California FY 2018
Preventive Health and Health Services Block Grant

Work Plan

Original Work Plan for Fiscal Year 2018
Submitted by: California
DUNS: 799150615

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CDC Work Plan ID: CA 2017 V0 R3

State Program Title: **California Behavioral Risk Factor Surveillance System Program**

State Program Strategy:

Goal: The California Behavioral Risk Factor Surveillance System Program (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 6,000 survey interviews are required to be collected annually at the state level (5,000 nationally) 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: Improve the health of individuals, families, and communities in California. Since 1984, the CA BRFSS program has been part of the national BRFSS program housed within Centers for Disease Control and Prevention (CDC). The CA BRFSS program is 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. Many programs within CDPH, local health departments, the American Cancer Society, universities, and other nonprofit organizations use the data collected by this program. By collecting behavioral health risk data at the state and local level, BRFSS is used as a powerful tool for targeting and building health promotion activities, and thus improving the health of Californians at the state and local levels.

Role of Block Grant Funds: Preventive Health and Health Services Block Grant (PHHSBG) funding:
- Ensures stable funding for the CA BRFSS program;
- Allows for the hiring of interviewers for the Public Health Survey Research Program (PHSRP), California State University, Sacramento (CSUS);
- Allows for increased analytic capability, including small-area analyses, to meet future needs; and
- Allows the per-question cost to remain stable.

Primary Strategic Partnerships:

Internal:
- California Tobacco Control Program
- Safe and Active Communities Branch
- Immunization Branch
- Office of Problems Gambling
- Childhood Lead Poisoning Prevention Branch

External:
- American Cancer Society
- California Conference of Local Health Officers
- Alzheimer's Association

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 and surveillance requirements, and dissemination and use of BRFSS data and data findings. Quarterly BRFSS meetings shall be convened to determine program effectiveness through discussions and tracking of these components.

State Program Setting:
State health department

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

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

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

State Health Objective(s):

Between 07/2018 and 06/2019, Maintain 1 CA BRFSS Program. BRFSS data are used for directing program planning, evaluating programs, establishing program priorities, developing specific interventions and policies, assessing trends, and targeting relevant population groups utilizing guidance from CDPH's current Strategic Map and Public Health 2035 Initiative. BRFSS is the main source of data for at least half of the Leading Health Indicators (LHIs) established as a result of the Healthy People 2020 Objectives. LHIs addressed in the BRFSS include tobacco use, health care coverage, physical activity, diabetes, obesity, and health-related quality of life, among numerous other indicators. Many individual CDPH programs funded by CDC are required by CDC to add program specific questions to CA BRFSS.

Baseline:
The CA BRFSS Program interviews and collects data from more than 6,000 adults annually and provides analytic support to pr*ograms that will use BRFSS data as a source of baseline data for achieving a state health objective.* The overall adjusted response rates in CA in 2016 were 28.6% for landline response and 36.1% for cellular telephone response, with a combined response rate of 31.1%. In 2014, an estimated 9.4% of CA adults reported ever being told by a doctor that they have diabetes (2020 target 6.7%), An estimated 24.9% were classified as obese (2020 target 34%), An estimated 87.7% of CA adults reported fair or good physical health (2020 target 79.8%), while 89% reported fair or good mental health (2020 target 80.1%). These are just examples of a few LHIs utilizing BRFSS to establish baseline and target rates of chronic disease for Healthy People 2020.

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

State Health Problem:

Health Burden:
By the early 1980s, scientific research showed that personal health behaviors played a major role in premature morbidity and mortality. Over time, telephone surveys emerged as an acceptable method for determining the prevalence of many health risk behaviors among

populations. Surveys conducted annually are used to determine the proportion of California residents who engage in health behaviors that increase the probability of both positive and negative health outcomes. These data play a vital role in developing public policy and monitoring achievement of public health goals. BRFSS data have been used to: associate information with the leading causes of premature death, increase public awareness of lifestyles and risk factors that significantly influence health, monitor trends in health behavior over time such as diet, exercise, and screenings for cancer etc., and monitor progress towards meeting Healthy People 2020 objectives. CA BRFSS data are used for directing program planning, evaluating programs, establishing program priorities, developing specific interventions and policies, assessing trends, and targeting relevant population groups. Data have also been used to assess the impact of state legislation on public health, and disseminate critical data for use by other external partners. BRFSS is administered to the adult population of California, which consists of 29 million individuals.

Target Population:
Number: 29,932,446
Infrastructure Groups: Disease Surveillance - High Risk

Disparate Population:
Number: 29,932,446
Infrastructure Groups: Disease Surveillance - High Risk

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $360,000
Total Prior Year Funds Allocated to Health Objective: $400,000
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Maintain statewide collection and analysis of BRFSS data.
Between 07/2018 and 06/2019, staff will collect 6,000 California Behavioral Risk Factor Surveys, at minimum, by way of survey methods utilizing random digit dialed telephone interviews of the CA adult population (18 years and older) living in households.

Annual Activities:
1. Collect BRFSS data.
Between 07/2018 and 06/2019, staff will oversee and coordinate the overall operations of the collection of CA BRFSS data that meet required CDC guidelines and include the timely submission of data to CDC.

2. Provide data sets to BRFSS users.
Between 07/2018 and 06/2019, staff will provide data sets to BRFSS users for analysis, program planning, evaluation, and resource-allocation activities.

3. Analyze BRFSS data.
Between 07/2018 and 06/2019, staff will analyze data collected from annual BRFSS survey data to develop county-level estimates of chronic disease health risk indicators of the California adult population.

4. Conduct quarterly BRFSS users' meetings.
Between 07/2018 and 06/2019, staff will convene quarterly meetings to discuss and evaluate the effectiveness of the BRFSS program and to inform program partners of changes to survey or methods, data collection progress, management, and planning and development of 2019 questionnaire.

State Program Title: **California Wellness Plan Implementation**

State Program Strategy:

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

Health Priority: Prevent and reduce chronic disease in California.
Chronic disease and injury cause the majority of deaths and contribute to poor quality of life, disability, and premature death. In 2010, $98 billion was the estimated cost of treating arthritis, asthma, cardiovascular disease, diabetes, cancer, and depression in California, approximately 42% of California's health care expenditures.

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

Primary Strategic Partnerships:

Internal
- Department of Health Care Services
- Covered California
- Office of Statewide Health Planning and Development
- Office of Aging
- Department of Managed Health Care

External
- American Heart Association
- California Chronic Care Coalition
- California Conference of Local Health Officers
- County Health Executives Association of California
- The California Endowment

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

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

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

Position Name: Vacant
Position Title: Research Scientist III
State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Vacant
Position Title: Associate Government Program Analyst
State-Level: 0% Local: 0% Other: 50% Total: 50%

Total Number of Positions Funded: 2
Total FTEs Funded: 1.50

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 07/2018 and 06/2019, CWPI staff will: Maintain 1 chronic disease and injury prevention statewide health improvement plan to support public health infrastructure, California Wellness Plan 2014, with an eight year timeframe.
Baseline:
The California Wellness Plan 2014 is in effect through 2022.

Data Source:

1. California Wellness Plan, 2014
2. California Wellness Plan Progress Report, 2018

State Health Problem:

Health Burden:
Chronic diseases and unintentional injury are the leading causes of death, disability, and diminished quality of life in California. Some populations are affected more than others, resulting in significant inequities in health outcomes and quality of life within California's population (**target population**). An estimated 14 million Californians live with at least one chronic condition; more than half of this group (11 million enrolled in Medi-Cal) have multiple chronic conditions (**disparate population**: low-income Californians).

Target Population:
Number: 39,250,017
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions

Disparate Population:
Number: 11,100,000
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $396,000
Total Prior Year Funds Allocated to Health Objective: $440,000
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
CWPI and Partners will collect and disseminate best practices on community engagement
Between 07/2018 and 06/2019, CWPI staff will collect best practices and disseminate a community engagement best practices guide to **10** providers in California.

Annual Activities:
1. Partner convening to collect and share best practices.
Between 07/2018 and 06/2019, CWPI will convene one meeting with stakeholders to share best practices for promoting the effective experiences of community-based patient education programs (such as the Diabetes Prevention Program), and how programs can link with policy, systems and environmental change approaches to improve community health and support positive patient outcomes.

2. Create and disseminate CMM best practices guide
Between 07/2018 and 06/2019, CWPI staff will create and disseminate a CMM best practices guide to ten providers.

Objective 2:
Disseminate updated chronic disease, population health and prevention information
Between 07/2018 and 06/2019, CWPI staff will distribute burden and progress reports to **20** chronic disease prevention partners.

Annual Activities:
1. Distribute The Burden of Chronic Disease and Injury, CA 2nd Edition Report
Between 07/2018 and 06/2019, CWPI staff will post one Burden of Chronic Disease and Injury, California Second Edition on the CDPH CDCB web page.

2. Evaluate stakeholder satisfaction of the CA Wellness Plan Progress Report
Between 07/2018 and 06/2019, CWPI staff will complete one survey of stakeholders to evaluate the utility of the 2018 California Wellness Plan Progress Report.

3. Maintain the CA Wellness Plan Data Reference Guide
Between 07/2018 and 06/2019, CWPI staff will update and maintain one CHHS Open Data Portal's CA Wellness Plan Data Reference Guide.

Objective 3:

Promote Comprehensive Medication Management (CMM) Implementation

Between 07/2018 and 06/2019, CWPI staff will maintain **1** CMM implementation work group and develop an CMM implementation guide.

Annual Activities:

1. Maintain CMM Work Group

Between 07/2018 and 06/2019, CWPI staff will conduct monthly webinars with Work Group members to share updates on CMM implementation and evaluation in order to ensure that high risk individuals with chronic conditions and injuries avoid preventable hospitalizations and health complications.

2. Develop a CMM implementation guide

Between 07/2018 and 06/2019, CWPI staff will develop and disseminate at least two CMM tools to increase CMM-practicing clinics in CA.

Objective 4:

Maintain communication with the CWPI Executive Committee

Between 07/2018 and 06/2019, CWPI staff will hold **1** webinar for communication with the CWPI Executive Committee

1. Promote CWPI progress and collaboration

Between 07/2018 and 06/2019, CWPI staff will conduct one webinar with the CWPI Executive Committee to share CWPI progress and to promote a collaborative environment to prevent, treat, and control chronic disease and injury.

2. Promote best practices

Between 07/2018 and 06/2019, CWPI staff will maintain one listserv and one website to promote CWPI progress and opportunities for internal and external collaboration. These platforms will allow the sharing and discussion of best practices on chronic disease and injury prevention.

State Program Title: **Cardiovascular Disease Prevention Program**

State Program Strategy:

Goal: The mission of the California Cardiovascular Disease Prevention Program (CDPP) is to reduce death and disability from cardiovascular disease (CVD), a leading cause of death in California. CDPP goals support Healthy People 2020 Objectives, (1) Heart Disease and Stroke (HDS)-2: reduce coronary heart disease deaths and (2) HDS-5.1: reduce the proportion of adults with hypertension. In addition, our health priorities align with our State goals and indicators, including California's "Let's Get Healthy California" and the "Public Health 2035 Initiative."

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

Role of Block Grant Funds: CDPP funds will support salaries of two staff members: Health Program Specialist II - 1.45 FTEs.

Primary Strategic Partnerships:

Internal
- California Department of Health Care Services
- Chronic Disease Control Branch: Diabetes and Heart Disease Unit
- Nutrition Education and Obesity Prevention Branch
- California WISEWOMAN Program
- California Stroke Registry/California Coverdell Program

External
- American Heart Association
- Right Care Initiative, University of Best Practices
- Million Hearts Initiative
- California Chronic Care Coalition
- CA4Health

Evaluation Methodology: CDPP staff implementing Annual Activities will evaluate progress/outcomes on a yearly basis, including: (1) post-evaluation of quarterly webinars; (2) annual evaluation tracking partnerships, coordination, and synergy among HHC membership.

State Program Setting:
Community based organization, Local health department, Medical or clinical site, State health department, Work site

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

Position Name: Vacant
Position Title: Associate Governmental Program Analyst
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Linda Dornseif
Position Title: Health Program Specialist II
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2
Total FTEs Funded: 1.50

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

State Health Objective(s):

Between 07/2018 and 06/2019, Heart Disease (HDS-2): Reduce coronary heart disease deaths from 92.6 per 100,000 in 2014 to 90.0 per 100,000 population in 2018-19.
Heart Failure (HDS-24): Reduce hospitalizations among older adults with heart failure as the principal diagnosis from 18.6 per 1,000 in 2015 to 9.9 per 1,000 population aged 65 and above.
Blood Pressure:
1. **(**HDS-5.1**)** Reduce the proportion of persons in the population with hypertension from 28.4 percent in 2016 to 26.2 percent in 2018-19.
2. (HDS-11) Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure from 65.1 percent in 2016 to 80 percent in 2018-19.

Baseline:

Heart Disease (HDS-2): *In 2014,* the age-adjusted coronary heart disease mortality rate was *92.6 per 100,000 population.*
Heart Failure (HDS-24): *In 20*15, the age-adjusted congestive heart failure hospitalization rate *was 18.6 per 1,000 population aged 65 and above.* The national objective was updated t*o include diagnostic codes for heart failure only.*
Blood Pressure:
1. **(**HDS-5.1**)** In 2016, 28.4 percent of adults reported a diagnosis of hypertension.
2. **(**HDS-11***)*** *In 2016, 65.1 percent of adults reported taking medications to control their* hypertension.

Data Source:

The CDPP is in the process of obtaining 2016 CA Vital Statistics and Office of Statewide Health Planning and Development, Patient Discharge Data from the Center for Health Statistics and Informatics to provide current baseline rates for HDS-2 and HDS-24. California Health Interview Survey, 2016

State Health Problem:

Health Burden:
Mortality: In 2014, the age-adjusted rate of coronary heart disease deaths was 92.6 per 100,000 population. In that same year, the heart failure age-adjusted mortality rate was 11.3 per 100,000 population.

Morbidity: In 2014, the congestive heart failure hospitalization rate as a principal diagnosis was 10.5 per 1,000 population aged 65 and above.

Risk: 2013–2014 data showed that 27.2% of Californians had been told by a clinician that they had high blood pressure, including 36.5% of African Americans, 35.5% of American Indian/Alaska Natives, and 30.9% of Native Hawaiian/Pacific Islanders. In those same years, 69.2% of California adults with high blood pressure were taking medication to control their blood pressure.

The **target population** for program interventions includes approximately 29 million (2014) California adults aged 18 years and over, both genders, all racial and ethnic groups, and all geographic regions of the State. The **target** and **disparate populations** are the same.

Target Population:
Number: 29,932,446
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 29,932,446
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: CA Department of Finance (2017)

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

Other: 2015–2020 Dietary Guidelines for Americans

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $382,189
Total Prior Year Funds Allocated to Health Objective: $424,654
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Compliments CDC funds for CVD
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Provide subject-matter expertise and guidance relating to CVD.
Between 07/2018 and 06/2019, CDPP staff will provide webinars to **at least 20** HHC members. Webinars will provide information on emerging CVD issues.

Annual Activities:
1. Maintain statewide CVD alliance.
Between 07/2018 and 06/2019, staff will maintain **one** HHC alliance, created to coordinate statewide stroke and heart disease control and prevention efforts. HHC provides support, technical assistance, resources, best practices, and a statewide forum for discussion relating to undiagnosed hypertension, hypertension, prediabetes, diabetes self-management, obesity, nutrition, and physical activity. Through this effort, staff will actively support the California Accountable Communities for Health Initiative (CACHI) by including them in the HHC Alliance.

2. Host 3-4 HHC Meetings.
Between 07/2018 and 06/2019, staff will host and facilitate 3-4 meetings/webinars via HHC. Meetings/webinars will provide support and information on emerging CVD issues, such as improving the delivery and use of clinical and other preventive services through implementation of quality-improvement processes through electronic health records, health information exchange, team-based care, and strategic use of health systems quality measure data, resulting in improved health outcomes.

3. Conduct HHC annual evaluation and release report.
Between 07/2018 and 06/2019, CDPP staff will conduct **one** evaluation per year to track statewide and local activities, partnerships, coordination, and synergy among HHC membership. Evaluation results will be published in an annual report.

Objective 2:
Publish data on sodium reduction behavior to improve hypertension control.
Between 07/2018 and 06/2019, staff will publish **1** Fact Sheet on sodium reduction behaviors to control hypertension.

Annual Activities:
1. Purchase and analyze one sodium question from the California BRFSS in 2019.
Between 07/2018 and 06/2019, Staff will purchase and analyze one sodium question from the California BRFSS in 2019 to measure reduction of sodium intake for the purpose of controlling hypertension. One Fact Sheet will be developed and published using this information.

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

State Program Strategy:

Goal: Prevent consumer exposure to and reduce the incidence of food-borne illness. The goal of the Commodity-Specific Surveillance Program is to prevent consumer exposure to and reduce the incidence of food-borne illness by collecting surveillance samples of high-risk food products that are known to be susceptible to microbial contamination, evaluating samples for microbial contamination, and initiating interdiction efforts to remove products from the marketplace if they are determined to be adulterated.

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

Role of Block Grant Funds: PHHS Block Grant funds will support salaries and operational costs of personnel. This will include 4 FDB staff at 19% FTE conducting field work such as sampling and removal of adulterated foods and 1 FDLB staff at 60% FTE conducting the microbial analyses of the samples collected.

Primary Strategic Partnerships:

Internal
- Division of Communicable Disease Control
- Infectious Disease Branch

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

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

State Program Setting:
State health department

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

Position Name: Vacant
Position Title: Research Scientist II
State-Level: 60% Local: 0% Other: 0% Total: 60%
Position Name: Christian Bond
Position Title: Environmental Scientist
State-Level: 19% Local: 0% Other: 0% Total: 19%
Position Name: Abby Lineberry
Position Title: Environmental Scientist
State-Level: 19% Local: 0% Other: 0% Total: 19%
Position Name: Samantha Ahio

Position Title: Environmental Scientist
State-Level: 38% Local: 0% Other: 0% Total: 38%
Position Name: Mary Diarbekirian
Position Title: Environmental Scientist
State-Level: 19% Local: 0% Other: 0% Total: 19%

Total Number of Positions Funded: 5
Total FTEs Funded: 1.55

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

State Health Objective(s):
Between 07/2018 and 06/2019, Food and Drug Branch and Food (FDB) and Food and Drug Laboratory Branch (FDLB) staff will reduce the incidence of illness caused by Escherichia coli O157, Listeria *monocytogenes,* and Salmonella species pathogens from ingestion of contaminated food, through effective surveillance of high-risk food commodities and prompt interdiction to remove contaminated foods from commerce once identified.

Baseline:

Baseline data prior to 2015 does not exist. In the 2015-2016 state fiscal year, FDB collected over 600 samples of high-risk food for microbial testing with PHHS Block Grant funding. This sampling resulted in two retail samples of sliced mushrooms testing positive for *Listeria monocytogenes*. These findings resulted in significant activities at a mushroom harvesting and slicing operation in California. The 2016-2017 surveillance sampling project (also funded by the PHHS Block Grant) resulted in the collection of over 900 samples with all "negative" results for pathogens. The 2017-2018 surveillance sampling project (also funded by the PHHS Block Grant) is still in process but has resulted in the collection of over 900 samples with all

Data Source:

Prior to 2015, FDB collected samples of high-risk food commodities during for-cause investigations when some indication of possible adulteration was suspected. Commodity-specific surveillance sampling for high-risk foods was started during the 2015-2016 state fiscal year.

State Health Problem:

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

Health Burden Data Source:
U.S. Centers for Disease Control and Prevention - Food-borne illness estimates - 2018 - http://www.cdc.gov/foodborneburden/
Target Population:
Number: 39,000,000

Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 39,000,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: CDC food-borne illness estimates, 2018; available online at: http://www.cdc.gov/foodborneburden/index.html

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $180,000
Total Prior Year Funds Allocated to Health Objective: $200,000
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Increase analysis of food commodities for microbial contamination.
Between 07/2018 and 06/2019, FDB and Food and Drug Laboratory Branch (FDLB) staff will collect **850** samples of high-risk food commodities known to be susceptible to microbial contamination. Staff will investigate the distribution of adulterated foods and take the necessary steps to ensure removal from commerce, decrease consumer exposure to contaminated foods, and reduce the risk of contracting food-borne illness.

Annual Activities:

1. Collect and evaluate high-risk food commodities for microbial contamination.
Between 07/2018 and 06/2019, FDB and FDLB staff will collect and analyze **approximately 850** samples of food commodities for microbial contamination. Microbial analysis will be conducted to isolate and serotype pathogens. Pulsed-field Gel Electrophoresis (PFGE) and/or Whole Genome Sequencing (WGS) may also be conducted on isolates to determine if they are linked to any reported illnesses.

2. Investigate processors to determine source and distribution of contaminated foods.
Between 07/2018 and 06/2019, FDB staff will investigate **all** firms involved in the manufacture and distribution of foods identified with bacterial contamination, to determine the likely source of the contaminant and the distribution of the contaminated food(s) to ensure removal from commerce.

Records of distribution and handling will be evaluated, to determine product distribution, and processing and growing practices will be evaluated as appropriate, to determine the source of the contaminant or the failure in the processing system that allowed the contaminant to proliferate.

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

State Program Strategy:

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

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

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

Primary Strategic Partnerships:

Internal
- Information Technology Services Division
- Center for Infectious Disease
- Center for Chronic Disease Prevention and Health Promotion
- Center for Health Care Quality

External
- California Department of Health Care Services
- University of California, Davis, Health System
- California Office of Statewide Health Planning and Development

Evaluation Methodology: The objectives and progress of the program have been established and are being tracked and evaluated utilizing the well-known SMART goal-management principles, based on the EODS Strategic Roadmap that is updated annually and approved by the EODS Governance Steering Committee.
National Health Objective: HC/HIT 9 Increase the proportion of online health information seekers who report easily accessing health information.

State Program Setting:
State health department

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

Position Name: Vacant
Position Title: IT Specialist II
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1
Total FTEs Funded: 1.00

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

State Health Objective(s):

Between 07/2018 and 06/2019, build and expand the infrastructure for more easily accessible and usable health information exchange, in alignment with a principle goal of CWP. The EODS initiative is directed at significantly improving exchange of, and access to, health care data.

Baseline:

EODS is a new system complement, supporting new data-exchange capabilities and technologies for all CDPH programs; therefore, baseline data is not available.

Data Source:

The Ecosystem of Data Sharing is a new system complement. There are no historical figures to evaluate.

State Health Problem:

Health Burden:
Lack of accurate and comprehensive health care information on individuals and communities represents significant gaps in health care service delivery capabilities. Although the overall target of EODS is to enhance health care information delivery for all Californians (target population), by virtue of the CHHS support of state and federally sponsored Medi-Cal program activities, many CDPH programs serve, and emphasize service to, disparate and vulnerable population groups. Approximately 11 million California residents are enrolled in the Medi-Cal program (disparate population)

Target Population:
Number: 39,250,017
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 11,000,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: DHCS, Medi-Cal Enrollment Report (2016)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Healthy People 2020 Program. Use health communication strategies and health information technology to improve population health outcomes and health care quality, and to achieve health equity (U.S. Department of Health and Human Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $192,862
Total Prior Year Funds Allocated to Health Objective: $214,291
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Manage EODS system development and implementation activities.
Between 07/2018 and 06/2019, Center for Health Statistics and Informatics will implement **1** Service Oriented Architecture interface for the EODS Initiative. EODS staff will also manage the research and evaluation of data virtualization technologies for adoption by EODS and CDPH.

Annual Activities:
1. Manage EODS system support and administrative functions.
Between 07/2018 and 06/2019, provide managerial oversight over EODS related system development and administrative activities, including vendor management, technical requirements compliance, system configuration, coordination with the Information Technology Services Division, and efforts coordination with various EODS program and project managers. This oversight is required for the successful delivery of complex EODS service capabilities to the people of California.

State Program Title: **Emergency Medical Dispatch Program/EMS Communications**

State Program Strategy:

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

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

Role of Block Grant Funds: Funded positions: (1) coordinate state and local agencies that implement statewide standardized program guidelines for EMD; (2) improve interoperability communications among EMS agencies and public-safety responders to ensure timely access to comprehensive, quality emergency health care services.
The vacant position is expected to be filled by July 1, 2018.

Primary Strategic Partnerships:

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

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

Evaluation Methodology: (1) Monitor local EMS systems plans related to EMD and 9-1-1 communications components to ensure statewide disaster-frequency coordination; and (2) Analyze development of resource manual.

State Program Setting:
Community based organization, Local health department, State health department

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

Position Name: Tom McGinnis
Position Title: Health Program Manager II
State-Level: 9% Local: 0% Other: 0% Total: 9%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Lori O'Brien

Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Tiffany Pierce
Position Title: Office Technician
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Corrine Fishman
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Vacant
Position Title: Research Program Specialist I
State-Level: 20% Local: 0% Other: 0% Total: 20%

Total Number of Positions Funded: 6
Total FTEs Funded: 0.71

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

State Health Objective(s):
Between 07/2018 and 06/2019, ***improve prehospital care in California*** by providing technical assistance (TA) to **100%** of the local EMS agencies (LEMSAs) in the operations and development of local EMD and 9-1-1 communications system service programs.

Baseline:
*Within the 33 LEMSAs are approximately **391** primary PSAPs, which include approximately **88** dispatch centers that utilize EMD guidelines.*

Data Source:
California Statewide Communication Interoperability Plan (CalSCIP) May 2016, EMS Authority, 2016

State Health Problem:

Health Burden:
Public safety agencies throughout the State follow inconsistent EMD training standards and protocols, and face significant challenges in establishing radio interoperability at communications centers and field first-responder levels. This is particularly problematic in disaster situations, where personnel may be dispatched from other areas.
The target and disparate populations are the same; the total population of California.

Target Population:
Number: 39,536,653
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 39,536,653
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau (2017)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: • International Academies of Emergency Dispatch
• National Emergency Number Association (NENA)
• Statewide EMD guidelines, based on U.S. Department of Transportation and Office of Traffic Safety evidence

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $92,207
Total Prior Year Funds Allocated to Health Objective: $102,452
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Continue to respond to frequency-use requests.
Between 07/2018 and 06/2019, EMSA staff will review **100%** of requests to ensure the requester is an appropriate entity to use a medical frequency, and that the frequency is consistent with EMS bandwidth use and medical in nature (such as MedNet and Hospital Administrative Radio), to verify whether a support letter should be provided.

Annual Activities:
1. Write frequency use letters.
Between 07/2018 and 06/2019, EMSA staff will respond to **100%** of the requests for frequency use to ensure use is appropriate and related to emergency medical services.

Objective 2:
Implement updated Statewide EMS Operations and Communications Resource manual
Between 07/2018 and 06/2019, EMSA staff will implement **one** Statewide EMS Operations and Communications Resource Manual.

Annual Activities:

1. Distribute EMS Operations and Communications Manual to LEMSAs and stakeholders.
Between 07/2018 and 06/2019, EMSA staff will distribute **one** revised "Statewide EMS Operations and Communications Resource Manual" to LEMSAs and stakeholders to verify edits and concur with changes.

2. Publish final approved EMS Operations and Communications Manual.
Between 07/2018 and 06/2019, EMSA staff will publish one revised and approved Statewide EMS Operations and Communications Resource manual to the EMSA website.

Objective 3:

Maintain active partnerships with key EMS communication stakeholder groups.
Between 07/2018 and 06/2019, EMSA staff will attend **30%** of meetings of key EMS communications stakeholder association groups that represent EMSA in California EMS communications operations.

Annual Activities:

1. Attend 9-1-1 Advisory Board meetings.
Between 07/2018 and 06/2019, EMSA staff will participate in **at least two** 9_1_1 Advisory Board meetings to: (1) develop relationships with key EMS communication stakeholders; (2) receive up-to-date 9_1_1 service information; and (3) ensure statewide coordination of efficient pre-hospital medical responses.

2. Attend NAPCO meetings
Between 07/2018 and 06/2019, EMSA staff will attend **three** Northern California Chapter of the Association of Public-Safety Communications Officials (NAPCO) meetings, to develop relationships with key communication stakeholders and provide EMS-related information in NAPCO activities.

State Program Title: **EMS for Children**

State Program Strategy:

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

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

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

Primary Strategic Partnerships:

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

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

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.

State Program Setting:
Community based organization, Local health department, Medical or clinical site, State health department

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

Position Name: Tom McGinnis
Position Title: Health Program Manager I
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Tiffany Pierce
Position Title: Office Technician
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst

State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Farid Nasr
Position Title: Health Program Specialist II
State-Level: 33% Local: 0% Other: 0% Total: 33%
Position Name: Corrine Fishman
Position Title: Associate Governmental Program Analyst
State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 6
Total FTEs Funded: 0.86

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

State Health Objective(s):
Between 07/2018 and 06/2019, EMSA staff will ***develop and maintain EMSC programs*** by providing TA to **100%** of the LEMSAs that request assistance. LEMSAs contact EMSA staff to request guidance on EMSC programs. EMSA staff provides ongoing assistance, which results in continued improvement by providing EMSC website updates, and interpretation of EMSC guidance documents.

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

Data Source:
EMS Authority,

State Health Problem:

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

Twenty-one LEMSAs have implemented portions of EMSC into their EMS systems. Continued development of these programs to a standardized and optimum level of care across California is needed.

The pediatric **target and disparate populations** (23.2% of the State's population) include all California children below 18 years of age, regardless of their race or socioeconomic background.

Target Population:
Number: 9,172,503
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:
Number: 9,172,503
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau, Persons under 18 years, percent, July 1, 2016 (V2016) (23.2%)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: American Academy of Pediatrics: Policy Statement--Equipment for Ambulances, 2013 (This is the most recent source.)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $172,689
Total Prior Year Funds Allocated to Health Objective: $135,541
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Continue development of EMSC regulations.
Between 07/2018 and 06/2019, EMSA staff will develop **one** set of EMSC regulations to provide the LEMSAs and other local facilities with minimum requirements to establish and maintain EMSC program(s). The draft regulations have been approved by the Department of Finance (DOF).

Annual Activities:
1. Submit one Rulemaking File for EMSC regulations.
Between 07/2018 and 06/2019, EMSA staff will submit **one** developed rulemaking file to the OAL to start the rulemaking process and begin the required comment/revision/waiting periods.

2. Obtain approval of draft EMSC regulations.
Between 07/2018 and 06/2019, EMSA staff will present **one** set of proposed final draft regulations to the EMS Commission for approval after the end of the required comment/revision/waiting periods.

3. Submit EMS Commission approved regulations to OAL.
Between 07/2018 and 06/2019, EMSA staff will submit one EMS Commission approved EMSC regulations to the OAL for final approval.

4. Distribute final OAL approved EMSC regulations
Between 07/2018 and 06/2019, EMSA staff will distribute one OAL approved regulations to the LEMSAs and publish on the EMSA website.

Objective 2:
Maintain EMSC public information website.
Between 07/2018 and 06/2019, EMSA staff will maintain **one** EMSC public information web page to provide relevant sources of pediatric information to EMSC partners and promote quality medical care in the pediatric community.

Annual Activities:
1. Verify functionality of EMSC website links
Between 07/2018 and 06/2019, EMSA staff will check 25 web links for connectivity and update and/or add links as needed to ensure access to accurate information related to the care of pediatric patients.

Objective 3:
Provide education on current trends in the emergency medical care of pediatric patients
Between 07/2018 and 06/2019, EMSA will conduct **1** California EMSC Educational Forum to provide educational opportunities for EMS and hospital providers related to medical treatment of pediatric patients.

Annual Activities:
1. Organize EMSC educational Forum.
Between 07/2018 and 06/2019, EMSA staff will arrange for a venue, schedule speakers to present on topics related to EMS and pediatric patients, and ensure key EMSA personnel are available to work at the event.

2. Promote EMSC Educational Forum
Between 07/2018 and 06/2019, EMSA staff will promote via 3 modalities the EMSC Educational Forum through the use of flyers, the EMSA website, and social media platforms such as Facebook and Twitter.

Objective 4:
Update EMSC guideline.
Between 07/2018 and 06/2019, EMSA will update **1** EMSC guideline. Updated EMSC guidelines will provide direction to EMS providers relating to pediatric medical treatment.

Annual Activities:
1. Review and update EMSC guideline.
Between 07/2018 and 06/2019, EMSA staff will work in conjunction with the EMSC Technical Advisory Committee to review and update one EMSC guideline.

2. Approve updated EMSC guideline
Between 07/2018 and 06/2019, EMSA staff will forward one updated EMSC guideline to EMSA Management for review and approval. Once approved by EMSA Management, updated

guidelines may be forwarded to Health and Human Services Agency, EMS Commission and/or other stakeholders as determined by EMSA Management for approval.

3. Publish EMSC guidelines
Between 07/2018 and 06/2019, EMSA staff will publish one approved updated EMSC guideline on the EMSC website.

State Program Title: **EMS Health Information Exchange**

State Program Strategy:

Goal: Improve access to rapid, specialized pre-hospital Emergency Medical Services (EMS) statewide, to improve patient outcomes and reduce the morbidity and mortality rates of patients in California.

Health Priority: Improve the statewide development of health information exchange (HIE) (electronic movement of health-related information among organizations) in California's EMS program by facilitating access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, and patient-centered care.
Emergency Medical Dispatch (EMD) staff evaluate options for HIE between field EMS providers using electronic prehospital care records (ePCRs) and hospital electronic health records (EHRs). EMSA staff will share best practices and continue plans for bi-directional exchange of statewide patient medical-record information exchanges.

Role of Block Grant Funds: PHHSBG dollars support EMSA staff in implementing HIE in California by: (1) administering an effective system of coordinated emergency medical care, injury prevention, and disaster medical response; and (2) providing assistance to LEMSAs via e-mail and telephone to help implement HIE in their counties.

Primary Strategic Partnerships:

Internal	**External**
• California Health and Human Services Agency	
• California Department of Public Health	
• Chronic Disease Control Branch	

Evaluation Methodology: Track California EMS data from: (1) The Office of the National Coordinator for Health Information Technology and Health and Human Services Center for Medicare and Medicaid Services Electronic Health Record project outcomes and milestones; (2) EMSA program staff activities; and (3) EMSA HIE program outcomes.
EMSA staff will monitor LEMSA HIE progress via: (1) facilitation of stakeholder teleconferences; (2) Collect information on the LEMSAs capabilities to be able to onboard and transfer HIE interoperatility (3) collection of EMS data and core-measure developments.

State Program Setting:
Community based organization, Local health department, Medical or clinical site, State health department, Other: Local EMS Agencies

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

Position Name: Tom McGinnis
Position Title: Health Program Manager II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I

State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Tiffany Pierce
Position Title: Office Technician
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Leslie Witten-Road
Position Title: Staff Services Manager II
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Adrienne Winuk
Position Title: Staff Services Manager I
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Corrine Fishman
Position Title: Associate Governmental Program Analyst
State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 7
Total FTEs Funded: 2.03

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

State Health Objective(s):
Between 07/2018 and 06/2019, EMSA staff will ***encourage utilization of patient-care record technology by EMS practitioners, to ensure quality patient care*** by providing technical support to **100%** of the LEMSAs that request assistance.

Baseline:

75% of the LEMSAs (25 of 33) actively participate in the State's electronic data program. It is anticipated that this percentage will increase to 90% (30 of 33) over the next fiscal year.

Data Source:

California EMS Data Information System (CEMSIS), 2018

State Health Problem:

Health Burden:
EMS providers lack access to pre-existing patient information when providing pre-hospital patient care in the field, resulting from the lack of HIE between the field provider and the hospital. Providing access to pre-existing patient information could improve the quality, safety, and efficiency of patient care. The lack of coordination between EMS and hospitals can result in delays that may compromise patient care.
Without electronic means to transmit data, HIE cannot be implemented. The 33 LEMSAs work with many providers, and for some, the implementation of ePCRs is cost prohibitive.
The **target** and **disparate populations** are the same: the total population of California.

Target Population:
Number: 39,536,653
Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 39,536,653
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau (2017)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: The ONCs Health Information Exchange Issue Brief: National Emergency Medical Services Use Cases

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $361,189
Total Prior Year Funds Allocated to Health Objective: $401,321
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Provide leadership and coordination of HIE.
Between 07/2018 and 06/2019, EMSA staff will provide leadership to **100%** of LEMSAs, EMS Providers, and general acute care hospitals that request assistance in areas associated with HIE system developments and operations, to improve statewide EMS patient care.

Annual Activities:

1. Host teleconferences.

Between 07/2018 and 06/2019, EMSA staff will host **at least six** teleconference calls with the LEMSAs, EMS Providers, and general acute care hospitals that are interested in implementing HIE for daily use using the elements in the SAFR Model. These teleconferences provide a forum for discussion of HIE designs and sharing of successes and program implementation issues for states that are operating HIE programs under an ONC grant.

2. Participate in HIE workshop.

Between 07/2018 and 06/2019, EMSA staff will organize and host **at least one** event to share LEMSA HIE successes to: (1) inform EMS partners how best to use HIE to improve patient care; and (2) measure that improved care.

3. Provide technical assistance

Between 07/2018 and 06/2019, EMSA staff will provide data related technical assistance to at least 1 local agencies or to other entities to support program implementation and data collection and analysis. Part of the technical assistance outreach will include the development of guidance tools, reports, and documentation of lessons learned and best practices for prehospital, medical, and public health professionals.

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

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

Primary Strategic Partnerships:

Internal
- California Department of Public Health
- California Strategic Highway Safety Plan
- California Office of Traffic Safety
- EMS Commission
- Health and Human Services Agency, Office of Statewide Health Planning and Development

External
- American College of Surgeons
- California Chapter of the American College of Emergency Physicians
- Centers for Disease Control and Prevention
- EMS Administrators Association of California
- EMS Medical Directors Association of California

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

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

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

Position Name: Tom McGinnis
Position Title: Health Program Manager II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 20% Local: 0% Other: 0% Total: 20%

Position Name: Elizabeth Winward
Position Title: Health Program Specialist II
State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: Tiffany Pierce
Position Title: Office Technician
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Corrine Fishman
Position Title: Associate Governmental Program Analyst
State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 6
Total FTEs Funded: 0.83

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

State Health Objective(s):
Between 07/2018 and 06/2019, EMSA staff will provide technical assistance (TA) to **100%** of the LEMSAs that request assistance with local injury-prevention programs. EMSA staff will provide requested guidance and promote ongoing collaboration with LEMSAs and other stakeholders who create EMS-related injury-prevention policies, ensuring that policies are created using the most up-to-date injury-prevention strategies.

Baseline:

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

Data Source:

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

State Health Problem:

Health Burden:
Rapid and effective response to patient injuries by emergency first responders can reduce injury-related deaths. EMTs and paramedics, first on the scene of traumatic injuries, have witnessed the need for reducing preventable injuries.

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

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

Health Burden Data Sources: (1) Trauma Managers Association of California; (2) California Department of Public Health; and (3) CDC, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention

Target Population:
Number: 39,250,017
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 39,250,017
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau (2017)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: The American College of Surgeons report, "Resources for Optimal Care of the Injured Patient: 2014" and Clarification Document, updated 2016

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $150,329
Total Prior Year Funds Allocated to Health Objective: $90,256
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Continue to maintain EMSA injury- and illness-prevention web page.

Between 07/2018 and 06/2019, EMSA staff will provide ongoing maintenance to **one** injury- and illness-prevention web page on the EMSA website on a quarterly basis. The web page links: (1) provide sources for education and for EMS partners; and (2) promote injury prevention in the EMS community.

Annual Activities:

1. Verify functionality of website links.

Between 07/2018 and 06/2019, EMSA staff will check 66 links for connectivity and correct links in need of updating, to ensure access to and accuracy of injury- and illness-prevention data.

Objective 2:

Continue to maintain trauma system public-information web page.

Between 07/2018 and 06/2019, EMSA staff will provide ongoing maintenance on to **one** trauma-system public-information page on the EMSA website, to make sure injury prevention–related information is available and current.

Annual Activities:

1. Update trauma system public-information web page.

Between 07/2018 and 06/2019, EMSA staff will review **one** EMSA trauma system public-information web page on a **quarterly** basis and update information, to maximize accuracy and usability of web-page content.

Objective 3:

Promote education to prevent life-threatening bleeding.

Between 07/2018 and 06/2019, EMSA staff will conduct **2** training sessions to provide the general public and EMSA with the awareness, knowledge and tools necessary to stop uncontrolled bleeding and save lives.

Annual Activities:

1. Provide training to support the "Stop the Bleed" campaign.

Between 07/2018 and 06/2019, EMSA staff will provide the supplies and coordinate the instructors to hold two one-hour classes in support the national “Stop the Bleed” campaign. These classes will educate the layperson immediate responder on how to administer simple medical care to victims to stop hemorrhaging.

2. Promote the “Stop the Bleed” campaign.

Between 07/2018 and 06/2019, EMSA staff will promote the “Stop the Bleed” campaign by providing one link to the national “Stop the Bleed” campaign on the trauma system public-information web page to ensure accurate information about upcoming trainings is available and current.

State Program Title: **EMS Poison Control System**

State Program Strategy:

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

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

Role of Block Grant Funds: PHHSBG dollars support Emergency Medical Dispatch (EMD) staff and the University of California, San Francisco, in providing rapid, prehospital, poison-related medical advice; prevention; and educational information, to reduce the morbidity and mortality rates of people exposed to poisons.

Primary Strategic Partnerships:

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

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

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

State Program Setting:
Community based organization, Home, Medical or clinical site, State health department, University or college

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

Position Name: Tom McGinnis
Position Title: Health Program Manager II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Lisa Galindo
Position Title: Health Program Specialist I
State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: Tiffany Pierce
Position Title: Office Technician

State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Corrine Fishman
Position Title: Associate Governmental Program Analyst
State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 6
Total FTEs Funded: 0.73

National Health Objective: **HO IVP-9 Poisoning Deaths**

State Health Objective(s):
Between 07/2018 and 06/2019, EMSA staff will 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 California Poison Control System (CPCS).

Baseline:
(1) CPCS received 300,000 calls annually, according to the CPCS 2015/16 "Poison Control Call Statistic Report."; (2) Approximately 61,000 emergency department visits are averte*d annually and* over $70 million *saved in health care costs.*

Data Source:
California Poison Control System, 2017

State Health Problem:

Health Burden:
CPCS managed 218,031 cases in state fiscal year 2016–17; about 70% of the cases (152,813) were managed on site. Cases involving children age 5 and under accounted for 44% of the on-site managed cases. Poison centers reduce health care expenditures by preventing unnecessary ambulance transports and emergency department visits.

Without CPCS services, approximately 29**%** of poisoning cases (63,832) could result in emergency department visits.

Using a moderate estimate of $610 per emergency department visit, CPCS saves the State an estimated $39 million annually in health-care costs. Increased 9-1-1 transport costs could be incurred without CPCS intervention.

The **target** and **disparate populations** are the same: the total population of California, plus an unknown number of visitors.

Target Population:
Number: 39,536,653
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

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

Disparate Population:
Number: 39,536,653
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau, 2017 data

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: National Academies Press (U.S.) "Forging a Poison Prevention and Control System" (2004) (No newer source of this data exists.)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $108,389
Total Prior Year Funds Allocated to Health Objective: $120,432
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Conduct independent audit of the CPCS
Between 07/2018 and 06/2019, EMSA Staff will conduct **one** financial and programmatic audit of one CPCS, using an outside auditor to determine program and fiscal compliance.

Annual Activities:
1. Develop a Request for quotation
Between 07/2018 and 06/2019, EMSA staff will develop one Request for Quotation (RFQ), to identify one Small Business contractor interested in performing a comprehensive program and fiscal evaluation of the CPCS provider.

2. Select a contractor from RFQ
Between 07/2018 and 06/2019, EMSA staff will award one Small Business contractor the project based on submitted quotation amount, to audit one CPCS provider.

3. Develop contract for RFQ awardee.
Between 07/2018 and 06/2019, EMSA staff will develop one contract with a Small Business contractor to audit one CPCS provider to determine program and fiscal compliance.

4. Begin audit of CPCS
Between 07/2018 and 06/2019, EMSA staff will meet with one awarded Small Business contractor to discuss one contractual agreement for an overall understanding of the scope of work/deliverables and proposed project time frames.

5. Receive and Review Report
Between 07/2018 and 06/2019, EMSA staff will receive and review 1 audit report and it will be submitted by June 29, 2019.

Objective 2:
Provide program oversight.
Between 07/2018 and 06/2019, EMSA staff will provide oversight to **one** poison-control system provider, the California Poison Control System (CPCS), to promote rapid and effective telephone emergency advice service to 300,000 Californians exposed to poisons.

Annual Activities:
1. Review quarterly activity reports.
Between 07/2018 and 06/2019, EMS staff will review **four** activity reports per **quarter** from **one** poison control service provider, CPCS, to verify that the work performed is consistent with the contractual scope of work.

2. Conduct site visits.
Between 07/2018 and 06/2019, EMS staff will conduct **one** site visits at one poison control center within California, to verify that the work performed is consistent with regulations and the contractual scope of work**.**

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

State Program Strategy:

(1) ***Data and Information: Increase specialized pre-hospital EMS data submissions by local EMS agencies*** (LEMSAs) into the EMS Authority's (EMSA's) state EMS database system and ***unite components under a single data warehouse,*** fostering analyses on patient-care outcomes, public health system services, and compliance with California state and federal EMS service laws; and (2) ***Quality Improvement (QI) Program: Improve pre-hospital EMS services and public health systems statewide*** by providing measurable EMS QI oversight, resources, and technical assistance (TA) to LEMSAs.

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

Role of Block Grant Funds: PHHSBG dollars support: (1) development of a state QI program; (2) implementation of QI activities; and (3) operating expenses and program personnel costs. The vacant position is expected to be filled by July 1, 2018.

Primary Strategic Partnerships:

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

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

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

State Program Setting:
Community based organization, State health department

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

Position Name: Tom McGinnis
Position Title: Health Program Manager II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Vacant

Position Title: Research Program Specialist I
State-Level: 47% Local: 0% Other: 0% Total: 47%
Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Adrienne Winuk
Position Title: Staff Services Manager 1
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Tiffany Pierce
Position Title: Office Technician
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Adam Davis
Position Title: Associate Governmental Program Analyst
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Corrine Fishman
Position Title: Associate Governmental Program Analyst
State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 8
Total FTEs Funded: 2.00

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

State Health Objective(s):
Between 07/2018 and 06/2019, EMSA staff will ***provide TA to at least three LEMSAs in areas of QI measuring and patient-care assessments,*** based on their EMS QI plan and EMS pre-hospital data submissions to EMSA.

Baseline:
25 of 33 LEMSAs actively participate in the State's electronic data program. The EMSA Data/QI Coordinator anticipates participation by at least two additional LEMSAs during the grant period. All 33 LEMSAs are required to submit EMS QI plans to EMSA.

Data Source:
California EMS Data Information System (CEMSIS), 2017

State Health Problem:

Health Burden:
Determining morbidity and mortality rates is complicated by the State's data-collection system. The best use of mortality and morbidity rates is to provide a meaningful tool to support infrastructure development, such as roads, schools, hospitals, and power and water utilities. Optimally, data from local areas would be available in a timely and easily assessable manner; however, California does not have an enforceable mandate for the electronic collection or submissions of patient-care information by local agencies to EMSA. Therefore, participation in data-related activities by local stakeholders is voluntary.
EMSA has worked with stakeholders and software vendors to develop state data standards and adopt national data standards, and continues to encourage local participation in the state database system, CEMSIS. Although data reflecting these incidents may exist at the EMS provider, trauma center, or LEMSA level, statewide data is not captured centrally. Thus, the

comprehensive collection of EMS data is limited and directly affects program efficacy in establishing QI measures and objectives.
The **target** and **disparate populations** are the same, the total population of California.
Health Burden Data Source: EMSA

Target Population:
Number: 39,536,653
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 39,536,653
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau (2017)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: American College of Surgeons/National Trauma Data Bank

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $596,696
Total Prior Year Funds Allocated to Health Objective: $662,996
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Coordinate Core Measure reporting.

Between 07/2018 and 06/2019, EMSA staff will provide technical assistance to **100%** of the LEMSAs that request assistance with Core Measure reporting, to ensure effective use of data used to prepare Core Measure reports regarding selected clinical measures.

Annual Activities:

1. Facilitate Core Measure Taskforce

Between 07/2018 and 06/2019, EMSA staff will facilitate **at least three** Core Measure Taskforce meetings to prepare the Core Measures instruction manual and review Core Measure reports, to ensure that measures are written accurately and appropriately by inclusion of EMS stakeholders and experts.

2. Develop annual summary report

Between 07/2018 and 06/2019, EMSA staff will develop **one** summary report of all LEMSA Core Measure data submitted and one map of Core Measure reported values, to provide data to the public and EMS stakeholders.

3. Publish Core measure summary report

Between 07/2018 and 06/2019, EMSA staff will publish **one** summary report of all LEMSA Core Measure information for distribution via the EMSA website, to make the data available to promote public trust and quality patient care.

Objective 2:

Increase the quality and availability of EMS data.

Between 07/2018 and 06/2019, EMSA staff will develop **four** data reports that show frequencies for specific data elements (e.g., cause of injury, type of service) specific to a particular area or county (e.g., number of calls; proportion that are 9_1_1 calls). These data reports, will be published on the EMSA website, will help develop a state baseline and track what data are successfully moving from the LEMSAs to CEMSIS.

Annual Activities:

1. Analyze CEMSIS database data.

Between 07/2018 and 06/2019, EMSA staff will analyze **100%** of a selected data set submitted by LEMSAs to the CEMSIS database, to ensure accurate, efficient evaluation of critical data submitted for successful QI and QA data reporting.

2. Publish EMS data reports.

Between 07/2018 and 06/2019, EMSA staff will publish **at least four** EMS data reports for distribution via the EMSA website, to make the data available to promote public trust and quality patient care.

3. Coordinate APOT information

Between 07/2018 and 06/2019, EMSA staff will coordinate the receipt and evaluation of 100% of LEMSA submitted APOT information for statewide assessment.

Objective 3:

Provide Oversight and TA to LEMSAs.

Between 07/2018 and 06/2019, EMSA staff will provide TA to **100%** of LEMSAs that submit their EMS plans, to ensure that QI compliance requirements are met.

Annual Activities:

1. Coordinate QI Plan submissions.

Between 07/2018 and 06/2019, EMSA staff will contact 100% of the LEMSAs who do not have a current QI plan on file, and do not submit the required QI plans with their EMS Plans. Contact is made by electronic or telephone communication, to request timely plan submission and evaluation.

2. Review LEMSA QI Plans.

Between 07/2018 and 06/2019, EMSA staff will review **100%** submitted QI Plans from the LEMSAs, to assist them in meeting the compliance requirements of California EMS regulations, standards, and guidelines.

3. Maintain activity log for QI plan submissions.

Between 07/2018 and 06/2019, EMSA staff will maintain **one** administrative QI Plan activity log, identifying submission and approval dates.

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) drafting California STEMI (ST-segment Elevation Myocardial Infarction) Critical-Care System and Stroke Critical-Care System regulations for submission to the Office of Administrative Law (OAL), to initiate the required regulatory approval process; and (2) providing leadership and oversight of STEMI and Stroke Critical-Care System services.

Role of Block Grant Funds: PHHSBG dollars support EMSA staff, who establish a specialized and timely STEMI and Stroke Critical-Care System within prehospital emergency medical services.

Primary Strategic Partnerships:

Internal
- California Department of Public Health
- California Emergency Management Agency
- California Highway Patrol
- State Office of Rural Health
- Cardiovascular Disease Prevention Program

External
- American Heart Association
- American College of Cardiology
- California Hospital Association
- California Chapter of the American College of Emergency Physicians
- California Stroke Registry

Evaluation Methodology: EMSA staff will monitor the progress of the regulations through checks and balances outlined within OAL processes/requirements. STEMI and Stroke Programs will be evaluated by the completion of the steps outlined in the Work Plan Objectives and Activities.

State Program Setting:
Local health department, Medical or clinical site, State health department

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

Position Name: Tom McGinnis
Position Title: Health Program Manager II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Farid Nasr, MD
Position Title: Health Program Specialist II
State-Level: 67% Local: 0% Other: 0% Total: 67%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 12% Local: 0% Other: 0% Total: 12%
Position Name: Tiffany Pierce
Position Title: Office Technician
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Lori O'Brien

Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Corrine Fishman
Position Title: Associate Governmental Program Analyst
State-Level: 12% Local: 0% Other: 0% Total: 12%

Total Number of Positions Funded: 6
Total FTEs Funded: 1.22

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

State Health Objective(s):
Between 07/2018 and 06/2019, ***increase the cardiovascular health of Californians.*** EMSA will assist **100%** of the LEMSAs that request support in developing STEMI and Stroke programs.

Baseline:

*Within the 33 local Emergency Services Agencies in California, **29** have a STEMI system; **17** have Stroke Critical-Care Systems for their regions.*

Data Source:
Emergency Medical Services Authority 2017

State Health Problem:

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

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

Target Population:
Number: 39,536,653
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 39,536,653
Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau (2017)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $258,478
Total Prior Year Funds Allocated to Health Objective: $340,918
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Continue development of STEMI regulations.
Between 07/2018 and 06/2019, EMSA staff will develop **one** set of STEMI regulations to provide the LEMSAs and other local facilities with minimum requirements to establish and maintain EMSC program(s). The STEMI Critical-Care System regulations will provide LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI Critical-Care Systems throughout California. The draft regulations are awaiting approval by the Department of Finance (DOF).

Annual Activities:
1. Submit Rulemaking File for STEMI regulations
Between 07/2018 and 06/2019, EMSA staff will submit **one** developed rulemaking file to the OAL to start the rulemaking process and begin the required comment/revision/waiting periods.

2. Obtain approval of EMS Commission for draft STEMI regulations
Between 07/2018 and 06/2019, EMSA staff will present **one** set of proposed draft regulations to the EMS Commission for approval after the end of the required comment/revision/waiting periods.

3. Submit EMS Commission approved STEMI regulations to OAL.
Between 07/2018 and 06/2019, EMSA staff will submit one EMS Commission approved stroke regulations back to the OAL for final approval.

4. Distribute final OAL approved STEMI regulations.
Between 07/2018 and 06/2019, EMSA staff will distribute one approved STEMI regulations to the LEMSAs and publish on the EMSA website.

Objective 2:
Continue development of Stroke regulations
Between 07/2018 and 06/2019, EMSA staff will develop **one** set of Stroke regulations to provide the LEMSAs and other local facilities with minimum requirements to establish and maintain EMSC program(s). The Stroke Critical-Care System regulations will provide LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI and Stroke Critical-Care Systems throughout California. The draft regulations are awaiting approval by the Department of Finance (DOF).

Annual Activities:
1. Submit rulemaking File for Stroke regulations.
Between 07/2018 and 06/2019, EMSA staff will submit **one** developed rulemaking file to the OAL to start the rulemaking process and begin the required comment/revision/waiting periods.

2. Obtain approval of EMS Commission for draft Stroke regulations.
Between 07/2018 and 06/2019, EMSA staff will present **one** set of proposed draft regulations to the EMS Commission for approval after the end of the required comment/revision/waiting periods.

3. Submit EMS Commission approved Stroke regulations to OAL.
Between 07/2018 and 06/2019, EMSA staff will submit one EMS Commission approved stroke regulations back to the OAL for final approval.

4. Distribute final OAL approved Stroke regulations.
Between 07/2018 and 06/2019, EMSA staff will distribute one approved Stroke regulations to the LEMSAs and publish on the EMSA website.

Objective 3:
Track the level of specialty care services provided by hospitals in California
Between 07/2018 and 06/2019, EMSA staff will develop **one** comprehensive tracking mechanism with current information on all the specialty care centers in California.

Annual Activities:
1. Create a tracking spreadsheet
Between 07/2018 and 06/2019, EMSA staff will create one spreadsheet listing and tracking all the ambulatory care facilities with emergency departments in California to track the level of specialty care services provided.

2. Maintain tracking spreadsheet
Between 07/2018 and 06/2019, EMSA staff will maintain and update one tracking spreadsheet on a continual basis.

State Program Title: **EMS Systems Planning and Development**

State Program Strategy:

Goal: ***Increase quality patient-care outcomes*** through 33 local Emergency Medical Services agencies (LEMSAs), comprised of six multi-county 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. Multi-county agencies are usually small and rural; single-county agencies are usually larger and more urban.

Health Priority: ***Administer an effective statewide EMS system*** of coordinated emergency care, injury prevention, and disaster medical response to ensure quality patient care.

Role of Block Grant Funds: PHHSBG dollars support EMSA staff positions and activities that promote quality EMS patient care across California.

Primary Strategic Partnerships:

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

External
- Department of Forestry and Fire Protection
- Emergency Medical Directors Association
- Local EMS Agencies

Evaluation Methodology: The LEMSAs are statutorily required to submit an annual EMS Plan. Statute requires EMSA to review EMS Plans submitted by the LEMSAs to determine if EMS Plans are concordant and consistent with established guidelines and regulations. EMS Plan information is used to evaluate progress toward the goal of statewide coordination, including planning, development, and implementation of local EMS systems. In addition, multicounty agencies are contractually required to submit quarterly activity reports. Activity reports are used to monitor the multicounty EMS agencies performance during the fiscal year

State Program Setting:
Community based organization, Local health department, State health department

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

Position Name: Tom McGinnis
Position Title: Health Program Manager II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Nancy Steiner-Keyson
Position Title: Health Program Manager II (RA)
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Lisa Galindo
Position Title: Health Program Specialist I
State-Level: 80% Local: 0% Other: 0% Total: 80%

Position Name: Laura Little
Position Title: Health Program Specialist I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Adam Davis
Position Title: Associate Governmental Program Analyst
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Corinne Fishman
Position Title: Associate Governmental Program Analyst
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Tiffany Pierce
Position Title: Office Technician
State-Level: 12% Local: 0% Other: 0% Total: 12%

Total Number of Positions Funded: 9
Total FTEs Funded: 3.84

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

State Health Objective(s):
Between 07/2018 and 06/2019, EMSA staff will provide oversight and technical assistance (TA) to 100% of the LEMSAs regarding EMS planning and development

Baseline:

Thirty-three *LEMSAs serve all California's residents. This includes six multi-county agencies that service over two-thirds of the State's geographic region.*

Data Source:
EMS Authority

State Health Problem:

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

- Training and certification of emergency medical technicians (EMTs) do not consistently conform to national and state standards, resulting in various levels of trained and qualified personnel working the front lines of EMS.
- Critical-care specialists are often unavailable to provide emergency and trauma care; the emergency-care system is not fully prepared to handle a major disaster, and not all EDs are equipped to handle pediatric care.
- Multi-county agencies are often served by multiple 9-1-1 call centers, and often EMS providers operate on different radio frequencies; therefore they do not effectively communicate with each other.

The **target population** is the number of persons that may require 9-1-1 emergency calls for medical care annually, potentially the entire population of the State**,** and an unknown number of visitors to the State. The **disparate population** is the number of persons making 9-1-1 calls in

rural counties. The six multi-county agencies that serve rural counties cover over two-thirds of the State's geography. These agencies provide service to 30 of the State's 58 counties.

Target Population:
Number: 39,523,613
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 6,141,178
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural
Primarily Low Income: No
Location: Specific Counties
Target and Disparate Data Sources: CA Department of Finance Estimates (2017)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: California Health & Safety Code, Division 2.5

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $596,644
Total Prior Year Funds Allocated to Health Objective: $662,938
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Provide oversight and TA to counties.
Between 07/2018 and 06/2019, EMSA staff will provide oversight and TA to **100%** of the counties required to submit Maddy EMS Fund Reports, assisting with adherence to California EMS statutes for optimum EMS patient care.

Annual Activities:

1. Coordinate Maddy EMS Fund report submissions.

Between 07/2018 and 06/2019, EMSA staff will coordinate submission of Maddy EMS Fund reports for **51** counties. Coordination will be directed to county directors, supporting timely report submissions.

2. Submit Maddy EMS Fund summary report to the Legislature.

Between 07/2018 and 06/2019, EMSA staff will compile county submitted reports and provide one Maddy EMS Fund Report summary to the Legislature, as statutorily required.

Objective 2:

Provide oversight and TA to LEMSAs with transportation plans.

Between 07/2018 and 06/2019, EMSA staff will provide oversight and TA to **100%** of EMS providers regarding transportation services assistance associated with the LEMSAs' EMS Plans.

Annual Activities:

1. Coordinate EMS Plan submissions.

Between 07/2018 and 06/2019, EMSA staff will maintain one transportation service request for proposal log, review quarterly for any expiring proposals, and formally notify LEMSAs of proposals set to expire (two years before expiration).

2. Assist with development of LEMSA transportation request for proposals.

Between 07/2018 and 06/2019, EMSA staff will assist in the development of at least one LEMSA Request for emergency ambulance services regarding prospective exclusive operating areas. Collaboration promotes successful, competitive bidding for local emergency ambulance services that ensure ideal patient care during an emergency.

3. Assess LEMSA EMS Transportation Plan appeal hearing documentation.

Between 07/2018 and 06/2019, EMSA staff will research transportation documents, history of EMS exclusive and non-exclusive operating zones, provider company sales, and EMS plans in preparation for appeal hearings filed with the Office of Administrative Hearings. EMSA staff provides testimony at hearings as Subject Matter Experts.

Objective 3:

Provide oversight and TA to LEMSAs.

Between 07/2018 and 06/2019, EMSA staff will provide oversight and TA to **100%** of the LEMSAs required to submit EMS Plans or Annual Plan updates, assisting with adherence to California EMS statutes and EMSA guidelines for optimum EMS patient care.

Annual Activities:

1. Coordinate EMS Plan submissions

Between 07/2018 and 06/2019, EMSA staff will coordinate submission of EMS Plans for **a minimum of six** LEMSAs. Coordination will be directed to LEMSA administrators, supporting timely plan submissions.

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

Between 07/2018 and 06/2019, EMSA staff will update **one** internal tracking log to show receipt of EMS Plans or Updates and all collaboration with other EMSA staff, to ensure effective

oversight of the Plan-review process for timely, comprehensive Plan development and plan approvals.

3. Update EMSA website.
Between 07/2018 and 06/2019, EMSA staff will post fully reviewed EMS Plans and Plan Updates to **one** EMSA EMS Systems Planning website. Posting promotes effective injury-prevention EMS strategies, ensures public trust, and promotes high-quality patient care across California.

4. Review quarterly activity reports.
Between 07/2018 and 06/2019, EMSA staff will review **four** quarterly reports per quarter from each of the **six** multi-county EMS agencies, to verify that the work performed is consistent with the contractual scope of work.

5. Revise EMS Plan submission process.
Between 07/2018 and 06/2019, EMSA staff will consult with management on the EMS Plan submission process revision project and will develop **one** draft Stage 1 Business Analysis for the development of an automated system for the **33** LEMSAs to electronically submit their EMS Plans. Use of the automated system will enable LEMSA and EMSA staff to increase efficiencies, analyze and cross-reference data, and generate reports.

State Program Title: **EMS Trauma Care Systems**

State Program Strategy:

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

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

Role of Block Grant Funds: PHHSBG dollars support EMSA staff who coordinate state and local trauma services and assist in ongoing improvements to trauma-related patient-care programs across the State.

Primary Strategic Partnerships:

Internal
- California Department of Public Health
- Strategic Highway Safety Plan
- Office of Traffic Safety
- Commission on EMS
- Health and Human Services Agency: Office of Statewide Health Planning and Development

External
- American College of Surgeons
- California Ambulance Association
- California Chapter of the American College of Emergency Physicians
- California Hospital Association
- EMS Administrators Association of California

Evaluation Methodology: Management of a State Trauma Registry complying with National Trauma Data Standards provides California EMS Data Information System (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.

State Program Setting:
Community based organization, Medical or clinical site, State health department

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

Position Name: Tom McGinnis
Position Title: Health Program Manager II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 11% Local: 0% Other: 0% Total: 11%
Position Name: Elizabeth Winward
Position Title: Health Program Specialist II
State-Level: 80% Local: 0% Other: 0% Total: 80%
Position Name: Tiffany Pierce
Position Title: Office Technician
State-Level: 11% Local: 0% Other: 0% Total: 11%

Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Corrine Fishman
Position Title: Associate Governmental Program Analyst
State-Level: 11% Local: 0% Other: 0% Total: 11%

Total Number of Positions Funded: 6
Total FTEs Funded: 1.33

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

State Health Objective(s):
Between 07/2018 and 06/2019, EMSA staff will ***provide technical support to 100% of the LEMSAs*** that request assistance with local trauma programs, and EMSA staff will ***continue to maintain and develop the State Trauma System***.

Baseline:

Each LEMSA has approved trauma plans for their EMS county/region. Although the majority of LEMSAS have trauma care plans, only **27** LEMSAs (40 counties) have designated trauma centers. California has **81** designated trauma centers.

Data Source:
(1) EMS Authority, 2016; (www.emsa.ca.gov, listing of designated trauma centers);
(2) American College of Surgeons, 2016; (www.facs.org, listing of verified trauma centers)

State Health Problem:

Health Burden:
In California, the leading cause of death and permanent disability among people aged 1–44 years is traumatic illness and injury; less-traumatic injuries have an even greater mortality rate in the elderly. Trauma, however, impacts all age groups**.**

Transporting trauma patients to an appropriate facility within a 60-minute window known as the "golden hour" is essential. Beyond the golden hour, positive outcomes decline rapidly.

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

Health Burden Data Source: CDC, Key Injury and Violence Data, https://www.cdc.gov/injury/wisqars/overview/key_data.html

Target Population:
Number: 39,536,653
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:
Number: 39,536,653
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau 2017

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $262,743
Total Prior Year Funds Allocated to Health Objective: $210,276
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Host annual State Trauma Summit.
Between 07/2018 and 06/2019, EMSA staff will conduct **one** State Trauma Summit to educate trauma surgeons, trauma nurses, registrars, paramedics, EMTs, and trauma administration staff on clinical and system aspects of trauma care, to improve trauma care in California.

Annual Activities:
1. Develop Trauma Summit program
Between 07/2018 and 06/2019, EMSA staff 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.

2. Create Registration
Between 07/2018 and 06/2019, EMSA staff will create one Eventbrite registration portal for attendees. Registrants will be able to pay for registration through the portal and download the summit program.

3. Organize Trauma Summit
Between 07/2018 and 06/2019, EMSA staff will contact a minimum of six potential sponsors/vendors for the summit; create registration materials for 150 summit attendees that include sign-in sheets and name badges; develop an online link to speaker bios, objectives,

4. Provide continuing education credits.
Between 07/2018 and 06/2019, EMSA staff will distribute a minimum of 50 continuing education certificates to eligible State Trauma Summit participants.

Objective 2:
Streamline the Trauma System Status Report (TSSR) process
Between 07/2018 and 06/2019, EMSA staff will develop **one** comprehensive tracking mechanism that identifies the status of all LEMSA TSSRs.

Annual Activities:
1. Review the most recent TSSR for each LEMSA.
Between 07/2018 and 06/2019, EMSA staff will review 33 LEMSA's most recent TSSR to determine when the last TSSR was submitted to EMSA, if it was approved, what recommendations or actions EMSA requested, and when the next TSSR is due to EMSA.

2. Create a spreadsheet with information collected during the review of each LEMSA's TSSR
Between 07/2018 and 06/2019, EMSA staff will enter information into one spreadsheet for 33 LEMSAs, itemizing the status of the most recently submitted TSSR. The spreadsheet will be easy to sort by LEMSA, the date the last TSSR was submitted, what actions were requested by EMSA, and when the next TSSR is due.

State Program Title: **Health in All Policies**

State Program Strategy:

Goal: Achieve the highest level of physical and mental health for all people, especially vulnerable communities that have experienced socioeconomic disadvantage, historical injustices, and systematic discrimination.

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

Role of Block Grant Funds: Funds are used for 4 FTE positions; all positions are anticipated to be filled by July 1, 2018

Primary Strategic Partnerships:

Internal:
- Chronic Disease Control Branch
- Nutrition Education and Obesity Prevention Branch
- Safe and Active Communities Branch
- Environmental Health Investigations Branch
- Fusion Center

External:
- Health in All Policies Task Force
- Governor's Strategic Growth Council
- Bay Area Health Inequities Initiative
- Government Alliance on Race and Equity
- Public Health Alliance of Southern California

Evaluation Methodology: Track number of partner agency and internal departmental program practices integrating health and equity.

State Program Setting:
Local health department, Parks or playgrounds, State health department, Other: Cities, Counties, Metropolitan Planning Organizations

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

Position Name: Carol Gomez
Position Title: Associate Governmental Program Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Meredith Lee
Position Title: Health Program Specialist II
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Dahir Nasser
Position Title: Health Program Specialist I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Vacant
Position Title: Health Program Specialist I
State-Level: 100% Local: 0% Other: 0% Total: 100%

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

National Health Objective: **HO PA-15 Built Environment Policies**

State Health Objective(s):

Between 07/2018 and 06/2019, Office of Health Equity (OHE) staff will (1) embed health and equity into at least 10 California programs, policies, and processes that impact the social determinants of health, including land use, active transportation, transit-oriented affordable housing development, school facility siting and design, and access to parks and green spaces; (2) maintain or build new partnerships with at least 10 state-level departments and agencies to achieve this objective.

Baseline:

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

Data Source:

1. Block group populations based on ACS 2012, 5-yr estimates plus use of the California Protected Areas Database, which provides GIS inventory
2. 2012, California Household Travel Survey (CHTS).
No newer data available for both.

State Health Problem:

Health Burden: Significant portions of California's population lack access to physical-activity opportunities, which can contribute to poor health and health inequities. In 2012, 2.3 million California adults reported having been diagnosed with diabetes, and one in five California adults reported that during the past month they had not participated in any physical activity. Community design that prioritizes active transportation and increases proximity and access to schools, economic opportunities, housing, parks and open space, and health-supportive services have been shown to increase physical activity.

The Integrated Transport and Health Impacts Model (I-THIM) developed by CDPH found that in the San Francisco Bay Area an increase in daily walking and biking per capita from 4 to 22 minutes would reduce cardiovascular disease and diabetes by 14%.

Evidence from the San Joaquin Valley, an area of California facing high rates of health disparities, shows that 29.8% of teenagers did not go to a park, playground, or open space in the past month; 18.3% did not have a park, playground, or open space within walking distance; 9% had not been physically active in the past week; and 18% were overweight or obese (CHIS, 2011–2012).

OHE targets California's community-design resources to populations most in need of opportunities for physical activity as a strategy to improve health and reduce inequities. The **target population** includes those considered "vulnerable": women, racial and ethnic minorities; low-income individuals; individuals currently or previously incarcerated; individuals with

disabilities; individuals with mental health conditions; children, youth and young adults; seniors; immigrants and refugees; individuals who are limited-English proficient (LEP); lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) communities; or combinations of these populations (Health and Safety Code Section 131019.5).

The **disparate populations** are those most vulnerable and likely experiencing the greatest inequities and therefore worse health outcomes.

Health Burden Data Sources: (1) BRFSS Behavioral Risk Factor Surveillance System: Prevalence and Trend Data—Physical Activity, U.S. Physical Activity Trends by State; (2) CHIS, 2012

Target Population:
Number: 37,913,144
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 6,004,257
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Survey 5 year estimates, Poverty status in the past 12 months 2016

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $533,473
Total Prior Year Funds Allocated to Health Objective: $592,748
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Build public health capacity to promote and implement equity in PSEs.
Between 07/2018 and 06/2019, OHE staff will conduct **eight** meetings, trainings, or one-on-one technical assistance (TA) sessions with CDPH programs or local health departments (LHDs) to increase the capacity of public health staff to promote health equity, implement health in all policies activities, and understand and address the social determinants of health, including the built and social environment.

Annual Activities:
1. Build CDPH capacity to promote health and racial equity in PSEs.
Between 07/2018 and 06/2019, OHE staff 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 (3) understand and address the social determinants of health, including the built and social environment.

2. Build LHD capacity to promote health and racial equity in PSEs.
Between 07/2018 and 06/2019, OHE staff will provide trainings or TA to **at least three** LHDs to: (1) build LHDs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and (3) increase understanding of and address the social determinants of health, including the built and social environment.

Objective 2:
Increase collaboration and integration of health and equity considerations.
Between 07/2018 and 06/2019, Office of Health Equity staff will implement **five** health and equity considerations into non-health department polices, programs, or practices to impact the social determinants of health, including the built and social environment.

Annual Activities:
1. Increase health and equity considerations in non-health department grants.
Between 07/2018 and 06/2019, Office of Health Equity staff will through the Health in All Policies Task Force, OHE staff will partner with at least five non-health departments to integrate health and equity consideration in at least four grants, such as the Caltrans' Active Transportation Program Grant, the Strategic Growth Council's (SGC's) Affordable Housing and Sustainable Communities Grant program, the SGC's Transformative Climate Communities Grants, and the Natural Resources Urban Greening Grant Program.

2. Increase health and equity considerations in non-health dept. polices & practices
Between 07/2018 and 06/2019, Office of Health Equity staff will through the Health in All Policies Task Force, 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 programs.

State Program Title: **Healthy People 2020 Program**

State Program Strategy:

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

Health Priority: HPP 2020 objectives align with the CDPH *Public Health 2035* and *Strategic Map* as they ***strengthen CDPH as an organization and make continuous quality improvement (QI) a way of life in the Department.*** A QI process for PHHSBG programs will strengthen public health infrastructure to improve public health outcomes, decrease health disparities, premature death, and disabilities, and improve health equity.

Role of Block Grant Funds: Funds will support salaries of staff responsible for overarching PHHSBG activities: evaluation; QI process; stakeholder relationships; communication of program outcomes; and program, fiscal, and grant management.
The vacant positions are anticipated to be filled by June 30, 2018

Primary Strategic Partnerships

Internal
- Center for Health Statistics and Informatics
- Center for Environmental Health
- Center for Chronic Disease Prevention and Health Promotion
- Center for Infectious Diseases
- Fusion Center

External
- Emergency Medical Services Authority

Evaluation Methodology: Program goals and objectives are in line with congressional mandate; Centers for Disease Control and Prevention (CDC); State, Tribal, Local, and Territorial Subcommittee recommendations; and the CDC PHHSBG evaluation initiative. The State Health Objectives are monitored and evaluated twice yearly. Monitoring tools include a program work plan, program procedures, monthly fiscal reports, twice-yearly fiscal analyses, once-yearly program outcome reports, twice-yearly public hearings and Advisory Committee meetings, and yearly program audit.

State Program Setting:
State health department

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

Position Name: Vacant
Position Title: Staff Services Manager I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Anita Butler
Position Title: Staff Services Manager II
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Hector Garcia

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

Total Number of Positions Funded: 5
Total FTEs Funded: 4.50

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

State Health Objective(s):
Between 07/2018 and 06/2019, HPP 2020 staff will implement **one** QI process, using the CDC evaluation framework and the Plan Do Study Act (PDSA) QI model, to increase efficiency and effectiveness of PHHSBG-funded programs.

Baseline:

QI process for PHHSBG-funded programs in State Fiscal Year (SFY) 17/18.

Data Source:

CDPH PHHSBG Annual Outcomes Report.

State Health Problem:

Health Burden:
Funding for public health in California is low. Annual per-capita state funding for public health is $57.16, and annual per-capita CDC funding for public health is $19.61 (Trust for America's Health). Consequently, there is a need to use public health dollars wisely. California has the opportunity to use the PHHSBG for state priorities, developed in conjunction with stakeholders. Once the funds have been allocated to critical public health programs, services, and activities, it is imperative that program outcomes are tracked and evaluated to assure that the funds are used in the most efficient and effective way possible. If there is a lack of progress or impact, the decision makers should be alerted, and funds can be allocated elsewhere.

The PHHSBG program does not have an evaluation or QI process. Using the CDC evaluation framework and a QI model, HPP 2020 staff will institute a quality-improvement process for the PHHSBG programs.

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

Target Population:
Number: 39,250,217
Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 39,250,217
Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $667,000
Total Prior Year Funds Allocated to Health Objective: $667,000
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Communicate Program Outcomes
Between 07/2018 and 06/2019, HPP 2020 staff will implement **two** communication strategies, to highlight the success of the PHHSBG-funded programs.

Annual Activities:
1. Publish Program Outcomes Report online.
Between 07/2018 and 06/2019, HPP staff will publish **one** Program Outcomes Report on the CDPH website, to disseminate information to the public.

2. Distribute Program Outcomes report to Stakeholders
Between 07/2018 and 06/2019, HPP 2020 staff will distribute the Program Outcomes Report to **at least ten** stakeholders to disseminate information directly to stakeholders.

3. Publish Program Success Stories online.
Between 07/2018 and 06/2019, HPP 2020 staff will publish **at least ten** success stories on the CDPH website, to disseminate information to the public.

Objective 2:
Institute a QI process to improve PHHSBG Program Outcomes
Between 07/2018 and 06/2019, HPP 2020 staff will implement **one** QI process to contribute to PHHSBG program evaluation.

Annual Activities:

1. Perform QI analysis of PHHSBG Programs.
Between 07/2018 and 06/2019, HPP 2020 staff will analyze **one** Program Outcomes Report. For programs that did not achieve objectives, **at least one** will be identified for a QI analysis, and the QI process using the PDSA model will be implemented.

2. Perform QI analysis of PHHSBG Program.
Between 07/2018 and 06/2019, HPP 2020 staff will analyze **one** Program Outcomes Report. For programs that did not achieve objectives, **at least one** will be identified for a QI analysis, using the developed QI process to contribute to PHHSBG program evaluation and summarize the QI analysis.

3. Assist PHHSBG program staff on QI process.
Between 07/2018 and 06/2019, HPP 2020 staff will: (1) provide **at least one** TTA to PHHSBG program staff via e-mail, phone, or other communications, as appropriate; and (2) conduct **at least one** QI meeting to ensure QI process is understood.

Objective 3:
Track and report PHHSBG Program Outcomes to document progress and impact.
Between 07/2018 and 06/2019, HPP 2020 staff will develop **one** report on Program Outcomes, to support PHHSBG program evaluation through analysis of met and unmet deliverables.

Annual Activities:
1. Collect Outcomes information from PHHSBG programs.
Between 07/2018 and 06/2019,
HPP 2020 staff will collect and document PHHSBG program outcomes **once** from all **26** funded programs, to assemble data for QI analyses.

2. Develop a report on program outcomes.
Between 07/2018 and 06/2019,
HPP 2020 staff will write **one** comprehensive summary report, to document progress and impact.

3. Provide TTA to staff submitting program outcomes information.
Between 07/2018 and 06/2019,
HPP 2020 staff will: (1) provide **at least four** ad hoc TTAs to PHHSBG program staff via e-mail, phone, and other communications as appropriate; and (2) conduct **at least one** TTA meeting for **no less than 25%** of PHHSBG-funded programs, to ensure continuous QI for PHHSBG programs.

State Program Title: **Intentional and Unintentional Injury Prevention**

State Program Strategy:

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

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

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

Primary Strategic Partnerships:
Internal:
- Chronic Disease Control Branch
- Office of Health Equity
- Maternal, Child, and Adolescent Health Branch
- CDPH Fusion Center
- Health in All Policies Program

External:
- Local public health departments
- California Department of Education
- California Safe Kids Coalition
- California State Falls Coalition
- Office of Traffic Safety

Evaluation Methodology:
- Injury numbers/rates overall and for specific injury types will be tracked using data from EpiCenter.
- *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).

State Program Setting:
Community based organization, Community health center, Local health department, Medical or clinical site, Senior residence or center, State health department

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

Position Name: Nancy Bagnato
Position Title: Health Program Manager II
State-Level: 25% Local: 0% Other: 0% Total: 25%
Position Name: Pam Shipley
Position Title: Staff Services Manager I
State-Level: 25% Local: 0% Other: 0% Total: 25%
Position Name: Karissa Anderson
Position Title: Health Program Specialist I
State-Level: 45% Local: 30% Other: 0% Total: 75%
Position Name: Patti Horsley
Position Title: Health Education Consultant III
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Kate Bernacki, MPH
Position Title: Health Education Consultant III, Specialist
State-Level: 60% Local: 0% Other: 0% Total: 60%
Position Name: Steve Wirtz, PhD
Position Title: Research Scientist Supervisor I
State-Level: 25% Local: 0% Other: 0% Total: 25%
Position Name: Vacant
Position Title: Research Scientist III
State-Level: 3% Local: 0% Other: 0% Total: 3%
Position Name: Nana Tufuoh
Position Title: Research Scientist II
State-Level: 3% Local: 0% Other: 0% Total: 3%
Position Name: Claudia Angel, MPH
Position Title: Staff Services Analyst
State-Level: 3% Local: 0% Other: 0% Total: 3%
Position Name: Carolyn Zambrano
Position Title: Research Scientist II
State-Level: 3% Local: 0% Other: 0% Total: 3%
Position Name: Mary (Kit) Lackey
Position Title: Health Program Specialist I
State-Level: 3% Local: 0% Other: 0% Total: 3%
Position Name: vacant
Position Title: Research Scientst II
State-Level: 25% Local: 0% Other: 0% Total: 25%
Position Name: Vacant
Position Title: Health Program Manager II
State-Level: 25% Local: 0% Other: 0% Total: 25%
Position Name: Vacant
Position Title: Research Scientist II
State-Level: 50% Local: 0% Other: 0% Total: 50%

Total Number of Positions Funded: 14
Total FTEs Funded: 3.75

National Health Objective: **HO IVP-1 Total Injury**

State Health Objective(s):

Between 07/2018 and 06/2019, Between 07/2018 and 06/2019, SACB staff will reduce the crude rate of total, unintentional, and intentional injury deaths in California from the current 2016 rates to their baseline 2013 levels of **45.6, 28.7 and 15.2 per 100,000**, respectively.

Baseline:

Rate of injury deaths in California in 2013 for three indicators:
- *Total =* ***45.6 per 100,000***
- *Unintentional =* ***28.7 per 100,000***
- *Intentional =* ***15.2 per 100,000***

Data Source:

EpiCenter: California Injury Data Online, available online at: http://epicenter.cdph.ca.gov, accessed March 2017.
WISQARS™ National Center for Injury Prevention and Control, CDC https://www.cdc.gov/injury/wisqars/fatal.html accessed March 2018.

State Health Problem:

Health Burden:
Injuries are the leading cause of death, hospitalization, and disability for people ages 1 -44 years in California, and have substantial impacts and consequences for the economy, communities, and the well-being of the State's population.
Each year, injuries in California lead to (1) over 17,000 deaths, (2) 250,000 hospital visits, and (3) 2.5 million visits to emergency departments.
The estimated cost of intentional and unintentional injuries, based on medical and work-lost costs only (not including quality of life measures) is $58.9 billion annually.

Health Burden Data Sources:
· EpiCenter -California Injury Data Online: http://epicenter.cdph.ca.gov, based on CHSI 2013 death files and OSHPD 2014 hospital and ED data files; accessed Nov. 7, 2016
· CDC. Data and Statistics (WISQARS): Cost of Injury Reports. Retrieved Nov. 6, 2016, from https://wisqars.cdc.gov:8443/costT

Target Population:
Number: 38,548,204
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 38,548,204
Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: EpiCenter–California Injury Data Online: http://epicenter.cdph.ca.gov. March, 2018. California Department of Public Health

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: · Injury Surveillance Workgroup Rpts: http://www.safestates.org/?page=ISWReports
· Early Childhood Adversity, Toxic Stress...: Translating Developmental Science Into Lifelong Health: http://pediatrics.aappublications.org/
Stopping Elderly Accidents..(STEADI) CDC https://www.cdc.gov/steadi/index.html

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $796,166
Total Prior Year Funds Allocated to Health Objective: $884,629
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Increase availability of data on the spectrum of injuries and violence in California
Between 07/2018 and 06/2019, SACB staff will provide updated injury and violence surveillance data and TA to **100** state and local injury prevention partners, the media, and the general public (data), and TA to at least 25 data users, to provide actionable information and inform injury prevention policy and practice.

Annual Activities:
1. Maintain & update CA injury and violence data on EpiCenter & other data platforms.
Between 07/2018 and 06/2019, SAC Branch staff maintain and update California injury and violence data on **one** EpiCenter online query-based website, using the most recent emergency department, hospital discharge, death and/or linked traffic crash medical outcomes data available, in order to provide a centralized site for multiple stakeholders and the public to access and customized the most recently available injury data in user friendly formats and queries to inform their prevention and intervention efforts.

2. Conduct EpiCenter TA consultations.
Between 07/2018 and 06/2019, SAC Branch staff will conduct **25** direct one-on-one and/or group TA consultations regarding the use of EpiCenter, other Data Dashboards, and general injury and violence surveillance data to injury prevention partners, media, and the general public to increase their capacity to translate data into actionable information.

3. Implement the use of the ICD-10-CM coding system for injury
Between 07/2018 and 06/2019, SAC Branch staff will apply the new ICD-10-CM coding system to **two years** of non-fatal injury data reported after October 2015 to create CDC-standard injury surveillance data for California for use in monitoring the magnitude and nature of multiple injury topics and providing stakeholders and the public to have current reliable injury data for policy and program planning and implementation.

Objective 2:
Increase available data and information on early adversity.
Between 07/2018 and 06/2019, SACB staff will update **2** data tools (1 fact sheet/1 online platform) on early childhood adversity based on recent data from the California Behavioral Risk Factor Surveillance System (BRFSS) ACEs module, the National Survey of Children Health and/or the Maternal and Infant Health Assessment.

Annual Activities:
1. Fund ACEs questions.
Between 07/2018 and 06/2019, SAC Branch staff will fund the ACEs module of **eight** questions on the most current BRFSS questionnaire to gather population based estimates of adverse childhood experiences based on retrospective adult recollection. These data will serve as the basis for updating data dissemination tools.

2. Disseminate a fact sheet on the results from the BRFSS ACEs module.
Between 07/2018 and 06/2019, SAC Branch staff will clean and prepare the BRFSS ACEs module data, conduct descriptive and multivariate analyses, develop **one** fact sheet, and disseminate it through at least **3** professional and community injury and trauma related networks of preventionists, providers and community partners to help inform injury prevention and trauma informed policy and practice.

3. Prepare and disseminate through online platforms early childhood adversity data.
Between 07/2018 and 06/2019, SACB staff will prepare at least **two** data sources on early childhood adversity and assist in arranging for their dissemination through online platforms (e.g., Kidsdata.org, EpiCenter, Let's Get Healthy, etc.) in order to provide wide access to critical information on childhood adversity for state and local stakeholders, community partners and the general public to create a positive context for policy and program efforts.

Objective 3:
Increase capacity to implement evidence-based, older-adult, fall-prevention programs.
Between 07/2018 and 06/2019, SACB staff will conduct **18** Planning and TA activities for local health departments, aging service providers and health care providers to support implementation of best practices in fall prevention.

Annual Activities:
1. Develop fall injury prevention educational materials.
Between 07/2018 and 06/2019, SACB staff will develop at least **two** older adult injury prevention educational resources and will develop a plan to disseminate the resources to fall

prevention and injury prevention stakeholders. The resources will increase stakeholders' capacity to evaluate where to prioritize their fall prevention efforts.

2. Facilitate statewide fall prevention meetings.
Between 07/2018 and 06/2019,
SAC Branch staff will facilitate and contribute expertise to three statewide fall prevention meetings, such as the California StopFalls Coalition and the Healthier Living Coalition.

3. Conduct TA on fall-prevention programs and resources.
Between 07/2018 and 06/2019, SACB staff will conduct **10** TA consultations to advise Local Health Departments (LHDs), community agencies, health care professionals, or members of the pubic, via telephone or e-mail, on fall prevention programs and resources, and will serve as the license holder and TA provider for Stepping On programs in California.

4. Conduct fall prevention webinars for local and statewide organizations
Between 07/2018 and 06/2019, SACB staff will coordinate and conduct two webinars to increase awareness of fall prevention best practices, programs, and resources to LHDs, community agencies, or health care professionals.

5. Promote CDC's STEADI Fall Prevention materials to health care providers.
Between 07/2018 and 06/2019, SACB staff will promote the use of CDC's STEADI fall prevention materials to health care providers by disseminating through at least **one** statewide health care organization.

Objective 4:
Increase capacity to implement unintentional childhood injury prevention programs.
Between 07/2018 and 06/2019, SACB staff will conduct **4** TA and training activities (e.g., webinars and meetings), to build the capacity of Kids Plates Program grantees and local entities to implement and evaluate evidence-based unintentional childhood injury prevention programs.

Annual Activities:
1. Conduct webinars on unintentional childhood injury prevention topics
Between 07/2018 and 06/2019, Conduct **five** webinars on unintentional childhood injury prevention topics.

2. Develop and maintain a Web page on the CDPH website.
Between 07/2018 and 06/2019, SACB staff will develop and maintain **one** Web page on the CDPH Web site on unintentional childhood injury prevention topics and resources for use by Kids Plates Program grantees and interested parties.

3. Conduct regional meetings
Between 07/2018 and 06/2019, SACB staff will conduct **two** regional meetings with Kids Plates Program contract coalitions and interested parties, on unintentional childhood injury prevention best practices, evidence-based programs, and resources.

Objective 5:
Increase data capacity of LHDs or other traffic-safety partners.
Between 07/2018 and 06/2019, SACB Crash Medical Outcomes Data Project staff will conduct **at least six** TA and training activities to build the capacity of LHDs and other traffic-safety partners to expand data-centric efforts to reduce traffic crashes and injuries.

Annual Activities:

1. Conduct trainings or webinars.
Between 07/2018 and 06/2019, SACB staff will conduct **two** trainings or webinars on increasing availability and use of actionable traffic-safety data for LHDs or traffic-safety partners.

2. Conduct TA for LHDs.
Between 07/2018 and 06/2019, SACB staff will conduct **two** in-depth TA and data-support consultations for LHDs on traffic-injury problems and prevention approaches.

3. Conduct TA for traffic-safety partners.
Between 07/2018 and 06/2019, SACB staff will conduct **two** in-depth TA and data-support consultations for traffic-safety partners (e.g., Emergency Medical Services Authority), to improve data quality, completeness, and timeliness.

State Program Title: **Obesity Prevention for Californians**

State Program Strategy:

Goal: Promote healthy eating, physical activity, and food security, emphasizing communities with the greatest health disparities through statewide, regional, and local partnerships. The Nutrition Education and Obesity Prevention Branch (NEOPB) works directly with local health departments (LHDs) on the obesity epidemic. The LHD model provides an equitable distribution of funds and resources and facilitates statewide representation. NEOPB also partners with state departments, universities, schools, and community and faith-based organizations.

Health Priority: Although California adults and adolescents meet the Healthy People 2020 (HP 2020) targets for obesity, rates among low-income children exceed the targets. The prevalence rates double when overweight and obesity are combined for adults and adolescents.

Role of Block Grant Funds: The PHHSBG funds staff that provide leadership, oversight, and administrative support for program activities that focus on healthy eating, physical activity, and food security. This funding allows for statewide impact by leveraging USDA SNAP-Ed and CDC 1305 funding targeting low-income populations, specifically women and children.

Primary Strategic Partnerships:

Internal:
- SNAP-Ed–funded programs
- Prevention First–funded programs
- Safe and Active Communities Branch
- Chronic Disease Control Branch
- California tobacco Control Program

External:
- Nutrition Policy Institute, University of California—Office of the President
- California local health departments
- California Local School Wellness Collaborative
- California Department of education
- Kaiser Permanente

Evaluation Methodology: Obesity-prevention projects will be evaluated using a combination of process measures (including number of trainings, trainees, and partnerships), along with the required project success story. Annual CHIS data will be consulted to assess decreases in the prevalence of overweight and/or obesity in children and adolescents.

State Program Setting:
Child care center, Community based organization, Faith based organization, Local health department, Schools or school district, State health department, University or college, Work site

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

Position Name: Linda Lee Gutierrez
Position Title: Health Program Specialist II
State-Level: 30% Local: 0% Other: 0% Total: 29%

Position Name: Emma Kearney
Position Title: Associate Governmental Program Analyst

State-Level: 15% Local: 0% Other: 0% Total: 15%

Position Name: Monet Parham-Lee
Position Title: Health Education Consultant III (Spec)
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Name: Katharina Streng
Position Title: Health Program Specialist I
State-Level: 20% Local: 0% Other: 0% Total: 20%

Position Name: Jessie Gouck
Position Title: Health Program Specialist II
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 5
Total FTEs Funded: .84

National Health Objective: **HO NWS-10 Obesity in Children and Adolescents**

State Health Objective(s):
Between 07/2017 and 06/2018, NEOPB staff will ***decrease the incidence of overweight or obesity in children (aged 2–17) and/or adults*** by maintaining California's child and adolescent obesity rates, which are below the *HP 2020* targets, or improving these rates by **0.005%**.

Baseline:

Children
16.2% (747,000) of California children aged 2-11 are estimated to be overweight for their age.
34.1% (1,202,000) of California children aged 12–17 are estimated to be overweight and obese for their age.

Adults
61.6% (18,424,000) of California adults are estimated to be overweight/obese.
68.2% (6,824,000) of California adults less than 185% FPL are estimated to be overweight/obese.
27.9% (8,196,000) of California adults are estimated to be obese.
34.6% (3,465,000) of California adults less than 185% FPL are estimated to be obese.

Data Source:
California Health Interview Survey, (CHIS,2016)

State Health Problem:

Health Burden:
Obesity represents a public-health challenge of equal magnitude to that of tobacco. Obese children are more likely to become obese adults, and obesity increases the risk of many health conditions and contributes to some of the leading causes of preventable death and disability, posing a major public-health challenge. Health conditions associated with obesity include coronary heart disease, stroke, and high blood pressure; type 2 diabetes; some forms of cancer and arthritis, and respiratory problems. Although many factors contribute to weight gain and ultimately to obesity, inactivity, unhealthy diets, and eating behaviors are the risk factors most

amenable to prevention (Obesity in California: The Weight of the State, 2000 -2014, CDPH, 2016)
Obesity in Children and Teens: In 2012 -2016, 34% of children and teens aged 12 -17 years ware considered overweight and obese. The *HP 2020* target is 9.6%.
Obesity Prevalence:
Adults: 26.3%,
Low-income adults (less than or equal to 185% of the federal poverty level [FPL]): 31.7%.
Prevalence by Race/Ethnicity (less than 185% of FPL):

- Hispanic: 37.1%,
- White: 26.8%,
- Asian: 11.7%,
- African-American: 39.8%,
- American Indian/Alaska Native: 43.7%,
- Native Hawaiian/Other Pacific Islander: 45.8%,
- Multiracial: 27.6%,

Target Population: all children (aged 0–17 years) and adults (18 years and older).
Disparate Population: primarily low-income, minorities (children).

Target Population:
Number: 8,056,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 4–11 years, 12–19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 4,372,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 1–3 years, 4–11 years, 12–19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: **Yes**
Location: Entire state
Target and Disparate Data Sources: California Health Interview Survey (CHIS 2016)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
Other: (1) Supplemental Nutrition Assistance Program Education (SNAP-Ed) Obesity Prevention Toolkit, USDA Food and Nutrition Services and the National Collaborative on Obesity Research, 2016; (2) Accelerating Progress in Obesity Prevention: Solving the Weight on the Nation, Institute of Medicine of the National Academies, 2012

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $270,000
Total Prior Year Funds Allocated to Health Objective: $300,000
Funds Allocated to Disparate Populations: $0

Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Coordinate healthy eating, physical activity, and food-security activities with partners.
Between 07/2017 and 06/2018, NEOPB staff will maintain **5** partnerships with internal and external partners to coordinate state and local efforts in the priority focus areas of food and beverages, physical activity, and food security, to reduce the prevalence of obesity in California, specifically low-income children and adolescents.

Annual Activities:
1. Coordinate an internal assessment and build capacity for the Branch
Between 07/2017 and 06/2018, NEOPB staff will coordinate 1 Branch wide internal assessment for nearly 100 staff members. There will be a pre and post assessment that will evaluate the needs of the state-level staff and provide data and recommendations on how to prepare plan, and train for the upcoming SNAP-Ed three-year plan (Federal Fiscal Year 2020-2022). This activity will be solely be funded through PHHSBG to build internal state capacity and expand the training, skills, and knowledge of state-level staff to provide technical assistance and support for statewide and local partners.

2. Maintain the planning of the Childhood Obesity Conference
Between 07/2017 and 06/2018, NEOPB staff will continue to be the lead planner of **one** biennial conference with long-standing partners: The California Endowment, Kaiser Permanente, University of California, Nutrition Policy Institute, and the California Department of Education, to implement this highly visible, nationally recognized conference. The coordination, planning and staff time dedicated to this conference is a braided and collaborative approach with USDA SNAP-Ed, CDC 1305 and PHHSBG funds.

The role of NEOPB include: (1) serving on the Executive Committee; (2) convening the conference Executive Committee, which is responsible for implementing the Conference; (3) providing subject-matter expertise to support conference content development; and (4) providing staff support for the Conference. The Executive Committee will develop the Conference agenda and content will prioritize evidence-based and evidence-informed resources and best practices that will enhance the capacity of attendees to advance policy, systems, and environmental change for childhood obesity prevention. The Childhood Obesity Conference is on July 17-19, 2019 in Anaheim, CA.

Objective 2:
Advance education and prevention policy
Between 07/2017 and 06/2018, NEOPB staff will maintain **10** statewide partnerships with internal and external partners to support the advancement of nutrition education and obesity prevention policy, systems, and environmental changes to reduce the incidence and chronic disease in California, specifically low-income children and adolescents.

Annual Activities:

1. Establish and maintain relationships with internal, external and nontraditional partners
Between 07/2018 and 06/2019, NEOPB staff will maintain 10 internal and external relationships across CDPH Branches including the California Tobacco Control Program, Chronic Disease Control Branch, Safe and Active Community Branch, Oral Health, and Office of Health Equity. Relationships outside of CDPH include sectors in retail, school-based health centers, early child education, and health care systems arena. PHHSBG funds will support and maintain relationships with these partners to develop and implement strategies around policy, systems, and environmental change in healthy eating, physical activity, and food security. Some examples include sponsorships at events, also NEOPB staff participation and attendance at trainings and conferences.

2. Continue collecting and analyzing statewide data for policy recommendations
Between 07/2018 and 06/2019, NEOPB staff will purchase at **10** assessment/survey questions to focus on sugar-sweetened beverage consumption. Assessment results will help inform and support statewide activities for the Local Health Departments and partners. This will be a braided and collaborative partnership with Block Grant and Prevention First funds to expand and enhance reach and capacity.

3. Develop policy-inventory infrastructure.
Between 07/2017 and 06/2018, NEOPB staff will create **one** online infrastructure of existing organizational and legislative policies related to obesity prevention, nutrition, and physical activity among local California jurisdictions. The policy inventory is a partnership with CDPH and other state agencies, as well as the University of California, Davis, and the California Tobacco Control Program. This infrastructure will help increase state and local programs' capacity to identify and pursue strong and impactful public health policies that support community-change goals. This project is a braided and collaborative approach with USDA SNAP-Ed and CDC PHHSBG funds.

State Program Title: Partnering to Reduce Preventable Nonfatal Work-Related Injuries

State Program Strategy:

Goal: Reduce serious nonfatal work-related *i*njuries in high-risk industries by investigating and identifying hazards and promoting prevention recommendations through expanded partnerships.

Health Priority: Between 10/2017 and 09/2018, Occupational Health Branch (OHB) staff will continue to maintain the baseline annual incidence rate of nonfatal work-related injuries in up to 5 selected high-risk industries, i.e., those industries with lost-time injury rates at least 50% greater than the overall 2016 rate of 2.2 injuries per 100 FTEs employed for all industries based on the U.S. Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses (BLS SOII, 2016). This objective will be accomplished by increasing access to prevention information through expanded partnerships with organizations representing affected employers and workers.

Role of Block Grant Funds: PHHSBG funds will support one FTE position salary and operating expenses, including travel to conduct worksite investigations, stakeholder relationship building, and educational activities.

Primary Strategic Partnerships:

Internal
- Safe and Active Communities Branch
- Office of Health Equity

External
- Trade associations representing employers in high injury risk industries
- State Compensation Insurance Fund
- Department of Industrial Relations, Division of Occupational Safety and Health (Cal/OSHA) and Division of Workers' Compensation
- Community-based organizations
- Department of Industrial Relations, Divisions of Occupational Safety and Health (Cal/OSHA)

Evaluation Methodology: OHB will evaluate progress toward injury-rate reduction with ***process*** evaluation (input and feedback from partners and stakeholders; number of investigations and new partnerships, number of educational activities and participants reached), and ***outcome evaluation*** (changes in knowledge, attitudes, and behaviors among participants in educational activities; decrease in injury rate).

State Program Setting:
Business, corporation or industry, State health department, Work site

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

Position Name: Jacqueline Chan
Position Title: Associate Industrial Hygienist
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 1
Total FTEs Funded: 1.00

National Health Objective: HO OSH-2 Nonfatal Work-Related Injuries

State Health Objective(s):

Between 07/2018 and 06/2019, Occupational Health Branch (OHB) staff will maintain the baseline annual incidence rate of nonfatal work-related injuries in **up to 5** selected high-risk industries, i.e., those industries with lost-time injury rates at least 50% greater than the overall 2016 rate of 2.2 injuries per 100 FTEs employed for all industries based on the U.S. Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses (BLS SOII, 2016). This objective will be accomplished by increasing access to prevention information through expanded partnerships with organizations representing affected employers and workers.

Baseline:

The 2016 baseline nonfatal work-related injury incidence rate (involving days away from work, restriction, or job transfer) is 2.2 per 100 FTEs employed for all industries (private + state/local government).

Data Source:

U.S. Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses, 2016.

State Health Problem:

Health Burden:
In 2016, there were over 470,000 work-related injuries and illnesses reported by employers in California, resulting in direct workers' compensation costs of over $12 billion, with additional employer costs for lost productivity, as well as the social and economic costs borne by injured and/or disabled workers and their families. Work-related injuries are underreported by as much as 50%. California's overall rate of lost-time injuries (involving days away from work, restriction, or job transfer) is 2.2 per 100 FTEs employed for all industries. Several industries with lost-time

Target Population:
Number: 19,195,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 6,899,000
Ethnicity: Hispanic
Race: Other
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male

Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: CA Employment Development Dept., 2017

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

Other: California Division of Occupational Safety and Health Injury and Illness Prevention Program - eTool (http://www.dir.ca.gov/dosh/etools/09-031/)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $153,000
Total Prior Year Funds Allocated to Health Objective: $170,000
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Implement interventions to reduce injuries in selected high-risk industries.
Between 07/2018 and 06/2019, Occupational Health Branch staff will implement **five** industry-specific educational interventions aimed at reducing serious work-related injuries by working with partners to develop and disseminate best practices and prevention recommendations. Educational interventions (one per selected high-risk industry) aimed at reducing serious work-related injuries by working with partners to develop and disseminate best practices and prevention recommendations.

Annual Activities:
1. Identify partner organizations for each selected high-risk industry
Between 07/2018 and 06/2019, Occupational Health Branch Staff will identify **at least five** (one per selected high-risk industry) trade associations, labor unions, worker advocacy organizations, government agencies, and others with access to and/or knowledge of the selected high-risk industries willing to partner on development and implementation of interventions aimed at reducing injuries.

2. Convene industry stakeholders
Between 07/2018 and 06/2019, Occupational Health Branch staff will convene **at least five** (one per selected high-risk industry) meetings and/or phone calls with industry partners/stakeholders, to obtain technical input and review of prevention recommendations, share industry best practices and recommendations for prevention, and plan for educational interventions in selected high-risk industries.

3. Provide educational webinars and trainings
Between 07/2018 and 06/2019, Occupational Health Branch Staff will work with partners to host **five** (one per selected high-risk industry) injury-prevention webinars and/or trainings designed for employers and workers. Trainings may take place at the worksites where injury investigations were conducted. Educational activities will share case studies of injury incidents and preventable risk factors, industry best practices, and practical and feasible methods for preventing future incidents.

4. Participate in industry meetings and other educational venues.
Between 07/2018 and 06/2019, participate in **five** (one per selected high-risk industry) industry meetings and other educational venues, as available, to continue to provide technical consultation and scientific expertise on best practices to prevent serious work-related injuries within selected high-risk industries.

Objective 2:
Investigate industries at high risk of serious work-related injuries
Between 07/2018 and 06/2019, OHB staff will investigate **five** industries and perform worksite investigations to assess injury hazards and make recommendations for prevention that can be disseminated to employers and employees to prevent similar incidents. The five industries were identified in Year 1 and have lost time injury rates of > 3.3 per 100 FTE. All incidents involved serious traumatic injuries to the workers. The five industries are: Psychiatric and Substance Abuse Hospitals [9.2/100 FTE], Framing Contractors [7.8/100 FTE], Siding Contractors [7.1/100 FTE], Landscaping [5.5/100 FTE] as related to large tree removals, and Construction [4.5/100 FTE] as related to skylights and solar installation. Skylight/solar installation was selected based on emerging technology, a pending new ASTM safety standard, and increasing inclusion of renewable energy building designs in construction.

Annual Activities:
1. Continued review and selection of industries for investigation
Between 07/2018 and 06/2019, Occupational Health Branch staff will continue to review at least 2 of the most current BLS SOII, workers' compensation claims, and other data sources, to identify high-risk industries. Final selection of high-risk industries to investigate also takes into consideration new safety regulations which took effect recently, emerging technologies which may impact safety practices, injury clusters occurring within a short timeframe, injuries identified in vulnerable populations, and high-risk industries identified through California's FACE (Fatality Assessment and Control Evaluation) Program.

2. Conduct worksite investigations
Between 07/2018 and 06/2019, Occupational Health Branch staff will conduct **five** worksite investigations (one per selected high-risk industry) that involve meetings at the worksite with employers, workers, witnesses, and health and safety professionals where injuries have occurred; assessing workplace injury hazards and control measures, reviewing written safety and training materials; obtaining related documents on equipment design; and producing an investigation report containing **at least three** prevention recommendations per investigation that will be shared with employers and employees.

State Program Title: **Preventive Medicine Residency Program**

State Program Strategy:

Goal: The California Department of Public Health (CDPH) will support public health professional training through the Preventive Medicine Residency Program (PMRP) and the California Epidemiologic Investigation Service Fellowship Program (Cal-EIS).

Residents will enter PMRP in Post-Graduate Year (PGY)-2, complete graduate-level coursework, and/or receive a Master of Public Health (MPH) degree. Residents will receive requisite exposure to epidemiology, biostatistics, social and behavioral aspects of public health, environmental health, health services administration, clinical preventive services and risk communication.
Cal-EIS post-MPH trainees will receive real-world experience in the practice of epidemiology, public health, surveillance, and evaluation at a local or state health department.

Health Priority: PMRP and Cal-EIS Fellowship objectives align with Public Health 2035 and the CDPH Strategic Map as they strengthen CDPH as an organization by developing a workforce of trained physicians and epidemiologists with the competencies needed to become public health professionals who support and facilitate the work of state health departments and local health departments (LHDs). This priority relates to the Public Health 2020 National Objectives for Workforce, including Objective Public Health Infrastructure (PHI)-1 that addresses incorporation of core competencies for public health professionals at state and local public health agencies.

Role of Block Grant Funds: Funds will: (1) support trainees' stipends, as well as salaries for two staff who recruit, place, and monitor the Residents/Fellows. (2) leverage state and local funding for stipends; and (3) assure continued accreditation of the Residency Program, including program revisions to meet Accreditation Council of Graduate Medical Education (ACGME) requirements.

Primary Strategic Partnerships:

Internal
- Environmental Health Investigations Branch
- Food & Drug Branch
- Healthcare Associated Infections Program
- California Tobacco Control Branch
- Maternal, Child, and Adolescent Health Division

External
- University of California, Los Angeles
- University of California, Berkeley, School of Public Health
- San Francisco City and County Public Health
- Contra Costa County, Public Health
- County of Santa Cruz Health Services Agency, Public Health

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

State Program Setting:
Community health center, Local health department, Medical or clinical site, State health department, University or college

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

Position Name: Vacant
Position Title: Health Program Specialist I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Esther Jones
Position Title: Health Program Specialist I
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 2
Total FTEs Funded: 2.00

National Health Objective: HO PHI-1 Competencies for Public Health Professionals

State Health Objective(s):

Between 07/2018 and 06/2019, PMRP/Cal-EIS staff will increase the public health workforce by graduating at least 18 trainees from PMRP or Cal-EIS, to become qualified public health physicians and epidemiologists who contribute to and/or lead the maintenance and improvement of the health of Californians.

Baseline:

Nine graduates who achieved moderate to high skill levels in specific competencies developed by national organizations by working in local or state public health agency programs in 2018.

Data Source:

PMRP and Cal-EIS records, including Competency/Milestones charts, monthly/quarterly activity reports, preceptor/faculty evaluations, and program evaluations of trainee performance.

State Health Problem:

Health Burden:
To maintain a skilled professional workforce, public health (PH) agencies must train the next generation of experts and leaders. This need arises from two realities and concerns: (1) As older PH leaders retire, there is a need to replace them with well-trained professionals; (2) New leaders offer novel perspectives and insights into methods of meeting the challenges of PH. Shortages of PH physicians and other health professionals continue. A 2014 ASTHO report indicated a 5% decrease in the PH workforce (5,500 FTE) nationwide since 2010. Larger states like California have the lowest number of FTEs per 100K population, at approximately 13 FTEs per 100K, compared to other states that have over 100 FTEs per 100K population.
The JPHMP's 2015 report based on the 2014 PH WINS data showed considerable workforce turnover with 38% of state PH workers planning to leave PH by 2020, 25% planning to retire

and 13% planning to leave for positions outside of PH. The PMRP/Cal-EIS programs ensure a steady supply of critically needed, well-trained PH physicians and epidemiologists to assume leadership positions in PH agencies in California. California needs trained experts ready to respond to PH emergencies that result in illness, injury, and deaths, such as, influenza, Zika, West Nile Virus, Escherichia coli O157:H7, Ebola, floods, and wildfires, as well as to respond to the alarming rise of chronic diseases that decrease productivity and life expectancy of Californians.

Target Population:
Number: 39,776,830
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Health Care Systems, Research and Educational Institutions, Safety Organizations

Disparate Population:
Number: 39,776,830
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Health Care Systems, Research and Educational Institutions, Safety Organizations

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

Other: (1) ACGME Program Requirements for Graduate Medical Education in Preventive Medicine; (2) ACGME Milestones for Preventive Medicine Residents; (3) Council of State Territorial Epidemiologists (CSTE), Competencies for Applied Epidemiology

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $508,750
Total Prior Year Funds Allocated to Health Objective: $565,278
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Increase the number of trainees who gain Preventive Medicine and Applied Epidemiology competencies.
Between 07/2018 and 06/2019, PMRP/Cal-EIS staff 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 public health agency programs or community-based settings and/or completing academic coursework, from 118 Residents and 175 Fellows to **120 Residents and 190 Fellows**.

Annual Activities:

1. Recruit and interview applicants for PMRP and Cal EIS Fellowships.
Between 07/2018 and 06/2019, PMRP/Cal-EIS staff will recruit and interview at least 9 PMRP applicants and 23 Cal-EIS applicants. The competitive recruitment and selection process includes distributing PMRP and Cal-EIS information to schools of public health, residency programs, and LHDs; and posting on various websites, such as FREIDA Online, Electronic Residency Application Service (ERAS), and Public Health Employment Connection. Applications from this pool will be reviewed by the PMRP and Cal-EIS Advisory Committees, and top candidates will be selected for interview.

2. Place trainees for a public health training experience.
Between 07/2018 and 06/2019, PMRP/Cal-EIS staff will train at least 17 individuals (at least 15 Cal-EIS trainees to achieve CSTE competencies and at least two Residents to meet ACPM/ACGME competencies). Experienced preceptors mentor and guide trainees to meet competencies through applied state and local public health experiences, providing training needed to develop the State's public health workforce.

3. Develop and implement public health practice curriculum.
Between 07/2018 and 06/2019, PMRP/Cal-EIS staff will conduct at least 16 PM seminars for PMRP and Cal-EIS public health/preventive-medicine 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 public health practice, epidemiologic investigation procedures, and other processes that prepare trainees to enter the public health workforce.

State Program Title: **Public Health 2035 Capacity-Building Activities**

State Program Strategy:

Goal: Foster an environment of meaningful internal engagement and cross-disciplinary collaboration to advance California's adopted health improvement plan, Let's Get Healthy California (LGHC). 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. It is imperative that CDPH actively address the changing role of public health by creating a culture that embraces change and innovation through tools, resources, and opportunities for growth and engagement. The Fusion Center (FC) will do this through the lens of our Public Health 2035 vision.

Health Priorities: Make California the healthiest state in the nation by 2022 by preparing the Department for shifting public health practices and priorities. LGHC contributes to making CA the healthiest state in the nation by monitoring indicators toward our 10-year targets, promoting community innovations, informing and convening cross-sector collaborations. As the state health improvement plan, LGHC guides CDPH in addressing complex challenges. To align activities with LGHC, the FC facilitates innovative approaches to public health and will focus on 2 activity areas: 1) internal innovation and engagement to prepare the Department for the future challenges of public health; and 2) interdisciplinary and cross-program collaboration to shift our focus further upstream to the root causes of health disparities. These activities will enhance staff's knowledge, exposure, and skills necessary to position CDPH at the forefront of the evolving role of public health.

Role of Block Grant Funds: Funds support salaries of staff and contractors who coordinate initiatives with partners and stakeholders; conduct policy analysis; develop data visualizations and applications; pilot innovative ways to support local agencies; prepare and disseminate reports, data, and tools; and deliver trainings and technical assistance. Ultimately, these activities ensure we have an agile and nimble workforce and increase innovative approaches and tools to address the priorities in the SHIP.

Primary Strategic Partnerships:

Internal:
- Center for Healthy Communities
- Office of Health Equity
- Office of Public Affairs
- Center for Health Systems Information
- Information & Technology Services Department

External:
- Local Health Jurisdictions
- California Health & Human Services Agency
- Office of Statewide Health Planning & Development
- The California Endowment
- Health in All Policies Taskforce

Evaluation Methodology: The Fusion Center will evaluate progress toward reaching its objectives through methods such as informal stakeholder input, surveys, participation levels, and web analytic tools. With such a wide variety of annual activities, each activity has it own evaluation plan to track the status of project activities, deliverables, and evaluation indicators and methods.

State Program Setting:
Local health department, State health department

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

Position Name: Amanda Lawrence
Position Title: Associate Government Program Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Terica Thomas
Position Title: Associate Government Program Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Latesa Slone
Position Title: Associate Government Program Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Katey DeSanti
Position Title: Staff Services Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%

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

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 07/2018 and 06/2019, staff will coordinate and facilitate cross-program and interdisciplinary initiatives and staff engagement opportunities that move our state Health Improvement Plan forward and adhere to the Public Health Accreditation Board's standards. Fusion Center will increase workforce capacity activities pertaining to data use and exchange, social determinants of health, regional disparities, and staff engagement to improve daily operations in the department. Through FC's multi-sector coordination and facilitation, CDPH will lead the nation in innovative government agency approaches to solving pressing public health issues and prepare the CDPH for the public health challenges of the future.

Baseline:

Baseline measures include LGHC (State Health Improvement Plan) data from 2012; the 2017 CDPH Innovation Survey, and the 2016 CDPH Program Survey. The Department-wide Innovation survey resulted in 1100 responses with 94% of respondents indicating a desire for a workplace culture that supports innovation. The top identified ways that the organization could be more innovative included “Have a process in place to support innovation” and “management creates an environment where transformative ideas are shared”. In 2016 Program Survey found that only 51% of program managers are very or extremely familiar with LGHC and 29% are very or extremely knowledgeable about the Public Health 2035 Framework. The results also indicated that program managers found "strict roles/responsibilities" to be one of the greatest barriers to collaboration. These data describe the need to further engage staff around LGHC and to coordinate activities that engage staff and encourage resource sharing.

Data Source:

The CDPH Innovation Survey, October 2017
The CDPH Program Scan survey, September 2016

State Health Problem:

Health Burden:
Chronic disease accounts for eighty percent of deaths and affects the quality of life of 14 million Californians. For example, California's adult obesity rate, which is the 5th worst in the nation, has increased from 22.7% to 28% since 2009. In 2012, 9.2% of adults had diabetes. By 2016, this increased to 10.2% with serious health disparities among race, class, and education levels. Most chronic conditions, as well as other negative health outcomes, are impacted by shared social influences and behaviors. The Fusion Center will implement new collaborative approaches to community-based health interventions, proactively addressing emerging issues, and data use for ground-level impact.

Target Population:
Number: 39,250,017
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 11,000,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: (1) Public Health Accreditation Board’s Standards and Measures, v 1.5; (2) CDC Public Health Economics Methods and Tools: Economic tools used to evaluate the costs and burden of various health problems and the effectiveness and efficiency of health programs. The tools were created by CDC and its partners.

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $698,773
Total Prior Year Funds Allocated to Health Objective: $776,370
Funds Allocated to Disparate Populations: $0

Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Advance internal innovation and engagement around CDPH's Public Health 2035 vision.
Between 07/2018 and 06/2019, Fusion Center Staff will conduct **three** initiatives engaging employees from across the Department.

Annual Activities:
1. Employee engagement and capacity building
Between 07/2018 and 06/2019, The Fusion Center Staff will create multiple opportunities for staff to be engaged in the Public Health 2035 (PH2035) vision and drive the scaling and spreading of work that is emblematic of the four pillars of PH2035: Strategic Partnerships, Agile Business Operations; Strong Leadership & Workforce, and Data & Evaluation. FC will host six Navigation Series presentations which feature CDPH staff highlighting their cutting edge work; two all-staff town halls with CDPH Director; three "communications specialist forums"; four health economic evaluation journal clubs. These activities are open to all staff and provide a comfortable environment for employees to build skills, share resources and best practices, network with colleagues, learn more about the Department, and access technical assistance from one another.

2. Open Opportunities
Between 07/2018 and 06/2019, The Fusion Center Staff will pilot one online platform, called Open Opportunities (OO) that allows CDPH programs to post projects for which they need assistance, allowing staff with the requisite skills to contribute a small portion of their time to assist with the project. OO utilizes staff resources and gives staff the option to work on projects or tasks outside of their regular duties, gain additional knowledge about other areas within CDPH, and may allow them to work on a project that unites their passion with their knowledge and skill. The platform increases information sharing, collaboration, and professional development. During this project period, FC will conduct an outreach campaign, launch a pilot, evaluate the pilot and make recommendations for scaling up or further adjustment.

3. Health Economic Evaluation complete one sustainable plan for prioritizing and implementing Economic Evaluation within CDPH, and will coordinate activities across CDPH for the utilization of the plan. In order to build internal awareness and capacity, we will develop one action plan to promote the range of Public Health Economics tools, resources, and learning opportunities we have already developed/compiled. We will also engage CDPH Centers to enhance our catalogue of CDPH economics-related activities, by having them interactively update and add activities from their programs. Information on the economic benefits of public health programs is a valuable asset to assess where to most effectively allocate scare resources for the greatest impact as we move toward implementation of the PH2035 vision. This activity will be conducted with the "Public Health Economics Think Tank", which includes leadership and economic/technical representatives from CDPH Centers and external

partners.increases information sharing, collaboration, and professional development. During this project period, FC will conduct an outreach campaign, launch a pilot, evaluate the pilot and make recommendations for scaling up or further adjustment.

Objective 2:

Increase interdisciplinary collaboration addressing social determinants of health

Between 07/2018 and 06/2019, Fusion Center Staff will develop **five** strategies to align cross-program and cross-sector resources to drive CDPH's community health strategies further upstream. The Fusion Center will coordinate and facilitate the implementation of these strategies addressing regional and place-based disparities through enhanced communications, data synthesize and mapping, web applications, stakeholder development, and convening of subject matter experts.

Annual Activities:

1. Placed-Based Initiatives (PBIs)

Between 07/2018 and 06/2019, The Fusion Center staff will serve in the central coordinating role to support up to four programs in CDPH and up to three local health departs with defined Place Based Initiatives (PBIs) in a pilot project focused on identifying the state's role in supporting, scaling and spreading the innovative governance and financing models inherent to these initiatives. Place based initiatives (PBIs) are community driven, and built on collaboration across multiple sectors to address critical community health issues. There are 9 major PBIs across California that are not currently integrated. Outputs for this activity include recommendations for LHD technical assistance, forums, and resources, as well as recommended methodologies, frameworks, practices and principles on how to sustain place based initiatives models, and grant/funding structures through changes to our local assistance processes.

2. California Community Burden of Disease Engine

Between 07/2018 and 06/2019, The Fusion Center staff will collaboratively enhance one California Community Burden of Disease Engine. The CCB is a web application, set of tools, and collaborative team. It provides systematic insight for allocation of Public Health resources, evaluation of interventions, and other Public Health actions. To date, the application displays death-related measures (based on the Global Burden of Disease Study) in interactive rankings charts and maps for California communities. The R software, its “Shiny” package, and standards-based tables form the software backbone for the project. The project is led by the Fusion Center in collaboration with a “volunteer” team of research scientists and related positions from CDPH/CHHS, other Agencies, and county health departments. During this project period we will: (1) deploy an enhanced public version of the application, (2) convene a steering committee to guide the project roadmap, and (3) implement systematic collection of user feedback and corresponding enhancement.

3. Chronic Disease Resources and burden Pilot Project

Between 07/2018 and 06/2019,

The Fusion Center will coordinate a regional resource and disparities pilot project with the Center for Healthy Communities (CHC), which will provide technical assistance to local health jurisdictions (LHJs) to address social determinants of chronic conditions. FC will facilitate the creation of one interactive statewide map of CHC's investments and chronic disease burden. Based on the map, CHC will identify shared risks factors linked to social determinants of health among each programs' targeted health conditions. FC will facilitate the development of a strategy that works across sectors using multi-pronged approaches to address these social determinants via policies, guidelines, and partnerships; as well as encourage LHJs to utilize

CDPH resources (including technical assistance and data) to address community and regional health disparities.

4. Conene partners to align efforts to a shared priority around key issues
Between 07/2018 and 06/2019, The Fusion Center (FC) will facilitate strategic engagement to align mutually reinforcing efforts and build awareness of the public health role for two cross-cutting issues; violence prevention and opioid overdose. The FC will work with cross-program teams to host Statewide Violence Prevention Network webinars and convene CDPH programs and external partners to create one shared public health agenda for violence prevention action. The FC will also convene CHHS Agency Departments and Opioid Workgroup partners to collaborate around a shared policy framework and communication strategy to highlight the role of public health and California approach to addressing opioid overdose prevention. Convening and interdisciplinary partners will increase engagement and investment to elevate action on priority opportunities. Leveraging wider engagement will build capacity for primary prevention approaches and promote collaborative action towards addressing social determinants of health.

5. Let's Get Healthy California Indicators and Shared Priorities
Between 07/2018 and 06/2019, Fusion Center Staff will implement one targeted stakeholder engagement initiative to 1) obtain user-feedback, 2) share data, information, and promising practices, and 3) increase alignment and collaboration around key priorities. Engagement activities may include key informant interviews, integration of user feedback, establishing a local-state community health improvement planning network, developing and piloting a content pipeline that would allow partners to share stories and solutions through LGHC, and coordinating and tracking efforts around key priorities. Activities will be evaluated through the ongoing monitoring of milestone deadlines and SMART objectives.

State Program Title: **Public Health Accreditation**

State Program Strategy:

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

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

Role of Block Grant Funds: PHHSBG funds will support the administration of the CDPH Public Health Accreditation Mini-Grant Program by Office of Quality Performance and Accreditation (OQPA). This program will enable California's local and/or tribal public health agencies to receive services to support accreditation-readiness activities.

Primary Strategic Partnerships:

Internal:
- California Conference of Local Health Officers
- Fusion Center
- Office of Health Equity

External:
- California Rural Indian Health Board (CRIHB)
- Centers for Disease Control and Prevention
- County Health Executives Association of California (CHEAC)
- Public Health Accreditation Board
- Public Health Institute

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.

State Program Setting:
Local health department, State health department, Tribal nation or area

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

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

National Health Objective: **HO PHI-17 Accredited Public Health Agencies**

State Health Objective(s):

Between 07/2018 and 06/2019, provide Technical Assistance services to increase accreditation readiness and capacity to **at least one** local and/or tribal public health agency.
These services will provide participating agencies an opportunity to develop, complete, and/or implement a process or project conforming to the Public Health Accreditation Board's (PHAB's) standards, thereby demonstrating increased readiness and capacity to apply for national public health accreditation.

Baseline:
In 2017, CHEAC surveyed 61LHDs to assess status of accreditation readiness. Of the 51 respondents, **seven** are PHAB accredited, and **eight** submitted an accreditation application. Additionally, **37** LHDs are in varying stages of accreditation planning, and **seven** have not started.

Data Source:

County Health Executives Association of California, Accreditation Status Survey, October 2017

State Health Problem:

Health Burden:
As of February 2018, CDPH and 11 California LHDs are PHAB accredited. The remaining 50 LHDs and tribally controlled health departments may need support to plan for and achieve national public health accreditation.
PHAB accreditation preparation is complex, requiring a public health department to conduct a comprehensive review to evaluate the effectiveness of its services against a set of national quality standards. This process highlights areas of strength and opportunities for improvement that may directly impact community health. PHHSBG funds will support OQPA's provision of accreditation-readiness TA services to build local and tribal capacity to pursue public health accreditation.
If each California local and tribal public health department applied for and obtained PHAB accreditation, the statewide provision of public health services would meet a national standard of excellence, and overall public health for over 39 million state residents would be optimized.
The **target** and **disparate populations** (39,540,000, the population of California) are the same.

Target Population:
Number: 39,540,000
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Health Care Systems

Disparate Population:
Number: 39,540,000
Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Health Care Systems

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: • Association of State and Territorial Health Officials, 2011–2015
- Michigan Quality Improvement Guidebook, Second Edition, 2012
- National Association of County and City Health Officials, 2010–2015

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $27,000
Total Prior Year Funds Allocated to Health Objective: $30,000
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Provide technical assistance services.
Between 07/2018 and 06/2019, OQPA Public Health Accreditation program staff will provide Technical Assistance services to increase accreditation readiness to **at least one** local and/or tribal public health agency to improve capacity to prepare for national public health accreditation.

Annual Activities:
1. Administer a mini-grant program.
Between 07/2018 and 06/2019, Administer **one** CDPH Public Health Accreditation Mini-Grant Program for California's local and/or tribal public health agencies to receive accreditation readiness TA services. These services may be used to support development of accreditation-related activities, such as community health assessment and improvement planning, workforce development, quality improvement, strategic planning, performance management, or documentation selection.
The provision of TA services will increase capacity of **at least one** local and/or tribal public health agency that has demonstrated limited resources to prepare for public health accreditation. OQPA's Public Health Accreditation program staff will monitor participants' adherence to program guidelines, timelines, and achievement of deliverables during the project period.

State Program Title: **Rape Prevention Program**

State Program Strategy:

Goal: Stop first-time perpetration and victimization of sex offenses by implementing evidence-informed sex offense (rape) prevention strategies.

Health Priorities: In 2016, the incidence of rape reported to criminal justice in California was 34.8 per 100,000. (California Department of Justice [CDOJ], 2016). Rape victims often have long-term emotional and health consequences as a result of this "adverse experience," such as chronic diseases, emotional and functional disabilities, engaging in harmful behaviors, and experiencing intimate relationship difficulties (MMWR, CDC, 2008). This program addresses the national *Healthy People 2020* focus area of Injury and Violence Prevention, which includes a developmental goal of reducing sexual violence.

Role of Block Grant Funds: PHHSBG Rape Set-Aside allocation will be used by the Safe and Active Communities Branch (SACB) to: provide funding to local RCCs that directly serve victims, and potential victims and perpetrators, to deliver sex offense (rape) prevention programs that promote positive social norms and change attitudes, behaviors, and social conditions that make sexual violence possible in the first place.

Primary Strategic Partnerships:

Internal
- Office of Health Equity
- Maternal, Child, and Adolescent Health
- CDPH Health in All Policies
- CDPH Sexually Transmitted Diseases Control Branch

External
- California Coalition Against Sexual Assault
- California Office of Emergency Services
- California Partnership to End Domestic Violence
- California Department of Education

Evaluation Methodology: Data from CDOJ will be used to evaluate progress toward ending sexual violence. This is a standardized data source that provides yearly updates on crime in California.
CDPH will assess and monitor progress through online reporting systems to collect data and narrative reports from funded contractors.

State Program Setting:
Community based organization, Rape crisis center, Schools or school district, State health department, Tribal nation or area

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

Position Name: Nancy Bagnato, MPH
Position Title: Health Program Manager II
State-Level: 30% Local: 0% Other: 0% Total: 30%
Position Name: Pam Shipley
Position Title: Staff Services Manager I
State-Level: 30% Local: 0% Other: 0% Total: 30%
Position Name: Steve Wirtz
Position Title: Research Scientist Supervisor I
State-Level: 5% Local: 0% Other: 0% Total: 5%

Total Number of Positions Funded: 3
Total FTEs Funded: 0.65

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

State Health Objective(s):
Between 07/2018 and 06/2019, reduce by **1%** the rate of rape in California, as measured by CDOJ data.

Baseline:

In 2016, the incidence of rape reported to criminal justice in California was 34.8 per 100,000.

Data Source:

California Department of Justice, 2016.

State Health Problem:

Health Burden:
Rape victims often have long-term emotional and health consequences as a result of this "adverse experience," such as chronic diseases, emotional and functional disabilities, harmful behaviors, and intimate relationship difficulties (CDC, 2008). Females are more often the victims of rape; nearly 1 in 5 females have been raped during their lifetimes versus 1 in 59 of males.

The **target population** consists of the total population of California. The **disparate population** consists of African-American females.

Target Population:
Number: 39,933,359
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female
Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:
Number: 1,145,107
Ethnicity: Non-Hispanic
Race: African American or Black
Age: 1 - 3 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: State of California, Department of Finance, Report P-3: State and County Population Projections by Race/Ethnicity, Detailed Age, and Gender, 2010–2060, January 2013

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: (1) Initial Guidance for RPE CE14-1401, CDC, 2014; (2) Resources for Sexual Violence Preventionists, NSVRC, 2012; (3) Moving Forward by Looking Back: Reflecting on a Decade of CDC's Work in SV Prevention, 2000–2010, J. of Women's Health, 2012; (4) STOP SV: A Technical Package to Prevent Sexual Violence, CDC, 2016

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $749,673
Total Prior Year Funds Allocated to Health Objective: $832,969
Funds Allocated to Disparate Populations:
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Address the community and/or societal levels of the social-ecological model.
Between 07/2018 and 06/2019, SACB staff will increase the number of local rape crisis centers (RCCs) that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators that address the community and/or societal level of the social-ecological model (SEM) from four [RPE Annual Data Report, 2016–17] to **six**.

Annual Activities:
1. Assess sexual-violence risk and protective factors that RCCs address.
Between 07/2018 and 06/2019, Rape Prevention staff will conduct assessments with **six** RCCs to determine to what extent they are implementing sexual-offense prevention programs addressing community- and/or societal-level risk and protective factors.

2. Increase knowledge and skills of RCCs to utilize a public health approach.
Between 07/2018 and 06/2019, will conduct a minimum of four educational activities to enhance the knowledge and skills of staff from six RCCs to conduct sexual offense (rape) prevention programs that address the community and/or societal levels of the SEM.

3. Fund sexual-offense prevention programs.
Between 07/2018 and 06/2019, fund six local RCCs to conduct sexual offense prevention programs that address the community and/or societal levels of the SEM.

State Program Title: **Receptor Binding Assay for Paralytic Shellfish Poisoning Control**

State Program Strategy:

Goal: Reduce the incidence of Paralytic Shellfish Poisoning (PSP) illness in consumers and improve PSP toxin monitoring efficiency by implementing more-sensitive PSP-detection monitoring at the Drinking Water and Radiation Laboratory Branch (DWRLB) within the California Department of Public Health (CDPH). DWRLB's PSP surveillance Program could more effectively detect PSP toxins by replacing the standard mouse bioassay (MBA), in use at CDPH, with the more-sensitive receptor binding assay (RBA) (an assay that relies on a biological receptor protein for specific detection of biologically active molecules) to monitor PSP toxins in shellfish from California shellfish growing areas and coastal waters used for recreational harvesting.

Health Priority: Identify and remove shellfish contaminated with PSP toxins from the food supply, and reduce the incidence of poisoning among shellfish consumers.

Role of Block Grant Funds: PHHSBG funds will support salaries and operating costs for personnel involved in development, standardization, and validation of the RBA for use in surveillance of PSP toxins.

Primary Strategic Partnerships:

Internal:
- Environmental Management Branch, Preharvest Shellfish Program
- Microbial Diseases Laboratory
- Food and Drug Branch

External:
- International Shellfish Sanitation Conference
- National Oceanic and Atmospheric Administration (NOAA)
- U.S. Food and Drug Administration
- Washington State Department of Health
- Sitka tribe of Alaska

Evaluation Methodology: The validation of the RBA method will be based on the generation of performance data that will be statistically acceptable by the ISSC for approval of the method for regulatory use. Progress will also be determined from comparative testing between the RBA and the MBA from side-by-side testing of PSP toxin from shellfish samples collected from current and historic phytoplankton blooms.

State Program Setting:
State health department

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

Position Name: Farhima Akter
Position Title: Research Scientist II (Micro)
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Chad Crain

Position Title: Research Scientist Supervisor I (Micro)
State-Level: 25% Local: 0% Other: 0% Total: 25%

Total Number of Positions Funded: 2
Total FTEs Funded: 1.25

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

State Health Objective(s):

Between 07/2018 and 06/2019, Maintain and expand 1 feasibility study of the receptor binding assay (RBA) for routine regulatory testing in California; this study will compare performance of the RBA and the currently used testing method (a mouse bioassay). The greater sensitivity and higher throughput of the RBA compared to the mouse bioassay has the potential to reduce risk of illness due to foodborne intoxication.
Data Source: Price DW, Kizer KW, Hansgen KH. 1991. California's paralytic shellfish poisoning prevention program, 1927–89, J. Shellfish Res. 10:119–145 (No newer published data of this type exists.)

Baseline:

Since 1927 there have been 542 reported illnesses and 39 deaths attributed to PSP-contaminated shellfish in California (existing shellfish testing data utilizing the MBA method). Development of the RBA for use in California, along with its subsequent implementation, is anticipated to be an enhancement of PSP surveillance in terms of sensitivity and effectiveness for public health protection, and in terms of moving away from an assay based on use of live animals.

Data Source:
Price DW, Kizer KW, Hansgen KH. 1991. California's paralytic shellfish poisoning prevention program, 1927–89, J. Shellfish Res. 10:119–145 (No newer published data of this type exists.)

State Health Problem:

Health Burden:

The National Shellfish Sanitation Program originated in 1925, and the MBA has been in continuous use for 50 years. The annual sport harvested -mussel quarantine, combined with CDPH surveillance throughout the year, protects consumers from PSP illness. The level of protection can be increased with RBA. The RBA is desirable because it is more humane, more sensitive, less subject to matrix effects, and has a greater capacity than the MBA.
The **target population** includes all consumers of commercial and sport-caught shellfish from California growing areas and coastal waters. The **target** and **disparate populations** are the same.

Target Population:
Number: 26,000,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

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

Disparate Population:
Number: 26,000,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: California Census Data (2016), adjusted for vegetarians, and assuming that 50–75% of the remainder consume shellfish.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: (1) International Shellfish Sanitation Conference; (2) National Shellfish Sanitation Program; (3) U.S. Food and Drug Administration

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $247,500
Total Prior Year Funds Allocated to Health Objective: $275,000
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Create a template for the use of the RBA for routine regulatory testing in California.
Between 07/2018 and 06/2019, RBA for PSP Control staff will maintain and expand **one** feasibility study of the receptor binding assay (RBA) for shellfish testing in California, by comparing the RBA against the currently used mouse bioassay (MBA) to include historic PSP toxin samples from a 5 year period from 2009-2015. The larger sample number from multiple years will confirm the universality of the RBA to detect PSP toxins from a variety of historic blooms. The expanded study will confirm any residual impact of matrix effects on the RBA sensitivity and evaluate whether the higher sensitivity of the RBA can provide an early warning of developing PSP toxin events in California marine waters.

Annual Activities:

1. Pre-screening study using the RBA

Between 07/2018 and 06/2019, staff will evaluate the Scotia strip pre-screen for frequency of identifying false positive samples in a blinded study comparing RBA and MBA results. The experiments will analyze selected Scotia strip samples. The usual protocol is to analyze only Scotia positives (which are quantified in the MBA). We will use conventional extraction of samples provided by MDL. 30-50 extracts per month will be tested in a blind study over a period of 4-5 months.

2. Laboratory bench sheet for RBA

Between 07/2018 and 06/2019, staff will evaluate and draft 1 laboratory Bench Sheet for conducting daily operations of RBA. A bench sheet is a minimal form of an SOP providing information that an analyst will need to perform the assay and will serve as the basis for further experiments.

3. Porcine membrane validation in multiple species

Between 07/2018 and 06/2019, staff will evaluate the porcine membrane vs rat membrane in multiple species. The objective of the study will be to test a variety of important species in CA (e.g. mussels, oysters, razor clam, and rock scallop). We will use the rapid mini extraction method (already approved by ISSC) for processing homogenates. 40+ samples from 4 -5 different species will be tested. The primary tests will focus on measuring STX fortified samples (spiked), to test matrix effects. But, can also include naturally-contaminated (or incurred) samples of each species.

4. RBA capacity study

Between 07/2018 and 06/2019, staff will conduct 1 laboratory capacity study. Currently, the shellfish program can process up to 1,500 samples/year. DWRL will conduct a study to determine the sustained capacity for surge events that can last for several weeks. The program will also evaluate the number of RBA experiments that can be completed in a given week and the number of replicates assay that can be performed for follow up confirmatory testing. Results from this study will help to further optimize the RBA as the primary method for PSP surveillance.

5. Experiments for follow up submission of RBA oyster application to ISSC

Between 07/2018 and 06/2019, staff will conduct at least 3 follow up experiments to address deficiencies in the earlier application to ISSC for approval to use the RBA for detecting PSP toxins in oysters. The ISSC Lab Committee requested additional information regarding: outlier analysis, spiking method, conventional vs. miniature extraction procedure, comparison of multiple lots of saxitoxin standard and details of statistics employed.

State Program Title: **TB-Free California**

State Program Strategy:

Goal: The California Department of Public Health (CDPH) Tuberculosis Control Branch will address the *Healthy People 2020* "Reduce Tuberculosis (TB)" target: ***Reduce tuberculosis to one new case per 100,000 population***.

Health Priority: The TB Free California program is aligned with the CDPH Public Health 2035 goals: the program will lead change and engage communities through prevention based on collaborative science-based practices that improve health equity throughout California.

Role of Block Grant Funds: Funds will support a scientific and technical team to develop and implement changes in practice to eliminate tuberculosis in California. The budget covers: (1) salaries for three contract positions with expertise in tuberculosis clinical prevention strategies and health systems; epidemiology, surveillance, and evaluation methods; and training and communication; (2) travel for the three-person team; and (3) production costs for training materials.

Primary Strategic Partnerships:

Internal:
- Office of Public Affairs
- Refugee Health Program
- Tobacco Control Program
- Office of AIDS
- Chronic Disease Branch

External:
- Department of Health Care Services, MediCal Managed Care
- Kaiser Permanente
- Curry International Tuberculosis Center
- Federally Qualified Health Centers
- CA Primary Care Association

Evaluation Methodology: On an ongoing basis, the program team will measure, using newly developed metrics, performance indicators for testing and treating latent TB infection in public health and other health care settings. The program team will track performance of each program objective.

State Program Setting:
Community based organization, Community health center, Local health department, Medical or clinical site, State health department

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

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

National Health Objective: **HO IID-29 TB**

State Health Objective(s):

Between 07/2018 and 06/2019, decrease tuberculosis case rate to 4.9 cases/100,000. The program is aligned with the Let's Get Healthy California Goal 2, supporting the triple aims of better health, better care and better costs. Goal 2 is Preventing and Managing Chronic Disease. The TB Free California program will combine efforts with CDPH programs that reduce tobacco use and diabetes, two known risk factors that accelerate the progression to the stage of TB disease from the stage of latent (dormant) TB infection.

Baseline:

The overall tuberculosis case rate in California in 2016 was 5.2 cases per 100,000 population The tuberculosis case rate in California in 2016 in persons born outside of the US was 15.6 cases per 100,000 population.

Data Source:

State of California Department of Public Health, Tuberculosis Control Branch: Report on Tuberculosis in California, 2016. All cases of TB in California are reported to the state TB Registry.

State Health Problem:

Health Burden:
A significant reduction in health inequity in California is expected by preventing TB among vulnerable populations, particularly among the non-US born populations, that are disproportionately affected by TB. In particular, persons born in Mexico, the Philippines, Vietnam, China and India are at increase risk for TB. Non US-born Asians have the highest risk, with a rate of TB disease that is 30 times the rate of US-born whites.

State of California Department of Public Health, Tuberculosis Control Branch, Tuberculosis Registry: Report on Tuberculosis in California, 2016.

Target Population:
Number: 2,500,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes

Disparate Population:
Number: 2,100,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male

Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: State of California Department of Public Health, Tuberculosis Control Branch, Tuberculosis Registry: Report on Tuberculosis in California, 2017.

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

Other: U.S. Preventive Services Task Force "Recommendation on Latent Tuberculosis (TB) Screening, September 2016"

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $540,000
Total Prior Year Funds Allocated to Health Objective: $600,000
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Aid public- and private-sector programs to identify and engage high-risk patients.
Between 07/2018 and 06/2019, staff will provide training and guidance to improve the practice of engaging high-risk patients in testing and treatment for latent TB infection to **50** health care providers who see at-risk patients in large community and institutionally based settings.

Annual Activities:
1. Train community and institutional health care providers.
Between 07/2018 and 06/2019, staff will develop and provide **six** trainings and **12** consultations on testing and treatment of TB infection and TB prevention strategies for **at least 50** health care providers in community and institutionally based settings to build capacity for identifying, assessing, and treating populations at risk.

Objective 2:
Create new latent TB infection reporting metrics for measuring program performance.
Between 07/2018 and 06/2019, staff will develop **two** latent TB infection reporting metrics to measure program performance on latent TB infection testing and treatment.

Annual Activities:

1. Develop a template for reports on latent TB infection testing and treatment.

Between 07/2018 and 06/2019, staff will develop **at least one** template, process, and procedure for generating reports to track progress on latent TB testing and treatment conducted in public health and other health care settings.

Objective 3:

Develop a latent TB infection testing and treatment guideline document.

Between 07/2018 and 06/2019, staff will develop **one** guideline on testing and treatment for latent TB infection for providers. Providers do not have protocols for treating infection, only treating disease. The guideline should be incorporated into the standards of practice for all health care providers that see patients at risk for TB disease.

Annual Activities:

1. Determine standards and procedures for identifying and treating latent TB infection.

Between 07/2018 and 06/2019, staff will work with the California TB Controllers Association to identify best practices for assessing, screening, and treating people with latent TB infection who are likely to progress to TB disease if untreated. The information will be incorporated into **one** guideline document to be used to guide practices of providers in public-sector and private-sector health care settings.

Objective 4:

Develop tools on latent TB infection testing and treatment.

Between 07/2018 and 06/2019, staff will develop **at least two** education tools: at least one patient-education tool and at least one community-education tool on latent TB infection to health care providers of populations at increased risk for progression of TB infection to TB disease throughout California.

Annual Activities:

1. Determine appropriate latent TB infection and TB disease education messages and methods.

Between 07/2018 and 06/2019, staff will develop **at least two** culturally and linguistically appropriate educational print materials and electronic media for **at least 50** providers' use with patients and communities at risk for latent TB infection and TB disease.

2. Disseminate community-education tools.

Between 07/2018 and 06/2019, staff will work with local health department (LHD) staff and staff of community-based programs to disseminate **at least two** tools to **at least 100** providers seeing clients at risk for TB disease.

Objective 5:

Train LHD staff on latent TB infection practices.

Between 07/2018 and 06/2019, staff will conduct **six** trainings for staff from 30 LHDs to promote the adoption of recommended practices for screening, testing, and treatment of latent TB infection.

Annual Activities:

1. Assess training needs.

Between 07/2018 and 06/2019, staff will assess practice deficits among **at least 60** LHD staff. The assessment will: (1) ensure that training is targeted to meet specific LHD personnel needs; and (2) address ways to reach specific populations in their jurisdictions.

State Program Title: **Using HIV Surveillance Data to Prevent HIV Transmission**

State Program Strategy:

Goal: The Office of AIDS (OA) is responsible for meeting the goals of the President's National HIV/AIDS Strategy in California: to (1) reduce the number of people who become infected with the human immunodeficiency virus (HIV); (2) increase access to care and improve health outcomes for people living with HIV; and (3) reduce HIV-related health inequities.

Health Priority: California ranks second in the nation for cumulative acquired immunodeficiency syndrome (AIDS) cases, and as of December 31, 2015, an estimated 137,000 people were living with HIV in California. Of those, 94 percent know their HIV status, 67 percent are in HIV care, and 57 percent achieved viral suppression. Although deaths from HIV have declined, the rate of new infections has remained stable as the epidemic continues among populations heavily impacted by health inequities, such as African Americans, Latinos, and men who have sex with men (MSM), especially young African American and Latino MSM.

Primary Strategic Partnerships:

Internal:
- Sexually Transmitted Disease (STD) Control Branch, Division of Communicable Disease Control

External:
- County of San Diego, Public Health Services; HIV, STD, and Hepatitis Branch
- Alameda County Public Health Department, Office of AIDS Administration
- Orange County Health Care Agency, HIV Planning and Coordination

Role of Block Grant Funds: PHHSBG funds will be used to increase the number of HIV-positive African-American and Latino MSM engaged in HIV care and partner services in Alameda, Orange, and San Diego Counties.

Evaluation Methodology: The success of the Using HIV Surveillance to Prevent HIV Transmission to meet the State Health Objective will be evaluated by using HIV surveillance data in the funded counties to determine the proportion of people living with HIV who are not virally suppressed and the change in viral suppression rates among HIV positive persons over the funding period.

State Program Setting:
Local health department, Medical or clinical site, State health department

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

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

National Health Objective: **HO HIV-1 HIV Diagnoses**

State Health Objective(s):

Between 07/2018 and 06/2019, By 2021, increase the percentage of Californians with diagnosed HIV infection who are virally suppressed from 57% to at least 80%. *(California Integrated HIV Surveillance, Prevention and Care Plan, Objective 8.)*

Baseline:

The number of people with HIV classified as not virally suppressed as of December 31, 2015, in Alameda, Orange, and San Diego counties is 11,124
This is based on OA HIV surveillance data of those diagnosed with HIV as of December 31, 2015, and living with HIV on December 31, 2015.

Data Source:

OA HIV Surveillance Case Registry

State Health Problem:

Health Burden:
California ranks second in the nation for cumulative AIDS cases, and as of December 31, 2015, approximately 137,000 Californians were living with HIV.

Target Population:
Number: 11,124
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 6,542
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, Other
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Specific Counties
Target and Disparate Data Sources: California HIV Surveillance Data collected by OA. Data provided in April 2015.

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

Other: California HIV surveillance data from 2015 HIV Continuums of Care

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $500,000
Total Prior Year Funds Allocated to Health Objective: $500,000
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Conduct interviews with patients to provide linkage to HIV care and partner services in San Diego
Between 07/2018 and 06/2019, the San Diego OA contractor will conduct **35** interviews with people co-infected with non-virally suppressed HIV and rectal gonorrhea (GC) in order to provide linkage to HIV care, ascertain appropriate GC treatment, and elicit information about sex or needle-sharing partners.

Annual Activities:
1. Use laboratory and eHARS data to identify those co-infected with HIV and rectal GC.
Between 07/2018 and 06/2019, Contractor will assess 200 records reported to the Electronic Laboratory Reporting System (ELR) and the Enhanced HIV/AIDS Reporting System (eHARS) surveillance data to identify people who have been recently diagnosed with rectal GC who have non-virally suppressed HIV.

2. Conduct interviews with identified patients
Between 07/2018 and 06/2019,
Contractor will 1) interview 35 identified patients and determine if they are in HIV care and receiving appropriate GC treatment, and discuss the reasons for their non-viral suppression; and (2) elicit identifying information about their sex and/or needle-sharing partners that can allow for anonymous third-party notification.

Objective 2:
Establish Alameda County-specific priority populations for linkage to care.
Between 07/2018 and 06/2019, Alameda Contractor will establish **2** Alameda County-specific populations with HIV that will be prioritized for linkage to care (LTC) and partner services activities.

Annual Activities:
1. Evaluate Alameda laboratory and HIV surveillance data.
Between 07/2018 and 06/2019, Contractor will evaluate Alameda laboratory and HIV surveillance data to determine at least two demographic populations that should be prioritized for LTC and partner services activities.

2. Develop protocols for LTC staff to use for priority populations.

Between 07/2018 and 06/2019, Contractor will develop at least two protocols for HIV LTC staff to assist in prioritizing populations for LTC activities and partner services.

Objective 3:
Evaluate Orange County Routine, Opt-Out HIV Testing and Linkage to HIV Care
Between 07/2018 and 06/2019, the Orange County OA contractor will evaluate **8** routine, opt-out HIV testing and LTC activities to identify at least 8 health care providers reporting the highest levels of rectal GC, rectal chlamydia and syphilis in order to increase their HIV testing and LTC rates.

Annual Activities:
1. Identify health care providers that diagnose the highest number of STD diagnosis.
Between 07/2018 and 06/2019, Orange County OA will consult with the Orange County HIV and STD surveillance teams to identify 8 health care providers that diagnosed the highest numbers of the above STDs.

2. Establish relationships with health care providers to encourage routine, opt-out HIV
Between 07/2018 and 06/2019, Orange County OA will coordinate at least 8 meetings between health care providers, the Orange County Health Care Agency Medical Director and the Public Health Nursing Supervisor to examine facilitators and challenges to routine, opt-out HIV testing and LTC.

Objective 4:
Provide individual mentorship to State Disease Investigators.
Between 07/2018 and 06/2019, the STD Control OA contractor will implement **one** state-wide individual mentoring program for State Disease Investigators.

Annual Activities:
1. Investigate current capacity of State Disease Investigators.
Between 07/2018 and 06/2019, OA Contract will investigate the training and skill level of ten State Disease Investigators to provide linkage to HIV care and PrEP education to determine their mentoring needs.

2. Develop a one-on-one training program for State Disease Investigators.
Between 07/2018 and 06/2019, the STD Control OA contractor will develop and provide a program to meet individual training and skill-building needs of **six** State Disease Investigators.