboratory Services

Between 07/2019 and 06/2020, identify and enable specialized laboratory services that will be utilized during an outbreak investigation.

Activity Status

Not Started

Activity Outcome

The impacts of COVID-19 have significantly impacted recruitment efforts for staff that will be responsible for handling the identification of specialized laboratory services to be utilized during an outbreak investigation. As of June 1, program recruited the manager who will supervise the Disease Outbreak and Field Investigation unit; however, they were redirected to assist with COVID-19 response. Program is also in the active recruitment phase for hiring the additional two FTEs to fill the remaining positions in this unit. We expect to have these staff persons in place by December 2020.

Reasons for Success or Barriers/Challenges to Success

The identification and enabling of specialized laboratory services to be utilized during an outbreak investigation is a task that will be handled by the staff recruited for the Disease Outbreak and Field Investigation team. The HIV Prevention program is actively recruiting to fill positions for this unit. Activity 3 will begin during the next reporting period of January 1, 2020 to June 30, 2020

Strategies to Achieve Success or Overcome Barriers/Challenges

The identification and enabling of specialized laboratory services to be utilized during an outbreak investigation is a task that will be handled by the staff recruited for the Disease Outbreak and Field Investigation team. The HIV Prevention program is actively recruiting to fill positions for this unit.

Activity 4:

Develop Outbreak Investigation Tools

Between 07/2019 and 06/2020, develop tools that can be customized for specific outbreak exposure settings (e.g. homeless camp) that incorporate required federal data elements but also recognize the unique qualities of a field investigation.

Activity Status

Not Completed

Activity Outcome

Due to impacts of COVID-19 on staffing resources program has delayed the development of customizable tools. Program intends to shift this.

Reasons for Success or Barriers/Challenges to Success

Ensuring access to all information necessary to identify priority investigation clusters has facilitated success, including an enhanced ability for developing data sharing protocols which will be essential in the development of outbreak response protocols.

Strategies to Achieve Success or Overcome Barriers/Challenges

OA has established strong working relationships with counties which have provided insight and understanding of what tools and resources are needed from the State to ensure counties are able to successfully respond to outbreaks and/or identified clusters. Continuing to build internal infrastructure within the HIV Prevention Branch will strengthen our ability to produce meaningful tools and resources.

Activity 5:

Provide TA for Provider and Media Communication

Between 07/2019 and 06/2020, work with the Office of Public Affairs to develop and distribute positive public health messages that may accompany an outbreak response.

Activity Status

Completed

Activity Outcome

During this period, program developed a Frequently Asked Questions handout about HIV Molecular Surveillance and Cluster Analysis to share with the OA Community Planning Group. The fact sheet was intended to use simple and understandable terminology to educate communities and individuals affected by molecular cluster investigation. Prior to COVID-19, program was also in the process of developing additional resources to distribute to community stakeholders. Once staffing resources are available, these activities will resume.

Reasons for Success or Barriers/Challenges to Success

Laying the foundation for molecular cluster investigations, as well as social cluster investigations, requires community outreach and engagement. This first step is essential for dispelling misunderstandings around molecular cluster technology and other surveillance-based investigations.

Strategies to Achieve Success or Overcome Barriers/Challenges

OA will continue to engage community stakeholders as new cluster investigation procedures and policies are developed.

Impact/Process Objective 2:

Improve identification of outbreaks by building state capacity

Between 07/2019 and 06/2020, Program will develop **2** reports designed to improve identification of HIV/STD outbreaks for the purpose of implementing disease intervention activities: 1) To describe and track the data elements that are a part of a routine report on outbreak parameters; 2) To identify the aberration detection criteria for outbreak detection.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program developed 2 reports designed to improve identification of HIV/STD outbreaks for the purpose of implementing disease intervention activities: 1) To describe and track the data elements that are a part of a routine report on outbreak parameters; 2) To identify the aberration detection criteria for outbreak detection.

Reasons for Success or Barriers/Challenges to Success

Summary reports for time/space and molecular clusters are regularly run to identify and monitor clusters and outbreaks. These reports are monitored by the OA Molecular Data Core Committee (CoCo), and priority clusters are elevated to the Investigations Committee on HIV Clusters (ICC). The ICC coordinates outreach and technical assistance efforts and is comprised of subject matter experts from OA and the STDC branch.

Strategies to Achieve Success or Overcome Barriers/Challenges

The HIV Prevention Branch, Disease Outbreak and Field Investigation unit maintains knowledge of HIV/STD surveillance data tools and trends and use them to identify and inform HIV/STD prevention priorities. Utilizing the California HIV epidemiological profile, protocols will be developed to coordinate outbreak response interventions while also using HIV/STD surveillance data to identify geographic and demographic areas of greatest need and resource allocation.

Activity 1:

Refine data collection, analysis, and report process for outbreak detection

Between 07/2019 and 06/2020, review routine data collection tools, reports and data systems for elements that can assist with outbreak detection. Review current analyses that could contribute to understanding outbreak detection. Refine data collection tools and reports to incorporate any additional data elements and/or reports that would assist with outbreak detection.

Activity Status

Not Completed

Activity Outcome

Summary reports and line lists for geographic and molecular clusters are monitored by CoCo. Tools for tracking priority clusters, technical assistance, and direct support are in development. Procedures and tools for gathering all relevant STD and HIV data are being refined.

Reasons for Success or Barriers/Challenges to Success

The HIV Prevention program is actively recruiting to staff the Disease Outbreak and Field Investigation team. Once the team is in place, OA will be able to move forward with the activities for this impact objective. Manual matching between STD, Hepatitis C, and HIV surveillance systems requires substantial staff resources.

Strategies to Achieve Success or Overcome Barriers/Challenges

OA is currently recruiting staff that will conduct this activity.

Activity 2:

Track outbreak-related molecular genotypes

Between 07/2019 and 06/2020, design a system to track data received from CDC regarding potential clusters related to genotype sequencing efforts. Include a method to allow for locally-generated molecular sequencing data being received from CA labs.

Activity Status

Completed

Activity Outcome

During this period, the HIV Prevention program worked with the CoCo and Sexually Transmitted Disease Control (STDC) Branch to develop a data tracking method for genotype sequencing efforts around molecular cluster investigation. As staffing resources were diverted to assist with COVID-19 response, there has been a delay in executing this activity. OA will continue to move this effort forward once staffing resources have been restored.

Reasons for Success or Barriers/Challenges to Success

The development of the CoCo and collaboration with STDC Branch have contributed to progress towards completing this activity. As the HIV Prevention program is actively recruiting to staff the Disease Outbreak and Field Investigation team field team, the work is moving forward through the development of the data tracking for genotype sequencing efforts around molecular cluster investigation.

Strategies to Achieve Success or Overcome Barriers/Challenges

OA is currently recruiting staff that will conduct this activity.

Activity 3:

Develop and evaluate aberration detection criteria for outbreak detection

Between 07/2019 and 06/2020, consult with experts at CDC and work with OA medical officer to identify criteria that would be used to detect a potential outbreak. Produce a report that identifies these criteria for expert comment and feedback.

Activity Status

Not Completed

Activity Outcome

This activity has been delayed due to the impacts of COVID-19 and insufficient staffing resources to move this effort forward. Once staffing resources have been restored, this activity will resume.

Reasons for Success or Barriers/Challenges to Success

The development of reporting for this activity will be handled by staff that will be recruited for the Disease Outbreak and Field Investigation team; however, aberration detection criteria will mirror what has been identified for molecular cluster investigation – looking at the three year baseline of the specific infection we will calculate an average number of reported infection for a particular geographic area and transmission category. We will then define an aberration as an increase in diagnoses that is more than 2 standard deviations above the average.

Strategies to Achieve Success or Overcome Barriers/Challenges

OA is currently recruiting staff that will conduct this activity.

Impact/Process Objective 3:

Promote awareness of outbreak response state-wide protocols

Between 07/2019 and 06/2020, Program will conduct **2** State-wide webinars to promote awareness of outbreak response resources and protocols with a target reach of 30 LHJs.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2019 and 06/2020, Program conducted **0** State-wide webinars to promote awareness of outbreak response resources and protocols with a target reach of 30 LHJs.

Reasons for Success or Barriers/Challenges to Success

During this period, program continued to participate in CoCo meetings and coordinate with the OA Medical Officer to begin developing protocols and corresponding webinars.

Due to the impacts of COVID 19 and insufficient staffing resources, this activity has been delayed.

Strategies to Achieve Success or Overcome Barriers/Challenges

OA will continue to participate in the OA Molecular Data Core Committee, coordinate with OA's Medical Officer, and fill empty unit positions in order to complete protocols and corresponding webinars.

Activity 1:

Conduct Webinars and Staff Trainings

Between 07/2019 and 06/2020, conduct webinars to OA and LHJ staff to describe protocols, tools, and other materials that have been developed by the ORT in order to increase awareness of state-wide efforts to further outbreak investigations.

Activity Status

Not Started

Activity Outcome

During this period, program was in the process of developing stakeholder capacity building webinars and staff trainings to increase awareness of state-wide efforts to further outbreak investigations; however, the impacts of COVID-19 and the reassignment of staffing resources has delayed this effort. Once the two FTE have been recruited in the Disease Outbreak and Field Investigation unit, this activity will resume.

Reasons for Success or Barriers/Challenges to Success

The CoCo and collaboration with STDC Branch have been instrumental in identifying, collecting, and discussing information and best practices that will be used in creating protocols and future webinars. This task will be handled by staff being recruited for the Disease Outbreak and Field Investigation team.

Strategies to Achieve Success or Overcome Barriers/Challenges

OA will continue to participate in the CoCo, coordinate with OA's Medical Officer, and fill empty unit positions in order to complete protocols and corresponding webinars in the next reporting period.

Activity 2:

Develop and disseminate ORT Fact Sheet

Between 07/2019 and 06/2020, prior to the webinar, develop and disseminate an ORT Quick Fact Sheet to be utilized by LHJs as they are preparing to respond to a potential outbreak.

Activity Status

Not Started

Activity Outcome

During this period, program worked closely with the CoCo and the OA Medical Officer to begin the development of fact sheets for molecular cluster investigation. Once staffing resources have been restored and staff are recruited to fill the two FTE positions in the Disease Outbreak and Field Investigation unit, program will utilize the molecular cluster investigation fact sheets as a starting point.

Reasons for Success or Barriers/Challenges to Success

The development of the CoCo and collaboration with STD Control Branch have contributed to progress towards completing this activity. As the HIV Prevention program is actively recruiting to staff the Disease Outbreak and Field Investigation field team, the work is moving forward through the development of fact sheets for molecular cluster investigation.

Strategies to Achieve Success or Overcome Barriers/Challenges

Upon recruitment of new unit positions, OA will begin developing the ORT Quick Fact Sheet.