California FY 2020 Preventive Health and Health Services

Block Grant Annual Report

Annual Report for Fiscal Year 2020
Submitted by: California
DUNS: 799150615
Printed: 2/1/2021 6:56 PM

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Based on Work Plan: CA 2020 V0 R0 Approved 7/31/2020
Annual Report Created on: 9/2/2020
Annual Report Submitted on: 2/1/2021
Final Annual Report Submitted on: 11/01/2021

Contents

Executive Summary

On April 2, 2020, the Advisory Committee (AC) reviewed and recommended the programs for funding contingent upon the receipt of funding for FFY 2020.

On May 26, 2020, the California Department of Public Health (CDPH) convened a Public Hearing.

On May 28, 2020, the AC voted to approve the FFY 2020 Work Plan.

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2020. CDPH submitted this plan as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY 2020 Preventive Health and Health Services Block Grant is Enter **$10,738,724**. This amount is based on an allocation table distributed by the Centers for Disease Control and Prevention (CDC).

Funding for FY 2020 Sexual Assault-Rape Crisis (HO IPV 40) activities detailed in the Work Plan: **$832,969** of this total is a mandatory allocation CDPH, which provides this funding to local Rape Crisis Centers to deliver sex-offense prevention programs.

Administrative Costs associated with the Preventive Health and Health Services Block Grant total **$1,073,872** which is **10%** of the total award. These costs include funding 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.

This grant application is prepared under federal guidelines of the Omnibus Budget Reconciliation Act, 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.

Program Summaries and Allocation

Program Title	Health Objective	Current Year PHHSBG $'s (includes related admin costs)	Activities
Advancing Climate Change and Health Programs at LHDs and within CDPH	ECBP-10 Community-Based Primary Prevention Services	$619,002	This program will support CDPH programs and local health departments to prepare for and prevent the health impacts of climate change. It will also support CDPH programs and local health departments to improve social determinants of health and meet existing health program objectives through engagement with climate change policy and planning.
California Behavioral Risk Factor Surveillance System Program	PHI-7 National Data for Healthy People 2020 Objectives	$290,000	The BRFSS is a California-specific surveillance system that surveys adults 18 years and older on self-reported health behaviors. Questions in the survey relate to nutrition, physical activity, tobacco use, hypertension, blood cholesterol, alcohol use, inadequate preventive health care, and other risk factors. An annual BRFSS report is published. Because the survey is conducted on an annual basis, the continuous use of this system allows analysis of trends over time.
Cardiovascular Disease Prevention Program	HDS-1 Cardiovascular Health	$851,782	Supports a statewide cardiovascular disease alliance, Healthy Hearts California, which coordinates statewide heart disease control and prevention efforts.
EMS for Children	AHS-8 Rapid Prehospital Emergency Care (EMS)	$121,486	This program will implement fully institutionalized Emergency Medical Services for Children in California by continuing to incorporate statewide compliance with national performance

			measures, and the collection of statewide data to develop a comprehensive model for the integration of family-centered care for children into California's EMS system.
EMS Partnership for Injury Prevention and Public Education	AHS-8 Rapid Prehospital Emergency Care (EMS)	$93,557	This program will maintain continuous emergency medical services participation in statewide injury-prevention and public-education initiatives, programs, and policies by collaborating with local EMS agencies and stakeholders in the development and continued maintenance of EMS-related injury-prevention Strategies
EMS Poison Control System	IVP-9 Poisoning Deaths	$94,856	This program 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)	$1,239,475	This program provides for pre-hospital EMS data submissions into the state EMS database system and unites the EMS system under a single data warehouse, fostering analyses on patient care outcomes, public health system services, and compliance with California state and federal EMS service laws. The Program improves pre-hospital EMS services and public health systems statewide by providing measurable quality improvement oversight, resources, and technical assistance.
EMS STEMI and Stroke Systems	AHS-8 Rapid Prehospital Emergency Care (EMS)	$190,174	This program 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 provides statewide coordination and leadership for the planning, development, and implementation of local EMS systems. EMS Systems Planning and Development Program conducts assessment of California's 33 local EMS systems in order to coordinate EMS activities based on community needs for the effective and efficient delivery of EMS services.
EMS Trauma Care Systems	AHS-8 Rapid Prehospital Emergency Care (EMS)	$196,384	This program reduces 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.
Fusion Center	PHI-15 Health Improvement Plans	$966,370	This program builds cross-sectoral engagement in CDPH's State Health Assessment (SHA) and State Health Improvement Plan (SHIP) by enhancing capacity to address crosscutting priorities defined by public health through Comprehensive Assessment, Integrated Planning, and Collective Action addressing crosscutting priorities defined by public health with the purpose of organizing for impact.
Health in All Policies	PA-15 Built Environment Policies	$592,748	This program 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 to promote health equity and implement Health in All Policies approaches through collaboration and integration of health and equity considerations statewide.

Healthy People 2020 Program	PHI-16 Public Health Agency Quality Improvement Program	$814,436	This program 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.
Injury Prevention Program	IVP-1 Total Injury	$984,629	This Program seeks to maintain injury prevention and control as a core public health function, and ensure flexibility and capacity to address emerging cross-sector issues such as marijuana impaired driving and poisonings.
Preventive Medical Residency Program	PHI-13 Epidemiology Services	$688,392	PMR and Cal-EIS programs are the key workforce pipeline for hard-to-fill epidemiology positions in California state and local public health agencies. Trainees perform data and policy analyses, provide disease outbreak and emergency preparedness response; community needs assessments and planning, clinical preventive medicine, systems quality improvement, etc.
Public Health Accreditation	PHI-17 Accredited Public Health Agencies	$60,000	On December 9, 2014, the California Department of Public Health (CDPH) was awarded national accreditation via the Public Health Accreditation Board (PHAB). To maintain the Department's accreditation status, this program will make accreditation-related technical assistance available to California's local and tribal public health agencies, and oversee internal Departmental efforts to maintain compliance with accreditation requirements.
Southern California Asylum Seeker	IID-1 Vaccine-Preventable Diseases	$236,000	This program is an active surveillance and rapid public health response program for

Health Surveillance and Linkage to Care			individuals seeking asylum and intending to reside in California. Active surveillance increases early identification of infectious diseases of public health significance, and services facilitate linkage to healthcare services and disease control.
Surveillance Sampling of Romaine Lettuce for E.Coli O157 and Cyclospora	FS-2 Outbreak-Associated Infections Associated with Food Commodity Groups	$200,000	The goal of this program is to collect surveillance samples of high-risk food products that are known to be susceptible to microbial contamination, evaluate them for microbial contamination, and initiate interdiction efforts to remove them from the marketplace if determined to be adulterated, thereby preventing consumer exposure and reducing the incidence of food-borne illness.
Toxicological Outbreaks Program	EH-22 Monitoring Diseases Caused by Exposure to Environmental Hazards	$125,000	This program supports the administrative and technical infrastructure at CDPH to conduct non-infectious toxicological disease outbreak investigations.
Tuberculosis Free California	IID-29 TB	$600,000	This program promotes prevention strategies to reduce tuberculosis (TB) disease among high-risk populations in California through the most current evidence-based TB testing and treatment strategies, including screening all high-risk non-U.S. born residents for TB infection and for those who test positive, ensuring treatment to prevent disease.
Youth Obesity Prevention	AH-1 Adolescent Wellness Checkup	$150,000	This program 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.

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

State Program Strategy:

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

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

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

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

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

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

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

State Health Objective Status
In Progress

State Health Objective Outcome
Despite significant delays in hiring staff, existing staff provided some support to CDPH Programs, tribes and tribal health programs, and local health departments to plan for and address the health impacts of climate change.

Reasons for Success or Barriers/Challenges to Success
The Program has experienced delays in hiring the four staff positions provided by this funding. The delays are partially due to redirections across the CDPH to address the COVID-19 pandemic, which has delayed both the Human Resources Division's (HRD) processes and diverted existing program staff's time and capacity. Thus, the only activities carried out in pursuit of this objective are those carried out by existing program staff with other, leveraged, dollars.

Strategies to Achieve Success or Overcome Barriers/Challenges
Hiring has continued to be delayed far beyond what we had anticipated. However, the Analyst for this Program started in July 2021. After interviewing candidates for the Local Assistance Program Manager Position (HPM I) to support CDPH programs to address climate change and health, the Program made an offer to the preferred candidate, who requested a higher salary as she is currently earning much more elsewhere. The request for a higher salary was denied by HRD, and the preferred candidate declined the position, requiring a second round of interviews. Program has now requested references from the next preferred candidate. A candidate has accepted a final offer and will start August 16, 2021 for the Health Program Specialist (HPS) position to support tribes to address climate change and health. Interviews have been completed for the HPS position to support local health departments to address climate change and health, and a tentative offer of employment will be made next week after checking references.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
State funds provided staff support to CDPH Programs, tribes, and local health departments to plan for and address the health impacts of climate change. Major activities included developing a resource page on how to address climate change health risks such as evacuations from heat waves and wildfires, or protecting from wildfire

smoke, while preventing infection with the COVID-19 virus; providing technical assistance on climate change planning to the Pala Band of Mission Indians in San Diego; developing a tool to prioritize counties for technical assistance based on scores combining climate risks, population sensitivities, adaptive capacities, and health needs; soliciting input from tribal health organizations to guide the work of the tribal liaison position when it is filled; providing health equity suggestions for the CDPH Emergency Preparedness Office to revise its guidance "Wildfire Smoke: Considerations for Public Health Officials"; and holding a public meeting on wildfire smoke.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Support CDPH programs to address climate change and health
Between 07/2020 and 06/2021, Program will increase the number of CDPH programs that incorporate climate change considerations into their health programs, plans, policies, or communications from 0 to **4**.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program increased the number of CDPH programs that incorporate climate change considerations into their health programs, plans, policies, or communications from 0 to **2**.

Reasons for Success or Barriers/Challenges to Success
The Program has experienced delays in hiring the four staff positions provided by this funding. However, some progress has been made on this objective (see below).

Strategies to Achieve Success or Overcome Barriers/Challenges
Program has been communicating and meeting with Budgets to resolve this issue and hire the positions as permanent positions. Program staff has been submitting all required documents to the HRD as quickly as possible. All duty statements and 2004s (position announcements) have been completed, reviewed, and approved by HRD. Everything is ready for posting as soon as the issue of permanent versus limited-term hiring is resolved. Program anticipates resolution of this issue in November, with posting either in November or December 2020, with a start date in late December or early January for the positions. See above for progress on hiring.

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

Activity Status
Completed

Activity Outcome
Program has not held Department-wide meetings during the reporting period, but has met with other CDPH program staff individually, including the Emergency Preparedness Office; the Nutrition Education and Obesity Prevention Branch; the Fusion Center; and the Environmental Health Investigations Branch and Occupational Health Branch of the Center for Healthy Communities. Specifics below.

Reasons for Success or Barriers/Challenges to Success
The Program has experienced delays in hiring the four staff positions provided by this funding. However, existing staff have made an effort to reach out and collaborate with other CDPH programs to integrate climate change considerations into their work.

Strategies to Achieve Success or Overcome Barriers/Challenges
The new program staff person to carry out this activity will be on board soon, and existing staff have laid the groundwork for success by meeting with and discussing climate change with about a dozen different centers and programs across CDPH.

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

Activity Status
Completed

Activity Outcome
Existing staff provided health equity suggestions for the CDPH Emergency Preparedness Office to revise and update its climate change-related guidance "Wildfire Smoke: Considerations for Public Health Officials"; worked with the CDPH Fusion Center to support integration of climate change and health indicators in Let's Get Healthy California , the State's Health Improvement Plan; strategized with the Nutrition Education and Obesity Prevention Branch and others on how to increase active transportation (walking, cycling, and transit) through coordinated cross-center collaboration to provide unified messages to local awardees to help reduce climate pollution and improve health of the public; have coordinated with the Environmental Health Investigations Branch about wildfire smoke research and messaging; and held conversations with the Occupational Health Branch about tracking heat-related illness and deaths among workers.

Reasons for Success or Barriers/Challenges to Success
The Program has experienced delays in hiring the four staff positions provided by this funding. However, existing staff have made an effort to reach out and collaborate with other CDPH programs to integrate climate change considerations into their work.

Strategies to Achieve Success or Overcome Barriers/Challenges

The new program staff person to carry out this activity will be on board soon, and existing staff have laid the groundwork for success by meeting with and discussing climate change with about a dozen different centers and programs across CDPH.

<u>Activity 3:</u>
Provide Data and Vulnerability Assessment Tool Assistance to CDPH Programs
Between 07/2020 and 06/2021, Program will provide technical assistance to CDPH programs to utilize data sources and tools that address climate and health vulnerability and social determinants of health (e.g., Climate Change and Health Vulnerability Indicators and Healthy Places Index) in prioritizing resources or program planning.

Activity Status
Completed

Activity Outcome
Developed a basic, interactive, web-based calculator to show rates of cases, disease, or deaths by census tract and social determinant of health quartile, based on the Healthy Places Index. Indicators that can be included are: median household income; poverty rate; unemployment rate; educational attainment; homeownership; housing cost burden; access to parks or supermarkets; and health insurance coverage. Deployment of this has been delayed due to COVID-19 and lack of staffing.

Existing staff have presented on climate and health data tools (Climate Change and Health Vulnerability Indicators, Healthy Places Index, California Heat Assessment tool, and Healthy Mobility Options Tool) to the CDPH Director, and CDPH programs including the ones discussed above under Activity 2.

Reasons for Success or Barriers/Challenges to Success
Due to significant delays in hiring staff for this program, most of the activities have been delayed. Some activities have been completed with other, leveraged staff and funding.

Strategies to Achieve Success or Overcome Barriers/Challenges
The new program staff person to carry out this activity will be on board soon, and existing staff have laid the groundwork for success by meeting with and discussing climate change and health tools with several centers and programs across CDPH.

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

Activity Status
Completed

Activity Outcome
Program worked with the CDPH Vital Statistics Branch of the Center for Health Statistics and Informatics to develop two questions for the California Health Interview

Survey on climate change and health that will be administered in 2021-22.

Reasons for Success or Barriers/Challenges to Success

Due to significant delays in hiring staff for this program, most of the activities have been delayed. Some activities have been completed with other, leveraged staff and funding.

Strategies to Achieve Success or Overcome Barriers/Challenges

The new program staff person to carry out this activity will be on board soon, and existing staff have laid the groundwork for success by meeting with and discussing climate change and health considerations with several centers and programs across CDPH.

<u>**Activity 5:**</u>

Support CDPH Programs to Advance Health Through Climate-Related Grants

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

Activity Status

Completed

Activity Outcome

Program supported staff from the Nutrition Education and Obesity Prevention Branch to review applications for the Caltrans Sustainable Transportation Planning Grants, and the Caltrans Climate Change Adaptation Planning Grants, to assure that awardees would address health and equity through proposed transportation planning-related activities.

Reasons for Success or Barriers/Challenges to Success

Despite significant delays in hiring staff for this program, the activities have been completed with other, leveraged staff and funding.

Strategies to Achieve Success or Overcome Barriers/Challenges

The new program staff person to carry out this activity will be on board soon.

<u>**Impact/Process Objective 2:**</u>

Support local health departments to address climate change and health

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

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2020 and 06/2021, Program increased the number of local health departments that incorporate climate change considerations into their health programs, plans, policies, or communications from 2 to **<u>3</u>**.

With existing staff and funding significant technical assistance has been provided to San Diego Health and Human Services to collaborate with academics, County departments, community-based organizations, and other health department staff to adopt and start to implement a Climate Change and Health Plan that Program helped them develop. This included holding a convening on climate change and health, where data provided by Program were presented. Program also provided resources on wildfire smoke, heat-related illness, and climate vulnerability data to Alameda County Public Health and Santa Clara County Public Health.

Reasons for Success or Barriers/Challenges to Success
Due to significant delays in hiring staff for this program, most of the activities have been delayed. Some activities have been completed with other, leveraged staff and funding.

Strategies to Achieve Success or Overcome Barriers/Challenges
The new program staff person to carry out this activity will be on board soon, and existing staff have laid the groundwork for success by meeting with and discussing climate change and health considerations with several local health departments across California.

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

Activity Status
Not Started

Activity Outcome
N/A

Reasons for Success or Barriers/Challenges to Success
Environmental scans require intensive long-term technical assistance, so this activity has not been pursued without dedicated staff.

Strategies to Achieve Success or Overcome Barriers/Challenges
The new program staff person to carry out this activity will be on board soon, and existing staff have laid the groundwork for success by meeting with and discussing climate change and health considerations with several local health departments across California.

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

Activity Status
Completed

Activity Outcome
Supported San Diego Public Health Services to strategize to complete and implement a climate change and health plan. Developed a resource page on how to address climate change health risks such as evacuations from heat waves and wildfires, or protecting from wildfire smoke, while preventing infection with the COVID-19 virus. Developing a tool to prioritize counties for technical assistance based on scores combining climate risks, population sensitivities, adaptive capacities, and health needs. Provided resources on wildfire smoke, heat-related illness, and climate vulnerability data to Alameda County Public Health and Santa Clara County Public Health.

Reasons for Success or Barriers/Challenges to Success
Due to significant delays in hiring staff for this program, most of the activities have been delayed. Some activities have been completed with other, leveraged staff and funding.

Strategies to Achieve Success or Overcome Barriers/Challenges
The new program staff person to carry out this activity will be on board soon, and existing staff have laid the groundwork for success by meeting with and discussing climate change and health considerations with several local health departments across California.

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

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program increased the number of California tribes or tribal health programs that incorporate climate change considerations into their health programs, plans, policies, or communications from 1 to **2**.

Reasons for Success or Barriers/Challenges to Success
Due to significant delays in hiring staff for this program, most of the activities have been delayed. Some activities have been completed with other, leveraged staff and funding.

Strategies to Achieve Success or Overcome Barriers/Challenges
The new program staff person to carry out this activity will be on board soon, and existing staff have laid the groundwork for success by meeting with and discussing climate change and health considerations with several tribes and tribal organizations to solicit input and prepare for this work.

Activity 1:
Support Tribes to Conduct Environmental Scans of Climate Change Activities
Between 07/2020 and 06/2021, Program will provide technical assistance to tribes or tribal health programs to conduct environmental scans of local climate change planning activities, possible partners, gaps, and opportunities.

Activity Status
Completed

Activity Outcome
Met with the following tribes and tribal health programs: California Rural Indian Health Board, Pala Band of Mission Indians, Chico Traditional Knowledge Center; the Fire Adapted Communities Network (that works with tribes on fire resilience and cultural burning); and United Indian Health in Humboldt County. These tribal stakeholders provided input to program staff regarding local and tribal climate change planning activities, possible partners, gaps, and opportunities, to identify needs and assets that can inform the work of the incoming staff person that will be dedicated to providing technical assistance to tribes and tribal health programs to address climate change and health.

Reasons for Success or Barriers/Challenges to Success
Due to significant delays in hiring staff for this program, most of the activities have been delayed. Some activities have been completed with other, leveraged staff and funding.

Strategies to Achieve Success or Overcome Barriers/Challenges
The new program staff person to carry out this activity will be on board soon, and existing staff have laid the groundwork for success by meeting with and discussing climate change and health considerations with several tribes and tribal organizations to share resources, solicit input, and prepare for this work.

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

Activity Status
Completed

Activity Outcome
Program staff met with the following tribes and tribal health programs: California Rural Indian Health Board, Pala Band of Mission Indians, Chico Traditional Knowledge Center; the Fire Adapted Communities Network (that works with tribes on fire resilience and cultural burning); and United Indian Health in Humboldt County. These tribal stakeholders provided input to program staff regarding local and tribal climate change planning activities, possible partners, gaps, and opportunities, to identify needs and assets that can inform the work of the incoming staff person that will be dedicated to

providing technical assistance to tribes and tribal health programs to address climate change and health.

Provided technical assistance to the Pala Band's Tribal Climate Health Project, which provides training and resources to tribes for assessment and planning for climate action and resilience. Program staff helped shape the online curriculum, web site resources, and data sources, and served as technical advisory committee member to the Pala Band's Climate and Health Scalable Data project, which is creating a model framework for data collection for tribes to assess climate vulnerability.

Reasons for Success or Barriers/Challenges to Success
Due to significant delays in hiring staff for this program, most of the activities have been delayed. Some activities have been completed with other, leveraged staff and funding.

Strategies to Achieve Success or Overcome Barriers/Challenges
The new program staff person to carry out this activity will be on board soon, and existing staff have laid the groundwork for success by meeting with and planning for climate change and health considerations with several tribes and tribal organizations to share resources, solicit input, and prepare for this work.

State Program Title: California Behavioral Risk Factor Surveillance System Program

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

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

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

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

External
    1.American Cancer Society
    2.Alzheimer's Association
    3.California Conference of Local Health Officers

<u>National Health Objective:</u> PHI-7 National Data for Healthy People 2020 Objectives

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

State Health Objective Status
Not Met

State Health Objective Outcome
The Public Health Survey Research Program (PHSRP), California State University, Sacramento (CSUS) has completed collecting 2020 BRFSS survey. Data collection was greatly impacted by the COVID pandemic, and the number of surveys was not met, but data were collected and will be distributed to programs for use. Of the 5000 surveys goal, 3295 completes were collected for analysis.

Reasons for Success or Barriers/Challenges to Success
Due to COVID-19 pandemic, data collection was delayed, and PHSRP did not collect the 5000 completed surveys as needed. The call center for PHSRP faced many challenges during this period. PHSRP had to shut down call center operations multiple times during data collection. When the call center was collecting BRFSS surveys, it resumed at ¼ capacity to facilitate social distancing. Survey collection continued with remote data collection and limited call center collection. Lack of applicants and administrative changes in hiring instituted by CSUS in response to COVID delayed the hiring and onboarding of interviewers.

Strategies to Achieve Success or Overcome Barriers/Challenges
CA BRFSS Program met with PHSRP regularly to monitor progress on transition to remote survey data collection, hiring of staff and number of completed surveys collected. CA BRFSS Program has also met monthly with CDC Project Officer to inform them of California's challenges. CA BRFSS Program has discussed with PHSRP the use of a subcontractor to collect the 2020 BRFSS survey data; however, a subcontract was not processed in time for 2020 data collection.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
PHHSBG funds were used to fund the collection of 2020 BRFSS in support of collecting data for Healthy People 2020.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Analyze BRFSS data
Between 07/2020 and 06/2021, Program will analyze **1** set of core questions on the annual BRFSS survey.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program analyzed **1** set of core questions on the annual BRFSS survey.

Reasons for Success or Barriers/Challenges to Success
The 2019 BRFSS data set released in September, and data analysis of core questions was completed.

Strategies to Achieve Success or Overcome Barriers/Challenges
Research scientist currently analyzing core questions.

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

Activity Status
Completed

Activity Outcome
With the recent release of the 2019 BRFSS data set, data are currently being analyzed.

Reasons for Success or Barriers/Challenges to Success
The analysis of 2019 BRFSS data are currently on schedule. A dashboard of displaying the prevalence of health risk behaviors in California is currently being developed. Dashboard will allow for public and researchers to more easily access BRFSS data.

Strategies to Achieve Success or Overcome Barriers/Challenges
CA BRFSS Program is currently developing a dashboard to display prevalence of health risk behaviors. Biweekly meetings are held to discuss progress and any issues in the development of dashboard.

Activity 2:
Produce four factsheets
Between 07/2020 and 06/2021, Program will upon completion of analysis, produce four factsheets highlighting four health risk behaviors.

Activity Status
Completed

Activity Outcome
With the analysis of 2019 BRFSS data set, fact sheets were completed. Factsheets were shared with appropriate CDPH programs and posted to CDPH website.

Reasons for Success or Barriers/Challenges to Success
Data were analyzed. Upon completion of analysis, health behaviors for factsheets were created. Program surveys BRFSS users to create four factsheets that will be useful to stakeholders.

Strategies to Achieve Success or Overcome Barriers/Challenges
Factsheets completed, and future topics have been discussed and started.

Impact/Process Objective 2:
Maintain Statewide collection of BRFSS data
Between 07/2020 and 06/2021, Program will collect **5000** BRFSS surveys.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program collected **3295** BRFSS surveys.

Reasons for Success or Barriers/Challenges to Success
Due to COVID-19 pandemic, data collection was delayed, and PHSRP did not collect the 5000 completed surveys as needed. Completed surveys collected were 3295. The call center for PHSRP faced many challenges during this period. Challenges included call center closure, transition to remote data collection, and inability to hire staff for call center. PHSRP shut down multiple times during 2020 data collection.

Strategies to Achieve Success or Overcome Barriers/Challenges
CA BRFSS Program met with PHSRP regularly to monitor progress on transition to remote survey data collection, hiring of staff and number of completed surveys collected. CA BRFSS Program also met monthly with CDC Project Officer to inform them of California's challenges and worked with CDC to discuss changes to increase productivity of sample and increase completed surveys. CA BRFSS Program discussed with PHSRP the use of a subcontractor to collect the 2020 BRFSS survey data.

Activity 1:
Collect BRFSS data
Between 07/2020 and 06/2021, Program will oversee and coordinate the overall

operations of the collection of CA BRFSS data that meets required CDC guidelines and include the timely submission of data to CDC. Program monitors data collection and updates collection of surveys twice a month.

Activity Status
Completed

Activity Outcome
PHSRP collected 2020 BRFSS survey following CDC guidelines and included the timely submission of data to CDC. Program also monitored data collection weekly.

Reasons for Success or Barriers/Challenges to Success
Due to COVID-19 pandemic, data collection was delayed, and PHSRP did not collect the 5000 completed surveys as needed. The call center for PHSRP faced many challenges during this period. Challenges included call center closure, transition to remote collection, and inability to hire call center staff.

Strategies to Achieve Success or Overcome Barriers/Challenges
CA BRFSS Program monitored the number of surveys completed weekly. Meetings were held to discuss data challenges of data collection during COVID-19 pandemic and to monitor PHSRP's transition to remote data collection.

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

Activity Status
Completed
Activity Outcome
Data for the 2019 BRFSS survey was released and made available on September 24, 2020.

Reasons for Success or Barriers/Challenges to Success
Announcement of 2019 BRFSS data release was sent to all BRFSS data users.

Strategies to Achieve Success or Overcome Barriers/Challenges
Email announcement was sent to all data users, and data use agreement was included for seamless data request and distribution of 2019 data. BRFSS user meetings were increased to bimonthly instead of quarterly to increase BRFSS user engagement and promotion of BRFSS data use.

State Program Title: Cardiovascular Disease Prevention Program

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

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

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

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

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

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

External
1. Inland Empire Health Plan (IEHP)
2. University of Southern California, School of Pharmacy
3. Inland Counties Emergency Medical Agency (ICEMA)

4.American Heart Association (AHA)
5.University of California, Berkeley, Right Care Initiative (UCB RCI)

National Health Objective: **HDS-1 Cardiovascular Health**

State Health Objective(s):
Between 07/2020 and 06/2021, Between 07/2020 and 06/2021, Heart Disease (HDS-2): Reduce the age-adjusted coronary (ischemic) heart disease death rate in California from 83.6 per 100,000 in 2017 to 70 per 100,00 population in 2020.
Heart Failure (HDS-24): Reduce hospitalizations with heart failure as the principal diagnosis in California from 309 per 100,000 people in 2017 to 275 per 100,000 people in 2020

Blood Pressure: 1. (HDS-5.1) Reduce the proportion of adults diagnosed with hypertension in California from an estimated 29 percent in 2017 to 26 percent in 2020.
Blood Pressure 2 (HDS-11) Increase the proportion of adults who are taking medications to lower their blood pressure (out of all who reported ever being told by a doctor that they had high blood pressure) from an estimated 71 percent in 2017 to 80 percent in 2020.

State Health Objective Status
In Progress

State Health Objective Outcome
CDPP continues to engage in heart health prevention, management, and data surveillance. Overtime, CDPP has seen a decrease in heart disease deaths. However, there has also been an increase in Californians reporting higher rates of HTN and use of high blood pressure medication. COVID-19 pandemic has negatively impacted cardiovascular health in California.

Reasons for Success or Barriers/Challenges to Success
The Cardiovascular Disease Prevention Program (CDPP) Staff continue to network successfully with key cardiovascular disease (CVD) stakeholders through virtual coordination and online information exchange. The COVID-19 health crisis has all but eliminated in-person meetings, resulting in the primary use of telephone, email, and virtual online platforms to conduct coordination, distance learning, and data collection. Staff have successfully used the CDC CVD 1815 Grant, Public Health Resource Network, and Healthy Heart California (HHC) resources and meetings as venues to distribute new research data and best practice materials to inform clinical-level quality improvements in CVD. In addition, Staff collaborate with UC Berkeley (UCB), Right Care Initiative (RCI) to support provider-focused CVD webinars. Staff meet monthly with the Comprehensive Medication Management (CMM) Implementation Workgroup to increase pharmacist-led team-based care (TBC) capacities to deliver clinical support and meet weekly with the CMM Pilot Subcommittee to implement the CMM pilot in Riverside County.

Strategies to Achieve Success or Overcome Barriers/Challenges
Staff collaborate with clinical partnerships and leverage CDC 1815 CVD Grant relationships with CA local health departments to improve CVD prevention and management while decreasing stroke prevalence in CA high burden/underserved populations. CDPP collaborates with other CDC programs, such as CA Stroke Registry and CDC 1815 & 1817 CVD grant health system partners, to optimize electronic health records (EHR), improve health information technology (HIT), and increase health information exchange (HIE) strategies that support TBC by actively coordinating with pharmacists and Community Health Workers (CHW) to deliver local-level HTN self-management coordination, increase lifestyle change community outreach, and to assist collection of performance measure data from in-home community settings connected to clinical support.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
Staff coordinates with HHC in collaboration with the American Heart/Stroke Association (AHA/ASA) and Health Services Advisory Group (HSAG) to plan, promote, and conduct quarterly HHC training webinars. Staff coordinated with AHA/ASA to conduct regional self-measured blood pressure (SMBP) monitoring in CA Central Valley, a high prevalence region for HTN. HSAG is the CA Quality Improvement (QI) Agency and CDPP partner; their Physician Office QI staff provide an array of clinical technical assistance (TA) available to CA providers to improve CVD prevention and management. CDPP leverages staff coordination with the CA Stroke Registry to collect, analyze, and report state stroke data. CDPP works closely with state college and university programs that train CHWs by sharing information and resources via the Public Health Resource Network to help inform curriculum and training programs with innovative TBC strategies and best practice approaches to improve CHW training and skill level.

OBJECTIVES – ANNUAL ACTIVITIES

<u>**Impact/Process Objective 1:**</u>
Achieve HTN control in the majority of patients referred to CMM
Between 07/2020 and 06/2021, Program will review **2** documents detailing the inclusion of CHWs into the CMM care team and implementation of best practices.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program reviewed **2** documents detailing the inclusion of CHWs into the CMM care team and implementation of best practices.

Between 07/2020 and 06/2021, Program reviewed 11 documents detailing the inclusion of CHWs into the CMM care team and implementation of best practices. Research was

conducted by a graduate student who researched, reviewed, and compiled documents into a two-page fact sheet regarding the inclusion of CHWs in care teams demonstrating the evidence of improved patient health outcomes.

Reasons for Success or Barriers/Challenges to Success
Staff worked virtually with CDPP stakeholder groups [UCB, RCI, Intrepid Ascent (IA) (CDPH HIT Consultant), CDPH Prevention Forward program staff, HHC, HSAG; CMM Implementation Workgroup, CA Right Meds Collaborative (CRMC); and University of Southern CA (USC), School of Pharmacy] to determine best practice documents. IA assisted by searching national literature and submitting 50 top national resource publications that highlight TBC coordination strategies between CHWs and pharmacists, including two protocols approved by CDPH: 1. TBC; and, 2. Physician/pharmacist collaborative practice agreements (CPAs). Although CDPH and CDPP staff were redirected to COVID efforts resulting in delays in contract execution (under Prevention Forward), Visión y Compromiso (VyC) compiled a document outlining the roles and costs of CHWs in a care team and supporting community members in healthy behavior (e.g., physical activity and nutrition). In addition, working under CDPP staff, a CDPH graduate student intern compiled research into a two-page fact sheet outlining the evidence of improved patient outcomes with the inclusion of a CHW in a care team.

Strategies to Achieve Success or Overcome Barriers/Challenges
The best practice protocols focus on TBC strategies that support multiple public health approaches to care team coordination. Key strategic options provide: 1. Develop TBC teams with professional and public health experts; 2. Coordinate with providers to apply clinical practice philosophy in primary care encounters; 3. Implement a clinical/community HIE system infrastructure to support ongoing learning and improvement; 4. Leverage community resources to support high quality care teams; and, 5. Promote the care team as an identifiable and well supported unit to patients.

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

Activity Status
Completed

Activity Outcome
CDPP met weekly with USC, CA Right Meds Collaborative (CRMC) to plan the implementation of the CMM pilot project in Riverside County. The committee decided to initiate the pilot in Riverside County and then to expand to other counties, including San Bernardino County. Meeting minutes were distributed to the team weekly and saved on the CDCB CDPP shared drive. CDPP and CRMC also met regularly with Inland Empire Health Plan, a Managed Care Organization (MCO), and Desert Regional Medical Center, two entities participating in the stroke patient recovery pilot in Riverside County

that will utilize currently existing physician/pharmacist CPAs and TBC protocols to increase HIE. CPAs included provisions for HIE/EHR coordination based on the MCO authorizing blood pressure (BP) monitoring from patients taking home BP readings and sharing them with physician/pharmacist.

Reasons for Success or Barriers/Challenges to Success
Utilizing best practice protocols for TBC and CPAs improved clinical provider coordination for the care team and initiates uniform practice standards for patient services to prioritize quality measure data collection to update patient EHRs. CMM was the TBC and CPA focus for patient care coordination, composed of an attending physician, pharmacist, hospital Stroke Coordinator, and CHW. CMM and TBC provided a value-based clinical process for facilitating cohesive patient management, medication adherence, implementation of lifestyle change recommendations, data collection, and clinical measure monitoring to enhance and guide patient improvements.

Strategies to Achieve Success or Overcome Barriers/Challenges
Staff facilitated continuous QI by networking with key clinical partnerships through virtual meetings, email communication, and sharing best practice resources with the core stakeholders [UCB, RCI, IA (CDPH HIT Consultant), HSAG; CRMC; CDPH PFP Staff, HHC, CMM Workgroup, and USC, School of Pharmacy]. This coordination supported a clinical/community system of operation while utilizing HIE to inform project implementation, improve patient care delivery, and assess data to determine and improve strategies. The key to successful HIE was community services tied to clinical support that guide TBC, assessing progress goals, and collecting and evaluating data, while problem-solving barriers and challenges.

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

Activity Status
Completed

Activity Outcome
CDPP worked with VyC, a CHW agency, to support TBC and to develop a report on the roles and responsibilities of CHWs in the CMM Post-Stroke Patient Recovery Pilot Program in Riverside/San Bernardino County. CHW clinical/community linkage coordination through TBC was a key strategy to deliver patient services and help collect clinical quality measure data, implement patient wellness checks, increase medication safety/adherence, and inform lifestyle change recommendations for self-management. The report, entitled "Integrating the Promotor Model to Reduce Disparities and Improve Comprehensive Medication Management through Circles of Support," has been saved on the CDCB CDPP shared drive.

Reasons for Success or Barriers/Challenges to Success

Home care success has been achieved through clinical services linked to community TBC coordination and emphasis on patient self-management to facilitate CHW/CMM implementation. Lack of medication adherence and regular patient self-management activities were the largest challenges since they are conducted in the home. The report outlined how to integrate the promotor model to support stroke patients who receive CMM services through culturally and linguistically relevant whole-person care (outreach, education, home visiting, follow up) that aim to improve heart health and increase navigation of patients and their families to community resources.

Strategies to Achieve Success or Overcome Barriers/Challenges
CHWs assisted linking clinical services to community care to enhance in-home TBC coordination with an attending physician, community pharmacist, and Stroke Coordinator to monitor drug therapy in the home and help determine: 1. Medication Effectiveness; 2. Medication Safety and Side Effects; 3 Adherence Problems; 4. Impacts of Resource Materials; and, 5. Effectiveness of lifestyle change implementation. Clarification of these monitoring aspects helped inform process and outcome evaluations in TBC and improved progress while determining the effectiveness of the CHW role and patient self-management coordination.

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

Activity Status
Completed

Activity Outcome
The CMM Implementation Workgroup met monthly for a total of eight meetings (meetings dates: 7/31/20, 10/30/20, 1/20/20, 2/28/21, 3/26/21, 4/30/21, 5/27/21, and 6/28/21). Meetings were regularly attended by CDPP staff as well as Steven Chen, PharmD, FASHP, FCSHP, FNAP, Associate Dean for Clinical Affairs, University of Southern California (USC) School of Pharmacy; Liz Helms, President and CEO of the California Chronic Care Coalition; and Loriann DeMartini, PharmD, CEO, CA Society of Health System Pharmacists. The meeting agendas included updates on best practices from all members, legislative updates, and a discussion of action steps. Minutes for every meeting were distributed to workgroup members monthly and were saved on the CDCB CDPP shared drive.

In addition, staff successfully hosted and facilitated a collaborative webinar with HHC on 10/14/20 with attendees invited from the CMM Workgroup and VyC that featured the CA QI organization HSAG. The meeting covered Centers for Medicare and Medicaid Services (CMS)/Quality Payment Program (QPP) Training and Technical Assistance (TTA) by HSAG for clinical care team programs and how HTN best practice resources can be utilized in TBC to leverage CVD prevention and management to include CHWs

& pharmacists.

Reasons for Success or Barriers/Challenges to Success
Workgroup meetings were an important program tool for sharing best practice innovation, especially during the current health crisis. USC, CMM Workgroup members, and CRMC provided important contributions to best practice sharing. On September 27, 2020 USC/CRMC and the CMM Workgroup conducted an 8-hour collaborative online learning session that brought top MDs, pharmacists, and MCOs together to discuss CMM progress, challenges, and successes. The learning session emphasized the effectiveness of CMM in managing medications accurately and safely in order to deliver quality patient services. This ensured that medications are individually assessed to determine treatment goals and patient safety while considering comorbidities and other medications being taken simultaneously.

Strategies to Achieve Success or Overcome Barriers/Challenges
The CMM Workgroup monthly meetings were productive as priority agenda items are discussed and members share results of chronic disease improvements through CMM, engaging pharmacists and CHWs in care team roles to increase CMM awareness and utilization.

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

Activity Status
Completed

Activity Outcome
Staff received the top 50 best practice national resources from IA, including HTN materials for CHWs and TBC. Staff worked with CRMC team members and AHA to create a fact sheet using the best practice recommendations from the IA to develop a high-quality document that details HTN recommendations for CHWs and TBC connected to clinical services. The document was saved on the CDCB CDPP shared drive.

Reasons for Success or Barriers/Challenges to Success
The most common HTN barrier identified by CHWs was a lack of knowledge about HTN medicines (82%), inability to get medicines refilled (74%), and poor patient relationship with their provider (50%) [CDC Dec 2018]. Additionally, roughly 80 million (1 in every 4) American adults have high BP, and 1 in 5 U.S. adults with HTN don't know they have it [CDC Nov. 2018]. A graduate student, working under the supervision of CDPP staff, designed a fact sheet with basic CHW recommendations to improve HTN messaging, TBC coordination and CMM delivery between physician/pharmacist and patient to inform and recommend necessary lifestyle changes and prescription medication adherence.

Strategies to Achieve Success or Overcome Barriers/Challenges
Individuals who were diagnosed with HTN often struggle to manage their health properly. Guidance from CHWs for HTN management, including CMM and lifestyle change, was a strategic approach to patient education.

Impact/Process Objective 2:
Healthy Hearts California
Between 07/2020 and 06/2021, Program will distribute best practices, protocols, and Team Based Care models to **3** Healthy Hearts California participants, State contracting cardiovascular disease partners, and state and local organizations.

Impact/Process Objective Status
Met

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

Reasons for Success or Barriers/Challenges to Success
CDPH approved three protocols:

1. CDPH TBC Practices for Patients with Chronic Conditions
2. CDPH Clinical Protocol for the Prevention and Treatment of Hypertension in Adults
3. CDPH EHR Best Practices for Managing Patients with Hypertension and Diabetes

The protocols were distributed to HHC membership, CRMC partners/stakeholders, and state and local organizations to support increased collaboration through exchange of quality health information and best practice procedures. They were made ADA compliant through a contract with CSUS and will be posted to the CDPP website.

Strategies to Achieve Success or Overcome Barriers/Challenges
The CDPH request for approval of publication (RAP) is a comprehensive science-based review process to make meaningful contributions to the field of public health. The three CDPH approved protocols have not been previously published and are important to the advancement of public health prevention and management. The methods and discussions are explained sufficiently for ease in incorporation into health centers and primary care facilities to support increased clinical system capacity and advance quality improvement in patient intervention service delivery.

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

Activity Status
Completed

Activity Outcome
Program successfully distributed the burden and economic analyses reports, "Cost-Benefit Analysis on a California Statewide Community-Based Lifestyle Intervention" and "Economic Burden of Chronic Disease in California in 2018" in the first quarter of the State Fiscal Year 2020/21.

Reasons for Success or Barriers/Challenges to Success
CDPP staff worked with University of California, Davis to complete the "Cost-Benefit Analysis on a California Statewide Community-Based Lifestyle Intervention" and "Economic Burden of Chronic Disease in California in 2018" reports.

Strategies to Achieve Success or Overcome Barriers/Challenges
CDPP staff followed CDPH publication protocol and requirements in order to publish and distribute the reports to stakeholders and partners.

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

Activity Status
Completed

Activity Outcome
The CDPH-approved protocol was completed under staff guidance and distributed to clinic-based partners prior to December 31, 2020 to promote awareness, generate HIT system improvements in provider/patient EHR coordination, and decrease barriers to patient HTN management. The protocol is a successful HIT/EHR provider tool for population health to enhance preventive services, advance intensive chronic care management and empower the patient to take an active role in self-care while supporting ongoing HTN management. In addition, Catrina Taylor, PhD, MSPH, presented the information contained in the publication during a HHC webinar on 6/29/21. The webinar learning objectives were:

1. Recognize how the three goals of the Surgeon General's Call to Action to Reduce Hypertension are being implemented in California.
2. Identify actions to improve heart health among populations disproportionately affected by heart disease in California.
3. Understand the implications of COVID for heart health.

The webinar had over 40 registrants and was recorded and distributed to the HHC membership. It was facilitated by HHC co-chair Sang-Mi Oh, MHA, Vice President Community Impact and Diversity, Equity & Inclusion, American Heart Association.

Reasons for Success or Barriers/Challenges to Success
Optimizing EHR functionality at the patient point of care improved provider capacity to manage and guide patient intervention process and outcomes. EHRs have provided a uniform standard of care, alerts for potentially dangerous health situations, and evidence-based care suggestions that offer efficient and timely electronic best practice options to inform treatment decisions and guide the patient care plan. Electronic alerts have been triggered for key disease markers, such as elevated BP for patients with HTN. Providers has also received alerts for generating referrals to community prevention and management programs to increase lifestyle change referral activity and promote self-management modifications.

Strategies to Achieve Success or Overcome Barriers/Challenges
Successful strategies to achieve this activity were utilization of population health management that includes outreach, screening, public health education, self-management support, and treatment options. These strategies of health care can be implemented electronically as standards of care for the patient. As suggested by the National Institute of Health in 2018, "population health management tools such as EHRs and disease registries enabled the ability to provide patient support between clinical visits." Once patients were identified using health management system tools, such as HIT and EHRs, the care team partnered and coordinated by using a centralized database to determine and guide prevention and management strategies for patient healthcare, including the addition of TBC to deliver community-linked services and effective coordination of in-home lifestyle change support.

Impact/Process Objective 3:
Improving post stroke hypertension control using CMM
Between 07/2020 and 06/2021, Program will increase the rate of use of the IDS for referral by stroke coordinators to CMM from 0 to **3**.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program increased the rate of use of the IDS for referral by Stroke Coordinators to CMM from 0 to **0**.

Reasons for Success or Barriers/Challenges to Success
Due to the COVID pandemic, many staff from the California Department of Public Health (including CDPP staff) and from other organization throughout the state, were redirected to COVID efforts, resulting in delays in accomplishing CDPP objectives and deliverables. Despite these circumstances, the CDPP Principal Investigator, Dr. Jessica Núñez de Ybarra, and CDPP staff including Lisa E. Rawson, Dr. Catrina Taylor, and Tracee Watts, met weekly with University of Southern California Right Meds Collaborative members including Dr. Steven Chen, Dr. Connie Kang, Shaden Daas, and Dr. Jessica Abraham. Special meeting invitees also attended the meetings including representatives from Inland Empire Health Plan (IEHP), Desert Regional Medical Center (DRMC), and Visión y Compromiso. It was decided that the pilot would be

implemented in Riverside County and later expanded to other health systems. Through the collaboration of workgroup members, a draft CMM workflow and CHW Fact Sheet were completed. In addition, a data management plan and institutional review board application are being developed, a payment model is under negotiation, and staff are being hired, all of which will continue in Fiscal Year 2021-22.

As reported in the mid-year progress report, the CDPH Stroke Program has a current AHA-Get with the Guidelines-Stroke (GWTGS) agreement in place for database coordination, and a process for collection of deidentified data was developed by physicians, pharmacists, and Stroke Coordinators to input into the GWTGS database. In order to best utilize the available database resource, AHA-GWTGS will be used by CDPP and partners, instead of IDS, for coordination of the project in Riverside County with IEHP. As will be determined by the finalized CMM workflow for DRMC, in FFY 21-22, a minimum of 30 stroke recovery patients will receive CMM and deidentified data will be collected and inputted into the GWTGS database. In addition, an Institutional Review Board (IRB) exemption request and data management plan are under development since the aggregated data will be deidentified. Note: GWTGS database is an online national stroke patient registry housing over five million patient records.

Strategies to Achieve Success or Overcome Barriers/Challenges
CDPP staff and USC School of Pharmacy/CRMC weekly meetings were invaluable to develop a unified stroke patient recovery pilot with IEHP to coordinate with area physicians, pharmacists, CHWs, and Stroke Coordinators to enhance delivery of CMM to recovering stroke patients. The TBC delivery process will increase prescription medication strategies at the patient level, improve delivery to in-home medication support, and direct patients to community lifestyle change programs. Due to limited staffing, the pilot will be limited to Inland Empire Health Plan Medicaid beneficiaries that are served by Dr. Ram Upadhyayula and DRMC Family Medicine Residency Outpatient Clinic/Services Network. In the following year 2022-23, the pilot will be expanded to providers who have not yet signed Collaborative Practice Agreements with Dr. Ram Upadhyayula and his CMM team/other hospitals/partners/patients/health plans.

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

Activity Status
Completed

Activity Outcome
The CMM Pilot Subcommittee met weekly to develop the pilot program. CMM Pilot Subcommittee members also met regularly with IEHP and Desert Regional Medical Center to create a draft workflow that will increase overall clinical/community health care delivery efforts for post-stroke patient recovery by combining several CMM prevention

and management strategies delivered by the patient care team. The pilot program will be implemented in Riverside County in FY 21-22 and then expanded to San Bernardino County in FY 22-23. The pilot will utilize a "step wedge system" approach, where the pilot in the first hospital (case) will be compared with two hospitals (control) that don't offer CMM. CMM will then be rolled out to the two control hospitals (now cases) to identify the impact of CMM at all three hospitals based on pre-identified metrics. The CMM TBC collaborative approach will improve patient wellness and decrease hospital returns and ER visits. The draft CMM workflow document is saved on the CDPP G Drive.

Reasons for Success or Barriers/Challenges to Success
Initially there were delays to the CMM pilot development due to essential staff redirection and public health efforts being focused on COVID-19 response and recovery, which resulted in delays in project implementation and contract execution. Two contracts were required to fully complete project implementation: 1. Visión y Compromiso (under Prevention Forward), which will contribute in-home patient management and coordinate medication delivery, adherence, and support lifestyle change opportunities through the use of CHWs that CDPP will leverage, and, 2. CA State University, Sacramento, which will provide meeting coordination, TTA for physicians, pharmacists, CHWs, and Stroke Coordinators. The contracts were executed May 2021, which allowed for activities to be modified and will continue into future FYs.

Strategies to Achieve Success or Overcome Barriers/Challenges
Despite the delays in activity implementation due to the COVID pandemic, CDPP staff and supervisors met weekly with the CMM Pilot Subcommittee. The weekly meetings allowed for sharing of pilot implementation activities and outcomes, including collaboration with the IEHP and DRMC to create a draft pilot program workflow.

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

Activity Status
Not Completed

Activity Outcome
As indicated in Objective 3 impact above, the AHA-GWTGS will replace the IDS database for tracking stroke patient data. HTN and CMM coordination will be conducted by an attending physician, pharmacist, CHW and Stroke Coordinator. The CMM Pilot Subcommittee met weekly and developed a draft CMM workflow, which will be piloted in FY 21-22. Patients will be selected by the attending physician and Stroke Coordinators to develop a credible patient cohort of not less than 30 participants for tracking post-stroke patient interventions and post-stroke outcomes.

Reasons for Success or Barriers/Challenges to Success
The CMM Pilot Subcommittee met regularly and ensured continued communication and progress. Subcommittee members met with IEHP and DRMC to develop a draft CMM workflow. Although delayed in their participation, VyC also joined the Subcommittee meetings to assess how to incorporate CHWs in the workflow. Ultimately all the documents for this model will be shared broadly (including collaborative practice agreement templates), so others can see how this CMM pilot was successfully implemented. However, pilot implementation will not commence until IRB approval. The goal is that once health plans agree to cover CMM for high-risk patients, there are clinical and workflow documents that others can utilize to replicate/implement CMM in their systems through the region and State. The aim is to make this kind of service reimbursable by more health plans. Many insurers are ready to move forward – this model gives others a chance to participate/offer CMM. For example, Covered California leadership expressed a very positive response/support for CMM coverage by their health plans starting in 2022-2023.

Strategies to Achieve Success or Overcome Barriers/Challenges
A viable patient database, such as the AHA-GWTGS is essential to collect quality clinic and in-home measures. TBC coordination provides four collection points for patient data measurement to improve the effectiveness and efficiency of CMM. Since pharmacists deliver CMM services, they're an integral part of the care team data collection and will lead the post-discharge medication review, education, and follow up for high risk patients. Pharmacists will implement and revise the physician medication therapy plan as guided by the CPA for each patient and support-coordinated TBC delivery as part of CMM and data collection process. Moreover, CHW services will be available as part of CMM for patients requiring higher levels of support.

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

Activity Status
Not Completed

Activity Outcome
Individual patient monitoring involves the health status and management of the patient over time, using the patient data collection form. AHA-GWTGS will serve as a patient registry that combines aggregated details from all patients in the cohort. Data from the stroke patient treatment form can be extracted for monitoring services, quality of care, medication adherence, examination follow-up, and identification of success and/or barriers to interventions. A data management plan and IRB are under development for completion in FY 21-22 prior to pilot implementation.

Reasons for Success or Barriers/Challenges to Success
Stroke patient monitoring will be on-going to collect, manage, and use information to assess whether CMM and TBC is advancing according to plan and achieving defined

health targets. The outcome data will be deidentified and will reveal the most important changes as a result of the project and will determine what is realistic and measurable within the timescale of the project. Once the outcome data has been articulated, indicators can be chosen that measure whether the desired process and outcomes are being met. Implementing a system of monitoring will require care team coordination to integrate data elements into collection processes, such as routine service delivery and patient data collection, including input and assessment from the AHA-GWTGS database. Due to COVID and staff redirections, this activity has been delayed, but will be implemented in FY 21-22.

Strategies to Achieve Success or Overcome Barriers/Challenges
The effectiveness of HTN management and measure collection will be enhanced through TBC by addition of community care linked to physician clinical services. Pharmacists, CHWs, and Stroke Coordinators will provide points of contact for patient coordination, service delivery, and data collection. In-home BP monitoring will be the focus for the AHA/SMBP training for both patient and CHWs scheduled during each fiscal year to provide skill building using best practice standards for patient self-management in addition to considering CMM support.

<u>**Impact/Process Objective 4:**</u>
Update a California Master Plan for Heart Disease and Stroke
Between 07/2020 and 06/2021, Program will update **1** The California Master Plan for Heart Disease and Stroke and once published, this will be distributed to Healthy Hearts California partners, State contracting cardiovascular disease partners, and state and local organizations and it will be posted on the CDPH website.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program met monthly with the CMM Implementation Workgroup, during which time the California Master Plan for Heart Disease and Stroke was reviewed and discussed. Needed updates were identified to be presented to the Master Plan Executive Committee for further review, updating, and dissemination. The Executive Committee will be convened by a CSUS contractor, in FY 21-22.

Reasons for Success or Barriers/Challenges to Success
There was a delay in the Master Plan update due to essential staff redirection and public health efforts being focused on COVID-19 response and recovery. The contract with CSUS was also delayed. In FY 21-22, CSUS staff will support the Master Plan Steering Committee Meetings and the Master Plan update, including ADA compliance. The Master Plan meetings and update will be completed in FY 21-22.

Strategies to Achieve Success or Overcome Barriers/Challenges
Heart disease and stroke are the first and third leading causes of death in California and a major factor in disability while imposing an enormous economic burden on the state. Updating the California Master Plan for Heart Disease and Stroke (Master Plan)

requires evidence-based input from leading medical and public health experts and best-known CVD recommendations to improve awareness, increase prevention measures, and introduce coordination of evidence-based treatment protocols and procedures. In FY 21-22, CDPP staff will convene a two-phase process to conduct Master Plan strategic meetings, which will include the development of a California's Heart Disease and Stroke Action Plan. During the first meeting, the effectiveness and needed updates to the nine Master Plan goals will be discussed and then implemented. The Master Plan and Action Plan will be finalized in the second meeting. CDPP will finalize a report, put it through review and approval, and disseminate the plan in 22-23.

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

Activity Status
Completed

Activity Outcome
CDPP staff conducted and completed a CVD Environmental Scan (ES) to track CVD trends and occurrences to determine representative CVD factors within diverse areas and populations. The CVD ES includes considering the following five factors for the survey: 1. Demographics and statistical data; 2. CVD/HTN awareness and clinical/community services 3. CVD prevention & management care standards; 4. Stroke services, and 5. Lifestyle change programs. The ES is saved on the CDCB CDPP G Drive.

Reasons for Success or Barriers/Challenges to Success
A CVD ES of key geographical areas and populations will help identify occurrences and trends that impact successful implementation of local, regional, and statewide CVD prevention and management strategies and goals that influence disease awareness and the community prevention, treatment and management options available to individuals. Rates of CA/CVD are increasing according to CDC, primarily in counties associated with high burden/underserved populations in the CA Central Valley. Because risk factors for CVD increase with age, rates rise as people live longer; but other factors will be examined in the ES, such as social determinants of health, inequality of health care, and risk behaviors like smoking, physical inactivity, and poor nutrition. A 2015 CDC study found that CVD trends in high-income counties show that death from CVD has declined. Population factors for improved medical treatment, BP control, cholesterol management, and improved lifestyle will also be considered.

Strategies to Achieve Success or Overcome Barriers/Challenges
Social determinants of health are a key factor for the ES. Nutrition is the most important factor influencing heart health. Nutrition not only influences weight and obesity, but can also have strong impacts on lifestyle choices, such as choosing food intake that contributes to heart disease. In addition, awareness and access to medical care is an

ES data priority. CA lower socioeconomic groups have greater CVD prevalence and associated risk factors, higher incidence of stroke, and higher heart disease mortality. According to CDC, 75 million Americans have HTN and almost half are not controlled and from this group, half are not aware of their condition. The ES will determine the current population status, as well as the extent and range of California CVD prevention and management programs by sampling selected area demographics and collecting key survey data from population factors and indicators.

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

Activity Status
Completed

Activity Outcome
Staff worked with the CMM Implementation Workgroup, selected medical professionals, and public health SMEs to mobilize awareness and interest in updating the CA Master Plan for Heart Disease and Stroke (Master Plan). The CMM Implementation Workgroup met monthly (meeting dates: 7/31/20, 10/30/20, 1/20/20, 2/28/21, 3/26/21, 4/30/21, 5/27/21, and 6/28/21) and were attended by CDPP staff as well as Steven Chen, PharmD, FASHP, FCSHP, FNAP, Associate Dean for Clinical Affairs, University of Southern California (USC) School of Pharmacy; Liz Helms, President and CEO of the California Chronic Care Coalition; and Loriann DeMartini, PharmD, CEO, CA Society of Health System Pharmacists. The meeting agendas included discussion of the Master Plan.

Reasons for Success or Barriers/Challenges to Success
Even though COVID-19 pandemic has been a major challenge to implementation, staff continued to coordinate virtually with the CMM Workgroup as a resource body to identify and initiate successful coordination with other medical and public health professionals qualified with formal education and professional experience to collaborate support and assess the most current and relevant CVD practices, data sources, and evidence-based materials available for informing and updating the Master Plan.

Strategies to Achieve Success or Overcome Barriers/Challenges
Staff will coordinate a two-phase virtual meeting process in May 2021 and in FY 2021-22 with highly qualified professionals to implement a strategic planning process to include review and update of the nine CA Master Plan goals.

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

Activity Status
Completed

Activity Outcome
A contract was executed with CSUS to hold meetings in FY 2021-22, in coordination with CDPP staff and the CMM Workgroup, to prepare, plan and implement new updates to the 9 goals in the Master Plan. The two-phase meeting process will assess the updated priorities and convene a selected group of medical experts and public health professionals to review, discuss and update the individual goals by connecting CVD data and information from new best practice and evidence-based prevention, treatment, and management research. In addition, CDPP staff participated in a strategic planning process that included a training on results-based accountability and creating an "impact scorecard." The process includes population accountability, performance accountability, and selecting strategies and metrics to demonstrate impact.

Reasons for Success or Barriers/Challenges to Success
Routinely updating strategic documents, such as the CA Master Plan, and creating results-based accountability scorecards and posting them on the CDPH website, helped increase awareness of new patient care procedures, best practices, and medical system processes to improve the efficiency and effectiveness of patient wellness and safety interventions as well as improve health information technology, HIE, and EHR management. The updates also ensured new and innovative CVD prevention, treatment, and management priorities are within the parameters of the Master Plan strategies and goals, and that considerations for new approaches to health equity, COVID-19, TBC, and CMM were part of the strategic update process.

Strategies to Achieve Success or Overcome Barriers/Challenges
The Master Plan will be informed by efforts taking place at the national level as well as across CA. The national HTN call to action by the United States Surgeon General brings unprecedented opportunities both to focus on primary and secondary prevention and collect data to measure results. HTN data is currently being collected in CA and use of EHRs will help improve data collection in the coming years. Collection of baseline data is important to measure and identify the extent to which particular Master Plan goals are being addressed in CA. The CMM Workgroup strives to utilize national standards as recommendations for the Master Plan. If CA specific data is unknown, the CMM Workgroup emphasizes the need for ongoing state efforts to define measures, identify data collection processes, and establish baselines for each of the Master Plan goals.

State Program Title: EMS for Children

State Program Strategy:
Goal: Implement fully institutionalized Emergency Medical Services for Children (EMSC) in California by continuing to incorporate statewide compliance with national EMSC performance measures and the collection of statewide EMS data to develop a comprehensive model for the integration of family-centered care for children into California's EMS system.

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

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

Primary Strategic Partners:
Internal
1. California Children Services
2. California Department of Public Health
3. Commission on EMS
4. Department of Social Services

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

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

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

State Health Objective Status
Met

State Health Objective Outcome
EMSA has maintained one EMSC program in California. In addition to the three (3) LEMSAs with implemented EMSC regulations, one additional LEMSA has reached out to start the regulations implementation process.

Reasons for Success or Barriers/Challenges to Success
Due to COVID-19 activities, many LEMSAs have put implementing the new EMSC regulations on the back burner.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA will continue to assist LEMSAs in implementing EMSC regulations as they reach out.

Leveraged Block Grant Dollars
No

Description of How Block Grant Dollars Were Leveraged
N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Maintain EMSC public information website
Between 07/2020 and 06/2021, Program will maintain **1** EMSC public information web page to provide relevant sources of pediatric information to EMSC partners and promote quality medical care in the pediatric community.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, 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.

Reasons for Success or Barriers/Challenges to Success
EMSA staff checked the EMSC public information web page monthly to provide up-to-date information.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff will continue to maintain the EMSC webpage by checking the information monthly to ensure our EMSC partners receive relevant sources of pediatric information. Incorrect information is removed and replaced with correct information.

Activity 1:
Verify functionality of EMSC website links
Between 07/2020 and 06/2021, Program will check 25 web links for connectivity and update and/or add links as needed to ensure access to accurate information related to the care of pediatric patients.

Activity Status
Completed

Activity Outcome
EMSA staff checked 25 web links were checked for connectivity and validity.

Reasons for Success or Barriers/Challenges to Success
EMSC web links are checked on a monthly basis to ensure connectivity and accuracy.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff will continue to check EMSC web links for connectivity to ensure accurate information is provided to the public and our shareholders. Links are corrected and/or changed as needed.

<u>**Impact/Process Objective 2:**</u>
Provide education on trends in emergency medical care of pediatric patient
Between 07/2020 and 06/2021, Program will conduct **1** California EMSC Educational Forum to provide educational opportunities for EMS and hospital providers related to medical treatment of pediatric patients.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, 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
EMSA encountered barriers in conducting the EMSC Educational Forum for 2020 due to restrictions on large gatherings due to COVID-19. In order to comply with gathering restrictions, the forum was held virtually via Zoom on Thursday, November 5, 2020, with 368 participants.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA and the EMSC Technical Advisory Committee chose to conduct the 2020 EMSC Educational Forum virtually. Two (2) free Continuing Education credits (CEs) were provided to attendees. Registration was at the maximum limit of 300, with an extensive waitlist as of November 4th, so Zoom capabilities were increased, to a maximum of 500 participants. Due to this increase an additional 175 people registered for the event.

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

Activity Status
Completed

Activity Outcome

The 2020 EMSC Educational Forum was transferred to a virtual platform in order to comply with COVID-19 restrictions on large gatherings. The Forum was planned and organized to be held via Zoom on Thursday, November 5, 2020. Speakers were scheduled to present on topics such as COVID-19 in kids, pediatric resuscitation, and resilience toolkit for responders.

Reasons for Success or Barriers/Challenges to Success

With the change to the virtual platform, the forum was reduced from one day to two (2) hours, but interest for the event increased due to no travel required and the reduced timeframe.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA remained flexible and was able to pivot to a live virtual platform. This allowed for more people to attend at no cost and still earn CEs.

Activity 2:
Promote Annual EMSC Educational Forum

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

Activity Status

Completed

Activity Outcome

EMSA promoted the 2020 EMSC Educational Forum with flyers sent by email, posting it on the EMSA website, and via the EMSA Facebook page. As of November 4th, 2020, the Eventbrite event page received over 2078 views.

Reasons for Success or Barriers/Challenges to Success

EMSA maintained a list of previous forum attendees. The flyer was distributed to these previous attendees, as well as to the LEMSAs for distribution to the various EMS provider agencies in their jurisdiction. EMSA also posted the event on the EMSA website and on the EMSA Facebook page.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA will continue maintain the list of previous attendees and distribute flyers for future EMSC Educational Forums. EMSA will also look into the possibility of having future virtual EMSC Educational Forums in order to reach additional people that are unable to travel.

Impact/Process Objective 3:
Standardize EMS for Children throughout California

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

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program provided oversight to 100% of the LEMSAs with EMSC programs required to submit annual EMSC plans through coordination with LEMSAs and providing technical assistance to ensure plans meet the minimum requirements required by regulations Four LEMSAs submitted EMSC plans during this period. Activity 2 was not completed.

Reasons for Success or Barriers/Challenges to Success
EMSA received and reviewed four EMSC plan updates. Staff was available to provide assistance to all LEMSAs that reach out regarding EMSC regulations and implementation.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA will continue to assist all LEMSAs that reach out regarding EMSC regulations and implementation.

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

Activity Status
Completed

Activity Outcome
Between 07/2020 and 06/2021, EMSA received and reviewed four EMSC plans.

Reasons for Success or Barriers/Challenges to Success
As LEMSAs with implemented EMSC regulations submit their EMSC plans, EMSA reviewed the submitted EMSC plans to ensure compliance.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA will continue to review EMSC plans as they are submitted.

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

Activity Status
Not Completed

Activity Outcome
Program provided technical assistance to one LEMSA implementing an EMSC program.

Reasons for Success or Barriers/Challenges to Success
EMSA received an email from Santa Clara EMS Agency inquiring about EMSC regulations. No other LEMSAs have reached out for assistance.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA will continue to assist all LEMSAs that requested assistance.

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

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

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

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

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

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

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

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

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
Preventive Health and Health Services Block Grant funding allowed for adequate staffing to be made available to maintain the EMS Partnership for Injury Prevention and Public Information Program.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff set reminders to check web page links to ensure inactive links are corrected on a quarterly basis.

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

Impact/Process Objective Status
Met

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

Reasons for Success or Barriers/Challenges to Success
EMSA staff provided, at a minimum, quarterly monitoring on all web page resource information. If it was brought to the attention of EMSA that a web link was not working, it was investigated and corrected immediately.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program staff set reminders to check web page links to ensure inactive links are updated quarterly.

Activity 1:
Verify functionality of website links
Between 07/2020 and 06/2021, Program will review sixty-six links to ensure they are

accessible. Any links that are not accessible will be investigated and updated to make sure they are working.

Activity Status
Completed

Activity Outcome
EMSA staff reviewed 66 links in July 2020, November 2020, March 2021, and June 2021.

Reasons for Success or Barriers/Challenges to Success
Checking web links on a quarterly basis allows Program staff to ensure all links are working.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff set reminders to check web links on a quarterly basis.

<u>Impact/Process Objective 2:</u>
Maintain trauma system public-information web page
Between 07/2020 and 06/2021, Program will maintain **1** trauma system public–information page on the EMSA website, to make sure injury prevention–related information is available and current.

Impact/Process Objective Status
Met

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

Reasons for Success or Barriers/Challenges to Success
EMSA staff added and updated information to the trauma system public information page on the EMSA website as information becomes available. This provided the public with access to the most current information available on injury prevention-related information.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff set calendar reminders to check web page content on a quarterly basis.

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

Activity Status
Completed

Activity Outcome

EMSA staff reviewed one EMSA trauma system public information web page on a quarterly basis and update as needed.

Reasons for Success or Barriers/Challenges to Success

EMSA staff added and updated information to the trauma system webpage, as it became available. This provided 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.

<u>**Impact/Process Objective 3:**</u>
Promote education to prevent E–Scooter head injuries

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

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 07/2020 and 06/2021, Program conducted <u>**0**</u> workshop for LEMSAs and trauma center managers to develop awareness campaigns on the dangers of riding E-scooters without protective gear.

Reasons for Success or Barriers/Challenges to Success

Prior to the COVID-19 pandemic, E-Scooters were growing in popularity in all major metro areas. As a result, trauma professionals reported seeing a significant increase in traumatic brain injuries. Due to COVID-19, teleworking has replaced daily commuting on a large-scale, and tourism has decreased significantly. These changes have had an effect on the use of E-Scooters and a decrease in injuries associated with them. Subsequently, interest in this workshop has waned.

EMSA staff had previously coordinated the development of a falls prevention workshop to promote best practices to reduce primary and secondary falls in hospital and community settings. Due to COVID-19, this workshop was cancelled.

Strategies to Achieve Success or Overcome Barriers/Challenges

EMSA staff have re-engaged falls prevention experts and are working with them to adapt presentations from an in-person workshop into an online format part of the 2021 Trauma Summit session on Geriatric trauma. This session will take place October 6, 2021

<u>**Activity 1:**</u>
Develop workshop components

Between 07/2020 and 06/2021, Program will identify 2 subject matter experts in E-scooter-related injuries and reach out to them to develop a 90-minute workshop to be

held at the 2021 Trauma Summit. This workshop will provide information on E-scooter injury prevalence in California and how to develop awareness campaigns on the dangers of riding E-scooters without protective gear.

Activity Status
Not Completed

Activity Outcome
Due to the COVID-19, E-scooters are not being used in a large-scale, injuries have decreased significantly, and interest amongst trauma professionals has waned. EMSA staff have re-engaged falls prevention experts and are working on adaptation of the cancelled May 13, 2021, in-person workshop as part of the 2021 Trauma Summit session on Geriatric trauma. This session will take place October 6, 2021.

Reasons for Success or Barriers/Challenges to Success
EMSA staff have re-engaged falls prevention panelists and are working on adaptation of the previously planned and canceled in-person workshop into an online format for the virtual Trauma Summit on October 6, 2021.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff vetted the E-Scooter workshop with trauma managers and found there was a lack of interest on this topic due to the decline in E-Scooter use and injuries associated with them because of the way COVID-19 has affected metro areas where E-Scooters were popular. EMSA staff heard from trauma managers that they were disappointed in the cancelation of the May 13, 2020 falls prevention workshop. EMSA staff successfully re-engaged falls prevention panelists and are working on creating an adaptation of the previously planned in-person workshop to a webinar format. This webinar will take place by April 30, 2021.

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

Activity Status
Not Started

Activity Outcome
Between 07/2020 and 06/2021, Program did not promote the E-scooter injury prevention workshop.

Reasons for Success or Barriers/Challenges to Success
Due to the COVID-19 shut-down, E-scooter injuries have decreased and interest in this topic has waned. Instead, EMSA staff are working on an adaptation of the previously planned falls prevention workshop into an online format for the virtual Trauma Summit

on October 6, 2021. EMSA staff are in the process of writing a description this session and add it to the Eventbrite registration page.

EMSA staff have been successful in re-engaging falls prevention panelists who were scheduled to provide a falls prevention workshop at the 2020 Trauma Summit, which was canceled due to COVID. EMSA staff are developing an online forum for this topic part of the 2021 Trauma Summit session on Geriatric trauma. This session will take place October 6, 2021.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff are working with falls prevention panelists on revising the previously planned in-person workshop into an online webinar as part of the 2021 Trauma Summit session on Geriatric trauma. This session will take place October 6, 2021.

State Program Title: EMS Poison Control System

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

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

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

Primary Strategic Partners:
Internal
1. Health and Human Services Agency
2. Department of Health Care Services
3. Department of Public Health
4. EMS Commission

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

National Health Objective: IVP-9 Poisoning Deaths

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

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, providing immediate response when assistance is needed, and ensuring all contract requirements are completed.

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 conference calls with the CPCS, when needed, on contract deliverables.

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

Impact/Process Objective Status
Met

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

Reasons for Success or Barriers/Challenges to Success
Program maintained communication with the CPCS and provided assistance with meeting contract deliverables, as needed. Deliverables were reviewed to ensure contractual, regulatory, and statutory compliance.

Strategies to Achieve Success or Overcome Barriers/Challenges
Success was achieved by Program maintaining ongoing communication with the CPCS by phone, email, and conference calls. This included seeking additional information and/or clarification of reported deliverables, as needed to ensure confirm compliance.

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

Activity Status
Completed

Activity Outcome
In July 2020, Program reviewed one activity report (4th quarter from State fiscal year 2019/20, covering April-June 2020) from the CPCS to verify the work performed was consistent with the contractual scope of work. The four activity reports for State fiscal year 2020/21, are due as follows:
- First quarter - October 15, 2020
- Second quarter - January 15, 2021
- Third quarter - April 15, 2021
- Fourth quarter - August 1, 2021

Between 07/2020 and 06/2021, Program reviewed four activity reports. In July 2020, Program reviewed one activity report (4th quarter from State fiscal year 2019/20, covering April-June 2020) from the CPCS to verify the work performed was consistent with the contractual scope of work. The four activity reports for State fiscal year 2020/21, are due as follows:

- First quarter - October 15, 2020
- Second quarter - January 15, 2021
- Third quarter - April 15, 2021
- Fourth quarter - July 15, 2021

In October 2020, Program reviewed one activity report (1st quarter from State Fiscal Year 2020/21, covering July-September 2020) from CPCS. In January 2021, Program reviewed one activity report (2nd quarter from State Fiscal Year 2020/21, covering October-December 2020) from CPCS. In April 2021, Program reviewed one activity report (3rd quarter from State Fiscal Year 2020/21, covering January-March 2021) from CPCS.

Reasons for Success or Barriers/Challenges to Success
Program identified no concerns in the activity reports reviewed. Using an internal control spreadsheet, Program tracks submission of the reports and deadlines.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program reminds the CPCS of the activity report deadlines to ensure timely submission and evaluation.

Activity 2:
Review quarterly reimbursement invoices

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

Activity Status
Completed

Activity Outcome
Program received two monthly invoices (July and August 2020) which were reviewed, approved, and forwarded in November 2020 to EMSA's Administrative Division for processing.

Reasons for Success or Barriers/Challenges to Success
There was a delay in Program receiving the invoices for review due to the CPCS submitting directly to EMSA's Administrative Division.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA will communicate with the CPCS and EMSA's Administrative Division to ensure appropriate documentation is received by Program timely in order to process for payment reimbursement.

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

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

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

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

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

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

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

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

State Health Objective Status
In Progress

State Health Objective Outcome
EMSA staff maintains one EMS Prehospital Data and Information Services and Quality improvement Program by collecting and analyzing 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
Due to COVID-19, we have been delayed in analyzing patient-level EMS data and delayed in quality improvement measures due to program staff assisting in the response to 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 return to program activities full-time. Barring further extenuating circumstances, it is expected that objectives will be 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:
Analyze Data Matching Results
Between 07/2020 and 06/2021, Program will analyze **2** EMS and related health data sets to evaluate the EMS system in California.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program analyzed **2** EMS and related health data sets to evaluate the EMS system in California.

Reasons for Success or Barriers/Challenges to Success
Program has been facing challenges in finding alternative unique patient care report identifiers that are viable in both databases. Also, there were variations in how and what data was recorded between data sets. EMSA staff has been working on linking EMS and trauma data with a second data set but the COVID-19 pandemic has delayed our research efforts.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program lacks a robust analytical software which increases time spent on manual cleaning and reviewing each record for validity and is working to acquire one. EMSA staff were successful in collaborating with hospital registrars and LEMSA EMS specialists with the first related health data set and will try to do the same for the second related health data set. We were also able to utilize a dashboard software, which may help drill down into patient record information further and act as another way to confirm matches.

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

Activity Status
Completed

Activity Outcome
In August 2020, program matched EMS records with trauma records for Riverside Community Hospital for January 1, 2019 to June 30, 2019.

Reasons for Success or Barriers/Challenges to Success
This was successful because Program sought near-complete records. LEMSA and hospital have been current with their records, so we were able to capture a large sample population.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program selected a wide variety of data elements and kept the criteria as expansive as possible in order to obtain the most records.

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

Activity Status
Completed

Activity Outcome

Program has successfully linked the California Emergency Medical Services Information System(CEMSIS) and trauma patient registry data sets. The match rate was roughly 64% of EMS records (490 out of 763 trauma records).

Reasons for Success or Barriers/Challenges to Success
A challenge was trauma records did not have the patient care report (PCR) number that EMS uses for a unique identifier. Program had to manually verify/clean the data for errors or date transpositions helped match several more records that would not otherwise have matched.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program strategized with upper management to try to find overlaps in the patient transfer of care times to see if that is a viable matching strategy based on the same incident date/DOBs and patient demographics.

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

Activity Status
Completed

Activity Outcome
The report summarizing data matching results was published on October 23, 2020.

Reasons for Success or Barriers/Challenges to Success
This project was successful because of stakeholder participation. We were able to contact the LEMSA and hospital registrar to gain a better understand of the data submitting into CEMSIS and CEMSIS-trauma.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA will continue to work with our partners at the counties and various trauma hospitals to find solutions to improve record linkage rates and what specific research questions we can try to explore and answer.

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

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Each year, adjustments to the measures are made to clarify the measures' intent and more accurately report EMS performance in the field. In the most recent adjustments, four measures were retired from the 2019 measure set due to a need to improve focus

on a smaller number of metrics while developing improved coordination nationally, thus yielding a measure set of six performance indicators for systemwide measurement of 2020 data.

Reasons for Success or Barriers/Challenges to Success
The measures adopted in the Core Quality Measures Project are reviewed on a continuous basis to ensure they provide increasing value to the EMS community. EMSA compiles the recommendations from the Core Quality Measures Workgroup, with consideration for LEMSA responses from previous year reporting, and incorporates pertinent changes into the Core Quality Measures Instruction Manual each year. The data is analyzed and published in the Annual Report on Core Quality Measures.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program completed and published the 2019 Core Quality Measures Report on March 22, 2021. A link to the report was shared with the Emergency Medical Services Administrators' Association of California (EMSAAC) QI Coordinators mailing list and provided to the LEMSA directors and administrators. Additionally, the LEMSA directors and administrators were provided a CEMSIS Comparison Report for the 2019 Core Quality Measures on March 26, 2021. This document contained a comparison of data collected for the Annual Core Quality Measures Report and data pulled from CEMSIS for their agency.

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

Activity Status
Completed

Activity Outcome
Program convened three meetings with the Core Measures workgroup to discuss and evaluate the effectiveness of Core Measures.

Reasons for Success or Barriers/Challenges to Success
The Core Quality Measures workgroup met three times (January 28, 2021, March 10, 2021, and May 27, 2021) via Zoom to discuss project improvements and revisions to the measure specifications.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program utilized video conferencing technology to meet with the Core Quality Measures Workgroup to review the 2020 measure set due to COVID-19 restrictions for in-person gatherings.

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

Activity Status
Completed

Activity Outcome
Program completed and published the 2019 Core Quality Measures Report on March 22, 2021.

Reasons for Success or Barriers/Challenges to Success
Program was delayed in getting the 2019 Core Quality Measures out to Local EMS Agencies due to COVID-19. Program was unable to contact the Core Measures Workgroup due to their own involvement with COVID-19 until mid-year. Program staff for Core Quality Measures was on personal leave and returned Mid-November 2020.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program organized all of the Core Quality Measures data submitted by the LEMSAs, analyzed the information, and developed the 2019 Core Quality Measures Report. The report was published on EMSA's website on March 22, 2021. Additionally, a link to the report was shared with the EMSAAC QI Coordinators mailing list and provided to the LEMSA directors and administrators.

Impact/Process Objective 3:
Maintain and validate CEMSIS Database
Between 07/2020 and 06/2021, Program will maintain **1** CEMSIS information system to validate data and provide a meaningful tool for analysis of California's EMS System.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program maintained **1** CEMSIS information system to validate data and provide a meaningful tool for analysis of California's EMS System. Activity 3 was not completed.

Reasons for Success or Barriers/Challenges to Success
Program has successfully maintained 1 CEMSIS information system to validate data and provide meaningful tools for analysis of the CEMSIS database and selected dataset submitted by the LEMSAs. This was done by analyzing 2019 data for the 2019 Annual EMS Report. The 2019 EMS Annual report is currently in the review process and the 2020 EMS Annual Report will begin in 2021.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program was able to successfully analyze CEMSIS data because the quality and quantity of data submitted by Local EMS Agencies have increased.

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

Activity Status
Completed
Activity Outcome
Program continuously analyzes 100% of one data set to evaluate the overall status of EMS in California. The EMS data set from 1/2/2019 to 12/31/2019 was used to develop the 2019 Annual EMS Report.

Reasons for Success or Barriers/Challenges to Success
Program was able to successfully analyze CEMSIS data because the quality and quantity of data submitted by Local EMS Agencies has increased.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program has been engaging with stakeholders to foster relationships and gain an understanding of how their data flows into their own data repository and into CEMSIS.

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

Activity Status
Completed

Activity Outcome
The CY 2019 EMS Annual Data Report was completed and published to the EMSA website in April 2021.

Reasons for Success or Barriers/Challenges to Success
Staff availability due to COVID-19 Response delayed the publishing of the CY 2019 EMS Data Report.

Strategies to Achieve Success or Overcome Barriers/Challenges
While delayed, Program has maintained consistent and open communication with executive staff to answer questions and make revisions to ensure the report is published within the timeframe of this State Plan.

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

Activity Status
Not Completed

Activity Outcome
Program has completed two meetings with San Mateo County EMS Agency on 10/21/2020 and Orange County EMS Agency on 04/08/2021. However, the meeting was held utilizing video conferencing technology due to COVID-19 restrictions on in-person gatherings.

Reasons for Success or Barriers/Challenges to Success
Due to COVID-19 restrictions on in-person meetings, Program is limited to meeting with Local EMS Agencies utilizing video conferencing technology. Another barrier includes having trouble setting up meetings due to Local EMS Agencies own COVID-19 and fire responses.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program will be scheduling the three additional meetings using video conferencing technology in SFY 21-22 to maintain relationships and ensure transparency between Local and State Government.

State Program Title: EMS STEMI and Stroke Systems

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

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

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

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

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

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

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

State Health Objective Status
Met

State Health Objective Outcome
EMSA staff maintained one EMS STEMI and Stroke program by providing leadership, technical assistance, and oversight to the programs' activity at the LEMSA level to ensure all the activities are compliant with the State STEMI and State Stroke Regulations.

Reasons for Success or Barriers/Challenges to Success
EMSA staff maintains effective communication with LEMSAs to ensure EMSA receives the STEMI and Stroke Systems Plans on time. Program carefully reviews the plans and provides feedback and technical support when needed.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff created an electronic table for checking the statewide status of the STEMI and Stroke programs at the LEMSAs. EMSA staff keep the table up to date and inform LEMSAs of the correct timeline and plan submission.

Leveraged Block Grant Dollars
No

Description of How Block Grant Dollars Were Leveraged
N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Provide education on current trends for optimal STEMI and Stroke care
Between 07/2020 and 06/2021, Program will conduct **1** state STEMI and Stroke Symposium to educate Cardiologists and Neurologists, STEMI and Stroke nurses, hospital registrars, paramedics, EMTs and administration staff on clinical and system aspects of care for STEMI and Stroke patients, to increase the level of care in California.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program conducted 1 state STEMI and Stroke Symposium to educate Cardiologists and Neurologists, STEMI and Stroke nurses, hospital registrars, paramedics, EMTs and administration staff on clinical and system aspects of care for STEMI and Stroke patients, to increase the level of care in California.

The state STEMI and Stroke Symposium was broken into two virtual summits, (renamed the STEMI Summit and the Stroke Summit) held on June 8, 2021 and June 9, 2021 respectively. The successful summits educated Cardiologists and Neurologists, STEMI and Stroke nurses, hospital Program Coordinators, paramedics, EMTs and administration staff on clinical and system aspects of care for STEMI and Stroke patients. This objective was not met due to activity 4 not being completed. The summits were held virtually, so there were no exhibitors and modified registration was used.

Reasons for Success or Barriers/Challenges to Success
The symposium could not be held as a two-day in-person event due to the COVID-19 Pandemic restrictions on large gatherings. The main barrier to success was the need to change to an online virtual Stroke and STEMI Summit, and the inherent complications

that change brings.
Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA has changed the format of the symposium from a two-day in-person meeting to two, half-day virtual summits to be held using an electronic conference platform. The Virtual Stroke and STEMI Summits were held June 8th and 9th, 2021.

Activity 1:
Develop STEMI and Stroke Symposium Program
Between 07/2020 and 06/2021, Program will create one two-day educational program on STEMI and Stroke topics. Program staff will seek guidance from the STEMI and Stroke Technical Advisory Committee on topics and potential speakers.

Activity Status
Completed
Activity Outcome

Between 07/2020 and 06/2021, Program, working with a subcommittee of the STEMI and Stroke Technical Advisory Committee, created two half day educational programs, one for the STEMI Summit and one for the Stroke Summit, which were presented at two separate educational summits held on June 8 and 9, 2021.

Reasons for Success or Barriers/Challenges to Success
The COVID-19 Pandemic and wildfire events were the significant main barriers to all EMSA activity, with workloads shifting towards supporting the state's disaster response.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program staff worked with the subcommittee to organize virtual Stroke and STEMI Summits in lieu of in-person events.

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

Activity Status
Completed

Activity Outcome
EMSA staff created one "Save The Dates" flyer for the event and emailed it to 33 LEMSAs and all other related target audiences and stakeholders. The flyer was also posted to the EMSA website.

Reasons for Success or Barriers/Challenges to Success
Between 07/2020 and 06/2021, EMSA staff created one "Save The Dates" flyer for the events and emailed it to 33 LEMSAs and all other related target audiences and stakeholders. The flyer was also posted to the EMSA website.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA Staff used the department's guidelines and followed the State format for creating the ADA compliant flyer to create interest in the event ahead of the deadline to register.

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

Activity Status
Completed

Activity Outcome
Between 07/2020 and 06/2021, Program created one Eventbrite registration portal and successfully registered over 900 attendees for the Stroke Summit, and over 700 attendees for the STEMI summit.

Reasons for Success or Barriers/Challenges to Success
EMSA staff monitored and controlled the registration webpage on a regular basis and responded to all questions and issues from registrants.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff created online registration portals and monitored them until the end of the event.

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

Activity Status
Not Started

Activity Outcome
Between 07/2020 and 06/2021, Program did not create one Eventbrite registration portal for sponsor and educational exhibitors.

Reasons for Success or Barriers/Challenges to Success
Due to the uncertainty caused by COVID-19, and the pivot to an online virtual event, a sponsor or exhibitor registration page was not created.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff decided not to have any sponsors or exhibits for the summits due to the virtual platform.

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

Activity Status
Completed

Activity Outcome
Between 07/2020 and 06/2021, Program created a registration package to fit with a virtual event.

Reasons for Success or Barriers/Challenges to Success
Due to COVID-19 restrictions on large in-person gatherings, the events were held virtually. The post-symposium evaluation survey was created and the attendees seeking the Continuing Education (CE) credits must respond to the survey as part of their CE claim.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff will remain flexible and respond appropriately as circumstances change due to events that are out of our control.

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

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program provided oversight to **100** of the LEMSAs with STEMI Critical Care Systems required to submit annual STEMI Critical Care System plans through technical assistance and coordination with the LEMSA to ensure plans meet the minimum requirements of regulations. This objective was not met as Activity 2 was not completed.

Reasons for Success or Barriers/Challenges to Success
EMSA staff provided oversight to 100% of the LEMSAs who needed support and expertise to complete an annual STEMI Critical Care System plan. Oversight was provided through open communication with LEMSAs and careful review of submitted

plans making sure that all elements required by regulation were included. Technical assistance was provided through email, phone calls, and Zoom meetings. In-person meetings were not held due to COVID-19 restrictions.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff will continue to be available to provide technical assistance even while working remotely or assisting with the state response to the COVID-19 pandemic.

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

Activity Status
Completed

Activity Outcome
Between 07/2020 and 06/2021, Seven STEMI Plans were submitted by LEMSAs for review and approval. EMSA staff reviewed 100% of STEMI Plans submitted.

Reasons for Success or Barriers/Challenges to Success
Each received plan is reviewed carefully to ensure it is compliant with statute and state regulations. LEMSAs are provided with support to correct any deficiencies found in their submitted plans.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies to achieve success include plan review using an electronic checklist outlining statute and state regulations to ensure all the items required for compliance are included in the plan.

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

Activity Status
Not Completed

Activity Outcome
EMSA staff provided technical assistance to two LEMSAs implementing a STEMI Critical Care System in their jurisdiction.

Reasons for Success or Barriers/Challenges to Success
EMSA staff regularly read and researched to keep up to date on the newest guidelines and protocols for the STEMI Critical Care System and maintain constructive and open communication with LEMSAs to offer assistance when needed.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff will remain continually available to provide technical assistance even while teleworking and assisting with the State response to the COVID-19 pandemic and wildfires.

Impact/Process Objective 3:
Standardize Stroke Critical Care Systems statewide
Between 07/2020 and 06/2021, Program will provide oversight to **100%** of the LEMSAs with Stroke Critical Care Systems required to submit annual Stroke Critical Care System plans through technical assistance and coordination with the LEMSA to ensure plans meet the minimum requirements of regulations.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program provided oversight to **100** of the LEMSAs with Stroke Critical Care Systems required to submit annual Stroke Critical Care System plans through technical assistance and coordination with the LEMSA to ensure plans meet the minimum requirements of regulations. This objective was not met as Activity 2 was not completed.

Reasons for Success or Barriers/Challenges to Success
EMSA staff provided oversight to 100% of the LEMSAs who needed support and expertise to complete an annual Stroke Critical Care System plan. Oversight was provided through open communication with LEMSAs and careful review of submitted plans making sure that all elements required by regulation were included. Technical assistance was provided through email, phone calls, and Zoom meetings. In-person meetings were not held due to COVID-19 restrictions.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff will continue to be available to provide technical assistance even while staff are working remotely or assisting with the state response to the COVID-19 pandemic.

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

Activity Status
Completed

Activity Outcome
Between 07/2020 and 06/2021, nine (9) stroke plans were submitted by LEMSAs for review and approval. EMSA staff reviewed 100% of Stroke Plans submitted by LEMSAs.

Reasons for Success or Barriers/Challenges to Success
Each received plan is reviewed carefully to ensure it is compliant with statute and state regulations. LEMSAs are provided with support to correct any deficiencies found in their submitted plans.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies to achieve success include plan review using an electronic checklist outlining statute and state regulations to ensure all the items required for compliance are included in the plan.

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

Activity Status
Not Completed

Activity Outcome
Between 07/2020 and 06/2021, EMSA staff provided technical assistance to two LEMSAs for the Stroke Critical Care Systems in their jurisdiction.

Reasons for Success or Barriers/Challenges to Success
EMSA staff regularly read and research to keep up to date on the newest guidelines and protocols for the Stroke Critical Care System and maintain constructive and open communication with LEMSAs to offer assistance when needed.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff will remain continually available to provide technical assistance even while teleworking and assisting with the State's response to emergencies such as the COVID-19 pandemic and wildfires.

State Program Title: EMS Systems Planning and Development

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

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

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

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

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

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

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

State Health Objective Status
Met

State Health Objective Outcome
EMSA staff maintained one EMS Systems Planning and Development Program by
providing statewide coordination and leadership to LEMSAs through adherence to
statutes and regulations, providing technical assistance, and reviewing and making
determinations on local EMS plans.

Reasons for Success or Barriers/Challenges to Success
Success was achieved by maintaining consistent, open dialogue with LEMSAs,
interpreting statutes and regulations, providing immediate response when needed, and
providing written correspondence on EMS plan determinations.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff maintained 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 07/2020 and 06/2021, Program will provide oversight to **100%** of LEMSAs
required to submit annual EMS plans through coordination of EMS plan submission with
LEMSA Administrators, technical assistance, and EMS plan determinations, in
accordance with statutory authority.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program provided oversight to **100%** of LEMSAs
required to submit annual EMS plans through coordination of EMS plan submission with
LEMSA Administrators, technical assistance, and EMS plan determinations, in
accordance with statutory authority.

Reasons for Success or Barriers/Challenges to Success
Program maintained communication with LEMSAs required to submit EMS plans and
provides assistance with submissions, as needed. EMS plans were reviewed by ten
EMSA subject matter experts to ensure compliance with statutes, 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 by phone or email. This includes notification of receipt of EMS plan submissions, seeking additional information and/or clarification on EMS plan submissions as needed, and sending written correspondence on EMS plan determinations.

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

Activity Status
Completed

Activity Outcome
Between 07/2020 and 06/2021, Program updated one internal tracking log to show EMS Plan activity, including receipt of EMS plans, status of active EMS plans within EMSA, EMS plan outcomes, contact with LEMSAs when EMS plans are undergoing review, and collaboration with EMSA subject matter experts on EMS Plan review, to ensure effective oversight of the EMS plan review process for timely, comprehensive EMS plan development and decisions.

Reasons for Success or Barriers/Challenges to Success
An internal document was used to track 33 LEMSA's EMS plan submission schedule as well as the status of EMS plans undergoing EMSA review.

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. Often times these conference calls are the difference between a determination of approval and denial. Having that direct form of communication ensures nothing is lost in translation when receiving the clarifying information.

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

Activity Status
Completed

Activity Outcome
Program developed and oversaw funding allocations for six multicounty LEMSAs and executed contracts with the six multicounty LEMSAs to provide local assistance.

Reasons for Success or Barriers/Challenges to Success
Program had no changes to the contractual scope of work and worked collaboratively with EMSA's Administrative Division to coordinate approval of contracts with multi-county LEMSAs and EMSA.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program will closely monitor executed contracts and follow up with the six multicounty LEMSAs to ensure deliverables are met timely.

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

Activity Status
Completed

Activity Outcome
In October 2020, Program reviewed one activity report (1st quarter from State Fiscal Year 2020/21, covering July-September 2020) from each of the six multicounty LEMSAs. In January 2021, Program reviewed one activity report (2nd quarter from State Fiscal Year 2020/21, covering October-December 2020) from each of the six multicounty LEMSAs. In April 2021, Program reviewed one activity report (3rd quarter from State Fiscal Year 2020/21, covering January-March 2021) from each of the six multicounty LEMSAs.

Reasons for Success or Barriers/Challenges to Success
Program identified no concerns in the activity reports reviewed. Using an internal control spreadsheet, Program tracks submission of the reports and deadlines.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program reminds multicounty LEMSAs of the quarterly report deadlines to ensure timely submission and evaluation.

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

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program reviewed **100%** of EMS Plans submitted to ensure that transportation components are in compliance with California Health & Safety Codes.

Reasons for Success or Barriers/Challenges to Success
EMSA staff reviewed eleven (11) EMS Plans during this period. With careful time management, planning and collaboration, the transportation components were successfully reviewed for compliance with the California Health & Safety Code, California Code of Regulations, and current case law.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff will continue to carefully use time management, planning and collaboration, so that all plans are reviewed when submitted for compliance with the California Health & Safety Code, California Code of Regulations, and current case law.

Activity 1:
Review forms submitted as the transportation component of the EMS Plans
Between 07/2020 and 06/2021, Program will review 100% of all submitted EMS Plan transportation component forms for approval and maintain Exclusive Operating Areas (EOA) and EMS Responder spreadsheets.

Activity Status
Completed

Activity Outcome
As of 10/2020, the Program has reviewed 100% of all submitted EMS Plan transportation component forms from 11 LEMSAs and maintained the stated spreadsheets.

Reasons for Success or Barriers/Challenges to Success
Program received eleven (11) EMS Plans with associated transportation component forms during this period. With careful time management and planning, these transportation components were successfully reviewed for compliance with the California Health & Safety Code, California Code of Regulations, and current case law.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program staff will continue to use careful time management and planning, ensuring that as additional plans are submitted, the associated transportation components will be reviewed timely for approval. All submitted data will be recorded on the EMS Responder spreadsheets.

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

Activity Status
Completed

Activity Outcome
Program staff maintained one EMS ambulance transportation log.

Reasons for Success or Barriers/Challenges to Success
The EMS transportation log has been continuously updated with each EMS Plan and RFP approval/denial. The log is utilized monthly by staff when developing 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:
Review LEMSA transportation RFPs
Between 07/2020 and 06/2021, Program will assist in the development and review of at least one LEMSA RFP for emergency ambulance services, regarding prospective EOAs. EMSA's collaboration with LEMSAs promotes successful competitive bidding for local emergency ambulance services which in turn assures patient care during an emergency.

Activity Status
Completed

Activity Outcome
Program staff assisted in the review of one LEMSA RFP for emergency ambulance service, regarding prospective EOAs.

Reasons for Success or Barriers/Challenges to Success
Program conducts a dual review with EMSA Legal Counsel and EMSA Transportation Coordinator for identification of inconsistencies with statute, regulations, and/or case law within the RFP prior to final submission. Conference calls with LEMSAs were conducted to clarify needed changes and the reasoning behind the required changes for approval in accordance to the California Health & Safety Code.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program staff will continue the offer to conduct pre-reviews of 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 Plan transportation component appeal hearing documents
Between 07/2020 and 06/2021, Program will research one LEMSA appeal by reviewing submitted transportation documents, researching and investigating history of EMS EOAs and Non-EOAs, provider company sales, and EMS Plans to prepare for hearings. Hearings are filed with the Office of Administrative Hearings and program staff provide hearing testimony as Subject Matter Experts.

Activity Status
Completed

Activity Outcome
Program staff assisted in the review of one LEMSA RFP for emergency ambulance service, regarding prospective EOAs.

Reasons for Success or Barriers/Challenges to Success
Program conducts a dual review with EMSA Legal Counsel and EMSA Transportation Coordinator for identification of inconsistencies with statute, regulations, and/or case law within the RFP prior to final submission. Conference calls with LEMSAs were conducted to clarify needed changes and the reasoning behind the required changes for approval in accordance to the California Health & Safety Code.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program staff will continue the offer to conduct pre-reviews of RFPs to LEMSAs that requested it. Conference calls were conducted with the LEMSA to discuss EMSA's review of the submitted RFP. The pre-review and conference call allowed the LEMSAs to gain a clearer understanding of requirements and requested clarifications.

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

Activity Status
Completed

Activity Outcome
Program staff provided technical assistance in all areas related to EMS ambulance transportation to thirty-two (32) 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
Program staff 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 consistent, open dialogue, and providing immediate response assistance to LEMSAs, providers, the general public and other state agencies regarding EMS ambulance transportation.

Impact/Process Objective 3:
Write Maddy EMS Fund Statewide Report Summary
Between 07/2020 and 06/2021, Program will develop **1** statutorily required Maddy EMS Fund Statewide Report Summary to be sent to the appropriate policy and fiscal committees of the State Legislature. The Maddy EMS Fund Statewide Report Summary provides a snapshot of revenue and expenditures for the Maddy EMS Fund for the previous fiscal year.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Program developed one required Maddy EMS Fund Statewide Report summary for FY 2018-19. The report is undergoing the management review process.

Reasons for Success or Barriers/Challenges to Success
Counties were required to submit annual reports for the previous fiscal year by April 15th. Work on the Maddy EMS Fund Statewide Report Summary takes place through December. Due to the COVID-19 pandemic, the deadline for the county's report submissions was extended. That extension was revoked in April 2021, and Program staff worked to collect and summarize all reports in a short period of time.

Strategies to Achieve Success or Overcome Barriers/Challenges
Excellent communication and good working relationships with Counties enabled swift collection of reports in a short period of time.

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

Activity Status
Completed

Activity Outcome
Program has reviewed submitted reports from 50 counties operating a Maddy EMS Fund and entered the data into a consolidated spreadsheet.

Reasons for Success or Barriers/Challenges to Success
Program staff worked diligently to summarize and consolidate data for analysis to create the report for the legislature.

Strategies to Achieve Success or Overcome Barriers/Challenges
As soon as the state declared emergency ends, each county that has not already submitted a report will be notified of their new deadline. As submissions start to arrive, consolidation and analysis can continue on summary data.

Excellent communication and good working relationships with counties enabled swift collection of reports in a short period of time. Outreach and technical assistance were provided to counties with incomplete reports and questions about the information required by statute.

State Program Title: EMS Trauma Care Systems

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

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

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

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

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

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

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

State Health Objective Status
Met

State Health Objective Outcome
EMSA staff maintained one Trauma Care System program by providing statewide coordination and leadership through monitoring state trauma plan submissions by each

LEMSA, and by providing technical assistance to LEMSAs and state trauma system stakeholders.

Reasons for Success or Barriers/Challenges to Success
Success was achieved through providing guidance and feedback to LEMSAs and trauma stakeholders on any barriers or issues pertaining to trauma system development and implementation.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff provided comprehensive annual reviews of trauma system plans for each LEMSA. EMSA staff attends quarterly teleconference meetings for five regional coordinating committees that represent 33 LEMSAs and 79 trauma centers. EMSA staff responded to emails and phone calls requesting technical assistance in a timely and thorough manner.

Leveraged Block Grant Dollars
No

Description of How Block Grant Dollars Were Leveraged
N/A

OBJECTIVES – ANNUAL ACTIVITIES

<u>Impact/Process Objective 1:</u>
Finalize Trauma Regulations Proposal
Between 07/2020 and 06/2021, Program will develop **1** trauma regulations proposal to be submitted to the California Health and Human Services Agency for approval.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program developed **0** trauma regulations proposal to be submitted to the California Health and Human Services Agency for approval.

Reasons for Success or Barriers/Challenges to Success
EMSA staff were unable to re-engage workgroup members July through September 2020 due to COVID-19 and wildfire emergency responses. Not being able to engage workgroup members until April 2021 slowed the progress of developing a regulations proposal.

Strategies to Achieve Success or Overcome Barriers/Challenges
In October, EMSA staff re-engaged most members and are working on the regulations proposal.

<u>Activity 1:</u>
Finalize trauma regulations revisions

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

Activity Status
Not Completed

Activity Outcome
Between 07/2020 and 06/2021, Program did not create one comprehensive revision of trauma regulations that incorporates feedback from trauma regulations workgroup members who represent trauma system stakeholders.

Reasons for Success or Barriers/Challenges to Success
Some trauma regulations workgroup members were involved in the emergency response to COVID-19 and wildfires and could not work on revising trauma regulations until April 2021. Staff have re-engaged all workgroup members and are holding regular meetings to continue the development of a comprehensive revision of trauma regulations.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff re-engaged all workgroup members for a Zoom meeting on April 21, 2021. A second meeting took place on June 28, 2021. Progress is being made on developing a comprehensive revision.

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

Activity Status
Not Started

Activity Outcome
Between 07/2020 and 06/2021, Program did not develop one Initial Statement of Reason document.

Reasons for Success or Barriers/Challenges to Success
Progress has been slowed due to COVID-19 and wildfire response. Workgroup members were unable to engage consistently due to the surge in COVID cases throughout 2020 and early 2021.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff were able to re-engage workgroup members in April 2021 to restart work on completion of draft regulations revisions. Although the workgroup has made progress, a draft of regulations has not been completed and an Initial Statement of Reasons has not been developed.

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

Activity Status
Not Started

Activity Outcome
Between 07/2020 and 06/2021, Program did not develop one Economic and Impact Statement.

Reasons for Success or Barriers/Challenges to Success
Progress has been slowed due to COVID-19 and wildfire response. Workgroup members were unable to engage consistently due to the surge in COVID cases throughout 2020 and early 2021.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff were able to re-engage workgroup members in April 2021 to restart work on completion of draft regulations revisions. Although the workgroup has made progress, an Economic and Impact Statement has not been developed.

Impact/Process Objective 2:
Host Annual State Trauma Summit
Between 07/2020 and 06/2021, Program will conduct **1** State Trauma Summit to educate trauma surgeons, trauma nurses, registrars, paramedics, EMTs, and trauma administration staff on clinical and system aspects of trauma care, to improve trauma care in California.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, 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
EMSA staff are prevented from planning large, in-person events due to the widespread transmission of COVID-19 and the ban on holding such events. Engaging trauma stakeholders to plan an in-person event was a barrier due to the emergency response to COVID-19 and wildfires.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff re-engaged trauma stakeholders and are conducting a 5-hour virtual Trauma Summit on October 6, 2021.

Activity 1:
Develop Trauma Summit Program

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

Activity Status
Not Completed

Activity Outcome
Between 07/2020 and 06/2021, did not create one two-day program for an in-person Trauma summit. EMSA staff is developing a virtual Trauma Summit program.

Reasons for Success or Barriers/Challenges to Success
EMSA staff are not creating a two-day, in-person trauma summit program due to the cancellation of an in-person summit because of COVID-19 restrictions on large gatherings.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff were able to re-engage trauma stakeholders to develop a virtual Trauma Summit program for holding a modified the event on a virtual platform on October 6, 2021.

Activity 2:
Create "Save the Date" postcard

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

Activity Status
Completed

Activity Outcome
Between 07/2020 and 06/2021, Program created one "Save the Date" postcard.

Reasons for Success or Barriers/Challenges to Success
Restrictions on large, in-person events because of COVID-19 prohibited EMSA from holding an in-person Trauma Summit.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff engaged trauma stakeholders and received support to hold a virtual Trauma Summit on October 6, 2021. EMSA staff created and distributed a "Save the Date" postcard to 33 LEMSAs and made it available on the EMSA website.

Activity 3:
Establish online registration webpages

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

Activity Status
Completed

Activity Outcome
Between 07/2020 and 06/2021, Program created one Eventbrite registration portal.

Reasons for Success or Barriers/Challenges to Success
EMSA staff created an online registration portal for the virtual Trauma Summit. EMSA staff will not engage sponsors or educational exhibitors for this virtual event, so no portal was needed for sponsor/educational exhibitor registration.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff created an online registration portal for the October 6, 2021, Virtual Trauma Summit.

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

Activity Status
Not Completed

Activity Outcome
Between 07/2020 and 06/2021, Program has created one modified registration package to fit with a virtual event.

Reasons for Success or Barriers/Challenges to Success
Due to COVID-19 restrictions on large in-person gatherings, the event was changed to a virtual event.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff have created a virtual sign-in process for event attendees. Since this is an online event, name badges will not be developed. A post-event survey is under development.

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

Activity Status
Not Completed

Activity Outcome
Between 07/2020 and 06/2021, Program did not distribute at least 50 continuing education certificates to eligible Trauma Summit participants.

Reasons for Success or Barriers/Challenges to Success
EMSA staff are determining if continuing education credits will be available for the virtual Trauma Summit.

Strategies to Achieve Success or Overcome Barriers/Challenges
EMSA staff are exploring the possibility of offering continuing education credits to participants of the virtual Trauma Summit.

State Program Title: Fusion Center

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

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

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

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

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

National Health Objective: PHI-15 Health Improvement Plans

State Health Objective(s):
Between 07/2020 and 06/2021, Program will strengthen the primary prevention focus and cross-program alignment of California's state and community health improvement plans. Fusion Center initiatives will support movement of population health improvement

efforts further upstream through multisector and interdisciplinary initiatives, including strategies for more proactive and effective CDPH response to public health issues, and supporting development and alignment of community health improvement plans. The focus of these efforts will include enhanced data, messaging and policy approaches incorporating social determinants of health, regional disparities, and performance analytics.

State Health Objective Status
Met

State Health Objective Outcome
The Fusion Center (FC) has strengthened alignment to support elevated focus on upstream priorities through the State Health Assessment and State Health Improvement Plan (SHA/SHIP). The FC has facilitated multiple SHA/SHIP initiatives to support improvement of population heath with an emphasis on disparities and social determinants; including interdisciplinary collaborations, data analytics, and production of reports, toolkits, and dashboards to highlight aligned efforts on statewide priorities.

Reasons for Success or Barriers/Challenges to Success
Successes achieved have included multiple cross-programmatic and interdepartmental collaborations on a range of issues including equity in COVID-19 response, health improvement strategy for California's older adult population, and data strategy to identify disproportionately impacted populations and target interventions. To further develop areas of potential focus and alignment and identify opportunities for action, new data and information were collected from subject matter experts, policymakers, partners and stakeholders. Departments throughout California Health and Human Services Agency contributed information about their current priorities and activities. The primary issue encountered is the impact of the COVID-19 pandemic resulting in a shift of priorities and capacity. The FC team has responded to this issue by applying state health assessment and improvement strategies to this emerging area of focus, shifting activities to be implemented in this new context.

Strategies to Achieve Success or Overcome Barriers/Challenges
One key strategy for success in the development and implementation of the state health assessment and improvement plan (SHA/SHIP) is the engagement of stakeholders representing a variety of partners, populations, health and community organizations. This multifaceted analytic and planning process had been used to identify priority topics for tracking and action. This year in the context of the pandemic, issues of equity (already core to the SHA/SHIP) became an even more prominent area of focus. These partnerships were leveraged to engage input and participation in shaping equity strategy as well as to continue to advance progress on ongoing population health priorities such as the Master Plan for Aging (MPA) and data strategy to reflect the needs of hidden populations. New topics and metrics were identified to enhance the Let's Get Healthy California (LGHC) framework for the next stage of the SHIP.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged

FC has leveraged Preventive Health and Health Services Block Grant (PHHSBG) dollars to fund staff time to support the statewide initiative for the SHA/SHIP process, through data, planning and collective action initiatives. Funding is also used to contract staffing for complex burden assessment, and to support data analytics tools and digital platforms.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Conduct a comprehensive state health assessment
Between 07/2020 and 06/2021, Program will conduct **2** activities to enhance the SHA.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program conducted **2** activities to enhance the SHA.

Reasons for Success or Barriers/Challenges to Success
The FC has been largely successful in addressing this objective because of our commitment to producing a high-quality comprehensive state health assessment; the clear and deep planning and vision of our team's leadership; the collaboration within our team, with partners in other CDPH Centers, and with external partners; and our robust technical team for data acquisition/extraction, processing and analysis, and visualization and sharing. Additional reasons for success include flexibility and responsiveness to apply the most innovative assessment and analytic approaches to key areas of interest from leadership, partners and stakeholders for applied learning and feedback to make analytics relevant for key public health purposes.

Strategies to Achieve Success or Overcome Barriers/Challenges
In order to achieve success and overcome barriers/challenges we strategize and prioritize regularly, using a "divide and conquer" approach with team members each contributing their strengths and improving on areas where further development is needed as appropriate. Increasing incorporation of cross-training to build capacity for key processes and platforms is an area of focus. An area of challenge can be the wide range of related activities at the program and interdepartmental level. Project management touchpoints and communication meetings across teams help to map out these efforts and surface connections needed. Some pilot efforts to use dynamic tools to capture these initiatives and their interrelationships have been initiated and may be expanded.

Activity 1:
Data Analytics Project: Disparities, Hidden Populations, Issues of Concern
Between 07/2020 and 06/2021, Program will conduct in-depth comparative and statistical analysis of patterns and trends for one or more conditions identified as significantly important, for which analytic data are lacking. Use a collaborative process

to identify such conditions. Collect and analyze data and information for use in developing priorities, adopting or revising policies, and planning actions to improve the population's health.

Activity Status
Completed

Activity Outcome
During this project period we compiled multiple data sources, conducted in-depth analyses, and disseminated COVID-19 data visualization and other information by detailed race/ethnic, age, geographic groupings, and congregant settings for multiple partners within and outside of CDPH. This information included focus on specific populations disproportionately impacted by COVD-19 (e.g. elderly in nursing facilities, Latinos). These data resources are used to support developing priorities & planning.

An Excess Mortality Data Brief was developed based on observations made in the annual State of Health Report as part of the State Health Assessment process. The analysis was based on California death certificate vital records data and tools, methods, and standards that are part of the California Community Burden of Disease engine.

The Brief documents confirmed (after many years of decreasing death rates in California) that the death rate increased substantially in 2020, due largely to COVID-19. The increase in death rate differed substantially by race/ethnicity, with striking increases among Latinos. Increases in deaths from conditions other than COVID-19 were observed, including deaths from drug overdoses, homicide, Alzheimer's disease and other dementias, and ischemic heart disease, with some of these increases reversing many prior years, even decades, of decreasing rates. The increase in death rate differed by age differentially among race/ethnic groups--of particular note, the death rate increased sharply among young blacks with almost all of the increase due to conditions other than COVID-19.

Reasons for Success or Barriers/Challenges to Success
We were successful in implementing a COVID-19 Health Equity Dashboard; a COVID-19 Risk Assessment: Demographic, Health Condition, and Community Factors tool; a COVID-19 Outreach Project data assessment process with Department of Social Services; and a Skilled Nursing Facility Race/Ethnicity analysis and report. These successes were because of 1) the broad and deep partnerships we have with other Centers within CDPH and with other Departments, 2) a rich technical team with in-depth coding and related skills, and a willingness to learn, and 3) strong, creative, and supportive leadership. We have experienced some challenges obtaining detailed and timely data for some of the work we are doing. This challenge is due to the rapidly moving nature of the COVID-19 pandemic, some partner entities being overwhelming busy, and some limitations of needed skills and data insight with some partner entities.

Strategies to Achieve Success or Overcome Barriers/Challenges
In order to achieve success and overcome barriers we continue to build relationships with strategic partners, start projects on a small scale and build out based on iterative

input from stakeholders, and try to have fun. Communication processes to map existing initiatives and build mutual awareness have also been key to reducing ambiguity and facilitating collaboration.

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

Activity Status
Completed

Activity Outcome
During this project period we have been successful in developing and expanding data and data resources for the annual "State of Public Health" and for "LGHC". This includes expanded data and resources initiated related to specific request and projects addressing COVID-19, with utility on their own, and will be further leveraged to augment the "State of Public Health" and "LGHC."

Reasons for Success or Barriers/Challenges to Success
This success is because of the "leveraging" noted above and our increasing use of data standards and coding systems that support efficient reuse of code, tools, and products. Specific example include: 1) Improved system for quarterly death data flow and disease condition mapping to facilitate rapid incorporation of emerging or disparate conditions (COVID-19, sickle cell disease) into the California Community Burden of Disease and Cost Engine (CCB); 2) Improved system for compilation of Hospital Discharge and Emergency Department data for rapid assessment; 3) Enhanced ability to assess burden of disease among the hidden populations of veterans and immigrants by including those in requested death data for the CCB; and 4) Standardization, automation, and enhanced documentation of a process for compiling a wide range of Social Determinants of Health including socioeconomic factors and factors associated with hard to reach populations (e.g. Limited English Proficiency).

Strategies to Achieve Success or Overcome Barriers/Challenges
A core strategy for achieving success is leveraging specific project needs to advance wider data analytics strategy and methodology. Most of these expanded data and resources were initiated related to specific requests or project addressing COVID-19 equity issues, with utility on their own, but the findings and techniques developed are then used to expand the approach to help us prepare for updating the "State of Public Health" and "LGHC". Because of the "leveraging" noted above and our increasing use of

data standards and coding systems that support efficient reuse of code, tools, and products, FC has been able to be successful in this activity. This strategy also enables the FC team to transform disruption due to shifting priorities for emerging issues, into an opportunity to find applied methods to meet current needs while maintaining progress on core comprehensive assessment functions to support the SHA/SHIP and State of Public Health.

<u>Impact/Process Objective 2:</u>
Leverage SHIP to advance progress on shared priorities through integrated planning
Between 07/2020 and 06/2021, Program will conduct **2** activities to advance integrated planning across shared public health priorities.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program conducted **2** activities to advance integrated planning across shared public health priorities.

Reasons for Success or Barriers/Challenges to Success
In the midst of the Pandemic, the FC has been able to refocus integrated planning activities to elevate equity across the COVID-19 response and advance planning efforts. The FC convenes a Health Equity and COVID-19 Workgroup to facilitate internal collaboration across several equity focused teams within CHHS. The workgroup identifies opportunities to apply health equity principles to mitigate impacts on disproportionately affected populations and to inform structural changes to advance equity in recovery. The FC also facilitated processes to develop key resources to advance integrated planning, including 1) the CHHS Agency Equity Framework, which provides a summary of current, ongoing and future plans to address health disparities, and 2) the COVID-19 Health Equity Playbook for Communities, a resource for LHDs to inform which provides a menu of strategies for counties' to use to inform their COVID-19 equity efforts.

Strategies to Achieve Success or Overcome Barriers/Challenges
The FC facilitates integrated planning around shared public health priorities under the broader context of the SHIP. Due to the cross-cutting and collaborative nature of this work, strengthening partnerships with CDPH Programs and partners has been essential to advancing integrated planning efforts and moving toward collective action. As an extension of the broader state health assessment and improvement plan infrastructure, the emerging issues process has enabled the FC the flexibility to explore potential public health priorities, while maintaining the integrity of the long-term plan.

<u>Activity 1:</u>
Complete annual indicator update process

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

Activity Status
Completed

Activity Outcome
The FC facilitated and completed the annual indicator update process, including updating and enhancing data, content, and visualizations. Furthermore, the FC worked collaboratively with key Programmatic Stewards to integrate prevention strategies around shared priorities such as adverse childhood experiences, violence prevention, substance use, and poverty into the SHIP.

Reasons for Success or Barriers/Challenges to Success
The FC had to overcome major delays in obtaining data and content updates, facilitating Steward review, securing approvals, and getting the updates published due to limited capacity and redirection of key staff and partners. The FC has implemented improvements – such as bundling content updates, structuring review with key questions, and scheduling push to productions in advance – to streamline the process and maximize Steward engagement.

Strategies to Achieve Success or Overcome Barriers/Challenges
Although this activity was completed, the Pandemic has uncovered and further highlighted areas of focus necessary for improving population health and advancing health equity. The FC plans to enhance the state health improvement plan by integrating key themes from the equity track of COVID-19 response and advance planning efforts.

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

Activity Status
Completed

Activity Outcome
The MPA, a priority initiative under this Administration, outlines a set of goals and objectives for promoting health aging, a shared priority within the SHIP. As a pilot project, the FC developed and integrated the MPA dashboard within the LGHC website. The MPA dashboard outlines a set of indicators that, taken together, will track progress in implementing specific strategies and actions defined in the MPA.

Reasons for Success or Barriers/Challenges to Success
Due to a shift in priorities as a result of the COVID-19 pandemic, the MPA process and timeline were dramatically condensed. The FC had to work closely with the California

Department of Aging and MPA Teams to balance wide-spanning stakeholder feedback with key leadership priorities, and ensure continued alignment between the MPA dashboard and the MPA, which were being developed in parallel processes.

Strategies to Achieve Success or Overcome Barriers/Challenges
Despite the challenges of a condensed process and timeline, the FC was able to apply best practices and lessons learned in indicator selection and dashboard development, capitalize on a deep understanding of population health to inform meaningful areas of focus, and leverage existing policies, practices, and infrastructure to successfully develop and integrate the MPA Dashboard within the LGHC website, under the broader context of the SHIP.

Impact/Process Objective 3:
Support collective action around shared public health priorities
Between 07/2020 and 06/2021, Program will conduct **2** activities to support collective action.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program conducted **2** activities to support collective action.

Reasons for Success or Barriers/Challenges to Success
Since July 2020, the FC has led efforts to get all CDPH COVID-19-related guidance and policy documents translated into 13 languages. These translations have been posted to the CDPH and COVID19.ca.gov webpages and disseminated in an effort to ensure all Californian's are able to access the most current guidance and policy that CDPH releases.

Strategies to Achieve Success or Overcome Barriers/Challenges
The FC has worked closely across the External Relations and the COVID 19 web team to develop strategies to post and share these translations. As part of these collaborations, CDPH has engaged in the development of 1-2 page cheat sheets to aid in the understanding of the guidance and policy documents that CDPH has released. These cheat sheets will also be translated into 13 languages.

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

Activity Status
Completed

Activity Outcome
Between 07/2020 and 12/2020, CDPH released the COVID-19 Health Equity Playbook for Communities (Equity Playbook) to local health departments to support local communities in achieving their Health Equity Measure as part of the California's Blueprint for a Safer Economy and building an equitable recovery. Counties utilized this resource to inform the development of their Targeted Investment Plans by leveraging the menu of strategies ranging from immediate, long-term, and cross-cutting.

Reasons for Success or Barriers/Challenges to Success
The partnership between the FC and OHE was critical to the success of the Equity Playbook as both were able to share valuable insights and leverage key partnerships throughout its development. The coordination and facilitation of the Health Equity and COVID-19 Work Group carried out by the FC and OHE fostered strong partnerships with a wide array of subject matter experts both internally and externally who contributed to the Equity Playbook. Between January and June, four COVID-19 Health Equity Playbook Bulletins were released highlighting new equity resources, best practices, and strategies. Building from the COVID-19 Health Equity Playbook for Communities framework, topics covered included testing, worker protections, communications, vaccine, data, language access and cultural humility, mental health, schools and children, and cross sector collaboration in addition to population-specific resources. Additionally, the FC in partnership with OHE has contributed to an integrated process to address the statewide COVID-19 Health Equity Response needs through organization of the Equity Technical Assistance workstream. The FC's experience in strategic planning and facilitation of workgroups informed an effective meeting structure and thorough report writing and review process. For example, the Violence Prevention Initiative (VPI) report series development process informed the collaborative structure and efficient workflow utilized for the Equity Playbook. The VPI primary prevention approach to violence prevention is also closely aligned with the long-term and cross-cutting strategies within the Equity Playbook.

Strategies to Achieve Success or Overcome Barriers/Challenges
Although this objective was met, the FC will continue to update and maintain the Equity Playbook while also assisting in the strategic approach for developing a new Health Equity Metric technical assistance team is assembled, at which point the FC will be available to provide mentorship and support to this team as needed. The FC is prepared to onboard this team and share best practices for the successful management of this project. Additionally, the FC will continue to convene the VPI Steering Committee and carry out activities next year around data, communication, and capacity building with an emphasis around preventing firearm-related injuries and deaths.

Activity 2:
Facilitate targeted cross-functional projects
Between 07/2020 and 06/2021, Program will facilitate targeted cross-functional projects to facilitate alignment and engagement across programs and partners. These activities

will include exploratory efforts such as environmental scans and ad hoc workgroups, development of issue briefs, and coordination of workshops and trainings related to key emerging issues of public health significances. Efforts will also support identification of intersections across emerging issues and promote strategic linkages or integrated policy approaches.

Activity Status
Completed

Activity Outcome
CDPH launched COVID-19 Health Equity & Multilingual Resources webpage (the Hub) – a collaboration of five CDPH Centers and Offices - to support local health Departments and community organizations working with limited English proficiency populations. The Hub is organized into four pages: Health Information, Working & Living Safely, Get Help and How You Can Help. FC also supported translation of COVID-19 guidance into 13 languages, helping to ensure all Californian's have current information.

Reasons for Success or Barriers/Challenges to Success
Collaboration and buy-in from stakeholders across the department have been vital for the success of this activity. Pulling from FC knowledge of and relationships with program staff engaged in language access, a CDPH working group was set up to focus on COVID-19 language access issues. This established working group was able to collaborate quickly and pool the required resources and knowledge to accomplish this activity such as web design, project management, language access, communications, accessibility, and navigating approval processes. The leadership support from deputy directors in the FC, the Center for Healthy Communities, and the Office of Health Equity helped the activity move quickly and synergize with other relevant efforts. These various partners have also amplified the awareness raising efforts, sharing the Hub through their own networks.

Strategies to Achieve Success or Overcome Barriers/Challenges
An iterative approach with several stages of publishing and dissemination allowed the site to continuously improve while not being bottlenecked when waiting for feedback and new content. The active solicitation of interdepartmental and external feedback and content improved the quality of the web page. Seeking guidance from the Office of Public Affairs early in the process ensured that materials gathered and the format of the page were appropriate for ADA and CDPH standards and that time and energy was not wasted in collecting inappropriate materials. Clear communication and project management within the team kept activities moving forward. Creating a maintenance plan and process set the page up to be a living resource regularly updated with content and relevant for the evolving conditions of the pandemic.

State Program Title: Health in All Policies

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

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

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

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

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

National Health Objective: PA-15 Built Environment Policies

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

State Health Objective Status
Met

State Health Objective Outcome
Health and equity has been embedded into more than 10 programs and activities including through the COVID-19 response and recovery. Staff have also maintained or built partnerships with at least 25 departments including Strategic Growth Council, Environmental Protection Agency, Transportation Agency, Department of Transportation, Transportation Commission, Department of Social Services, State Water Resources Control Board, 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 implement equity in Policies, Systems, and Environment
Between 07/2020 and 06/2021, Program will conduct **8** meetings, trainings, or one-on-one technical assistance (TA) sessions with CDPH programs or local health departments (LHDs) to increase the capacity of public health staff to promote racial and

health equity, implement health in all policies activities, and understand and address the social determinants of health, including the built and social environment.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program conducted **8** meetings, trainings, or one-on-one technical assistance (TA) sessions with CDPH programs or local health departments (LHDs) to increase the capacity of public health staff to promote racial and health equity, implement health in all policies activities, and understand and address the social determinants of health, including the built and social environment.

Reasons for Success or Barriers/Challenges to Success
Staff were successful 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 in part due to the impacts and health inequities of COVID-19, 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 Preventive Health and Health Services Block Grant) to proactively reach out to other programs, build relationships, and to offer hands on support has been critical to the success of this objective. We have built a promising partnership with the 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. Recently, a key leader at CID retired. In the first week of their new role, the replacement for that leader at CID immediately reached out to HiAP staff to maintain and continue to build this partnership.

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

Activity Status
Completed

Activity Outcome
Office of Health Equity (OHE) HiAP staff provided TA, support, and shared learning through an additional 18 meetings/consultations with representatives from at least five programs across the Department including Office of Aids, Center for Family Health,

Center for Infectious Diseases, Environmental Health Investigation Branch, Fusion Center, and more.

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 (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 HiAP staff played an important role as a convener and connector not only between other departments, but also within CDPH. It took 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 was through OHE HiAP staff's role in leading the Racial and Health Equity (RHE) Initiative including staffing the Action Team and Executive Sponsors 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 HiAP staff were key to the success of OHE. Additionally, the cross-departmental work was and continues to be part of a strategy to build CDPH's broad capacity to address health equity.

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

Activity Status
Completed

Activity Outcome
CDPH HiAP staff provided a technical assistance (TA) session to Riverside County Public Health on racial and health equity. CDPH staff have also delivered three training presentations and TA consultations on CDPH's Health Equity Metric for COVID-19 to the California Conference of Local Health Officers, including the Equity Subcommittee. 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
California announced on August 28, 2020, the Blueprint for a Safer Economy and includes a health equity metric which will be used (along with other metrics) to determine a county's tier for reopening. The purpose of this metric has been to ensure California reopens its economy safely by reducing disease transmission in all communities. 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 were engaging with local health departments on a regular basis to share insights, tools, and best practices around health equity and HiAP approaches. This knowledge sharing has supported our local partners' key priorities around an equitable COVID-19 response and recovery.

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 OHE 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 to ensure a multi-sectoral and equitable response to COVID-19 and other health issues.

Impact/Process Objective 2:
Increase collaboration and integration of health and equity considerations.
Between 07/2020 and 06/2021, Program will implement **5** health and equity considerations into non-health department polices, programs, or practices to impact the social determinants of health, including the built and social environment.

Impact/Process Objective Status
Met

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

Reasons for Success or Barriers/Challenges to Success
The OHE contracted a literature review focusing on housing as a social determinant of health as well as potential policy and programs interventions. OHE HiAP staff coordinated two training presentations on potential policy and program interventions to the Strategic Growth Council, Department of Social Services, Department of Aging, Department of Rehabilitation, and the Office of the Surgeon General. Additionally, OHE

staff in partnership with Fusion Center Staff develop the COVID-19 Health Equity Playbook for Communities which includes a section focused on housing/homelessness, economic development, transportation, schools and childcare, and cross-sectoral collaboration and HiAP. Staff are currently collecting data on how these recommendations are being implemented within local jurisdictions.

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

Activity Status
Completed

Activity Outcome
OHE HiAP staff has met with staff in at least 7 departments. Through these meetings, OHE HiAP, in collaboration with the Fusion Center, has successfully developed COVID-19 health equity guidance and TA that includes transportation, housing, and social services. This was in collaboration with at least two non-health Departments.

Reasons for Success or Barriers/Challenges to Success
COVID-19 has reprioritized efforts for public health programs and non-health programs alike. COVID-19 has provided an opportunity to integrate non-health sectors into this public health response.

Strategies to Achieve Success or Overcome Barriers/Challenges
Success has been, in part, a result of recurring engagement with the Strategic Growth Council and Department of Social Services in the CDPH COVID-19 Health Equity and Vulnerable Populations Workgroup. This Workgroup is coordinated by OHE HiAP and Fusion Center staff and seeks to promote equity into the COVID-19 response by engaging non-health sectors of government in the COVID-19 response.

Activity 2:
Increase health and equity considerations in non-health dept. practices
Between 07/2020 and 06/2021, Through the Health in All Policies Task Force, the program will partner with at least twelve non-health departments to increase capacity

and integrate health and/or equity considerations into at least 3 policies, practices, or guidance documents.

Activity Status
Completed

Activity Outcome
Staff have partnered with 6 non-health Agencies, representing dozens of state departments to increase capacity and integrate health and/or equity considerations into at least 1 policy, practice, or program, including the Strategic Growth Council Racial Equity Action Plan.

Reasons for Success or Barriers/Challenges to Success
OHE HiAP staff have been involved in supporting non-health Departments in developing racial equity action plan to strategically promote and increase capacity in racial and health equity into California State government.

Strategies to Achieve Success or Overcome Barriers/Challenges
CDPH has been a long-standing partner and supporter of the Capitol Collaborative on Race and Equity (CCORE). This interagency collaborative of California State Departments has provided significant opportunity to engage expand OHE HiAP's reach with multiple non-health sectors Departments on racial and health equity. Continued engagement with CCORE is anticipated result in additional partnership to integrate health equity in non-health Departments.

State Program Title: Healthy People 2020 Program

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

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

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

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

External
1. Emergency Medical Services Authority

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

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

State Health Objective Status
Met

State Health Objective Outcome
The HPP 2020 finalized and completed its analysis of the FFY 2019 POR. Based on the results of the FFY 2019 POR and selection criteria developed by California's PHHSBG Coordinator, the Cardiovascular Disease Prevention Program (CDPP) was selected for QI intervention for FFY 2020. The HPP 2020 met with representatives from the CDPP Team on March 9, 2021 and provided an overview of the PHHSBG QI Process and a

walkthrough of the PDSA Cycle and QI selection criteria. The meeting included the HPP 2020 and CDPP Team working collectively in brainstorming and discussing the possible barriers for CDPP's unmet objectives, i.e. staffing shortages due to the COVID-19 pandemic. Ultimately, the HPP 2020 facilitated a discussion around these barriers and elicited responses from the CDPP Team for QI ideas moving forward. The meeting was captured in a formal written report by the PHHSBG Coordinator, which was finalized on May 19, 2021.

Reasons for Success or Barriers/Challenges to Success
The HPP 2020 was successful in meeting this state health objective by learning and understanding the barriers that impacted the CDPP Team's abilities to meet some of its objectives and activities in FFY 2019. Once our team understood the root causes, we were able to facilitate a discussion on how the CDPP Team can better plan for its future program goals and objectives. The QI Process utilized aligns with CDC's evaluation framework and ultimately resulted in generating ideas to increase CDPP's overall efficiency and effectiveness for future planning.

Strategies to Achieve Success or Overcome Barriers/Challenges
On an annual basis, the HPP 2020 will continue to utilize the PDSA QI model to determine which California PHHSBG program should undergo QI intervention. This model is adopted by the California Department of Public Health (CDPH) and it supports CDPH's mission in optimizing the health and wellbeing of the people of California.

Leveraged Block Grant Dollars
No

Description of How Block Grant Dollars Were Leveraged
N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Communicate program outcomes
Between 07/2020 and 06/2021, Program will implement **2** communication strategies to highlight the success of the PHHSBG-funded programs.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program implemented **2** communication strategies to highlight the success of the PHHSBG-funded programs. However, activity 3 was not completed due to the vacant PHHSBG Coordinator position and HPP 2020 program staff being redirected to assist the Department's COVID-19 emergency response efforts.

Reasons for Success or Barriers/Challenges to Success
HPP 2020 works closely with 22 PPHSBG Programs, providing guidance, user-friendly

templates, support, and technical assistance.

Strategies to Achieve Success or Overcome Barriers/Challenges

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

<u>**Activity 1:**</u>
Publish Program Outcomes Report Online

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

Activity Status

Completed

Activity Outcome

The HPP 2020 successfully completed the analysis of the FFY 2019 Program Outcomes Report (POR) and published the final report on the CDPH website.

Reasons for Success or Barriers/Challenges to Success

The HPP 2020 was successful in collecting all required information from each PHHSBG program to generate a complete FFY 2019 POR. In collaboration with the CDPH Web Team, the HPP 2020 was able to format the FFY 2019 POR to meet the Americans with Disabilities Act (ADA) standards to ensure user-friendly for everyone prior to publishing the report to the CDPH website.

Strategies to Achieve Success or Overcome Barriers/Challenges

The HPP 2020 will continue to work with all PHHSBG-funded programs in collecting necessary program information and updates to generate the POR, as well as work collaboratively with the CDPH Web Team to ensure the POR meets ADA standards prior to publishing on to the CDPH website.

<u>**Activity 2:**</u>
Distribute Program Outcomes Report to Stakeholders

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

Activity Status

Completed

Activity Outcome

The HPP 2020 successfully completed the FFY 2019 POR and shared the final report with program staff from each of the 22 stakeholders.

Reasons for Success or Barriers/Challenges to Success

The HPP 2020 was able to gather all required information from each PHHSBG program, reviewed for accuracy and completeness, to generate a final FFY 2019 POR.

Strategies to Achieve Success or Overcome Barriers/Challenges
The HPP 2020 will continue to utilize current internal processes and procedures to share the POR with at least eight stakeholders.

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

Activity Status
Not Completed

Activity Outcome
The HPP 2020 has completed reviewing the Success Stories and are in the process of working with the CDPH Web Team to publish them on the CDPH website.

Reasons for Success or Barriers/Challenges to Success
Due to the vacant PHHSBG Coordinator position and HPP 2020 program staff being redirected to assist the Department's COVID-19 emergency response efforts, the HPP 2020 lacked adequate manpower to finalize the Success Stories to meet the ADA standards for website publishing prior to the June 30, 2021 deadline.

Strategies to Achieve Success or Overcome Barriers/Challenges
The HPP 2020 has successfully hired a new PHHSBG Program Coordinator as well as being fully staffed in SFY 21-22. The HPP 2020 program staff will continue to work with the CDPH Web Team in addressing all components to ensuring the Success Stories meet ADA standards and will publish to the CDPH website by the end of Calendar Year 2021.

Impact/Process Objective 2:
Institute a QI Process to Improve PHHSBG Program Outcomes
Between 07/2020 and 06/2021, Program will implement **1** QI process to contribute to PHHSBG program evaluation.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program implemented **1** QI process to contribute to PHHSBG program evaluation.

Reasons for Success or Barriers/Challenges to Success
The HPP 2020 was successful in meeting this objective by evaluating and analyzing the FFY 2019 POR to determine which program should undergo QI intervention. Once our team understood issues that some programs had at a high level, we were able to develop selection criteria to drill down and select the program that should be further evaluated for QI.

Strategies to Achieve Success or Overcome Barriers/Challenges
The HPP 2020 has successfully hired a new PHHSBG Coordinator to lead the QI project. On an annual basis, the HPP 2020 will continue to utilize the PDCA QI model to determine which California PHHSBG program should undergo QI intervention. This model is adopted by the California Department of Public Health (CDPH) and it supports CDPH's mission in optimizing the health and wellbeing of the people of California.

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

Activity Status
Completed

Activity Outcome
The HPP 2020 was successful in collecting all required information from each PHHSBG program to analyze and generate a complete FFY 2019 POR. Based on the FFY 2019 POR, the HPP 2020 successfully identified one PHHSBG program for QI analysis.

Reasons for Success or Barriers/Challenges to Success
The HPP 2020 was successful in selecting one program for QI intervention based on the analysis of the FFY 2019 POR, which provided the foundation of understanding the different challenges or barriers each program had in meeting their activities and objectives for FFY 2019. Additionally, the HPP 2020 developed specific selection criteria to assist with identifying the program for QI intervention.

Strategies to Achieve Success or Overcome Barriers/Challenges
The HPP 2020 Team, led by the PHHSBG Coordinator, will continue to analyze the mid-year and annual progress reports, develop and revise selection criteria as necessary, and select a different program each year for continuous quality improvement evaluation.

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

Activity Status
Completed

Activity Outcome
The HPP 2020 has provided at least 25 TTA consultations to Programs and continues to provide TTA as requests come in. Additionally, the HPP 2020 met with the selected program for QI intervention and have completed the QI project for FFY 2020.

Reasons for Success or Barriers/Challenges to Success
The HPP 2020 continuously informed Programs of our availability to assist them. Programs were encouraged to reach out to us for any questions/concerns they have with PHHSBG. We shared new information and guidance with Programs as soon as we are made aware and notified by CDC. Additionally, we shared all TTA resources on the internal PHHSBG SharePoint website, which all PHHSBG funded program staff have access to.

Strategies to Achieve Success or Overcome Barriers/Challenges
The HPP 2020 will continue to work with CDC in learning new processes and requirements to administer the PHHSBG, provide TTA to all PHHSBG-funded programs, and explore quality improvement ideas for current internal processes and procedures. Additionally, the HPP 2020 will continue to update the PHHSBG SharePoint website with upcoming calendar events as well as updated resources.

<u>**Impact/Process Objective 3:**</u>
Track and Report PHHSBG Program Outcomes to Document Progress and Impact
Between 07/2020 and 06/2021, Program will develop **1** report on Program Outcomes to support PHHSBG program evaluation through analysis of met and unmet deliverables.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, 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
In order to create the POR, the HPP 2020 staff used 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
The HPP 2020 will continue 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.

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

Activity Status
Completed

Activity Outcome
The HPP 2020 has successfully collected and documented PHHSBG program outcomes to assemble data for FFY 2020 QI analyses.

Reasons for Success or Barriers/Challenges to Success
Staff worked closely with 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
The HPP 2020 staff will continue to provide communication and technical assistance to Programs, looking for areas of improvement and efficiency, and implementing them in future cycles

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

Activity Status
Completed

Activity Outcome
Information was collected FFY 2019 POR in July 2020 and deemed completed in September 2020. The FFY 2019 POR was finalized and formally submitted to CDC in March 2021.

Reasons for Success or Barriers/Challenges to Success
The HPP 2020 was able to work with all program staff on obtaining additional information per new CDC formatting guidance.

Strategies to Achieve Success or Overcome Barriers/Challenges
The HPP 2020 will continue to work with CDC to ensure all reporting templates and instructions are up to date. Additionally, the HPP 2020 Team will continue to thoroughly review all reports at multiple levels internally to ensure all reports meet standards and guidance set forth by CDC.

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

Activity Status
Completed

Activity Outcome
HPP 2020 has provided at least four ad hoc TTAs to Programs via email and phone.

Reasons for Success or Barriers/Challenges to Success
Staff provide ad hoc TTA on a weekly basis to programs on both programmatic and fiscal processes.

Strategies to Achieve Success or Overcome Barriers/Challenges
The HPP 2020 will continue to keep the lines of communication open with Programs and look for opportunities to support and improve processes and outcomes. When issues are identified, staff communicated to Programs via email. If further clarification is required, Programs are encouraged to call the HPP 2020 for assistance. When needed, meetings are held to clarify and instruct all funded Programs.

State Program Title: Injury Prevention Program

State Program Strategy:
Goal: Decrease injuries in California by supporting development of data-informed, evidence-based prevention policies, practices, and programs at state and local levels.

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

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

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

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

National Health Objective: IVP-1 Total Injury

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

State Health Objective Status
Not Met

State Health Objective Outcome

Preliminary 2020 data indicate that the crude rate of total, unintentional, and intentional injury deaths in California was 57.6, 41.1, and 15.2 per 100,000 California residents, respectively. The injury and violence prevention programs implemented throughout the state may have contributed to a decrease in intentional injury death rates throughout the past few years. The 2020 crude rate of 15.2 intentional injury deaths per 100,000 population represents a 5.3% decrease from the baseline 2017 rate of 16.1, and an achievement of the state health objective for this type of injury death. The rate of unintentional injury deaths, however, increased by 19.5%, from 34.4 per 100,000 in 2017 to 41.1 per 100,000 in 2020. Because unintentional injuries account for about 70% of total injury deaths in California, the total rate of injury deaths also increased from 51.9 per 100,000 in 2017 to 57.6 per 100,000 in 2020, a 10.9% increase. These figures are based on preliminary 2020 death data, which omits deaths of California residents that occurred out of state. Injury deaths may increase slightly when 2020 death data are finalized. Because of COVID-19 pandemic-related travel restrictions in 2020, however, we do not expect the numbers to change substantially.

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 Injury and Violence Prevention (IVP) Branch staff participate in multiple efforts to address various forms of injury, including unintentional injuries (e.g., CA Strategic Highway Safety Plan; Kids' Plates; older adult fall prevention) and intentional (violent injuries) (e.g., Cal-VDRS; CDPH Violence Prevention Initiative (VPI); Let's Get Healthy California; Domestic, Sexual and Teen Dating Violence Prevention; Essentials for Childhood; and All Children Thrive) injury prevention activities. Our Branch's evidence-based approaches and strategies will help reduce California's rate of unintentional and intentional injuries and death, and the work takes time to implement and impact overall numbers. Additionally, this reporting period included the COVID-19 pandemic and its myriad downstream impacts on travel, work, social interactions, economic security, and just about every other aspect of life. For example, early data shows that travel-related unintentional injuries and deaths (motor vehicle and pedestrian deaths) rose in the last year potentially as a result of pandemic-related changes in travel behavior. The IVP Branch is actively working on documenting changes to injuries in 2020, understanding the causes, and responding with prevention programming.

Strategies to Achieve Success or Overcome Barriers/Challenges

The IVP Branch continues to strive to raise awareness of injury prevention within governmental agencies and in partnership with non-profit and private sector domains through collaboration, public outreach campaigns, convenings (including virtual), policy and systems change, and support for prevention and intervention programs. The COVID-19 pandemic has presented challenges as many of our efforts previously occurred in the form of in-person trainings. However, our staff have met this challenge ably by continuing as many activities as possible through virtual and remote-learning based methodologies. For instance, we are working with our state-level transportation

partners to promote new, innovative ways of providing education and outreach around driver awareness and behavior and pedestrian safety.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
Preventive Health and Health Services Block Grant funds have been used to leverage additional funding, resources and partners in the IVP Branch. For 2019-20, this includes addressing childhood traffic safety through statewide local assistance funds $461,000.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Increase available data and information on firearm safety
Between 07/2020 and 06/2021, Program will publish **1** Data brief/fact sheet on firearm safety in California based on multiple years of Behavioral Risk Factor Surveillance System (BRFSS) Firearm Safety Module questions.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program published **0** Data brief/fact sheet on firearm safety in California based on multiple years of Behavioral Risk Factor Surveillance System (BRFSS) Firearm Safety Module questions.

Reasons for Success or Barriers/Challenges to Success
The IVP Branch hired a Research Scientist III (RS III) in February 2021 who was tasked with completing the deliverables (data analysis and data brief). The RS III completed the analysis and produced a draft data brief. IVP Branch staff are in the process of collecting feedback from colleagues within the CDPH Violence Prevention Initiative (VPI), Local Health Departments (LHDs), and the UC Davis Violence Prevention Research Program (UCD VPRP), all of which will be incorporated into the final publication.

Strategies to Achieve Success or Overcome Barriers/Challenges
IVP Branch staff are in the process of collecting input on the draft data brief from firearm violence prevention experts. This review process is critical to ensure the data brief is relevant to its intended audience of firearm safety stakeholders.

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

Activity Status
Completed

Activity Outcome
The Behavioral Risk Factor Surveillance System (BRFSS) Firearm Safety Module data set was prepared and analyzed by IVP Branch research staff.

Reasons for Success or Barriers/Challenges to Success
The RS III assigned with completing this task was hired in February 2021. The RS III conducted analysis of 2017-2019 BRFSS firearm safety module data in the spring of 2021 and reported the results in a draft data brief. The data brief presents state-level prevalence estimates of firearms in the household and unsafe household firearm storage practices. The brief also presents differences in household firearm presence and unsafe storage by year, region, and sociodemographic characteristics.

Strategies to Achieve Success or Overcome Barriers/Challenges
The RS III is in the process of collecting feedback on the draft data brief from internal and external colleagues. This peer review process will help ensure that the methods used for the data analysis are robust.

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

Activity Status
Not Completed

Activity Outcome
Multiple years of BRFSS Firearm Safety Module data have been analyzed and the results presented in a draft data brief, which will soon be finalized and published.

Reasons for Success or Barriers/Challenges to Success
An RS III was hired in February 2021 and has completed the BRFSS Firearm Safety Module data analysis and produced a draft report. The RS III is in the process of collecting feedback from colleagues within the CDPH VPI, LHDs, and the UCD VPRP. This feedback will be incorporated into the final publication.

Strategies to Achieve Success or Overcome Barriers/Challenges
IVP Branch staff are in the process of collecting input on the draft data brief from firearm violence prevention experts. This review process is critical to ensure the data brief is relevant to its intended audience of firearm safety stakeholders. The review is in progress, and the final brief is expected to be published by September 1, 2021.

Activity 3:
Promote and disseminate firearm safety data brief/fact sheet

Between 07/2020 and 06/2021, Program will post firearm safety data brief/fact sheet on the CDPH Violence Prevention Initiative (VPI) webpage and promote its release via email blasts, social media posts, and on the VPI Community of Practice webinar series.

Activity Status
Not Completed

Activity Outcome
Once the Firearm Safety fact sheet is completed, dissemination will occur via CDPH communication mechanisms, including webpage and email distribution, amplified by the department's social media channels and through our Violence Prevention Initiative's learning community webinars.

Reasons for Success or Barriers/Challenges to Success
As noted above, the IVP Branch is in the process of collecting feedback on the draft data brief, which will be incorporated into the final publication and help ensure a quality product.

Strategies to Achieve Success or Overcome Barriers/Challenges
Existing program staff and their professional networks will bring significant expertise in disseminating and amplifying violence prevention messages and resources through the Firearm Safety data brief.

<u>Impact/Process Objective 2:</u>
Increase capacity of local unintentional childhood injury prevention programs
Between 07/2020 and 06/2021, Program will implement **<u>3</u>** virtual conference and resource opportunities to stakeholders to improve California childhood unintentional injury prevention knowledge, best practice programs, partnership efforts and access to safety equipment.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program implemented **<u>4</u>** virtual conference and resource opportunities to stakeholders to improve California childhood unintentional injury prevention knowledge, best practice programs, partnership efforts and access to safety equipment.

Reasons for Success or Barriers/Challenges to Success
Staff provided 1 virtual conference and 3 resource opportunities to the Kids' Plates Program grantees, all California public health departments, and the unintentional childhood injury prevention community to improve safety outcomes, best practice recommendations and programs, increase prevention knowledge, linkages to partnering organizations and safety equipment. On Nov. 17-18, 2020 IV staff coordinated the Safer CA virtual conference on childhood unintentional injury prevention, covering key topics such as drowning, safe sleep, child passenger safety, teen driving, pedestrian, and bicycle safety. Three pre-conference sessions were held on Nov. 16, 2020. Over 200

participated. The 3 resource opportunities that include website development and safety equipment also took place. The Injury and Violence Prevention Branch website hosts the Kids' Plate Program website with data and program information and links. In August 2020, over 2,500 car seats were purchased and distributed to 30 California counties. In June 2021, over 1,800 car seats and 6,000 multi-purpose helmets were purchased and distributed to 59 entities in 31 counties.

Strategies to Achieve Success or Overcome Barriers/Challenges
Staff continue to provide resources 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.

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

Activity Status
Completed

Activity Outcome
Staff develop and maintain a CDPH website on unintentional childhood injury prevention topics and resources for use by Kids' Plates Program grantees and local public health programs, California Safe Kids Chapters and Coalitions and other statewide advocates.

Reasons for Success or Barriers/Challenges to Success
Staff continue to update a CDPH website on unintentional childhood injury prevention topics and resources including a link to the success of the Kids' Plates program. The IVP Branch website covers unintentional childhood injury program areas and resources used by the California statewide partners. The IVP Branch 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.

Strategies to Achieve Success or Overcome Barriers/Challenges
Staff 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:
Coordinate one virtual conference on childhood unintentional injury prevention

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

Activity Status
Completed

Activity Outcome
Staff provided 1 virtual conference to improve safety outcomes, disseminate best practice recommendations and programs, increase prevention knowledge, promote linkages to partnering organizations on the topic of unintentional childhood injury prevention. On Nov. 17-18, 2020 staff coordinated the Safer CA statewide virtual conference on childhood unintentional injury prevention, and pre-conference sessions were held on Nov. 16, 2020. Over 200 individuals attended the conference.

Reasons for Success or Barriers/Challenges to Success
On Nov. 17-18, 2020 staff coordinated the Safer CA statewide virtual conference on childhood unintentional injury prevention, covering key topics such as drowning, safe sleep, child passenger safety, teen driving, pedestrian, and bicycle safety. Three pre-conference sessions were held on Nov. 16, 2020. Over 200 individuals attended the conference. An extraordinary effort was made to transition this conference to a virtual production from the in-person event as it was originally envisioned. The virtual conference was very effective in delivering the content and information and the on-line interface was easy to use and professional.

Strategies to Achieve Success or Overcome Barriers/Challenges
The virtual conference brought together multidisciplinary teams who work in the areas of prevention and treatment to childhood unintentional injury. Sharing of injury data and prevention interventions helps to build partnerships and collaboration across the state. The Nov. 17-18, 2020 virtual conference was a great success as measured by the number of attendees at both the plenary and workshop sessions and from early feedback to the organizers.

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

Activity Status
Completed

Activity Outcome
Two equipment purchase and distribution projects took place, instead of only one. In August 2020, an assessment of local public health departments, Kids' Plates programs and the unintentional injury community. Car seats were the number one unintentional childhood injury prevention safety equipment requested. All local public health departments were contacted and offered convertible car seats. Over 2,500 car seats were purchased and distributed to 30 California counties. Additionally, a second round of funding was available to purchase 1,802 car seats and 6,008 multi-purpose helmets and were distributed to 59 entities across 31 counties in June 2021.

Reasons for Success or Barriers/Challenges to Success
Over 2,500 car seats were purchased and distributed to 30 California counties in August 2020. All local public health departments were contacted and offered convertible car seats. The convertible car seat serves children between the ages of newborn to 5 years and moves from rear-facing to forward-facing and is best suited to meet California child passenger safety law to keep children rear-facing until at least 2-years old. The June 2021 equipment purchase, and distribution included both convertible car seats and multi-purpose helmets. Especially with the Covid pandemic, many children are involved in outside activities such as biking and swimming. The purchasing of life vests was not realistic for the summer 2021 season as they are on back order from the manufacturers. However, bike/multi-sport helmets were available and still greatly needed in California communities.

Strategies to Achieve Success or Overcome Barriers/Challenges
All local public health departments were contacted and offered convertible car seats. In August 2020, over 2,500 car seats were purchased and distributed to 30 California counties. A Request for Applications (RFA) was released in May 2021 to offer multi-sport helmets and convertible car seats to the California unintentional injury prevention community. Fifty-nine organizations received the total 1,802 convertible car seats and 6,008 multi-sport helmets.

<u>**Impact/Process Objective 3:**</u>
Increase capacity to promote healthy aging using a public health approach
Between 07/2020 and 06/2021, Program will conduct **<u>10</u>** Planning, collaboration, and technical assistance activities to increase the capacity within the Department and among stakeholders to promote healthy aging using a public health approach.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program conducted **<u>10</u>** Planning, collaboration, and technical assistance activities to increase the capacity within the Department and among stakeholders to promote healthy aging using a public health approach.

Reasons for Success or Barriers/Challenges to Success
IVP Branch staff made significant strides in strengthening partnerships with intra-departmental program staff through the Healthy Aging Initiative Workgroup, as well as with inter-agency aging partners, including the California Department of Aging (CDA). The California Master Plan for Aging (MPA) was released in January 2021, which provided further momentum and focus for CDPH's Healthy Aging Initiative to address the challenges faced by older adults and their caregivers.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies for success included intra-departmental collaborations with the Healthy Aging Workgroup to move work forward in a variety of project areas, including the sharing of data, resources and best practices, and public health stakeholder convenings. Staff also coordinated efforts across the Department around feedback for the MPA and associated Data Dashboard.

Activity 1:
Convene healthy aging stakeholders
Between 07/2020 and 06/2021, Program will host one convening of state and local public health leaders to: 1) strategize and share best practices around older adult and caregiver health; and 2) support collective problem solving and build upon the work from the 2020 Healthy Aging Initiative Convening.

Activity Status
Completed

Activity Outcome
Between July 1, 2020 – June 30, 2021, IVP Branch staff collaborated with California State University, Sacramento to coordinate a statewide convening of state and local public health leaders. The convening took place on June 24, 2021 and focused on older adults and health equity, including a keynote presentation from Dr. Reginald Tucker-Seeley who discussed a framework for defining, measuring, and reporting health disparities to support implementation of health equity activities.

Reasons for Success or Barriers/Challenges to Success
Staff have an existing relationship with California State University, Sacramento after having successfully co-led a previous Healthy Aging California Convening. This partnership has enabled staff to quickly initiate planning on the follow-up event. Healthy Aging Initiative's expansive network of public health partners led to the identification of an outstanding keynote speaker and strong convening attendance for the event.

Strategies to Achieve Success or Overcome Barriers/Challenges
IVP Branch staff worked with the Healthy Aging Workgroup to determine the convening focus and brainstorm potential speakers, as well as how to best structure the Agenda to achieve actionable outcomes. With the added challenges of COVID-19, staff worked closely with California State University, Sacramento to create an engaging and interactive virtual event for participants.

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

Activity Status
Completed

Activity Outcome
Between July 1, 2020 – June 30, 2021, staff hosted two educational webinars in Spring 2021: 1) MPA and Local Playbook for Public Health Partners (co-hosted with CDA) and 2) Making the Invisible Visible: Community Defined Evidence Practices for Mental Health in Hmong Communities (co-hosted with CDPH's Office of Health Equity and the Hmong Cultural Center of Butte County).

Reasons for Success or Barriers/Challenges to Success
Staff's on-going communications with healthy aging stakeholders kept staff apprised of top older adult health priorities and the subject matter experts (SMEs) who could best share knowledge with local public health partners.

Strategies to Achieve Success or Overcome Barriers/Challenges
Staff used the webinars to promote the June 2021 Healthy Aging California Convening by addressing topics related to health equity. Additionally, staff engaged their partner network to assist in identifying appropriate speakers and content experts to present at the convening.

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

Activity Status
Completed

Activity Outcome
IVP Branch staff attended a total of 25 MPA Cross-Departmental, Stakeholder Advisory Committee, Quarterly All Stakeholder Meeting, Data Dashboard, Research Subcommittee, Equity Workgroup, Long term Services and Support meetings. Staff also attended 3 Healthier Living Coalition meetings.

Reasons for Success or Barriers/Challenges to Success
IVP Branch staff attendance allowed for on-going communication and program sharing to find intersections in the work and avoid duplication of efforts, as well as amplify messaging and sharing of resources.

Strategies to Achieve Success or Overcome Barriers/Challenges
The MPA offers a priority framework for staff to focus older adult public health efforts and activities and participation in the Healthier Living Coalition provides an opportunity for staff to share information back to the local level.

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

Activity Status
Completed

Activity Outcome
IVP Branch staff attended a total of 25 MPA Cross-Departmental, Stakeholder Advisory Committee, Quarterly All Stakeholder Meeting, Data Dashboard, Research Subcommittee, Equity Workgroup, Long term Services and Support meetings. Staff also attended 3 Healthier Living Coalition meetings.

Reasons for Success or Barriers/Challenges to Success
IVP Branch staff attendance allowed for on-going communication and program sharing to find intersections in the work and avoid duplication of efforts, as well as amplify messaging and sharing of resources.

Strategies to Achieve Success or Overcome Barriers/Challenges
The MPA offers a priority framework for staff to focus older adult public health efforts and activities and participation in the Healthier Living Coalition provides an opportunity for staff to share information back to the local level.

Impact/Process Objective 4:
Increase the availability and usefulness of motor vehicle traffic injury data
Between 07/2020 and 06/2021, Program will conduct **5** technical assistance and/or training sessions/presentations to Local Health departments (LHD), stakeholders and other traffic safety partners to build their capacity to expand data-informed efforts to reduce traffic crashes, fatalities and serious injuries towards attaining the Vision Zero goal.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program conducted **5** technical assistance and/or training sessions/presentations to Local Health departments (LHD), stakeholders and

other traffic safety partners to build their capacity to expand data-informed efforts to reduce traffic crashes, fatalities and serious injuries towards attaining the Vision Zero goal.

Reasons for Success or Barriers/Challenges to Success
Between 07/2020 and 06/2021, IVP Branch staff started developing a survey for local health departments (LHDs) to investigate ways in which the Crash Medical Outcomes Data (CMOD) project can provide support and/or technical data assistance to local epidemiologists in their motor vehicle traffic injury surveillance work. CMOD has successfully administered its survey to over 25 local health jurisdictions and has so far received responses from 24 of these LHDs. CMOD is currently providing technical assistance to the Contra Costa Transportation Authority on micromobility conveyances and data linkage, data visualization, mapping data, etc. and its limitations. The remaining technical assistance or training sessions will be completed by September 30, 2021.

Strategies to Achieve Success or Overcome Barriers/Challenges
Questions on the needs of the local health departments on motor vehicle traffic injuries during the COVID-19 pandemic are included in the survey to determine ways CMOD can be of assistance and provide technical support to these LHDs.

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

Activity Status
Completed

Activity Outcome
Between 07/2020 and 09/2020, CMOD worked on a presentation to the American Public Health Association's (APHA) 2020 Virtual Annual Meeting created to validate the case definition for general injury surveillance using its motor vehicle traffic (MVT) injury case definition. CMOD also participates and are active members of the Council of State and Territorial Epidemiologists (CSTE) Injury MVT Surveillance workgroup working on MVT injury case definitions using the ICD-10-CM coding system. CMOD, as part of an IVPB research scientist team, successfully made a presentation to the APHA 2020 Virtual Annual Meeting on general injury surveillance using its motor vehicle traffic (MVT) injury case definition in October 2020.

Reasons for Success or Barriers/Challenges to Success
Between 07/2020 and 09/2020, CMOD successfully worked on a presentation to the APHA)2020 Virtual Annual Meeting creating and validating a case definition for general injury surveillance in California. The new case definition for general injury was validated in part based on the work done by CMOD in defining the new motor vehicle injury categories based on the new ICD-10-CM coding system. CMOD as part of an IVPB

team of research scientists successfully presented our findings at the APHA 2020 Virtual Annual Meeting.

Strategies to Achieve Success or Overcome Barriers/Challenges
IVP Branch staff will continue their work on refining the general injury case definitions and focus on motor vehicle traffic injury groupings and categories.

<u>**Activity 2:**</u>
Provide technical assistance to LHDs on FARS and ICD-10-CM coding system
Between 07/2020 and 06/2021, Program will conduct 5 TA sessions to LHDs, stakeholders and other traffic safety partners on the use and application of the ICD-10-CM coding system (non-fatal) and FARS (fatal) for generating transportation related injury data from ED/hospital and fatal crash data sources.

Activity Status
Completed

Activity Outcome
CMOD uses FARS toxicology data to provide surveillance on alcohol and drug involvement in fatal motor vehicle collisions. CMOD previously created two research briefs examining alcohol and drug involvement among drivers, pedestrians, and cyclists involved in fatal collisions in California. These data briefs are now posted on the CMOD website. CMOD has posted a third data brief on alcohol and drug involvement in fatal motor vehicle collisions on its CMOD website. Two final technical assistance sessions were provided to our partner, UC Davis Health System.

Reasons for Success or Barriers/Challenges to Success
CMOD submitted a manuscript for publication to the Journal of Studies on Alcohol and Drugs examining trends, characteristics, and crash circumstances of alcohol- and drug-involved drivers involved in fatal collisions in California for the years 2013-2017. This manuscript was rejected after peer review. The revised manuscript was also rejected by the editorial committee after peer review due to the same concerns on the validity of the of the FARS data.

Strategies to Achieve Success or Overcome Barriers/Challenges
The manuscript was rejected after peer review due to concerns of the validity of the FARS drug data used for analysis. Based on this feedback, CMOD began conducting additional analyses to assess and address potential bias in FARS drug data. CMOD plans to resubmit to another journal after addressing the issues outlined within the first peer review process.

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

Activity Status
Not Completed

Activity Outcome
The CMOD joint data linkage collaboration with Department of Motor Vehicles (DMV) has deterministically linked some driver characteristic data which is being assessed and will be used for data briefs. CMOD will also deterministically link University of California, Davis trauma registry data with its medical data and produce at least one data brief. CMOD currently has created a draft data brief in collaboration with the DMV using our successful deterministically linked DMV/Statewide Integrated Traffic Records System (SWITRS) enhanced and CMOD medical outcomes ED visit & hospitalization datafiles.

Reasons for Success or Barriers/Challenges to Success
CMOD staff re-directed its linkage efforts to other agency data sources, namely the UC Davis Health Systems (UCDHS) and the DMV and continued to work on these innovative data integration projects that approach the crash medical data linkage issue from two new angles, both deterministically. CMOD and the DMV have been successful in their innovative pilot deterministic joint data linkage project and have plans to continue this joint effort using data in the ICD-10-CM coding system.

Strategies to Achieve Success or Overcome Barriers/Challenges
CMOD staff participated in the National E-Scooter injury surveillance stakeholder workgroup (led by the University of North Carolina Highway Safety Research Center and the San Francisco Department of Public Health) and developed guidelines for surveillance of micromobility and pedestrian e-scooter conveyances using the ICD-10-CM coding system. These were presented to and accepted by the CDC and will be included in an update to the ICD-10-CM coding system on the eternal causes of injury, specifically new codes for pedestrian e-scooter micromobility conveyances, to be released on October 1, 2020. The CDC has updated its ICD-10-CM coding system to include our new external causes of injury, specifically for pedestrian e-scooter micromobility conveyances in its new release on October 1, 2021. CMOD staff expects the data linkage project will be completed by December 31, 2021.

Impact/Process Objective 5:
Update California injury and violence online data
Between 07/2020 and 06/2021, Program will update **3** Injury surveillance data sources on EpiCenter (CA Online Injury Data) and the CA Opioid Overdose Surveillance Dashboard.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program updated **1** Injury surveillance data sources on EpiCenter (CA Online Injury Data). The CA Opioid Overdose Surveillance Dashboard has migrated to the CDPH Substance and Addiction Prevention Branch.

Reasons for Success or Barriers/Challenges to Success

IVP Branch staff continue to obtain ED, Hospitalization, and Death data for the state. Death data for the most recent year (2019) have been processed to facilitate injury surveillance and uploaded to EpiCenter. Compatibility issues between ICD-9-CM and ICD-10-CM injury codes have been a barrier to progress on updating the non-fatal ED and hospital data. IVP Branch hired a Research Scientist III (RS III) in February 2021 to work on this issue. The RS III processed the backlog of non-fatal hospital and ED data for the years since the transition to the new ICD-10-CM coding system (2016-2019). These non-fatal injury data are now available for internal analysis and to respond to data queries from the media and the public. However, due to differences in injury classifications between the ICD-9-CM and ICD-10-CM coding, the processed 2016-2019 data cannot be uploaded onto the existing EpiCenter site. Current plans include revamping EpiCenter to build a stronger data query system with more current technology and platform. Staff have identified the use of R Shiny to rebuild EpiCenter and have begun training on how to use this platform. IVP Branch staff are also currently undergoing a process to obtain input to inform the redesign and update of the website. The estimated completion date of the EpiCenter redesign using R Shiny is January 1, 2022.

Strategies to Achieve Success or Overcome Barriers/Challenges

IVP Branch has hired dedicated staff that is currently working on addressing coding issues, revamping and updating Epicenter, and conducting surveillance of general injury topics. Progress is being made and will continue to address this outcome.

<u>**Activity 1:**</u>
Update EpiCenter online injury site with most recent data

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

Activity Status

Not Completed

Activity Outcome

IVP Branch staff received 2019 state vital statistics death data, processed the data to identify and classify injury deaths, and uploaded the processed data to EpiCenter. Non-fatal hospital and ED data, however, remain a work in progress. In February 2021, the IVP Branch hired a RS III responsible for reconciling ICD-10-CM injury coding categories for non-fatal hospital and ED injuries in order to plan for preparation and upload of more recent years of data for EpiCenter. The RS III has processed recent years of state hospital and ED data that use the new ICD-10-CM coding system to identify and classify injuries according to CDC guidance. However, the new ICD-10-CM injury non-fatal injury classifications are not compatible with the old ICD-9-CM non-fatal injury classifications used on EpiCenter. Therefore, the non-fatal hospital and ED data cannot be uploaded to EpiCenter until the site is redesigned. This redesign is in progress.

Reasons for Success or Barriers/Challenges to Success
The compatibility issues between the ICD-9-CM and ICD-10-CM injury codes have been a challenge that has slowed and complicated progress on this activity. The new RS III has processed the backlog of non-fatal hospital and ED data for years since the transition to the new ICD-10-CM coding system (2016-2019). These non-fatal injury data are now available for internal analysis and to respond to data queries from the media and the public. However, due to differences in injury classifications between the ICD-9-CM and ICD-10-CM coding system (i.e., ICD-10-CM has additional injury intent/mechanisms, a multiple injury classification may be attributed to a single hospital or ED visit), the processed 2016-2019 data cannot be uploaded onto the existing EpiCenter site.

Strategies to Achieve Success or Overcome Barriers/Challenges
The IVP Branch has made substantial progress on this objective by obtaining dedicated research staff to address coding issues, work on revamping/updating Epicenter, and work on surveillance of general injury topics. The IVP Branch now has non-fatal hospital and ED injury data for years since the transition to the ICD-10-CM coding system (2016-2019). The new RS III assigned to this objective is now focusing on updating and redesigning the EpiCenter site so these data can be made available to the public.

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

Activity Status
Completed

Activity Outcome
IVP Branch Research Scientist staff have provided technical assistance and guidance to 305 internal programs to inform the surveillance and evaluation of their injury and violence prevention programs.

Reasons for Success or Barriers/Challenges to Success
Compatibility issues between the ICD-9-CM and ICD-10-CM injury codes has been a challenge that has slowed progress on updating data on EpiCenter; subsequently technical assistance on the use of EpiCenter is also affected by the lack of recent data available on the website. ICD-10-CM non-fatal injury data have, however, been processed and made available for internal use. Research staff have provided internal documentation on how to use these new data. Additionally, research staff have used the new data to respond to many more data queries from both internal and external stakeholders.

Strategies to Achieve Success or Overcome Barriers/Challenges
A new RS III was hired in February 2021. The RS III has processed the backlog of ICD-

10-CM non-fatal injury data, which is now available for internal use. The RS III will now focus on the revamp and update of EpiCenter to make these data publicly available. The EpiCenter update will be accompanied by the provision of technical assistance and guidance on the use of Emergency Department, Hospitalization, and Death data.

State Program Title: Preventive Medicine Residency Program

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

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

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

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

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

National Health Objective: PHI-13 Epidemiology Services

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

State Health Objective Status
Exceeded

State Health Objective Outcome
PMRP/Cal-EIS staff increased the public health workforce by graduating 15 trainees from PMRP and Cal-EIS to become qualified public health (PH) physicians and epidemiologists who contribute to and/or lead the maintenance and improvement of the health of Californians.

Reasons for Success or Barriers/Challenges to Success
Cal-EIS successfully graduated 11 MPH level epidemiologists who achieved County of State and Territorial (CSTE) competencies and PMRP graduated 4 Residents who have achieved American College of Preventive Medicine (ACPM)/Accreditation Council for Graduate Medical Education (ACGME) competencies in preventive medicine and graduated as qualified PH physicians. 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 PH 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 and Cal-EIS partnership with local health departments and state programs provides mentorship for Residents and Fellows under seasoned PH physicians, epidemiologist, and PH professionals, with a wealth of learning experiences.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
Preventive Health and Health Services Block Grant (PHHSBG)-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, Monterey, Napa, Santa Cruz, and Yuba; and state programs in the Office of Statewide Health Planning and Development, Environmental Health Investigations Branch, Food and Drug Branch, Office of Oral Health, Tobacco Control Branch, and Injury and Violence Prevention Branch. PMRP staff leveraged PHHSBG funds in their successful application for a 5-year Health Resources and Services Administration (HRSA) Preventive Medicine Residencies Grant

($386,711 for current year), which supports both resident and CDPH staff costs.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Increase the # of trainees who gain Preventive Medicine and Epidemiology competencies
Between 07/2020 and 06/2021, Program will increase the number of trainees who, over the course of their training period, have satisfactorily achieved moderate or high competency in American College of Preventive Medicine (ACPM)/ACGME or CSTE competencies, by working in local or state PH agency programs or community-based settings and/or completing academic coursework, from 119 residents and 190 fellows to **at least 121 residents and 197 fellows**.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, 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 119 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 period. By the end of their training, these Fellows will satisfactorily achieve CSTE competencies. PMRP successfully recruited 3 new Residents and is training 6 Residents during this reporting period. By the end of their training, 4 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 conduct national recruitments that attract highly qualified applicants. This includes referrals from past graduates. In addition, PMRP staff work closely with local health departments (LHDs), clinical sites, and academic partners to assure organizational structure and administrative processes are in place. Cal-EIS recruits state programs and LHDs with 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 green epidemiologists.

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

Activity Status
Completed

Activity Outcome
Since 07/2020, PMRP/Cal-EIS recruited 67 PMR and 47 Cal-EIS applicants. The competitive recruitment/selection process includes sending PMR and Cal-EIS information to schools of PH, residencies, and LHDs; posting on various websites, such as FREIDA, ERAS, and PH employment connection. Applications were reviewed by programs' Advisory Committees in December and top candidates were selected for interview. In December 2020-January 2021, staff interviewed 11 PMRP/22 Cal-EIS candidates.

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 PH, residency programs, and LHDs, and positing 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 67 PMRP and 47 Cal-EIS applications.

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

Activity Status
Completed

Activity Outcome
Since 07/2020, PMRP/Cal-EIS trained 19 individuals, supporting 13 Cal-EIS trainees to achieve CSTE competencies and 6 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, Alameda County, Los Angeles County, Sacramento County, and Department of Health Care Services, while Cal-EIS Preceptors were recruited at Alameda, Monterey, Napa, Santa Cruz, and Yuba County Departments of PH; and state programs in the Office of Statewide Health Planning and Development, Environmental Health Investigations Branch, Food and Drug Branch, Office of Oral Health, Tobacco Control Branch, and Injury and Violence Prevention Branch. PMRP also partners closely with the University of California, Davis and Los Angeles to support Residents in earning a Master of PH degrees.

Strategies to Achieve Success or Overcome Barriers/Challenges
To meet ACGME competencies and provide a quality learning experience that supports a well-trained public health physician workforce in California, PMRP developed a cohort of health officers at LHDs that offer PH and clinical experiences for Residents. Commitment from local health officers to provide such training have been obtained from Los Angeles County 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.

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

Activity Status
Completed

Activity Outcome
Since 07/2020, PMRP/Cal-EIS staff conducted 20 PH/PM seminars for PMRP and Cal-EIS trainees. These bimonthly PM 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 PH workforce.

Reasons for Success or Barriers/Challenges to Success
Dedicated faculty from LHDs and state programs are committed to training the new generation of PH 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 Accreditation

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

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

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

Prmary Strategic Partners:
Internal
1. California Conference of Local Health Officers
2. Fusion Center
3. Office of Health Equity

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

National Health Objective: PHI-17 Accredited Public Health Agencies

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

State Health Objective Status
Exceeded

State Health Objective Outcome
The PHA program, which is administered by the Office of Quality Performance and Accreditation (OQPA), provided leadership, coordination, and technical assistance to local health departments to achieve and maintain Public Health Accreditation Board (PHAB) Accreditation. Accreditation means that a local health department's performance meets a set of nationally recognized, practice-focused, evidence-based standards. To maintain CDPH's accreditation status, the Department complied with PHAB's Standards and Measures Version 1.5, which requires the Department to make consultation and technical assistance services available to local and tribal health departments, to foster and support their accreditation-related activities.

In FY 20-21 the Public Health Mini-Grant Program awarded accreditation-readiness technical assistance and/or training to local and/or tribal health agencies. This technical assistance was provided by OQPA staff and external vendors. Program staff identified vendors and developed service orders and contracts for technical and training services that cannot be provided by CDPH.

The following assistance was provided (awarded) to local health departments (LHDs) under this mini-grant program in FY 20-21:

1. Workforce Development training (StrengthsFinder Team Training and Consultation delivered by 34 Strong)
2. Quality Improvement training (Lean Six Sigma QI Training delivered by Unleashing Leaders)

LHDs were selected to receive training based on need and analysis of the annual County Health Executives Association of California (CHEAC) survey data to determine level of accreditation readiness. In 2020, CHEAC did not complete this survey, so PHA staff used 2019 CHEAC data.

In FY 20-21, CDPH provided technical assistance in the form of five trainings (QI and/or workforce development) to four local public health departments through third party vendors.

1. **San Mateo County**: Lean Six Sigma QI Training and Workforce Development StrengthsFinder Training
2. **Mendocino County**: Lean Six Sigma QI Training
3. **Mariposa County**: Lean Six Sigma QI Training (Combined training with Inyo County) and Workforce Development StrengthsFinder Training
4. **Inyo County**: Lean Six Sigma QI Training (Combined training with Mariposa County)

Reasons for Success or Barriers/Challenges to Success
Although COVID 19 and the departure of the CDPH Accreditation Coordinator/PHA program manager in early 2020 impeded CDPH's ability to provide technical assistance and training to local health departments in the first few months of FY 20-21, CDPH hired a Strategic Planning Coordinator in December 2020 who took over management of the

PHA program. In conjunction with the acting Accreditation Coordinator, she retrieved and analyzed CHEAC survey data available from 2019 regarding LHD accreditation readiness, identified LHDs that were ready to move forward with accreditation activities, and arranged and coordinated vendor-provided virtual QI and Workforce Development training for four LHDs in June of 2021. This allowed CDPH to meet and exceed the State Health Objective.

Additionally, while most LHDs were busy with COVID-related activities in 2020, by spring of 2021, several indicated they were ready to resume training and other activities related to Accreditation.

Strategies to Achieve Success or Overcome Barriers/Challenges
After coming on board, the Strategic Planning Coordinator and other OQPA/PHA staff worked quickly to assess the accreditation-readiness status of LHDs and identify those that were ready to resume accreditation-related training activities. They reached out to several LHDs to identify those ready to resume training to fulfill and support the requirements of the PHAB accreditation process. PHA staff also reached out to QI and Workforce Development training vendors, and processed service orders for virtual training sessions. Additionally, using PHHSBG funds, they hired one graduate student intern in April, and three undergraduate student interns in May and June, to help resume and scale-up PHA accreditation-related support for LHDs for FY 20-21, and in preparation for FY 21-22.

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 07/2020 and 06/2021, Program will provide accreditation-related technical assistance services to **3** local and/or tribal public health agencies to improve capacity to prepare for national public health accreditation.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program provided accreditation-related technical assistance services to **4** 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
PHA staff retrieved and analyzed 2019 CHEAC data to determine LHD readiness, identified and reached out to local health departments, and arranged and coordinated

vendor-provided virtual QI and Workforce Development training for four LHDs in June of 2021, allowing CDPH to meet and exceed this impact/process objective.

Strategies to Achieve Success or Overcome Barriers/Challenges
PHA staff reached out to several LHDs to identify those ready to resume training to fulfill and support the requirements of the PHAB accreditation process. PHA staff also reached out to QI and Workforce Development training vendors, and processed service orders for virtual training sessions. Additionally, they hired student interns to help resume and scale-up PHA accreditation-related support for LHDs for FY 20-21, and in preparation for FY 21-22.

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

Activity Status
Completed

Activity Outcome
Between 07/2020 and 06/2021, Program administered one Public Health Accreditation Mini-Grant Program for local and/or tribal public health agencies to receive accreditation-readiness technical assistance services. The mini-grants were awarded in the form of vendor-provided trainings in support of accreditation-related workforce development and quality improvement activities and were awarded to four local health departments.

Reasons for Success or Barriers/Challenges to Success
Because PHA staff were able to resume LHD-accreditation support activities in spring of 2021 as described above, the program successfully administered the Mini-Grant program for FY 20-21.

Strategies to Achieve Success or Overcome Barriers/Challenges
Although staff departures and COVID limited the ability of the PHA to provide training and support to LHDs in the early part of the fiscal year, by spring of 2021, PHA program staff were able to identify and provide training to LHDs that were ready to resume accreditation-related training.

State Program Title: Rape Prevention Program

State Program Strategy:
Goal: Stop first-time perpetration and victimization of sex offenses by implementing evidence-informed sex offense (rape) prevention strategies.

Health Priority: In 2018, the incidence of rape reported as crimes in California was 38.9 per 100,000. (California Department of Justice [CDOJ], 2018). Rape victims often have long-term emotional and health consequences as a result of this "adverse experience," such as chronic diseases, emotional and functional disabilities, engaging in harmful behaviors, and experiencing intimate relationship difficulties (MMWR, CDC, 2008). This program addresses the national Healthy People 2020 focus area of Injury and Violence Prevention, which includes a developmental goal of reducing sexual violence.

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

Primary Strategic Partners:
Internal
1. CDPH Domestic Violence Prevention Program
2. CDPH Violence Prevention Initiative
3. CDPH Essentials for Childhood
4. CDPH Fusion Center
5. CDPH Center for Family Health

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

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

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

State Health Objective Status
Met

State Health Objective Outcome
Between 7/2020 and 06/2021, Program reduced by 1% the rate of rape in California, as measured by CA DOJ data.

Reasons for Success or Barriers/Challenges to Success
The rape rate as reported by the CA DOJ in their crime data from 2019 was 36.8 per 100,000, down from 38.9 per 100,000 in 2018. (California Department of Justice, 2019) This was a 5 percent decrease. Although the decrease in incidence indicated this objective was met, one persistent barrier/challenge to note is the lag in obtaining data for surveillance of this objective. Program cannot obtain real-time data for the current reporting year. Due to this fact, Program will need to continue to use data from the previous year to report on objectives for the current year.

Strategies to Achieve Success or Overcome Barriers/Challenges
Although we are unable to resolve the issue of the time it takes to obtain data, our strategies to attain and maintain success for this objective are to continue to implement our sexual violence prevention strategies and monitor and evaluate the outcomes of these strategies to continue to have an impact on decreasing sexual violence 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 from the Rape Prevention and Education Program to support their prevention programs.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Community/societal-level prevention strategies
Between 07/2020 and 06/2021, Program will implement **12** local prevention projects using community/societal-level prevention strategies by local rape crisis centers (RCCs) that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators in order to create environmental and community changes.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program implemented **12** local prevention projects using community/societal-level prevention strategies by local rape crisis centers (RCCs) that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators in order to create environmental and community changes.

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 RCCs are building their capacity in these community/societal level strategies, the outcomes are long-term and challenging to measure progress on a yearly basis. Due to the impact of COVID-19 on program implementation, evaluation will be more challenging to capture community-level outcomes.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program has developed and implemented specific tools for RCCs, 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 Social Ecological Model 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. Program continues to provide support to the 12 RCCs to make virtual adaptations due to COVID-19 and modify local workplans.

<u>**Activity 1:**</u>
Fund comprehensive community-based projects
Between 07/2020 and 06/2021, Program will fund 8 comprehensive community-based projects using a community mobilization strategy in order to impact community/societal-level change. Training and technical assistance will be provided to promote social norm change and create protective environments in neighborhoods.

Activity Status
Completed

Activity Outcome
Program funds 8 local community mobilization projects using the Close to Home approach in order to impact community/societal-level change. Training and technical assistance was provided by Program partners.

Reasons for Success or Barriers/Challenges to Success
As impacted by COVID-19, the progress of local projects has slowed down due to decreased virtual engagement of community members. Although community-level outcomes are collected, the impact of programs at a community-level is potentially lessened due to COVID-19 and limited access to communities. Local projects are continuing to adapt their programs to virtual spaces and modify their implementation workplans. Program partnered with its training and technical assistance providers, California Against Sexual Assault (CALCASA) and California State University, Sacramento (CSUS) to adapt scheduled in-person trainings to virtual, online learning.

Strategies to Achieve Success or Overcome Barriers/Challenges
CSUS provided 6 Close to Home community mobilization virtual trainings and peer networking calls through June 2021. Topics included how to build organizing teams into action for social norms change and protective environments, virtual adaptations due to COVID-19, impact of the current environment on local communities, and C2H foundational concepts and phases. CALCASA provided 2 virtual trainings with topics focused on the public health approach, risk and protective factors across the SEM

levels, the principles of effective prevention, and virtual youth engagement and leadership. CALCASA also provided a 5-part web conference series focused on supporting RCCs in making COVID-19 adjustments to program implementation. Sessions included: Low Tech Strategies for Engagement, Using Virtual Spaces for team Engagement, Social Media Campaigns and Online Education, Mobilizing and Organizing Strategies for Community Change, and Policy Change. In addition, local projects received individual technical assistance on a quarterly basis.

<u>Activity 2:</u>
Fund comprehensive school-based projects

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

Activity Status
Completed

Activity Outcome
Program funds 4 comprehensive school-based projects using strategies of healthy relationships, gender equity, or active bystander intervention in order to impact community/societal-level change. Training and technical assistance continues to be provided by Program partners.

Reasons for Success or Barriers/Challenges to Success
As an impact of COVID-19, the progress of local projects has slowed down due to decreased virtual engagement of school community members and students. Although community-level outcomes are collected, the impact of programs at a community-level is lessened due to COVID-19 and limited access to schools. Local projects are continuing to adapt their programs to virtual spaces and modify their implementation workplans. Program partnered with its training and technical assistance provider, CALCASA to adapt scheduled in-person trainings to virtual, online learning.

Strategies to Achieve Success or Overcome Barriers/Challenges
ALCASA provided 3 virtual trainings through November 2020. Topics included tools and best practices for virtual disclosures in online prevention programming using a trauma-informed approach, virtual youth engagement and leadership, the public health approach, risk and protective factors across the SEM levels, and the principles of effective prevention. CALCASA also conducted 3 communities of practice web conferences for staff and managers for peer networking around COVID-19. CALCASA also provided a 5-part web conference series focused on supporting RCCs in making COVID-19 adjustments to program implementation. Sessions included: Low Tech Strategies for Engagement, Using Virtual Spaces for team Engagement, Social Media Campaigns and Online Education, Mobilizing and Organizing Strategies for Community Change, and Policy Change and Implementation. In addition, local projects received individual technical assistance on a quarterly basis.

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

Activity Status
Completed

Activity Outcome
Program collaborates with its 3 key partners at CALCASA, CSUS, and UCSD to address community/societal-level strategies. CDPH has formalized contracts with CALCASA and CSUS to provide training and technical assistance; and UCSD for evaluation. CDPH meets monthly with its partners to coordinate support for program implementation and evaluation.

Reasons for Success or Barriers/Challenges to Success
Due to the impact of COVID-19, CDPH and its partners worked to provide adaptations for program implementation and evaluation such as the development of a "Tip Sheet during COVID-19" and "Program Adaptations during COVID-19."

Strategies to Achieve Success or Overcome Barriers/Challenges
Program has executed contracts (by leveraging other funds) 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. Program also has an executed contract with its evaluation partner at UCSD and meets bi-weekly to review data and update tools from the Evaluation Toolkit.

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

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

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

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

Primary Strategic Partners:
Internal
    1.Office of Refugee Health (ORH)
    2.Office of Binational and Border Health (OBBH)

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

National Health Objective: IID-1 Vaccine-Preventable Diseases

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

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

State Health Objective Status
Met

State Health Objective Outcome
Program completed development and implementation of a web-based platform for health surveillance known as the Asylum Seeker Health Surveillance (ASHS) data system; developed a Physician Community Advisory Panel (P-CAP) to provide guidance on screening tool development and program implementation; provided technical assistance to counties for program implementation and development of community partnerships; participated in refugee forum meetings; identified and met with key partners; organized focus groups to pilot outreach material.

Reasons for Success or Barriers/Challenges to Success
Success:
- Successful engagement with community stakeholders to identify mechanisms for outreach to asylum seekers.
- The P-CAP provides guidance on screening tool development for surveillance and linkage to care for asylum seekers.
- A modified screening portal is under construction with WebPragma.

Barriers:
- Due to the redirection of personnel at LHJs to work on the Coronavirus (COVID-19) efforts in Los Angeles (LA) and San Diego (SD) counties, the Asylum Seeker Health Surveillance (ASHS) project has encountered some delays in regards to finalizing agreements with respective community based organizations (CBOs), Federally Qualified Health Centers (FQHCs) and county offices around the project.

Success:
- Successful engagement with community stakeholders to identify mechanisms for outreach to asylum seekers.
- The P-CAP provides guidance on screening tool development for surveillance and linkage to care for asylum seekers.
- A modified screening portal has been developed by WebPragma and made available to Los Angeles and San Diego counties.

Barriers:
- Due to the redirection of personnel at LHJs to work on the COVID-19 efforts in Los Angeles (LA) and San Diego (SD) counties, the Asylum Seeker Health Surveillance (ASHS) project encountered initial delays in finalizing agreements with respective community based organizations (CBOs), Federally Qualified Health Centers (FQHCs) and county offices around the project.
- Materials developed for outreach had to be approved by both county and state communications prior to distribution and general implementation (securing contracts, hiring staff, setting up phone numbers for direct contact, developing the program database, etc.) processes were critical but delayed program initiation.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:
- Engagement with P-CAP in the development of health surveillance screening tools.
- Collaboration with WebPragma on development of data collection module for health surveillance in RHEIS to implement linkage services.
- Collaboration and technical assistance to LHJs for outreach and development of external linkage partners.
- Monthly meetings held to discuss updates on county agreements, the RHEIS surveillance tool and ASHS outreach materials.
- Building networks with community stakeholders for outreach activities.

Leveraged Block Grant Dollars
No

Description of How Block Grant Dollars Were Leveraged
N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Active Disease Surveillance of Asylum Seekers in Southern California
Between 07/2020 and 06/2021, Program will collect **600** cases of asylum seeker health screening data including infectious diseases, immunizations and general demographic and heath data indicators.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program collected 7 cases of asylum seeker health screening data including infectious diseases, immunizations and general demographic and health data indicators.

Los Angeles and San Diego counties conducted a health screener for 7 asylum seekers for surveillance of urgent health conditions; asylum seeker health comprehensive screening data including infectious diseases, immunizations and general demographic and heath data indicators was conducted for 4 cases, two are pending appointments and 1 is pending laboratory assessment.

Reasons for Success or Barriers/Challenges to Success
Success:
- Development of health screening and surveillance tool in progress with technical assistance provided by P-CAP network.
- Engagement of community partners for linkage to health services and outreach for referrals to the program.

Barriers:
- RHEIS screening tool currently being modified for program implementation; there has been a redirection of county staff to mitigate the COVID-19 pandemic public health emergency which has caused delays in implementation.

Success:
- Development of health screening and surveillance tool, California ASHS and Assessment, completed with technical assistance provided by P-CAP network.
- Engagement of community partners for linkage to health screening surveillance and outreach for referrals to the program.

Barriers:
- There was an initial redirection of county staff to mitigate the COVID-19 pandemic public health emergency which has caused delays in implementation and entry of asylum seeker data into the tool.
- Several changes in rehiring of staff in LHJs to support the program
- According to feedback from attorneys for asylum seekers, there was some hesitancy from asylum seekers to contact government agencies.
- Asylum seekers may not have received I-589 document requested by the program for eligibility as there can be a lengthy delay after the asylum application is submitted; defensive asylum cases with pending court appointment do not receive the I-589 and alien ID number is insufficient to identify whether the asylum documentation has been submitted. These eligibility issues have been identified as barriers in enrollment.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:
- Eligibility has been expanded to allow a signed affidavit from the asylum seeker, a letter from their attorney or the I-589 asylum application receipt. This will remove barrier to accessing the program and surveillance activities.
- Engaging with P-CAP in the development of health surveillance screening tools.
- Collaboration with WebPragma on development of data collection module for health surveillance in RHEIS

- Collaboration and technical assistance to LHJs for outreach and development of external linkage partners.
- Monthly meetings held to discuss updates on county agreements, the ASHS surveillance tool, data entry, and ASHS outreach materials.
- Building networks with community stakeholders for outreach and referrals.
- Having a Health Navigator present or available during the telehealth visit helps reduce delays in challenges of obtaining health insurance coverages.

Activity 1:
Enhance California's current refugee surveillance system database

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

Activity Status
Completed

Activity Outcome
Planning and development of health screener and surveillance tool with WebPragma has been tested and completed. The new data system known as the ASHS captures and monitors essential health data. Selected data fields from the RHEIS has been integrated into the ASHS comprehensive health assessment. With recommendations from P-CAP, the health screener was developed to identify urgent medical conditions for surveillance and linkage and integrated into the ASHS data system. WebPragma continues to perform data system maintenance.

Reasons for Success or Barriers/Challenges to Success
Success:
- Obtained positive support and guidance from P-CAP on development of health screening tool for surveillance and linkage to care. Initiate proof of concept (demo) version of ASHS screener.
- Developed health screener and surveillance database with WebPragma, finalized demo version, and implemented health screener and surveillance database in Los Angeles and San Diego counties.
- Maintained continued communication and oversight of ASHS data system development and progress with WebPragma

Barrier:
- None

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:

- Regular meetings with ASHS staff to be kept apprised of the process of identifying roles and responsibilities and establishing agreements with Los Angeles DHCS and Family Health Centers of San Diego for data collection and development of surveillance and linkage screener with P-CAP.
- Community engagement with external providers through P-CAP to develop tools and best practices in developing surveillance tools.

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

Activity Status
Not Completed

Activity Outcome
Program provided technical assistance to LHJs on partnering with external health providers for healthcare services and linkage for asylum seeker health insurance. P-CAP has provided guidance in the development of surveillance screening tools and outreach strategies, and program is working with community networks for referral to the program and maintains matrix of agencies identified as referral resources. Outreach materials have been developed.

Reasons for Success or Barriers/Challenges to Success
Success:
- Research of and collaboration with a network of community agencies who provide services to asylum seekers is the building block to successful program implementation.
- Working with LHJs to identify local health services providers and developing Memorandum of Understanding (MOU) agreements, establishes formal partnerships with clear understanding of roles and responsibilities.
- P-CAP engagement provides subject matter expertise in the development of surveillance tools as well as guidance on program implementation for linkage to health services and identification of other social factors influencing health outcomes for extended linkage activities.
- Completion of the ASHS database for surveillance

Barriers:
- There was an initial redirection of county staff to focus on the COVID-19 pandemic public health emergency. This redirection caused delays in implementation of this project. Redirection also caused delays in outreach to the

asylum seeker population.
- Development of the surveillance tools and the ASHS database delayed program implementation, however time provided opportunity for development of a comprehensive surveillance system for this population.
- Eligibility requirements for the program was a barrier to participation according to attorneys working with asylum seekers as they may not have received required I-589 or are defensive asylum cases who do not receive an I-589.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:
- Expansion of eligibility documentation to allow a signed affidavit from the asylum seeker, a letter from their attorney or the I-589 asylum application receipt.
- Engaging with P-CAP in the development of health surveillance screening tools and providing subject matter expertise.
- Collaboration and technical assistance to LHJs for outreach and development of external linkage partners.
- Regular meetings held to discuss updates on county agreements, the ASHS surveillance tool, data entry, and ASHS outreach materials.
- Building networks with community stakeholders for outreach and referrals.

<u>Impact/Process Objective 2:</u>
Analyze and Publish Asylum Seeker Surveillance Data
Between 07/2020 and 06/2021, Program will analyze **1** sample of asylum seeker health data and publish prevalence estimates.

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program analyzed 1 sample of asylum seeker health data and published prevalence estimates.

Through the implementation of ASHS, a county demographic report and map visualization dashboard was developed. This allows for county users to abstract descriptive statistics on asylum seekers served. Through the ASHS database, realtime surveillance data was available for analysis and used to develop a report which includes health outcomes and program indicators.

Reasons for Success or Barriers/Challenges to Success
Data collected from the health surveillance of asylum seekers will be analyzed and published for distribution in quarterly reports.
Success:

- Development of the asylum seeker database and training of LHJs and community partners on database utilization.
- Maintained continued communication and oversight of ASHS data system development and progress with WebPragma.

- Obtained recommendations and feedback of P-CAP to include appropriate data indicators.

Barriers:
- The redirection of county staff to focus on the COVID-19 pandemic public health emergency has led to a delay in outreach to the asylum seeker population to meet the objective of reaching 600 asylum seekers.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:
- Program implementation to collect surveillance data through the ASHS database and linkage to Medi-Cal or other insurance and referral for health services with partner agencies provides data for analysis on the health of asylum seekers in California (CA).
- County demographic reports are readily available for ASHS users to help improve understanding of health conditions among asylum seekers.

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

Activity Status
Completed

Activity Outcome
The enhanced refugee surveillance database referenced as RHEIS has been renamed to Asylum Seeker Health Surveillance (ASHS) data system. The implementation of ASHS includes integrating the same health data fields and infrastructure of RHEIS, but specific to asylum seeker. Using the collected surveillance data from ASHS, significant health findings of asylum seekers were identified to help facilitate the needs and identify resources necessary to serve this population.

Reasons for Success or Barriers/Challenges to Success
Program implementation and linkage to Medi-Cal (or other insurance) and referral for health services with partner agencies has provided a platform and opportunity for health data to be entered into ASHS for analysis on disease prevalence and trends among the health of asylum seekers in CA.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:
- Development and finalization of ASHS database for collection of surveillance data.
- Systematic health surveillance data collection among asylum seekers in the ASHS program.
- Community engagement and partnerships with external healthcare providers.

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

Activity Outcome
Program developed county demographic and health condition surveillance reports to assess prevalence and trends.

Reasons for Success or Barriers/Challenges to Success
Program implementation and linkage to Medi-Cal or other insurance and referral for health services with partner agencies has provided an opportunity for health data to be entered into ASHS for analysis and for the production of a report on disease prevalence and trends among the health of asylum seekers in CA.

Barriers:
- Counties are in the initial stage of seeing asylum seekers in their programs. There has been a delay in implementation due to redirection of staff and implementation of program activities, and delays due to the development of surveillance tools and database. As a result, the program was unable to reach the full 600 proposed asylum seekers for health surveillance and linkage to insurance and healthcare services.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:
- Systematic health surveillance data collection among asylum seekers in the ASHS program.
- Community engagement and partnerships with those who provide services to asylum seekers, such as attorneys, community advocacy groups, etc.

Impact/Process Objective 3:
Community Outreach
Between 07/2020 and 06/2021, Program will identify **5** partnerships for conducting outreach to asylum seeking communities throughout Southern California to facilitate linkage to health screening and health services.

Impact/Process Objective Status
Met

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

Reasons for Success or Barriers/Challenges to Success
Success: Program identified seven community partners to conduct outreach to asylum seeking communities throughout Southern CA and Baja CA:

1. Jewish Family Services
2. Legal Aid Foundation of Los Angeles (LAFLA)
3. Al Otro Lado
4. United Nations High Commissioner for Refugees (UNHCR)
5. One Digital World
6. Family Health Centers of San Diego
7. San Diego Refugee Forum

Community partners above are committed to the well-being of the asylum seeker populations they serve in Southern CA and Baja CA. They met with the ASHS team virtually and agree to meet again in the future. Community partners provided recommendations and guidance on creating and disseminating outreach materials. In addition, they provided information about the binational work they provide to the community. They also agreed to distribute ASHS project outreach materials to asylum seeking populations. Some of these partners have agreed to be part of a community based organizational workgroup to advise and review ASHS outreach strategies.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:
- Identify partners assisting asylum seekers on a binational level. Such organizations have at least one staff member physically located in Mexico. Binational partners include Al Otro Lado, UNHCR, One Digital World and LAFLA.
- To build rapport with these partnerships, OBBH has been flexible with scheduling meetings, utilizing preferred virtual meeting platform of the partner and sending meeting agendas in advance to help facilitate meaningful conversations. The virtual nature of the meetings may have contributed to the high acceptance rate of partners accepting ASHS meeting invitations.

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

Activity Status
Completed

Activity Outcome
The ASHS staff continued participating in monthly meetings with the San Diego Refugee Forum and the Los Angeles Refugee Forum. The ASHS project was shared with forum members during community announcements and through email. The ASHS program staff is also part of the new Asylee Taskforce which is a taskforce formed with

several San Diego Refugee Forum members to address needs of asylee and asylum seeker populations.

On June 24, 2020, ASHS program staff convened an ASHS project orientation for legal service providers serving asylum seekers in Los Angeles and Orange Counties. The presentation included an overview of the ASHS project, update on new migrant arrivals, and description of the ASHS project, HealthLink, managed and implemented by the Los Angeles County Departments of Public Health and Health Service.
There were nine legal aid representatives in attendance.

Reasons for Success or Barriers/Challenges to Success
Success:
- The ASHS program staff shared community announcements about the ASHS project and provided contact information for providers and clients to call or email should they have questions
- The ASHS program staff emailed ASHS project flyers in multiple languages to over 500 partners providing services to asylum seekers.
- OBBH identified community partners interested in supporting the ASHS project. Partners have actively participated in meetings discussing the dissemination of outreach materials to asylum seekers.
- Family Health Centers of San Diego has finalized their contract with SD County to offer health services to asylum seekers.
- The P-CAP provided guidance on the development of surveillance screening tools for health and mental health evaluation, particularly among children. The group also provided guidance on social screening for linkage to services to positively impact health outcomes such as nutrition, housing, education, and other benefits addressing social determinants of health and health equity.

Barriers:
- The ASHS program staff and county partners are working to establish partnerships with FQHCs for linkage to health screening services. Counties are presenting to leadership in county clinics and FQHCs to establish and expand available services in SD and LA.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:
- Research of and collaboration with a network of community agencies who provide services to asylum seekers is the building block to successful program implementation.
- Working with LHJs to identify local health services providers and developing MOUs, establishing formal partnerships with clear understanding of roles and responsibilities.
- P-CAP engagement provides subject matter expertise in the development of surveillance tools as well as guidance on program implementation for linkage to health services and identification of other social factors influencing health outcomes for extended linkage activities.

Activity 2:
Environmental Scan

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

Activity Status
Completed

Activity Outcome
Additionally, during November 2020 to February 2021, OBBH ASHS staff members completed a qualitative needs assessment of asylum seekers using key informant interviews. 15 key informant interviews were conducted with those providing medical, legal and shelter-based services to asylum seekers in Baja California and California. The results from the key informant interviews provided information related to the 4 aims of the needs assessment: identifying asylum seeker demographic characteristics, health needs, healthcare seeking behaviors and understanding the structural barriers to healthcare access experienced by asylum seekers.

Reasons for Success or Barriers/Challenges to Success
Success:
- The OBBH outreach strategy team, collaborated on the matrix to record and track community resources providing services for asylum seekers in different regions throughout Southern CA.
- The development of the P-CAP provided the opportunity to engage with subject matter experts to provide guidance on the development of surveillance screening tools, provide insight into their use and implementation, including the recommendation of state policy for the screening of newly arriving immigrants to California and training of community providers working with this population. The P-CAP additionally provided insight into identifying social needs impacting health outcomes and outreach strategies in engaging asylum seekers in the linkage program.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:
- Development of P-CAP to provide guidance and recommendations for policy, program implementation and trends in asylum seeker health.
- Development of dynamic matrix to identify health clinics, CBOs, shelters and government institutions serving the asylum seeker community.

Activity 3:
Focus Group

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

Activity Status
Completed

Activity Outcome
On June 3 and June 4, the OBBH team convened two virtual focus groups with asylum seekers living in Tijuana, Baja California. The focus groups consisted of 6 men and 7 women. The focus group participants shared their health-seeking behaviors and perception of the healthcare system in the USA.

Reasons for Success or Barriers/Challenges to Success
Success:
- A literature review was completed to understand techniques and methodologies previously operationalized in focus groups with asylum seeker and refugee populations.
- The focus group project was approved by the CHHSA Committee for the Protection of Human Subjects.
- Partnered with One Digital World (ODW), a community-based organization that serves the refugee and asylum seeker population. ODW had the capacity to support the meeting space and technological bandwidth needed to coordinate the virtual focus groups.
- Received technical assistance to develop focus group questions from Senior Research Scientist from El Colegio de la Frontera Norte (COLEF).
- Received technical assistance from student assistant from COLEF who assisted with note taking and provided culturally insightful observations.
- A qualitative data analysis was completed.
- Focus groups were held virtually utilizing a web-based platform. OBBH researched the capacity to hold the online focus groups with asylum seekers living in SD County and Tijuana, Baja CA.
- Partnership with One Digital World allowed for technical assistance, venue and participant recruitment of focus groups through previously existing digital classes.

Barriers:
- Due to the COVID-19 pandemic, the resulting border closure connecting directly with asylum seekers to hold a focus group was challenging.
- As a result of the border closure and CA's shelter in-place orders, in-person focus groups were delayed and eventually discontinued.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:

- Adaptation of online focus groups and implementation sessions utilizing a web-based platform.
- Partnered with an organization that could support the technological bandwidth needed to coordinate the virtual focus groups.
- Asked for assistance from partners who had a previously existing relationship with potential participants to recruit the participants for focus groups.

- The flexibility of virtual participation allowed individuals from Tijuana, Baja CA to participate in the discussion while the focus group was administered/facilitated from San Diego, CA.
- Reduced the number of participants per session and offered multiple focus group sessions to allow participants to feel comfortable participating.

Impact/Process Objective 4:
Facilitate Linkage to Health Services for Asylum Seekers
Between 07/2020 and 06/2021, Program will provide health case management to **600** asylum seekers residing in Southern California.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program provided health case management to **600** asylum seekers residing in Southern California. Not all activities were completed.

Reasons for Success or Barriers/Challenges to Success
Success:
- The ASHS program has developed a comprehensive outreach strategy, engaged with community partners to provide referrals to the program and to refer health screening and surveillance activities. These activities have provided the groundwork for the facilitation of linkage to health services for asylum seekers.
- Upon completion of the health screening modules, and finalization of MOUs with medical service providers, implementation of the facilitation to health services commenced. .
- Final outreach materials were approved by Office of Public Affairs (OPA) and LHJ communications offices.

Barriers:
- The redirection of LHJ and community-based organizations' staff to focus on the COVID-19 pandemic public health emergency has led to a delay in outreach to the asylum seeker population.
- Eligibility requirements for the program was a barrier to participation according to attorneys working with asylum seekers.as they may not have received required I-589 or are defensive asylum cases who do not receive an I-589.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:
- Continued engagement with LHJs and community health service providers
- Establishment of MOU agreements that define roles and responsibilities of partners.
- Finalization of RHEIS module for health surveillance data collection.
- Expansion of eligibility documentation to allow a signed affidavit from the asylum seeker, a letter from their attorney or the I-589 asylum application receipt.

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

Activity Status
Not Completed

Activity Outcome
ASHS program developed a comprehensive outreach strategy, engaged with community partners to provide referrals to the program and to refer for health screening/surveillance activities. Activities laid the groundwork for asylum seeker enrollment in Medi-Cal and linkage to health service providers. Upon completion of the health screening modules and finalization of MOUs with medical service providers, implementation of the program will commence.

Reasons for Success or Barriers/Challenges to Success
Success:
- Groundwork in researching and establishing relationships with community agencies providing services to asylum seekers (legal, CBOs, etc.) and FQHCs who will provide health screenings for this population.
- P-CAP participation in the development of ASHS modules for screening for asylum seeker health needs and identification of social impacts influencing health and the screening tool for health surveillance.

Barriers:
- Completion of the ASHS data surveillance modules to facilitate program implementation.
- Eligibility requirements for the program was a barrier to participation according to attorneys working with asylum seekers as they may not have received required I-589 or are defensive asylum cases who do not receive an I-589.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:
- Continued engagement with LHJs and community health service providers for program referrals.
- Establishment of MOU agreements that define roles and responsibilities of partners.
- Finalization of ASHS module for health surveillance data collection. Expansion of eligibility documentation to allow a signed affidavit from the asylum seeker, a letter from their attorney or the I-589 asylum application receipt.

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

Activity Status
Not Completed

Activity Outcome
ASHS program developed a comprehensive outreach strategy, engaged with community partners to provide referrals to the program and to refer for health screening/surveillance activities. Activities laid the groundwork for asylum seeker enrollment in Medi-Cal and linkage to health service providers. Upon completion of the health screening modules and finalization of MOUs with medical service providers, implementation of the program will commence.

A total of 7 cases were determined for Medi-Cal (or other insurance) eligibility.
- 6 enrolled for Med-Cal
- 1 are pending eligibility
- 7 of 7 were referred to a Federally Qualified Health Center or other low-cost healthcare provider

Reasons for Success or Barriers/Challenges to Success
Success:
- Groundwork in researching and establishing relationships with community agencies providing services to asylum seekers (legal, CBOs, etc.) and FQHCs who will provide health screenings and continued health services for this population.
- P-CAP participation in the development of AHSS modules for screening for asylum seeker health needs and identification of social impacts influencing health and the screening tool for health surveillance.

Barriers:
- Completion of the ASHS data surveillance modules to facilitate program implementation.
- Finalization of MOUs with FQHCs.
- Finalization of referral mechanism from LHJ to clinic for health screening.
- Eligibility requirements for the program was a barrier to participation according to attorneys working with asylum seekers as they may not have received required I-589 or are defensive asylum cases who do not receive an I-589.

Strategies to Achieve Success or Overcome Barriers/Challenges
Strategies:
- Continued engagement with LHJs and community health service providers.
- Establishment of MOU agreements that define roles and responsibilities of partners.

- Finalization of RHEIS module for health surveillance data collection.
- Expansion of eligibility documentation to allow a signed affidavit from the asylum seeker, a letter from their attorney or the I-589 asylum application receipt.

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

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

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

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

Primary Strategic Partners:
Internal
    1.CDPH, Division of Communicable Disease Control, Infectious Diseases Branch

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

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

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

State Health Objective Status
Met

State Health Objective Outcome
Food and Drug Branch (FDB) staff have completed the collection of U.S. grown pre-packaged romaine lettuce from retail locations in California. These samples were tested for the presence of *E. coli* O157:H7 and *Cyclospora cayetanensis* by Food and Drug Laboratory Branch (FDLB). All samples collected were reported as "not detected" for both *E. coli* O157:H7 and *Cyclospora cayetanensis*.

Reasons for Success or Barriers/Challenges to Success
Sample collection and testing for *E. coli* O157:H7 & *Cyclospora cayetanensis* have been completed. Communication strategies discussed prior to the project between FDB and FDLB were successfully implemented. FDB staff collected a total of 288 samples of romaine lettuce.

Strategies to Achieve Success or Overcome Barriers/Challenges
testing project. These strategies enabled staff to collect samples and complete testing within a reasonable amount of time. Retail sampling for romaine was spread between many California cities and many different retailers.

Leveraged Block Grant Dollars
No

Description of How Block Grant Dollars Were Leveraged
N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Implement an E. coli O157 and Cyclospora testing program in U.S. grown produce.
Between 07/2020 and 06/2021, Program will collect **275** samples of U.S. grown packaged romaine lettuce and test the lettuce for E. coli O157 and Cyclospora.

Impact/Process Objective Status
Exceeded

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program exceeded target goals and collected **288** samples of U.S. grown packaged romaine lettuce. These samples were tested for *E. coli* O157:H7 and *Cyclospora cayetanensis*.

Reasons for Success or Barriers/Challenges to Success
Sample collection and testing for *E. coli* O157:H7 & *Cyclospora cayetanensis* progressed as expected. Communication strategies discussed prior to the project between FDB and FDLB were implemented and worked as planned.

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 was spread between many California cities and many different retailers.

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

Activity Status
Completed

Activity Outcome
FDB staff collected 288 samples of U.S. grown pre-packaged romaine lettuce.

Reasons for Success or Barriers/Challenges to Success
Sample collection progressed as expected. Communication strategies discussed prior to the project were implemented and worked well.

Strategies to Achieve Success or Overcome Barriers/Challenges
Communication strategies were discussed prior to initiating sample collection. These strategies enabled staff to collect samples within a reasonable amount of time. Retail sampling of food was spread between many California cities and many different retailers.

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

Activity Status
Completed

Activity Outcome
FDLB staff analyzed 288 samples of U.S. grown pre-packaged romaine lettuce. All samples collected were reported as "not detected" for both *E. coli* O157:H7 and *Cyclospora cayetanensis*.

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.

Strategies to Achieve Success or Overcome Barriers/Challenges
FDB and FDLB have used effective communication strategies to achieve success. A delivery schedule has been arranged between FDB and FDLB to ensure consistency and efficiency for both groups. FDB and FDLB have not experienced any significant challenges to date.

Activity 3:
Conduct regulatory follow-up
Between 07/2020 and 06/2021, Program will complete necessary regulatory follow-up pending any positive E. coli O157 or Cyclospora findings. This may include recalls, market withdrawals, inspections, or investigations. This regulatory follow-up will ensure that any adulterated romaine in the marketplace is removed and will reduce the chance of illness in California consumers.

Activity Status
Completed

Activity Outcome
FDB staff collected 288 samples of U.S. grown pre-packaged romaine lettuce.
All samples collected were reported as "not detected" for both *E. coli* O157:H7 and
Cyclospora cayetanensis. Regulatory follow-up was not required during this project year
as there were no positive findings.

Reasons for Success or Barriers/Challenges to Success
Sample collection and analysis progressed as expected. Communication strategies
discussed prior to the project among FDB and FDLB were implemented and worked
well.

Strategies to Achieve Success or Overcome Barriers/Challenges
FDB and FDLB have used effective communication strategies to achieve success. A
schedule for sample delivery and notification of results have been arranged between
FDB and FDLB to ensure consistency and efficiency for both groups. FDB and FDLB
have not experienced any significant challenges to date.

State Program Title: Toxicological Outbreaks Program

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

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

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

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

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

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

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

State Health Objective Status
Met

State Health Objective Outcome
Establish and maintain an infrastructure for noninfectious disease outbreak investigations, including developing administrative, surveillance, and subject matter expert (SME) capacity.

Reasons for Success or Barriers/Challenges to Success
Successfully hired a new staff member to lead the Toxicological Outbreaks Program.

Strategies to Achieve Success or Overcome Barriers/Challenges
Overcame difficulties in hiring process: During the first round of recruitment, a job offer was made but the candidate declined. Due to extremely small pool of qualified applicants, conducted two additional rounds of recruitment on an extended timeline. Increased recruitment efforts by highlighting the job posting, rewording duty descriptions, and considered multiple classifications. Was able to recruit and hire a qualified applicant in December 2020.

New hire was immediately redirected to conduct COVID-related surveillance activities. While initially delaying program implementation, this provided an introduction to the California public health environment and an opportunity to learn the basics of public health surveillance which was an extremely beneficial learning opportunity.

Leveraged Block Grant Dollars
No

Description of How Block Grant Dollars Were Leveraged
N/A

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Noninfectious Disease Outbreak Response Capacity
Between 07/2020 and 06/2021, Program will establish **1** program within public health for administrative, technical, and subject matter expertise on noninfectious disease outbreak surveillance and response.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program began establishing 1 program within public health for administrative, technical, and subject matter expertise on noninfectious disease outbreak surveillance and response. Activity 1 was not completed.

Reasons for Success or Barriers/Challenges to Success
Successfully hired a new staff member to lead the Toxicological Outbreaks Program (TOP); however, because of the ongoing pandemic, the new hire was immediately directed to COVID-19 efforts. New hire did not begin TOP work until May 2021.

Strategies to Achieve Success or Overcome Barriers/Challenges
As of May 2021, new hire returned to home program (TOP) and working on a current non-infectious outbreak.

Activity 1:
Administrative preparedness
Between 07/2020 and 06/2021, Program will establish data agreements, protocols for activation, and interoperability of data platforms.

Activity Status
Not Completed

Activity Outcome
The newly hired program lead was onboarded both in the midst of the COVID pandemic and an ongoing toxicological outbreak (acute non-viral hepatitis associated with a recalled alkaline water product). Program is currently using different data platforms to investigate cases and analyze data from the current outbreak. Program is still evaluating the use of data agreements with outside entities for sharing data. Program is also still evaluating other options to optimize the interoperability of data platforms

Reasons for Success or Barriers/Challenges to Success
Successfully hired a new staff member to lead the Toxicological Outbreaks Program, but time to implement and approve data-use agreements and necessary software in the midst of COVID pandemic and an active investigation remains a challenge.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program will continue participation in Council of State and Territorial Epidemiologists-sponsored Data Science Training Program and conversations with other groups in public health to assess different data platforms. Continue discussions within data source working groups to create data use agreements to receive data. Work with Office of Legal Service's to institute data use agreement for sharing data with key federal partners (e.g., FDA, CDC). Program will continue working with CDPH Information Technology to determine what kind of interoperability is feasible for Toxicological Outbreaks Program.

Activity 2:
Surveillance Preparedness
Between 07/2020 and 06/2021, Program will develop surveillance frameworks and reporting protocols for noninfectious disease outbreak investigation.

Activity Status
Completed

Activity Outcome
Working groups established to lay groundwork for noninfectious disease outbreak surveillance with national syndromic surveillance program and poison control center. Program developed reporting protocol and established surveillance system with state's hepatology network for current outbreak investigation.

Reasons for Success or Barriers/Challenges to Success
Successfully hired a new staff member to lead the Toxicological Outbreaks Program. Initiated conversations with outside data sources to discuss feasibility. Other groups within CDPH are also interested in the feasibility of these data sources and formed working groups. Current noninfectious disease outbreak accelerated creation of reporting protocol to find and investigate cases.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program lead will continue working on current non-infectious outbreak to learn the process and identify gaps in current protocols. Post-outbreak, the lead will determine the best practices to start developing standardized reporting protocols.

Activity 3:
Build subject matter expertise
Between 07/2020 and 06/2021, Program will provide training and technical assistance as needed for state and local health departments on human exposures to acutely toxic substances.

Activity Status
Completed

Activity Outcome
Working groups established to lay groundwork for noninfectious disease outbreak surveillance with national syndromic surveillance program and poison control center. Program developed reporting protocol and established surveillance system with state's hepatology network for current outbreak investigation.

Reasons for Success or Barriers/Challenges to Success
Successfully hired a new staff member to lead the Toxicological Outbreaks Program. Initiated conversations with outside data sources to discuss feasibility. Other groups within CDPH are also interested in the feasibility of these data sources and formed working groups. Current noninfectious disease outbreak accelerated creation of reporting protocol to find and investigate cases.

Strategies to Achieve Success or Overcome Barriers/Challenges
Program lead will continue working on current non-infectious outbreak to learn the process and identify gaps in current protocols. Post-outbreak, the lead will determine the best practices to start developing standardized reporting protocols.

State Program Title: Tuberculosis Free California

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

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

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

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

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

National Health Objective: IID-29 TB

State Health Objective(s):

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

State Health Objective Status
Met

State Health Objective Outcome
Between 07/2020 and 06/2021, Program has provided technical support to >90% of local public health programs and community healthcare clinics that requested assistance for TB prevention activities, including provider training, clinical factsheets and consultation, measurement of LTBI testing and treatment, and patient education.

Reasons for Success or Barriers/Challenges to Success
The COVID-19 pandemic has disrupted clinical operations for many TB Free California partner sites, making quality improvement (QI) and preventative health activities a lower priority. Additional broad challenges to our program 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
Despite the disruptions of the COVID-19 pandemic, we have been able to maintain LTBI QI projects with existing clinic partners and even support a new QI project to measure baseline and follow-up rates of LTBI testing and treatment. Using California state epidemiology, The TB Free California team continues to identify and engage clinics serving patients at high-risk for TB infection and/or at high-risk for progression from LTBI to TB disease. The TB Free California team has developed evidence-based trainings and clinical materials to guide medical providers, linguistically and culturally appropriate patient education materials which are assets to our clinic partners, as well as strong partnerships with organizations serving high-risk communities throughout the state.

Leveraged Block Grant Dollars
Ye

Description of How Block Grant Dollars Were Leveraged
The amount of Preventive Health and Health Services Block Grant funds budgeted for TB Free California for the project period is $600,000. Between 07/2020 and 12/2020 approximately $260,000 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 $13,000 in state funds provided in-kind staffing and administrative support for the initiative. Staff from each clinic added in-kind full-time

equivalent efforts totaling $20,000 for facilitating training and clinic system changes during this period.

OBJECTIVES – ANNUAL ACTIVITIES

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

Impact/Process Objective Status
Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program analyzed two (**2**) metrics including: 1) proportion of at-risk population receiving testing for LTBI, and 2) proportion of at-risk population prescribed LTBI treatment, at two (2) community clinic sites. These activities occurred in partnership with local health departments. Additionally, we worked with state and national partners to build infrastructure to collect data on LTBI testing and treatment for both public health surveillance and for monitoring and quality improvement within individual primary care settings.

Reasons for Success or Barriers/Challenges to Success
Barriers to measuring LTBI testing and treatment include 1) lack of incentives for individual clinics to measure their performance due to the lack of existing national quality measures related to LTBI, 2) challenges with ordering and documenting LTBI care in electronic medical records (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 us successful in this objective include direct work with clinics and EMR analysts in order to generate automatic LTBI reports and enable EMR workflow changes to facilitate LTBI testing. In some instances, we have been able to provide small service-order funds to support EMR modifications. We have also helped clinics find creative solutions for coordination of LTBI care by using an LTBI "care navigator" or increasing the amount of services that are provided onsite in the clinic. Finally, the TB Free California team is in the early stages of piloting a national quality measure related to LTBI for submission to the Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Set Quality Measures, in order to provide a broader incentive for clinics to track and report on LTBI care.

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

Activity Status
Completed

Activity Outcome
TB Free California staff provided assistance to three (3) clinics to improve capture of LTBI data in their EMRs and finalized analysis of previously collected data at one (1) additional clinic site. To provide an example of key metrics, at one clinic site, 74% of the at-risk population was tested, and 72% of those with a positive test were prescribed treatment. At a second clinic site, with mandated screening, 97% of the at-risk population was tested, and 10% of those with a positive test were prescribed treatment.

Reasons for Success or Barriers/Challenges to Success
Direct technical assistance to modify EMRs and support data management at clinical sites is time consuming but helps build a body of knowledge about baseline LTBI testing and treatment, as well as understanding best practices for data collection. At each clinic, we meet with medical providers and EMR analysts, identified existing barriers to track LTBI testing and document LTBI completion and built customized solutions.

Strategies to Achieve Success or Overcome Barriers/Challenges
Although we initially assisted with chart abstraction at multiple time points at clinic sites, we now help build reports within the EMR that capture relevant LTBI data and can be updated in real-time. The ability to query data in real-time can help determine gaps in individual patients' 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.

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

around cascades of care can help communicate how clinical entities are meeting key targets and identify strategic priorities across organizations.

Activity Status
Completed

Activity Outcome
TB Free California staff created an LTBI care cascade model that captures retention in care and cure of LTBI which includes seven (7) discrete steps in diagnosis, evaluation, and treatment. The care cascade model was sent to two (2) partner sites for feedback. The revised model has been disseminated to partner clinics and will be published on the TB Free California website.

Reasons for Success or Barriers/Challenges to Success
Challenges include (1) disruptions due to the COVID-19 pandemic which diverted clinic resources away from QI projects, caused delays in the ability to meet with clinics and obtain comprehensive feedback on the care cascade model, and (2) limitations in currently available EMR systems to complete the LTBI care cascade.

Strategies to Achieve Success or Overcome Barriers/Challenges
Despite the disruptions of the COVID-19 pandemic, we have been able to maintain LTBI data projects with existing clinic partners and support a new QI project at one (1) clinic site. Our care cascade is informed by working with these clinics to extract data from EMRs, building LTBI reports, and analyzing data for QI projects. Our care cascade tool is valuable because it addresses challenges that are commonly encountered when clinics are starting to track LTBI testing and treatment and suggests data elements that can be used to populate a care cascade. Our ultimate goal is to develop a standardized approach to measuring LTBI care metrics and enable the comparison of metrics across different clinical settings.

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

Activity Status
Completed

Activity Outcome
We worked with state and national partners to compile and document best practices regarding LTBI data collection using existing EMR data elements. We applied findings to our work with California clinic partner sites in the early stages of modifying their EMR.

Reasons for Success or Barriers/Challenges to Success

Disruptions due to the COVID-19 pandemic meant that national meetings for this long-term preventative care goal, convened by the Centers for Disease Control and Prevention (CDC) were put on hold.

Strategies to Achieve Success or Overcome Barriers/Challenges

Despite these disruptions, we were able to move forward with the activities outlined above. We convened our own stakeholder group, with representatives from other state TB programs and CDC's Division of Tuberculosis Elimination (DTBE). In collaboration with this group of experts, we drafted guidance for best practices surrounding use of EMRs for LTBI and documented case examples that can be applied to other clinical settings in California.

<u>**Impact/Process Objective 2:**</u>
Increase awareness of LTBI as a health issue among at-risk populations in California

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

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 07/2020 and 06/2021, Program identified seven **(7)** organizations that serves groups at high-risk of TB infection in California to establish a joint TB prevention activity. Staff also developed and distributed over 2600 patient education materials, maintained a website with downloadable LTBI education materials, and developed content for patient-based LTBI messaging for partners throughout California. We met our goal in increasing awareness of the risks of LTBI and benefits of testing and treatment among persons at high-risk of TB infection in California.

Reasons for Success or Barriers/Challenges to Success

We engaged in projects with nine (9) organizations including state, local, and community entities that serve groups at high-risk of TB infection in California. Strategies that supported our successful partnerships include offering free high-quality clinical trainings, providing materials for patient or community education, and supporting other goals that community organizations may have related to TB prevention. Current TB prevention partners serving high-risk groups include; 1) Asian Pacific Community Health Organizations (AAPCHO), 2) Axis Community Health Center, 3) the Diabetes Prevention Program within the California Department of Public Health (CDPH) Chronic Disease Control Branch, 4) Champions for Health in San Diego, 5) UCSF Benioff Children's Hospital Oakland Claremont Clinic, 6) UCI Santa Ana Family Health Center,

7) North East Medical Services (NEMS) San Francisco, 8) Santa Clara County TB Program; and 9) Hep B Free Los Angeles.

Strategies to Achieve Success or Overcome Barriers/Challenges
Despite the COVID-19 pandemic, the TB Free California team continued to make progress on projects remotely and maintained strong collaborations with partner organizations. CDC's TB Elimination Alliance (formerly the TB Engagement Network) provided mini grants to organizations leading TB prevention work among high-risk Asian American, Pacific Islander and Native Hawaiian communities. Since September 2020, TB Free California has supported with successful mini grant applications and ongoing program support of two (2) new TB elimination projects with: 1) UCSF Benioff Children's Hospital Oakland Claremont Clinic, a project to modify clinic's EMRs to better track LTBI screening, testing, and treatment among high-risk API pediatric patients, and 2) Champions for Health, a community based organization aiming to improve TB messaging, testing, and treatment of vulnerable Vietnamese and Filipino Communities in San Diego. Through the partnership with Champions for Health for example, we've had to strategize and leverage the COVID-19 vaccination events for TB education, TB risk assessments implementation, and community needs assessment surveys because we had an engaged audience.

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

Activity Status
Completed

Activity Outcome
Program has partnered with nine (9) organizations that serve high-risk groups including: 1) CDPH's Diabetes Prevention Program; 2) UCI Santa Ana Family Health Center serving Latinx patients; and several organizations serving a high proportion of vulnerable Asian and Pacific Islanders (APIs) including: 3) AAPCHO, a non-profit organization; 4) Axis Community Health Center; 5) Champions for Health; 6) UCSF Benioff Children's Hospital Oakland Claremont clinic serving pediatric patients; 7) North East Medical Services (NEMS), 8) Santa Clara County TB Program, and 9) Hep B Free Los Angeles.

Reasons for Success or Barriers/Challenges to Success
Over the years, TB Free California has identified TB "champions" at each of our sites; these champions are medical providers or leaders who serve communities at high-risk for TB infection and are committed to TB prevention. These champions have served as facilitators of important TB prevention work, even during the disruption caused by the COVID-19 pandemic. Furthermore, TB Free California has been successful as a result of the mini-grant funding provided by the CDC TB Elimination Alliance. Champions of Health and UCSF Benioff Children's Hospital Oakland were recipients of the mini grants which were awarded to fund TB outreach and EMR modification projects. These mini grants enabled our partner organizations to jumpstart TB prevention projects and provided an opportunity for the TB Free team to work closely with these organizations to support and further their projects.

Strategies to Achieve Success or Overcome Barriers/Challenges
As discussed previously, the COVID-19 pandemic has presented challenges, due to redirected resources and to TB Free California staff and partners intermittently assigned to the COVID-19 response. However, with the help of TB "champions" and strong partnerships, we ensured TB Free California activities remained uninterrupted at the sites we served. We scheduled regular meetings with partner organizations to track activity progress and continued to provide support as needed.

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

Activity Status
Completed

Activity Outcome
Between 07/2020 and 6/2021, TB Free California disseminated digital TB education materials to over 1,500 providers and community partners. TB Free California worked with the TB Elimination Alliance and Champions for Health, a San Diego-based organizations, to pilot educational materials in English, Vietnamese and Tagalog with 139 patients and 23 providers.

Reasons for Success or Barriers/Challenges to Success
In addition to sharing our TB Free California resources via our webpage, we also developed a mailing list of providers, community clinics, and community organizations to share our TB education materials. In the first half of FY20, we developed a strong plan to continue to evaluate materials. Our partnership with Champions of Health allowed us to assess the impact of existing TB Free California patient education materials,

specifically on the willingness of Vietnamese and Tagalog speaking patients to speak to a physician about LTBI.

Strategies to Achieve Success or Overcome Barriers/Challenges
We've had several challenges in our attempts to pilot our educational materials, including: 1) the lack of incentive for participants, per the clinic management; 2) clinics not having the capacity to coordinate a pilot project as a result of competing priorities; or 3) lack of access to a staff member with the language capacity to lead evaluation projects. However, as a result of our new partnership with the Champions for Health, we were able to pilot three (3) community educational materials and one provider tool with their network of patients and providers. They have staffing with language capacity, dedicated personnel time, and a project plan to complete the pilot in 2021.

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

Activity Status
Completed

Activity Outcome
Since 07/2020, the TB Free California website has had 4355 views with many partners seeking patient LTBI educational resources. TB Free California staff continue to develop and coordinate culturally relevant and linguistically appropriate patient LTBI messaging with partner organizations. Most recently, with the development of the TB Elimination Alliance, we have opportunities to evaluate existing LTBI messaging and modify as needed.

Reasons for Success or Barriers/Challenges to Success
TB Free California's patient education and provider tools are used across our partner organizations. Because of the diverse tools and clear LTBI messaging we have developed, many of our partners have integrated our resources into their clinics to educate patients and providers. The CDC's DTBE recently featured one of our LTBI resources for college and high school students in the May 2021 issue of *Find TB Resources*. This expanded our reach to a wide national audience. Lastly, the current evaluation of our TB Free California materials through our partnership with the Champions for Health will allow us to modify messaging as needed.

Strategies to Achieve Success or Overcome Barriers/Challenges
TB Free California will continue to collaborate with new and existing partners to strengthen our LTBI messaging and to inform new material development. Our website

continues to be updated to ensure our resources are up to date and available for our partners to download. Our partner organizations also continue to amplify our LTBI messaging and resources through their own websites and social media platforms.

Impact/Process Objective 3:
Increase the number of primary care clinics able to provide care for LTBI
Between 07/2020 and 06/2021, Program will identify **5** community clinics to participate in one or more of the TB Free California activities described below. All activities will occur in partnership with local health departments. Our goal is to provide the technical assistance and skills training necessary for primary care providers in California to effectively screen, test, and treat patients for LTBI.

Impact/Process Objective Status
Exceeded
Impact/Process Objective Outcome

Between 07/2020 and 06/2021, Program identified six (**6**) community clinics to participate in one or more of the TB Free California activities described below. All activities will occur in partnership with local health departments. Our goal is to provide the technical assistance and skills training necessary for primary care providers in California to effectively screen, test, and treat patients for LTBI.

Reasons for Success or Barriers/Challenges to Success
In FY20, we worked directly with six (6) clinics and clinic networks to provide intensive technical assistance. Our ability to provide trainings, support measuring rates of LTBI testing and treatment, and develop LTBI protocols, clinical tools, and patient education materials makes us a valuable partner to clinics.

Strategies to Achieve Success or Overcome Barriers/Challenges
The TB Free California team continues to provide high-quality technical assistance to existing partners throughout the state. We will continue fielding requests from clinics who want to increase their capacity to provide LTBI care and will reach out to new clinic partners through local health departments and our internal network of high priority providers.

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

Activity Status
Completed

Activity Outcome
In FFY 2020, our staff held three (3) trainings and provided slides and supporting materials for several others.

Reasons for Success or Barriers/Challenges to Success
Despite a U.S. Preventative 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 LTBI is a high-demand activity for many clinics.

Strategies to Achieve Success or Overcome Barriers/Challenges
In the first half of FY20, our staff has held three (3) trainings and provided slides and supporting materials for several others. We had fewer requests for training this year due to the COVID-19 pandemic but will continue to provide evidence-based training and training support to clinic partners in FY21.

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

Activity Status
Completed

Activity Outcome
In addition to making clinical tools available for free download on our website, we distributed clinical tools to our internal network of >100 high-priority medical providers in 7/2020.

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 a number of concise clinical tools in FFY17-19 and are disseminating them to clinic partners and providers across the state.

Strategies to Achieve Success or Overcome Barriers/Challenges
We distribute clinical tools to existing partners and any other clinic that requests them, in either print or digital format. We also distributed clinical tools to our internal network of high priority providers in 7/2020. To make our existing clinical tools widely available, they can be downloaded for free on the Provider Resource page of our TB Free California website: tbfreecalifornia.org. Select clinical tools will also be added to our "LTBI Guidebook" project in FY2021.

Activity 3:
Provide expert consultation on clinical questions surrounding LTBI care
Between 07/2020 and 06/2021, Program will provide direct clinical consultation on testing and treatment of TB infection and TB prevention strategies for healthcare providers in community and institutional settings. Common consultation topics include interpretation of discordant tests for TB infection, workup of TB disease prior to starting LTBI therapy, addressing drug interactions with LTBI medications, and accounting for partially completed LTBI therapy.

Activity Status
Completed

Activity Outcome
Between 7/2020 and 12/2020, TB Free California staff continued to provide clinical consultation regarding testing and treatment of TB infection for healthcare providers throughout the state. This direct assistance activity was particularly important during the COVID-19 pandemic, as local health department and physician staffing was often disrupted.

Reasons for Success or Barriers/Challenges to Success
TB clinical care involves many diagnostic and therapeutic nuances, including distinguishing LTBI from active disease, interpretation of discordant tests, treating special populations including infants and pregnant women, and managing drug side effects. That is why, in addition to training and clinical tools, we provide direct clinical consultation for any clinic that has questions relating to LTBI patients. This kind of 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
This has been a very successful facet of our program. We are contacted by providers for consultation on LTBI cases roughly 30 times per year. Direct clinical consultation is provided not only to our TB Free California clinic partners, but for any provider that requests help with LTBI management. Consultations allow us to build capacity and provider knowledge related to LTBI care, and also helps us understand the main LTBI challenges encountered by primary care providers and build relationships with clinics who may be interested in future partnerships.

State Program Title: Youth Obesity Prevention

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

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

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

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

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

National Health Objective: AH-1 Adolescent Wellness Checkup

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

State Health Objective Status
Met

State Health Objective Outcome
The project worked with three local community clinics in California: Maestra Family Clinic, Camarena Health Center, and Borrego Community Health Center to obtain data on the frequency of adolescent well child checks. The project intends to use this information to support long range planning for CDPH interventions with SBHCs. In addition, the project assessed and defined key indicators to identify locations where SBHCs are most needed and would benefit young people. Relationship building and technical assistance will be ongoing for the entire term of this contract.

Reasons for Success or Barriers/Challenges to Success
CDPH is building on solid long-established relationships and partnerships including with the School-Based Health Alliance. The community clinic data on adolescent well child checks was obtained in partnership with the School-Based Health Alliance.

Strategies to Achieve Success or Overcome Barriers/Challenges
We continue to keep our lines of communication open with our partners.

Leveraged Block Grant Dollars
Yes

Description of How Block Grant Dollars Were Leveraged
Many CDPH and other state employees as well as outside organizations are involved in the SBHC workgroup and the pilot project.

OBJECTIVES – ANNUAL ACTIVITIES

Impact/Process Objective 1:
Coordinate health promotion and prevention services with partners
Between 07/2020 and 06/2021, Program will maintain **5** partnerships with internal and external partners to coordinate state and local efforts on health promotion and prevention services, specifically low-income and adolescents.

Impact/Process Objective Status
Not Met

Impact/Process Objective Outcome
Between 07/2020 and 06/2021, Program maintained **10** partnerships with internal and external partners to coordinate state and local efforts on health promotion and prevention services, specifically low-income and adolescents. However, activities 1,3, and 5 under this objective were not completed. See further details below.

Reasons for Success or Barriers/Challenges to Success
CDPH has nurtured these relationships over many years and particularly depended on the long-term involvement of the SBHC coordinator because of her experience and skills.

Strategies to Achieve Success or Overcome Barriers/Challenges
Kathy Streng served as the CDPH SBHC Coordinator because of her many years of experience in the school health arena. She had longstanding relationships and extensive contacts within the school health community. Unfortunately, Ms. Streng passed away unexpectedly on 11/2/2020. CDPH has selected Jeffery Rosenhall from CDPH's Injury and Violence Prevention Branch (IVPB) to maintain existing partnerships, continue project activities, and build on successes to date. Mr. Rosenhall has background and experience in suicide prevention work within schools as well as physical activity initiatives.

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

Activity Status
Not Completed

Activity Outcome
CDPH was a partner/co-sponsor of the October 2020 virtual School Based Health Alliance annual meeting attended by 1000 school-based health center staff and administrators, school district support and health services personnel, community medical, mental and oral health providers, school administrators and student services leaders. This meeting duplicated some purposes of SBHC workgroup meetings.
In addition, 1 workgroup teleconference was held in late spring 2021 and 1 training was held for the workgroup. The training was held on June 14, 2021 and covered the Airtable database. Twelve staff and partners attended, primarily members of the SBHC workgroup.

Reasons for Success or Barriers/Challenges to Success
The COVID pandemic and the uncertainty around the longer term response hindered the scheduling of workgroup meetings. In addition, the postponement of the School Based Health Alliance annual meeting from March to October disrupted planning for workgroup meetings since the CDPH SBHC Coordinator played an active role in the planning of the annual Alliance meeting. Kathy Streng served as the CDPH SBHC Coordinator because of her many years of experience in the school health arena. She

had longstanding relationships and extensive contacts within the school health community. Unfortunately, Ms. Streng passed away unexpectedly on 11/2/2020.

Strategies to Achieve Success or Overcome Barriers/Challenges
Jeffery Rosenhall from the CDPH Injury and Violence Prevention Branch was appointed to manage the project moving forward. One teleconference workgroup meeting was held in late spring/early summer in addition to one training for the members.

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

Activity Status
Completed

Activity Outcome
CDPH staff developed a proposal for ongoing state funding for a public school health center support program within CDPH. The proposal was submitted to the CDPH director's office. If final approval from the director's office is obtained, it will be printed, made public, and submitted to the California legislature for consideration.

Reasons for Success or Barriers/Challenges to Success
Progress on this activity was hindered to some degree by the impact of the COVID pandemic. Putting together a proposal of this magnitude was difficult for the interim coordinator due to the time and resources required to gather necessary information and gain expertise in the topic of school-based health centers.

Strategies to Achieve Success or Overcome Barriers/Challenges
If the proposal is not approved CDPH staff will consider incorporating content on the impact of the proposal on COVID since the pandemic is the current highest priority within state government.

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

Activity Status
Not Completed

Activity Outcome
A draft inventory of available data sources and points identifying proportion of adolescent well-child visits across the state was developed.

Reasons for Success or Barriers/Challenges to Success
CDPH staff will utilize the data in the plan to develop future actions and strategies.

Strategies to Achieve Success or Overcome Barriers/Challenges
CDPH management has selected Jeffery Rosenhall to move forward with school health work.

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

Activity Status
Completed

Activity Outcome
A report of the data points was developed and reviewed. The School-Based Health Alliance also completed analysis of the data sources and points on an informal basis. CDPH completed service orders, which included local needs assessment in several locations.

Reasons for Success or Barriers/Challenges to Success
The analysis and completion of the report was completed under contract with the California State University system.

Strategies to Achieve Success or Overcome Barriers/Challenges
Share the needs assessment work within the CDPH School Health workgroup.

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

Activity Status
Not Completed

Activity Outcome
Locations of pilot projects have been selected. A pilot intervention has not been developed.

Reasons for Success or Barriers/Challenges to Success
In September 2020, the manager overseeing school-based health work at CDPH left the department. In early November 2020, the long-term state SBHC coordinator died suddenly over the weekend. The interim coordinator had no background in the project and retired at the end of May 2021. In addition, some staff throughout the department were assigned to COVID work. As a result of the lack of continuity and institutional knowledge, this activity was not completed. The School-Based Health Alliance is taking an active role in the pilot intervention work. This will contribute to success because of their broad influence in the school health community.

Strategies to Achieve Success or Overcome Barriers/Challenges
The project has a new coordinator beginning 7/1/2021. CDPH will utilize their long-term relationship with the School-Based Health Alliance along with the support of other CDPH projects that work in schools.