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California FY 2019
Preventive Health and Health Services Block Grant

DRAFT Work Plan

Fiscal Year 2019
Submitted by: California
DUNS:
Printed: 5/15/2019 6:53 PM

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CDC Work Plan ID: CA 2019 V0 R0
Created on: 2/26/2019
Submitted on: DRAFT VERSION ONLY

State Program Title: California Behavioral Risk Factor Surveillance System Program

State Program Strategy:

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

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

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

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

Primary Strategic Partnerships:

Internal

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

External

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

State Program Setting:

Local health department, State health department

FTEs (Full Time Equivalents):

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

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

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

State Health Objective(s):

Between 07/2019 and 06/2020, provide mission critical data to CDPH and meet CDPH Block Grant funding criteria. It supports core public health programs and services representing all foundational areas of CDPH. BRFSS data are used for directing program planning, establishing program priorities, targeting relevant population groups, developing specific interventions and policies, assessing trends, and evaluating programs. BRFSS is the main source of data for at least half of the Leading Health Indicators (LHIs) established as a result of the Healthy People 2020 Objectives. LHIs addressed in the BRFSS include tobacco use, health care coverage, physical activity, diabetes, obesity, and health-related quality of life among numerous other indicators. Many individual CDPH programs funded by CDC are required by CDC to add program specific questions to CA BRFSS.

Baseline:

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

Data Source:

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

State Health Problem:

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

Target Population:
Number: 29,868,127
Infrastructure Groups: Other

Disparate Population:
Number: 29,868,127
Infrastructure Groups: Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $664,728
Total Prior Year Funds Allocated to Health Objective: $488,700
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:
Analyze and Publish BRFSS data
Between 07/2019 and 06/2020, Program will analyze **1** set of core questions for BRFSS data and publish the prevalence estimates for the questions in a report.

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

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

Objective 2:
Maintain Statewide collection and analysis of BRFSS data
Between 07/2019 and 06/2020, Program will collect **9000** BRFSS surveys.

Annual Activities:
1. Collect BRFSS data
Between 07/2019 and 06/2020, oversee and coordinate the overall operations of the collection of CA BRFSS data that meets required CDC guidelines and include the timely submission of data to CDC. Program monitors data collection and updates collection of surveys twice a month.

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

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

State Program Title: California Wellness Plan Implementation

State Program Strategy:

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

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

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

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

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

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

State Program Setting:
Business, corporation or industry, Child care center, Community based organization, Community health center, Faith based organization, Home, 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: Renato Littaua
Position Title: Research Scientist Supervisor I

State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: David Dauphine
Position Title: Research Scientist III
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Vacant
Position Title: Health Program Specialist II
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: LeeAnn Velasquez
Position Title: Associate Government Program Analyst
State-Level: 30% Local: 0% Other: 0% Total: 30%

Total Number of Positions Funded: 4
Total FTEs Funded: 1.40

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

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

Baseline:
The 2014 California Wellness Plan and 2018 Progress Report identify baseline measurements, eight-year targets, and data sources (if available) for the 267 health indicators included in the Plan.

Data Source:
California Wellness Plan Progress Report, 2018

State Health Problem:

Health Burden:
Chronic diseases and unintentional injuries are the leading causes of death, disability, and diminished quality of life in California. Chronic conditions in California—including arthritis, asthma, cancer, diabetes, heart disease, hypertension, stroke and depression—cost over $100 billion dollars in medical treatment and lost productivity. About 16 million Californians (40% of the population) live with at least one chronic condition. All Californians (target population) are at risk, but the burden is disproportionately borne by the poor (disparate population).

Target Population:
Number: 40,000,000
Infrastructure Groups: Other

Disparate Population:
Number: 40,000,000
Infrastructure Groups: Other

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)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $365,600
Total Prior Year Funds Allocated to Health Objective: $396,000

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

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

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

3. Update the online CWP Data Reference Guide
Between 07/2019 and 06/2020, update the online CWP Data Reference Guide on the California Health and Human Services Agency Open Data Portal to reflect indicator additions, deletions and changes: https://data.chhs.ca.gov/dataset/ca-wellness-plan-data-reference-guide

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

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

Objective 2:
Disseminate updated chronic disease and injury prevention information
Between 07/2019 and 06/2020, Program will develop **3** new resources to share data on chronic disease and injuries, including progress towards CWP goals.

Annual Activities:
1. Distribute the updated CA Burden of Disease Report ("Burden Report")
Between 07/2019 and 06/2020, follow up with the California Health and Human Services Agency for approval to print and post one Burden of Chronic Disease and Injury, California, Second Edition on the CDPH web page.

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

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

4. Enhance CWP website to more effectively share progress towards 8-year targets
Between 07/2019 and 06/2020, add at least two visualizations (such as a "progress pie chart" and trends of key health indicators over time) and at least three links to related websites such as the Institute for Health Metrics and Evaluation, Healthy People, America's Health Rankings, the Healthy Places Index, Human Development Index and CDPH's new California Burden of Disease mapping and ranking tool.

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

Objective 3:
Identify communities most in need
Between 07/2019 and 06/2020, Program will identify **1** California community to prioritize for chronic disease and/or injury prevention.

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

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

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

Objective 4:
Promote Comprehensive Medication Management (CMM) Implementation
Between 07/2019 and 06/2020, Program will maintain **1** Comprehensive Medication Management (CMM) Workgroup.

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

State Program Title: Cardiovascular Disease Prevention Program

State Program Strategy:

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

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

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

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

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

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

State Program Setting:
Community based organization, Community health center, 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: Linda Dornseif
Position Title: Health Program Specialist II
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: LeeAnn Velasquez

Position Title: Associate Governmental Program Analyst
State-Level: 30% Local: 0% Other: 0% Total: 30%

Total Number of Positions Funded: 2
Total FTEs Funded: 1.30

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

State Health Objective(s):

Between 07/2019 and 06/2020, Heart Disease (HDS-2): Reduce the age-adjusted coronary (ischemic) heart disease death rate in California from 83.6 per 100,000 in 2017 to 70 per 100,000 population in 2020.
Heart Failure (HDS-24): Reduce hospitalizations with heart failure as the principal diagnosis in California from 309 per 100,000 people in 2017 to 275 per 100,000 people in 2020.
Blood Pressure: 1. (HDS-5.1) Reduce the proportion of adults diagnosed with hypertension in California from an estimated 29 percent in 2017 to 26 percent in 2020.
Blood Pressure: 2. (HDS-11) Increase the proportion of adults who are taking medications to lower their blood pressure (out of all who reported ever being told by a doctor that they had high blood pressure) from an estimated 71 percent in 2017 to 80 percent in 2020.

Baseline:

Heart Disease (HDS-2): In 2017, the age-adjusted coronary heart disease mortality rate was 83.6 per 100,000 population.
Heart Failure (HDS-24): In 2017, there were 309 hospitalizations for heart failure per 100,000 people in California.
Blood Pressure: 1. (HDS-5.1): In 2017, an estimated 29 percent of California adults had been diagnosed with hypertension.
2. (HDS-11): In 2017, an estimated 71 percent of California adults diagnosed with hypertension reported taking medications to control it.

Data Source:

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

State Health Problem:

Health Burden:
Mortality: In 2017, the age-adjusted rate of coronary/ischemic heart disease deaths was 83.6 per 100,000 people. The age-adjusted congestive heart failure death rate was 15.8 per 100,000 people.
Morbidity: In 2017, the congestive heart failure hospitalization rate was 309 per 100,000 people.
Risk: In 2017, an estimated 29% of California adults had been told by a clinician that they had high blood pressure, including 43% of African Americans. An estimated 71% of California adults diagnosed with high blood pressure were taking medication to control it.
The target population for program interventions includes approximately 29.5 million California adults aged 18 years and over, both genders, all racial and ethnic groups, and all geographic regions of the State.

Target Population:
Number: 29,500,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 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: 29,500,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 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 Health Interview Survey (http://ask.chis.ucla.edu), 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: $352,849
Total Prior Year Funds Allocated to Health Objective: $382,189
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:
Develop and publish materials on CVD and hypertension control
Between 07/2019 and 06/2020, Program will develop **2** fact sheets on cardiovascular health in women and sodium reduction to improve hypertension.

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

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

Objective 2:

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

Annual Activities:

1. Maintain statewide CVD alliance
Between 07/2019 and 06/2020, maintain one HHC alliance, created to coordinate statewide stroke and heart disease control and prevention efforts. HHC provides support, technical assistance, resources, best practices, and a statewide forum for discussion relating to undiagnosed hypertension, hypertension, obesity, nutrition, and physical activity.

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

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

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

State Program Strategy:

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

Health Priority: Identification and removal of foods contaminated with Cyclospora from the food supply will prevent and reduce the incidence of foodborne illness and injury. In 2018 a total of 761 laboratory-confirmed cyclosporiasis illnesses were determined to be linked prepackaged vegetable trays and salads from a large fast food chain restaurant. Regulatory follow-up regarding the salads from the fast food chain restaurant identified Cyclospora on romaine lettuce grown and harvested in California. https://www.cdc.gov/mmwr/volumes/67/wr/mm6739a6.htm?s_cid=mm6739a6_w

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

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

Primary Strategic Partnerships:
Internal
1. CDPH, Division of Communicable Disease Control, Infectious Diseases Branch
External
1. U.S. Food and Drug Administration
2. U.S. Centers for Disease Control and Prevention
3. Industry Trade Associations

State Program Setting:
State health department

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

Position Name: unidentified
Position Title: Research Scientist II
State-Level: 95% Local: 0% Other: 0% Total: 95%
Position Name: unidentified
Position Title: Environmental Scientist
State-Level: 15% Local: 0% Other: 0% Total: 15%

Total Number of Positions Funded: 2
Total FTEs Funded: 1.10

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

State Health Objective(s):

Between 07/2019 and 06/2020, reduce the incidence of illness caused by Cyclospora from ingestion of contaminated U.S. grown produce, through effective surveillance of high-risk food commodities and prompt interdiction to remove contaminated foods from commerce once identified.

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

Data Source:
Baseline data for U.S. grown produce contaminated with Cyclospora does not exist as the testing method was just validated by the U.S. Food and Drug Administration. Historic epidemiologic data suggests many Cyclospora outbreaks have been caused by produce from countries other than the United States.

State Health Problem:

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

Target Population:
Number: 39,500,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 39,500,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau, 2019

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $166,182
Total Prior Year Funds Allocated to Health Objective: $180,000
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:
Implement Cyclospora testing program in U.S. grown produce
Between 07/2019 and 06/2020, Program will collect **375** samples of U.S. grown pre-packaged romaine lettuce and test the lettuce for Cyclospora.

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

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

3. Conduct regulatory follow-up
Between 07/2019 and 06/2020, FDB staff will complete necessary regulatory follow-up pending any positive Cyclospora findings. This may include recalls, market withdrawals, inspections, or investigations. This regulatory follow-up will ensure that any adulterated romaine in the marketplace is removed and will reduce the chance of illness in California consumers.

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

State Program Strategy:

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

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

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

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

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

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

State Program Setting:
State health department

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

Position Name: Giselle Lau
Position Title: Information Technology 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 07/2019 and 06/2020, the EODS project will continue to build and expand the service oriented architecture to include two additional CDPH data systems over the course of the grant period for more easily accessible and usable health information. These two systems will: be onboarded into the technical infrastructure so that the system data is ingested, integrated, and interoperable with the existing data sources, allowing cross-analysis and predictive analytics, and ultimately improving the strategic use of data for public health decision-making.

Baseline:

EODS is a new CDPH system component, supporting new data exchange, analysis, and insights capabilities and technologies for all CDPH programs; therefore, no baseline data is available.

Data Source:
EODS is a new CDPH system component, there are no historic figures or sources 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. 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: 4 - 11 years, 12 - 19 years, 20 - 24 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: DHCS, Medi-Cal Enrollment Report, 2018

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: $178,057
Total Prior Year Funds Allocated to Health Objective: $192,862
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 07/2019 and 06/2020, Program will implement **1** Service Oriented Architecture (SOA) technical system for the EODS initiative. EODS staff will ensure the SOA is capable of ingestion functionality (securely receive, discern, and store data from data sources), interoperable functionality (data linkage, data virtualization, and de-duplication), and analysis functionality (data visualization, advanced descriptive analysis, predictive analysis, and prescriptive analysis).

Annual Activities:
1. Develop the SOA technical infrastructure version 1.0
Between 07/2019 and 06/2020, build the technical infrastructure necessary according to technical requirements gathered in FFY 2018-19. SOA version v1.0 will include: 1) data ingestion capability, 2) data linkage of multiple data sources, 3) data virtualization, capability, and 4) secure data storage.

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

State Program Title: Emergency Medical Dispatch Program/EMS Communications

State Program Strategy:

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

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

Role of Block Grant Funds: Funded positions: (1) coordinate state and local agencies that implement statewide standardized program guidelines for EMD; (2) improve interoperability communications among EMS agencies and public-safety responders to ensure timely access to comprehensive, quality emergency health care services.
The vacant positions are expected to be filled by December 31, 2019.

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

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

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

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: 10% Local: 0% Other: 0% Total: 10%
Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Vacant
Position Title: Office Technician
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Vacant
Position Title: Associate Governmental Program Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 5
Total FTEs Funded: 1.40

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

State Health Objective(s):

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

Baseline:

Within the 33 LEMSAs are approximately 427 primary PSAPs, which include approximately 88 dispatch centers that utilize EMD guidelines.

Data Source:

FCC Master PSAP Registry v2.235, March 2019
California Statewide Communication Interoperability Plan (CalSCIP), October 2018

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: 39,557,045
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 39,557,045

Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau 2018

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: $183,373
Total Prior Year Funds Allocated to Health Objective: $117,842
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

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

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

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

Objective 2:

Respond to frequency-use requests

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

Annual Activities:

1. Write frequency use letters

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

Objective 3:

Review communication components of EMS Plans

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

Annual Activities:

1. Collaborate on EMS Plan reviews

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

State Program Title: EMS for Children

State Program Strategy:

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

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

Role of Block Grant Funds: PHHSBG dollars support EMSAAC staff salaries. EMSA staff work with local emergency medical services agencies (LEMSAs) to develop and improve EMSC throughout California.
The vacant position is expected to be filled by December 30, 2019.

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

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

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

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

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

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

Position Title: Health Program Specialist II
State-Level: 30% Local: 0% Other: 0% Total: 30%
Position Name: Vacant
Position Title: Office Technician
State-Level: 15% Local: 0% Other: 0% Total: 15%

Total Number of Positions Funded: 5
Total FTEs Funded: 0.75

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

State Health Objective(s):

Between 07/2019 and 06/2020, Program staff will maintain one EMS for Children (EMSC) program providing statewide coordination and leadership by implementing regulations regarding specialized medical care for children with acute illnesses or injuries and providing guidance for EMSC program implementation at the LEMSA level.

Baseline:

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

Data Source:

EMS Authority, 2019.

State Health Problem:

Health Burden:
Health Burden: Children across California need specialized medical care to treat injuries and illness. Healthy development dramatically affects children's ability to excel in cognitive, socio-emotional, and educational growth. To ensure that California's children receive optimum emergency medical care, EMSC must be integrated into the overall EMS system.
Twenty-one LEMSAs have implemented portions of EMSC into their EMS systems. Continued development of these programs to a standardized and optimum level of care across California is needed. Implementation of EMSC regulations will provide continuity and conformity of EMSC programs throughout California.
The pediatric target and disparate populations (23.9% of the State's population) include all California children below 18 years of age, regardless of their race or socioeconomic background.

Target Population:
Number: 9,261,018
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 9,261,018
Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau, Persons under 18 years, percent, July 1, 2018 (V2018)

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Joint Policy Statement: "Equipment for Ground Ambulances" (Prehosp Emerg Care. 2014;19[1]:92–97). Available at https://pediatrics.aappublications.org/content/134/3/e919 (This is the most recent source.)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $109,337
Total Prior Year Funds Allocated to Health Objective: $155,420
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

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

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

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

Objective 2:
Maintain EMSC public information website
Between 07/2019 and 06/2020, Program will maintain **1** EMSC public information web page to provide relevant sources of pediatric information to EMSC partners and promote quality medical care in the pediatric community.

Annual Activities:

1. Verify functionality of EMSC website links
Between 07/2019 and 06/2020, check 25 web links for connectivity and update and/or add links as needed to ensure access to accurate information related to the care of pediatric patients.

Objective 3:
Provide education on trends in emergency medical care of pediatric patient
Between 07/2019 and 06/2020, Program will conduct **1** California EMSC Educational Forum to provide educational opportunities for EMS and hospital providers related to medical treatment of pediatric patients.

Annual Activities:
1. Organize Annual EMSC educational Forum
Between 07/2019 and 06/2020, arrange for a venue, schedule speakers to present on topics related to EMS and pediatric patients, and ensure key EMSA personnel are available to work at the event.

2. Promote Annual EMSC Educational Forum
Between 07/2019 and 06/2020, promote, via 3 modalities, the EMSC Educational Forum through the use of flyers, the EMSA website, and social media platforms such as Facebook and Twitter.

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

State Program Strategy:

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

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

Role of Block Grant Funds: PHHSBG dollars support EMS staff participation in statewide prevention and public-education activities by covering a percentage of personnel costs and associated operating expenses related to these activities.
The vacant position is expected to be filled by December 30, 2019.

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

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

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

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

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

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

State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: Vacant
Position Title: Office Technician
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 5
Total FTEs Funded: 0.60

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

State Health Objective(s):

Between 07/2019 and 06/2020, maintain one EMS Partnership for Injury Prevention and Public Information program by providing statewide coordination and leadership for the planning, development and implementation of Illness & Injury Prevention awareness and resources for Californians.

Baseline:

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

Data Source:

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

State Health Problem:

Health Burden:
Rapid and effective response to patient injuries by emergency first responders can reduce injury-related deaths. EMTs and paramedics, first on the scene of traumatic injuries, have witnessed the need for reducing preventable injuries.
EMS providers in California collect comprehensive injury data from patient-care reports to develop effective injury-prevention programs, including obtaining funding to implement programs.
The target and disparate populations are the same: the total population of California.

Target Population:
Number: 39,557,045
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 39,557,045
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other

Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau 2018

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $84,201
Total Prior Year Funds Allocated to Health Objective: $135,296
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Maintain EMSA Injury & Illness-prevention and Trauma System public information web pages
Between 07/2019 and 06/2020, Program will maintain **2** web pages on the EMSA website, one pertaining to Injury and Illness prevention and one pertaining to the state trauma system. The web page links on the Injury and Illness-prevention web page links sources of education for the public and EMS Partners. The trauma systems webpage houses public resources for the state trauma system.

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

2. Verify functionality of links and review content on Trauma System web page
Between 07/2019 and 06/2020, on a quarterly basis review the content the trauma system webpage to ensure current public information and resources are applicable and available. If a link is reviewed and the content is no longer applicable or current it will be removed. Non-working links will be replaced as needed and additional links added as new information is determined to be pertinent.

Objective 2:
Promote education to prevent life-threatening falls
Between 07/2019 and 06/2020, Program will collect **1** workshop for LEMSAs and trauma center managers to develop sustainable fall prevention educational campaigns in California.

Annual Activities:
1. Develop workshop components

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

2. Promote falls prevention workshop
Between 07/2019 and 06/2020, promote the falls prevention workshop by creating one link to the workshop description on the 2020 Trauma Summit registration webpage. The workshop description will provide information on each workshop presenter and what attendees can expect to learn through attending the workshop.

State Program Title: EMS Poison Control System

State Program Strategy:

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

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

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

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

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

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

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

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

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

Position Name: Vacant
Position Title: Office Technician
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 5
Total FTEs Funded: 0.60

National Health Objective: HO IVP-9 Poisoning Deaths

State Health Objective(s):

Between 07/2019 and 06/2020, maintain one California Poison Control System to reduce morbidity and mortality rates associated with poison-related medical emergencies, and reduce health care costs by providing oversight to one contracted poison control service provider, the CPCS.

Baseline:

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

Data Source:
California Poison Control System, 2018

State Health Problem:

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

Target Population:
Number: 39,809,693
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 39,809,693
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50

- 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: CA Department of Finance Estimates 2018

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: $85,370
Total Prior Year Funds Allocated to Health Objective: $123,047
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Provide oversight to the CPCS
Between 07/2019 and 06/2020, Program will provide direct oversight through contractual agreement to **one** poison control service provider, the CPCS, monitoring the immediate, free, and expert treatment advice and referral over the telephone to the public and health professionals, including EMS personnel, in cases of exposure to poisonous or toxic substances, ensuring state regulations, performance measures and contract deliverables are met and leading to a reduction of poisonings.

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

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

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

4. Review protocols and clinical guidelines
Between 07/2019 and 06/2020, review one standardized and detailed protocols and clinical guidelines

submission from one poison control services provider, the CPCS, to verify processes and procedures are consistent with statutory and regulatory authority to ensure patient safety.

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

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

State Program Strategy:

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

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

Role of Block Grant Funds: PHHSBG dollars support: (1) development of a state QI program; (2) implementation of QI activities; and (3) operating expenses and program personnel costs.
The vacant positions are expected to be filled by December 30, 2019.

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

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

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

State Program Setting:
Community based organization, State health department

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

Position Name: Tom McGinnis
Position Title: Health Program Manager II
State-Level: 30% Local: 0% Other: 0% Total: 30%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Adam Davis
Position Title: Associate Governmental Program Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Vacant
Position Title: Research Data 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: Vacant
Position Title: Staff Services Manager I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Vacant
Position Title: Office Technician
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Adrienne Kim
Position Title: Associate Governmental Program Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 8
Total FTEs Funded: 4.60

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

State Health Objective(s):

Between 07/2019 and 06/2020, Program staff will maintain one EMS Prehospital Data and Information Services and Quality Improvement Program by providing statewide collection and analysis of patient-level EMS data from emergency medical services systems and quality improvement measuring and patient-care assessments based on EMS QI Plan submissions.

Baseline:

31 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), 2018

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.

Target Population:
Number: 39,557,045
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 39,557,045
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau 2018

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: $894,931
Total Prior Year Funds Allocated to Health Objective: $603,763
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 07/2019 and 06/2020, Program will provide technical assistance to **100%** of the LEMSAs that request assistance with Core Measure reporting, to ensure effective use of data used to prepare Core Measure reports regarding selected clinical measures.

Annual Activities:

1. Facilitate Core Measure Taskforce

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

2. Develop annual summary report

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

Objective 2:

Increase the quality and availability of EMS data

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

Annual Activities:

1. Analyze CEMSIS database data

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

2. Publish EMS data dashboard

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

3. Coordinate Ambulance Patient Offload Time APOT information

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

Objective 3:

Review LEMSA QI Plans

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

Annual Activities:

1. Coordinate QI Plan submissions

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

2. Provide Technical Assistance to LEMSAs

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

3. Maintain activity log for QI plan submissions

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

State Program Title: EMS STEMI and Stroke Systems

State Program Strategy:

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

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

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

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

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

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

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

Position Name: Tom McGinnis
Position Title: Health Program Manager II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Farid Nasr, MD
Position Title: Health Program Specialist II
State-Level: 70% Local: 0% Other: 0% Total: 70%
Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Vacant
Position Title: Office Technician

State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 5
Total FTEs Funded: 1.10

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

State Health Objective(s):

Between 07/2019 and 06/2020, Program will maintain one EMS STEMI and Stroke program providing leadership in the implementation of state regulations, and statewide coordination and support to entities developing STEMI and Stroke Critical-Care Systems. Leadership, coordination, and support will be measured by achieving the objectives and activities outlined in this 2019 State Plan.

Baseline:

Within the 33 local Emergency Services Agencies in California, 29 have a STEMI system and 18 have Stroke Critical-Care Systems for their regions.

Data Source:

Emergency Medical Services Authority 2019

State Health Problem:

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

Target Population:
Number: 39,557,045
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 39,557,045
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: U.S. Census Bureau, 2018

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $171,157
Total Prior Year Funds Allocated to Health Objective: $232,630
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:
Establish Technical Advisory Committee (TAC) for STEMI Program
Between 07/2019 and 06/2020, Program will establish **1** STEMI Program Technical Advisory Committee (TAC) to serve as subject-matter experts to advise EMSA on identifying and meeting the program goal of supporting optimum patient outcomes during medical emergencies.

Annual Activities:
1. Recruit STEMI Program TAC members
Between 07/2019 and 06/2020, 1.mail one letter of request for volunteers to STEMI Program constituents to serve on STEMI TAC; requesting a letter of interest and CV if interested in serving on the TAC.
2. Review all letters of interest and CVs to choose STEMI TAC members based on subject-matter knowledge, and experiences need in TAC.
3. Provide one list of recommended members to the EMSA executive staff for final appointment.
4. Send one appointment letter to each chosen member finalized by the EMSA director.

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

Objective 2:
Establish Technical Advisory Committee (TAC) for Stroke Program
Between 07/2019 and 06/2020, Program will establish **1** Stroke Program Technical Advisory Committee (TAC) to serve as subject-matter experts to advise EMSA on identifying and meeting the program goal of supporting optimum patient outcomes during medical emergencies.

Annual Activities:
1. Recruit Stroke Program TAC members
Between 07/2019 and 06/2020, 1.mail one letter of request for volunteers to STEMI Program constituents to serve on STEMI TAC; requesting a letter of interest and CV if interested in serving on the TAC.
2. Review all letters of interest and CVs to choose STEMI TAC members based on subject-matter knowledge, and experiences need in TAC.
3. Provide one list of recommended members to the EMSA executive staff for final appointment.
4. Send one appointment letter to each chosen member finalized by the EMSA director.

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

Objective 3:
Implement STEMI regulations statewide
Between 07/2019 and 06/2020, Program will implement **1** set of STEMI Critical-Care System regulations to provide LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI Critical-Care Systems throughout California.

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

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

Objective 4:
Implement Stroke regulations statewide
Between 07/2019 and 06/2020, Program will implement **1** set of Stroke Critical-Care System regulations to provide LEMSAs and other local facilities with minimum requirements to establish and maintain STEMI Critical-Care Systems throughout California.

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

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

Objective 5:
Track the level of specialty care services provided by hospitals in California
Between 07/2019 and 06/2020, Program will maintain **1** tracking mechanism to identify all ambulatory care facilities with emergency departments in California to track the level of specialty care services provided.

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

State Program Title: EMS Systems Planning and Development

State Program Strategy:

Goal: Increase quality patient-care outcomes through 33 local Emergency Medical Services agencies (LEMSAs), comprised of six multicounty EMS systems composed of 30 counties, one regional Emergency Medical Services (EMS) agency composed of two counties, and 26 single-county agencies that administer all local EMS systems. Multicounty agencies are usually small and rural; single-county agencies are usually larger and more urban.

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

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

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

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

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

State Program Setting:
Community based organization, Local health department

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

Position Name: Tom McGinnis
Position Title: Health Program Manager II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 10% Local: 0% Other: 0% Total: 10%
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: 30% Local: 0% Other: 0% Total: 30%
Position Name: Vacant
Position Title: Office Technician
State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: Kym Mitchell
Position Title: Special Investigator (RA)
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Stephen Egan
Position Title: Legal Counsel (RA)
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 9
Total FTEs Funded: 5.50

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

State Health Objective(s):

Between 07/2019 and 06/2020, maintain one EMS Systems Planning and Development Program by providing statewide coordination and leadership to LEMSAs for the planning, development, and implementation of local EMS systems to determine the need for additional EMS, coordination of EMS, and effectiveness of EMS, assisting with adherence to California EMS statutes for optimum EMS patient care.

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

Data Source:
EMS Authority

State Health Problem:

Health Burden:
California's emergency care continues to be fragmented; emergency departments (ED) and trauma centers are not effectively coordinated, resulting in unmanaged patient flow.
• Training and certification of emergency medical technicians do not consistently conform to national and state standards, resulting in various levels of trained and qualified personnel working the front lines of EMS.
• Critical-care specialists are often unavailable to provide emergency and trauma care; the emergency-care system is not fully prepared to handle a major disaster, and not all EDs are equipped to handle pediatric care.
• Multicounty EMS agencies are often served by multiple 9-1-1 call centers, and often EMS providers operate on different radio frequencies; therefore, they do not effectively communicate with each other.
The target population is the number of persons that may require 9-1-1 emergency calls for medical care annually, potentially the entire population of the State, and an unknown number of visitors to the State. The disparate population is the number of persons making 9-1-1 calls in rural counties. The six multicounty EMS agencies that serve rural counties cover over two-thirds of the State's geography. These

agencies provide service to 30 of the State's 58 counties.

Target Population:
Number: 39,809,693
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 6,190,645
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Specific Counties
Target and Disparate Data Sources: CA Department of Finance Estimates (2018)

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: $712,318
Total Prior Year Funds Allocated to Health Objective: $654,547
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Provide oversight to LEMSAs
Between 07/2019 and 06/2020, Program will provide oversight to **100%** of the LEMSAs required to submit annual EMS Plans/updates through coordination of EMS Plan submission with the LEMSA Administrators, technical assistance, and EMS Plan determinations, in accordance with statutory authority.

Annual Activities:
1. Record EMS Plan activity, and collaborate with EMSA staff
Between 07/2019 and 06/2020, update one internal tracking log to show EMS Plan activity, including receipt of EMS Plans/updates, status of active EMS Plans within EMSA, Plan outcomes, contact with

LEMSAs, and collaboration with EMSA staff on EMS Plan review, to ensure effective oversight of the Plan review process for timely, comprehensive Plan development and decisions.

2. Oversee funding to multicounty EMS agencies
Between 07/2019 and 06/2020, oversee funding and enter into contractual agreements with a minimum of six multicounty EMS agencies, to assist in maintaining their EMS System in accordance with California EMS statute for optimum EMS patient care.

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

4. Review quarterly activity reports
Between 07/2019 and 06/2020, review six activity reports per quarter, one from each of the six multicounty EMS agencies, to verify agency EMS activities are consistent with their contractual scope of work to ensure state general funding provided is used to maintain their EMS System.

Objective 2:
Review transportation component for compliance in EMS Plans
Between 07/2019 and 06/2020, Program will evaluate **100%** of EMS Plans submitted to ensure the transportation components are in compliance with the California Health & Safety Code.

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

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

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

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

5. Provide Technical Assistance
Between 07/2019 and 06/2020, provide technical assistance on all areas related to EMS ambulance transportation for 100% of requests received from LEMSAs, EMS Providers, the general public, and other state agencies in the form of correspondence, email, and phone calls.

State Program Title: EMS Trauma Care Systems

State Program Strategy:

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

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

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

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

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

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

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

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

Position Name: Tom McGinnis
Position Title: Health Program Manager II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Angela Wise
Position Title: Staff Services Manager I
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Elizabeth Winward
Position Title: Health Program Specialist II
State-Level: 80% Local: 0% Other: 0% Total: 80%
Position Name: Lori O'Brien
Position Title: Associate Governmental Program Analyst
State-Level: 10% Local: 0% Other: 0% Total: 10%

Position Name: Vacant
Position Title: Office Technician
State-Level: 15% Local: 0% Other: 0% Total: 15%

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

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

State Health Objective(s):

Between 07/2019 and 06/2020, maintain one EMS Trauma Care System Program, providing statewide coordination and leadership for the planning, development, and implementation of a State Trauma Plan to reduce morbidity and mortality from injury and to provide timely access to optimal trauma care for all Californians.

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 80 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.

Target Population:
Number: 39,557,045
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 39,557,045
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state

Target and Disparate Data Sources: U.S. Census Bureau, 2018

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $176,746
Total Prior Year Funds Allocated to Health Objective: $236,469
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 Annual State Trauma Summit
Between 07/2019 and 06/2020, Program will conduct **1** State Trauma Summit to educate trauma surgeons, trauma nurses, registrars, paramedics, EMTs, and trauma administration staff on clinical and system aspects of trauma care, to improve trauma care in California.

Annual Activities:

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

2. Create a "Save the Date" postcard
Between 07/2019 and 06/2020, create one "Save the Date" postcard, a summit program with 11 hours of educational sessions, and a link for both documents posted on the EMSA website. The postcard and summit program will be distributed by email to 33 LEMSAs and made available on the EMSA website.

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

4. Establish online sponsor/educational exhibitor registration webpage
Between 07/2019 and 06/2020, create one Eventbrite registration portal for sponsors and educational exhibitors with descriptions for each level of sponsorship. The registration portal will provide descriptions of options for educational exhibitors. The link to the Trauma Summit sponsor/educational exhibitor registration webpage will be linked to the online registration webpage.

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

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

Objective 2:
Draft revised trauma regulations
Between 07/2019 and 06/2020, Program will develop **1** draft revision to Health and Safety Code Title 22, Chapter 7, Trauma Regulations which incorporates feedback and advisement from trauma stakeholders in California.

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

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

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

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

State Program Title: Health in All Policies

State Program Strategy:

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

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

Role of Block Grant Funds: CDPH Employee Salaries

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

Primary Strategic Partnerships:
Internal
1. Safe and Active Communities Branch
2. Nutrition Education and Obesity Prevention Branch
3. Environmental Health Investigations Branch
4. Chronic Disease Control Branch
5. Fusion Center

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

State Program Setting:

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

FTEs (Full Time Equivalents):

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

Position Name: Meredith Lee
Position Title: Health Program Specialist I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Jason Vargo
Position Title: Research Scientist IV
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Currently Hiring
Position Title: Health Program Specialist I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Currently Hiring
Position Title: Health Program Specialist I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Madhurima Gadgil
Position Title: Research Scientist III

State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: La Roux Pendleton
Position Title: Health Program Specialist II
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 6
Total FTEs Funded: 3.70

National Health Objective: HO PA-15 Built Environment Policies

State Health Objective(s):

Between 07/2019 and 06/2020, Office of Health Equity (OHE) staff will (1) embed health and equity into at least 10 California programs, policies, and processes that impact the social determinants of health, such as land use, active transportation, transit-oriented affordable housing development, school facility siting and design, or access to parks and green spaces; (2) maintain or build new partnerships with at least 10 state-level departments and agencies to achieve this objective.

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

Data Source:
The current members of the HiAP Task Force are outlined in the HiAP Task Force Charter: http://sgc.ca.gov/programs/hiap/docs/20170223-UpdatedHiAPCharter.pdf

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

Target Population:
Number: 5,773,408
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: 2,590,397
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: 2013-2017 American Community Survey, Poverty Status Past 12 months, 5 year estimates. 2017

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Model Practices Database (National Association of County and City Health Officials)

Other: Health in All Policies: A Guide for State and Local Governments
http://www.phi.org/uploads/application/files/udt4vq0y712qpb1o4p62dexjlgxlnogpq15gr8pti3y7ckzysi.pdf

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $492,521
Total Prior Year Funds Allocated to Health Objective: $533,473
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 Policy, Systems, and Environments
Between 07/2019 and 06/2020, Program will conduct **8** meetings, trainings, or one-on-one technical assistance (TA) sessions with CDPH programs or local health departments (LHDs) to increase the capacity of public health staff to promote health equity, implement health in all policies activities, and understand and address the social determinants of health, including the built and social environment.

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

2. Build LHD capacity to promote health and racial equity in PSEs
Between 07/2019 and 06/2020, provide trainings or TA to at least three LHDs to: (1) build LHDs' capacity to understand and promote health and racial equity; (2) implement a health in all policies approach; and

(3) increase understanding of and address the social determinants of health, including the built and social environment.

Objective 2:

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

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

Annual Activities:

1. Develop project management plans

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

2. Convene Stakeholders

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

3. Communications and Dissemination of the Issue/Data Brief

Between 07/2019 and 06/2020, update at least two webpages: the Women's Health and LGBTQ webpages for CDPH to include the issue brief as well as any additional content that was created during the process that would be useful for both of the webpages. Program will also disseminate the issue/data brief to at least two external stakeholder groups and three internal stakeholder programs.

Objective 3:

Increase collaboration and integration of health and equity considerations

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

Annual Activities:

1. Increase health and equity considerations in non-health department programs

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

2. Increase health and equity considerations in non-health department practices

Between 07/2019 and 06/2020, through the Health in All Policies Task Force and through other intersectoral collaborations, partner with at least twelve non-health departments to increase capacity and integrate health and/or equity considerations into at least 3 policies, practices, or guidance documents.

State Program Title: Healthy People 2020 Program

State Program Strategy:

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

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

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

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

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

External
1. Emergency Medical Services Authority

State Program Setting:
State health department

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

Position Name: Anita Butler
Position Title: Staff Services Manager II
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Cha Xiong
Position Title: Staff Services Manager I
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Rebecca Horne
Position Title: Health Program Specialist II

State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: 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%

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 07/2017 and 06/2020, implement one QI process, using the CDC evaluation framework and the Plan Do Study Act (PDSA) QI model, to increase efficiency and effectiveness of PHHSBG-funded programs.

Baseline:
QI process for PHHSBG-funded programs in State Fiscal Year (SFY) 18/19

Data Source:
CDPH PHHSBG Annual Outcomes Report

State Health Problem:

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

Target Population:
Number: 39,557,045
Infrastructure Groups: State and Local Health Departments

Disparate Population:
Number: 39,557,045
Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $738,442
Total Prior Year Funds Allocated to Health Objective: $639,126
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 07/2019 and 06/2020, Program will implement **2** communication strategies to highlight the success of the PHHSBG-funded programs.

Annual Activities:
1. Publish Program Outcomes Report online
Between 07/2019 and 06/2020, publish one Program Outcomes Report on the CDPH website to disseminate information to the public.

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

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

Objective 2:
Institute a QI process to improve PHHSBG program outcomes
Between 07/2019 and 06/2020, Program will implement **1** QI process to contribute to PHHSBG program evaluation.

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

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

Objective 3:
Track and report PHHSBG program outcomes to document progress and impact
Between 07/2019 and 06/2020, Program will develop **1** report on Program Outcomes to support PHHSBG program evaluation through analysis of met and unmet deliverables.

Annual Activities:
1. Collect outcomes information from PHHSBG programs
Between 07/2019 and 06/2020, collect and document PHHSBG program outcomes once from all 24

funded programs to assemble data for QI analyses.

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

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

State Program Title: Intentional and Unintentional Injury Prevention

State Program Strategy:

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

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

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

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

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

External
1. Local public health departments
2. California Department of Education
3. California Safe Kids Coalition
4. California State Falls Coalition
5. Office of Traffic Safety

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: vacant
Position Title: Health Program Manager II
State-Level: 85% Local: 0% Other: 0% Total: 85%
Position Name: vacant
Position Title: Health Program Manager II

State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Kate Bernacki
Position Title: Health Education Consultant III
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: Karissa Anderson
Position Title: Health Program Specialist I
State-Level: 75% Local: 0% Other: 0% Total: 75%
Position Name: vacant
Position Title: Research Scientist I
State-Level: 50% Local: 0% Other: 0% Total: 50%
Position Name: vacant
Position Title: Health Education Consultant III
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Nana Tufuoh
Position Title: Research Scientist III
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: vacant
Position Title: Research Scientist II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: vacant
Position Title: Research Scientist II
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: vacant
Position Title: Health Program Specialist I
State-Level: 10% Local: 0% Other: 0% Total: 10%
Position Name: Claudia Angel
Position Title: Staff Services Analyst/Associate Governmental Prog
State-Level: 10% Local: 0% Other: 0% Total: 10%

Total Number of Positions Funded: 11
Total FTEs Funded: 4.20

National Health Objective: HO IVP-1 Total Injury

State Health Objective(s):

Between 07/2019 and 06/2020, SACB staff will strive to reduce by 5% the crude rate of total, unintentional, and intentional injury deaths in California from the current 2017 rates (51.9, 34.4 and 16.1 per 100,000 California residents respectively) toward their baseline 2013 levels of 45.6, 28.7 and 15.2 per 100,000, respectively.

Baseline:

Rate of injury deaths in California in 2013 for three indicators (EpiCenter):
• Total = 45.6 per 100,000
• Unintentional = 28.7 per 100,000
• Intentional = 15.2 per 100,000
Rate of injury deaths in California in 2017 for three indicators (EpiCenter):
• Total = 51.9 per 100,000
• Unintentional = 34.4 per 100,000
• Intentional = 16.1 per 100,000

Data Source:

EpiCenter: California Injury Data Online, available online at: http://epicenter.cdph.ca.gov, accessed April 2019.

WISQARS™ National Center for Injury Prevention and Control, CDC
https://www.cdc.gov/injury/wisqars/fatal.html accessed April 2019.

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 over (1) 20,000 deaths, (2) 250,000 hospital visits, and (3) 2.5 million visits to emergency departments. CDC has estimated the cost of only FATAL intentional and unintentional injuries in California, based on medical and work-lost costs (not including quality of life measures) to be $20.984 billion annually.

Target Population:
Number: 40,295,352
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 40,295,352
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: http://epicenter.cdph.ca.gov. April 2019

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: CDC Technical Reports; Safe States Injury Surveillance Wkgp Rpts;
Early Childhood Adversity, Toxic Stress...: Translating Developmental Science Into Lifelong Health: 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: $818,138
Total Prior Year Funds Allocated to Health Objective: $796,166
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

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

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

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

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

Objective 2:
Increase capacity of local unintentional childhood injury prevention programs
Between 07/2019 and 06/2020, Program will conduct **10** training and resource opportunities to stakeholders to improve California childhood unintentional injury prevention knowledge, best practice programs, and partnership efforts.

Annual Activities:
1. Maintain childhood unintentional injury prevention website as a resource.
Between 07/2019 and 06/2020, maintain one web page on the CDPH website on unintentional childhood injury prevention topics and resources for use by Kids' Plates programs, local entities and the public. The website provides information to professionals and the public on program development, coalition building, and topic-specific technical information for agencies who are addressing childhood unintentional injury risks and prevention education and outreach to local communities.

2. Provide trainings to stakeholders on unintentional childhood injury topics
Between 07/2019 and 06/2020, conduct six webinars and three regional meetings on unintentional childhood injury prevention topics and programs to the California unintentional childhood injury community, Kids' Plates programs, and/or local programs. The trainings will include information on program development, coalition building, and injury topic-specific information for local health departments, organizations, and Kids' Plates programs who are implementing childhood unintentional injury programs in their communities.

Objective 3:
Increase capacity to promote healthy aging using a public health approach
Between 07/2019 and 06/2020, Program will conduct **16** planning and technical assistance activities to increase the capacity within the Department and among stakeholders to promote healthy aging using a public health approach.

Annual Activities:

1. Collaborate with internal stakeholders to promote healthy aging

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

2. Facilitate statewide fall prevention meetings

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

3. Conduct TA on healthy aging programs and resources

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

4. Convene internal and external healthy aging stakeholders

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

Objective 4:

Increase the availability and usefulness of motor vehicle traffic injury data

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

Annual Activities:

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

Between 07/2019 and 06/2020, conduct 2 training sessions or webinars to LHDs and other traffic safety partners on how to increase the availability and use of actionable traffic-safety data.

2. Provide technical assistance to LHDs on using the ICD-10-CM coding system

Between 07/2019 and 06/2020, conduct 5 TA sessions to LHDs and other traffic safety partners on the use of the ICD-10-CM coding system for generating transportation related injury data from hospital and ED data sources.

3. Produce one data brief on the application of ICD-10-CM traffic data

Between 07/2019 and 06/2020, conduct data analyses and produce one data brief on motor vehicle traffic injuries using ICD-10-CM coding (i.e., 2016 -2018 data).

Objective 5:

Update California injury and violence online data

Between 07/2019 and 06/2020, Program will update **3** injury surveillance data sources on each EpiCenter (CA Online Injury Data) and the CA Opioid Overdose Surveillance Dashboard.

Annual Activities:

1. Prepare and upload 2018 injury data to the EpiCenter

Between 07/2019 and 06/2020, update and upload 2018 injury data from three injury data sources (i.e., death, hospital and ED) to the EpiCenter.

2. Prepare and upload substance abuse consequences data

Between 07/2019 and 06/2020, prepare and upload substance abuse consequences data from three data sources (i.e., death, hospital and ED) to EpiCenter and/or an expanded CA Opioid Overdose Surveillance dashboard.

3. Provide TA and guidance to 25 data users for online data

Between 07/2019 and 06/2020, provide TA and guidance to at least 25 data users on how to use the online injury and substance use data tools (e.g., query system; dashboards) to translate data into actionable information for use in program planning and evaluation. When new data are uploaded users often need guidance on what and how to use these new data.

State Program Title: Obesity Prevention for Californians

State Program Strategy:

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

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

Role of Block Grant Funds: PHHSBG funding cover staff positions (partially funds two staff members), contractors who provide capacity building, expertise and training opportunities for the Branch that focus on policy, systems and environmental changes (PSEs). This funding allows for statewide impact by leveraging USDA SNAP-Ed and CDC REACH and SPAN grants that target low-income populations, specifically women and children.

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

Primary Strategic Partnerships:
Internal
1. SNAP-Ed funded programs
2. CDC funded programs
3. Safe and Active Communities Branch
4. Chronic Disease Control Branch
5. California Tobacco Control Program

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

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

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

Position Name: Linda Lee Gutierrez
Position Title: Health Program Specialist II
State-Level: 25% Local: 0% Other: 0% Total: 25%
Position Name: Katharina Streng
Position Title: Health Program Specialist II

State-Level: 42% Local: 0% Other: 0% Total: 42%

Total Number of Positions Funded: 2
Total FTEs Funded: 0.67

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

State Health Objective(s):

Between 07/2019 and 06/2020, establish and maintain up to 3 relationships with internal, external and nontraditional partners. These relationships and partnerships will include projects that will focus on school based health centers, internal capacity building with an emphasis on health equity, and policy, systems, and environmental changes to improve and promote healthy eating, physical activity, and food security.

Baseline:

Children
14.8% (720,000) of California children aged 2-11 are estimated to be overweight for their age.
29.7% (931,000) of California children aged 12–17 are estimated to be overweight and obese for their age.
Adults
60.4% (17,780,000) of California adults are estimated to be overweight/obese.
65.5% (6,023,000) of California adults less than 185% FPL are estimated to be overweight/obese.
26.4% (7,785,000) of California adults are estimated to be obese.
32.7% (3,008,000) of California adults less than 185% FPL are estimated to be obese.

Data Source:
California Health Interview Survey, (CHIS, 2017)

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 2013 -2017, 34% of children and teens aged 12 -17 years were considered overweight and obese. The HP 2020 target is 9.6%.
Obesity Prevalence: In 2013 -2017, Adults: 26.8%, Low-income adults (less than or equal to 185% of the federal poverty level [FPL]): 32.2%.
Prevalence by Race/Ethnicity (less than 185% of FPL): Hispanic/Latino: 37.1%, White: 28.0%, Asian: 12.5%, African-American: 38.7%, American Indian/Alaska Native: 42.2%, Native Hawaiian/Other Pacific Islander: 52.8%, Multiracial: 32.3%.

Target Population:
Number: 8,573,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male

Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 3,305,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 1 - 3 years, 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: California Health Interview Survey (CHIS) 2017

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: $249,273
Total Prior Year Funds Allocated to Health Objective: $270,000
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:
Build Capacity to Support Community Change
Between 07/2019 and 06/2020, Program will conduct **4** staff capacity building trainings based on NEOPB's assessment of staff training and program resource needs. These trainings will align with NEOPB programmatic priority areas for the Federal Fiscal Year 2020-2022.

Annual Activities:
1. Continue Capacity Building Opportunities
Between 07/2019 and 06/2020, continue to provide Branch-wide capacity building opportunities for nearly 100 staff members. NEOPB will offer up to 4 capacity building opportunities that will prepare state level staff to plan for Federal Fiscal Year 2020-2022. The upcoming three-year funding cycle is more PSE driven, which is a new direction for the funded LHDs since it has been historically nutrition education focused. It is important to prepare NEOPB staff with robust training and technical assistance. These trainings promote health equity, and address health inequities in communities through policy, systems, and environmental change strategies.

Objective 2:
Coordinate healthy eating, physical activity and food security activities with partners

Between 07/2019 and 06/2020, Program will maintain **5** partnerships with internal and external partners to coordinate state and local efforts in the priority focus areas of food and beverages, physical activity, and food security to reduce the prevalence of obesity in California, specifically low-income and adolescents. These external and internal partners include the California Tobacco Control Program, CA Chronic Disease Control Branch, Safe and Active Communities Branch, Maternal Child and Adolescent Health, and CA Dept. of Education. Involvement with the partners are inclusive of coalition involvement, trainings, conference support, content development and sponsorship.

Annual Activities:

1. Maintain partnerships with School Based Health Centers in CA

Between 07/2019 and 06/2020, Continue to maintain partnerships with internal and external partners for support around School Based Health Centers. These partnerships include School Based Health Alliance, Infectious Disease Control Branch, California Department of Health Care Services, Office of Health Equity and CA Department of Education to build internal capacity support to provide comprehensive, integrated, support for SBHC staff providing care in targeted communities. Maintaining partnerships includes reviewing the SBHC assessment, prioritizing needs, and serving as the lead of an SBHC Task Force.

2. Maintain policy-inventory infrastructure

Between 07/2019 and 06/2020, maintain the online platform of existing organizational and legislative policies related to obesity prevention, nutrition and physical activity among local California jurisdictions. NEOPB will continue its partnership with UC Davis and CA State University, Sacramento. UC Davis provides subject matter expertise on the research and draft of the model policy and scoring rubric. Sacramento State assist with maintenance of the platform, meeting logistics and support. In 18/19, the Policy Inventory platform housed and tracked school wellness policies. For 19/20, we will add a new policy focus area which could include early child education, physical activity or active transportation.

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

State Program Strategy:

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

Health Priority: OHB will maintain and, over subsequent years, decrease the annual incidence rate of nonfatal work-related injuries in selected high-risk industries (i.e., those industries with lost-time injury rates at least 50% greater than the overall 2017 rate of 3.6 injuries per 100 full-time equivalent (FTEs) workers employed for all industries, based on the Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses (BLS SOII, 2017). This priority will be accomplished by increasing access to prevention information through expanded partnerships with organizations representing affected employers and workers.

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

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

Primary Strategic Partnerships:
Internal
1. Safe and Active Community Branch
2. Office of Health Equity
3. Licensing and Certification Program

External
1. Department of Industrial Relations, Divisions of Occupational Safety and Health (Cal/OSHA) and Workers' Compensation
2. Labor Occupational Health Program, University of California, Berkeley
3. Labor Occupational Safety Health, University of California, Los Angeles
4. Service Employees International Union Nurse Alliance of California
5. Hispanic Arborist Association

State Program Setting:
Community based organization, Medical or clinical site, 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: 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 07/2019 and 06/2020, maintain or reduce the baseline annual incidence rate of nonfatal work-related injuries in three selected high-risk industries, i.e., those industries with lost-time injury rates at least 50% greater than the overall 2017 rate of 3.6 injuries per 100 FTEs employed for all industries (BLS SOII, 2017). This objective will be accomplished by increasing access to prevention information through expanded partnerships with organizations representing affected employers and workers.

Baseline:
The 2017 baseline nonfatal work-related injury incidence rate (i.e., incidents resulting in medical treatment, lost time from work, restricted work activity, or job transfer) is 3.6 per 100 FTEs employed for all industries (private industry, state and local government).

Data Source:
U.S. Bureau of Labor Statistics Survey of Occupational Injuries and Illnesses, 2017

State Health Problem:

Health Burden:
In 2017, there were over 466,000 work-related injuries and illnesses reported by employers in California, resulting in workers' compensation costs of over $17 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. California's overall rate of lost-time injuries in 2017 is 3.6 per 100 FTEs employed for all industries. This rate is likely to be much higher since work-related injuries are underreported by as much as 50%. Examples of large and rapidly growing industries in California with high lost-time injury rates that exceed the 2017 overall rate are: (1) Landscaping (6.0/100 FTEs), (2) Warehousing (6.0/100 FTEs), and (3) Healthcare, especially in hospitals (7.6/100 FTEs) and nursing and residential care facilities (7.0/100 FTEs). The landscaping and warehouse industries employ a high proportion of Hispanic workers, many of whom are non-English speaking. Many workers in these industries are experiencing serious injuries, such as fractures, which require hospitalization. Cal/OSHA received 9,436 violent incidents in the time period October 2017 to September 2018 from 365 hospitals--40% of which involved worker injuries. Our target population is all employed Californians; the disparate population is Hispanic workers. Our program activities will target workers employed in selected high-risk industries and their employers, without regard to race or ethnicity.

Target Population:
Number: 18,691,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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: 6,977,000
Ethnicity: Hispanic
Race: 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: Entire state
Target and Disparate Data Sources: (1) California Employment Development Department; (2) Bureau of Labor Statistics Survey of Occupational Illnesses and Injuries; (3) Workers' Compensation Insurance Rating Bureau of California Annual R

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: (1) California Division of Occupational Safety and Health Injury and Illness Prevention Program (2) NIOSH Publications including alerts, hazard control factsheets, Fatality Assessment and Control Evaluation (FACE) Program reports, and others.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $141,255
Total Prior Year Funds Allocated to Health Objective: $195,300
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:
Implement Interventions to Reduce Injuries in Selected High-Risk Industries
Between 07/2019 and 06/2020, Program will implement **3** industry-specific interventions. The interventions will be aimed at reducing serious work-related injuries by working with partners to develop and disseminate best practices and prevention recommendations.

Annual Activities:

1. Identify Partner Organizations for Each Selected High-Risk Industry
Between 07/2019 and 06/2020, identify at least three (one per selected high-risk industry) trade associations, labor unions, worker advocacy organizations, community-based groups, government agencies, and others with access to and/or knowledge of the selected high-risk industries willing to partner on development and implementation of interventions aimed at reducing injuries.

2. Convene Industry Stakeholders
Between 07/2019 and 06/2020, convene at least three (one per selected high-risk industry) meetings and/or phone calls with industry partners/stakeholders, to obtain technical input and review of prevention recommendations, share industry best practices and recommendations for prevention, and plan for educational interventions in selected high-risk industries.

3. Provide Educational Activities to Employers/Workers in High-Risk Industries
Between 07/2019 and 06/2020, work with partners to host at least three (one per selected high-risk industry) injury-prevention activities such as in-person trainings or webinars designed for employers and workers. Educational interventions may also include factsheets, booklets, and website information. All educational activities will share case studies of injury incidents and preventable risk factors, industry best practices, and practical and feasible methods for preventing future incidents. Our program will also build upon the successes of interventions implemented in project year 2018-9, such as scheduling trainings in geographic locations different from the classes previously conducted (e.g., Southern versus Northern California).

4. Participate in Industry Meetings and Other Educational Venues
Between 07/2019 and 06/2020, participate in at least three (one per selected high-risk industry) industry meetings and other educational venues, as available, to continue to provide technical consultation and scientific expertise on best practices to prevent serious work-related injuries within selected high-risk industries.

Objective 2:
Investigate Industries at High-Risk of Serious Work-Related Injuries
Between 07/2019 and 06/2020, Program will investigate **3** industries with lost time injury rates of at least 50% greater than the 2017 overall rate of 3.6 per 100 FTE. The selection criteria also take into consideration new safety regulations and emerging technologies which may impact safety practices in an industry, injury clusters identified in an industry within a short timeframe, injuries occurring in vulnerable populations, and high-risk industries identified through California's FACE Program. The three selected industries are: (1) Warehousing (6.0/100 FTE), (2) Landscaping (6.0/100 FTE), and (3) Healthcare in hospitals (7.6/100 FTE), especially as related to workplace violence.

Annual Activities:
1. Review Work-Related Injury Data and Select Cases for Field Investigations
Between 07/2019 and 06/2020, review the most current BLS SOII data (2017), Cal/OSHA accident reports (2019), workers' compensation cases (2019), to select worksites for field investigations. Worksites will be selected based on injury descriptions, injury locations, the Cal/OSHA citation history of the company, and the potential of the investigation to collect risk factor and work process information about an industry. Worksites with the potential for collecting best practices recommendations for the targeted industries may also be inspected. In addition, we will continue to research new data sources throughout 2019-20.

2. Conduct Worksite Investigations
Between 07/2019 and 06/2020, conduct six worksite investigations (one per selected high-risk industry) that involve meetings at the worksite with employers, workers, witnesses, and health and safety professionals; assessing workplace injury hazards and control measures, reviewing written safety and training materials; obtaining related documents on equipment design; and producing three investigation reports containing at least three prevention recommendations per investigation that will be shared with employers and employees.

State Program Title: Preventive Medicine Residency Program

State Program Strategy:

Goal: The California Department of Public Health (CDPH) will support public health professional training through the Preventive Medicine Residency Program (PMRP) and the California Epidemiologic Investigation Service Fellowship Program (Cal-EIS).
Residents will enter PMRP in Post-Graduate Year (PGY)-2, complete graduate-level coursework, and/or receive a Master of Public Health (MPH) degree. Residents will receive requisite exposure to epidemiology, biostatistics, social and behavioral aspects of public health, environmental health, health services administration, clinical preventive services, and risk communication.
Cal-EIS post-MPH trainees will receive real-world experience in the practice of epidemiology, public health, surveillance, and evaluation at a local or state health department.

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

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

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

Primary Strategic Partnerships:
Internal
1. Environmental Health Investigations Branch
2. California Tobacco Control Branch
3. Food and Drug Branch
4. Office of Oral Health
5. Safe and Active Communities Branch

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

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: Kyra van den Bogert
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: 50% Local: 0% Other: 0% Total: 50%
Position Name: Trevor Barnes
Position Title: Associate Governmental Program Analyst
State-Level: 25% Local: 0% Other: 0% Total: 25%

Total Number of Positions Funded: 3
Total FTEs Funded: 1.75

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

State Health Objective(s):

Between 07/2019 and 06/2020, Program staff will increase the public health workforce by graduating at least 14 trainees from PMRP or Cal-EIS, to become qualified PH physicians and epidemiologists who contribute to and/or lead the maintenance and improvement of the health of Californians.

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

Data Source:
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, 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 2017 Association of State and Territorial Health Officials (ASTHO) report indicated an 8.7% decrease in the PH workforce nationwide from 2010-2016. California's state PH workforce is small relative to its population; California has fewer than 10 FTE per 100,000 population, compared to an average of 23 FTE per 100,000 among large states. Nationwide, the average age of state PH employees is 47; the median age is 48. Based on ASTHO projections, more than 41% of California's state PH workforce will be eligible to retire in 2020.
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, E. 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: 39,577,045
Infrastructure Groups: Other

Disparate Population:
Number: 39,577,045

Infrastructure Groups: Other

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Other: ACGME Program Requirements for Graduate Medical Education in Preventive Medicine; (2) ACGME Milestones for Preventive Medicine Residents; (3) Council of State and Territorial Epidemiologists (CSTE), Competencies for Applied Epidemiologists in Governmental Public Health Agencies.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $469,695
Total Prior Year Funds Allocated to Health Objective: $508,750
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Increase the number of trainees who gain Preventive Medicine and Applied Epidemiology competencies

Between 07/2019 and 06/2020, Program will increase the number of trainees who, over the course of their training period, have satisfactorily achieved moderate or high competency in American College of Preventive Medicine (ACPM)/ACGME or CSTE competencies, by working in local or state PH agency programs or community-based settings and/or completing academic coursework, from 120 Residents and 190 Fellows to **125 Residents and 201 Fellows**.

Annual Activities:

1. Recruit and interview applicants for PMRP and Cal-EIS positions

Between 07/2019 and 06/2020, recruit and interview at least 9 PMRP applicants and 23 Cal-EIS applicants. The competitive recruitment and selection process includes distributing PMRP and Cal-EIS information to schools of public health, residency programs, and LHDs, and posting on various websites, such as FREIDA Online, Electronic Residency Application Service (ERAS), and PH Employment Connection. Applications from this pool will be reviewed by the PMRP and Cal-EIS Advisory Committees, and top candidates will be selected for interview.

2. Place trainees for a public health training experience

Between 07/2019 and 06/2020, train at least 14 individuals (at least 12 Cal-EIS trainees to achieve CSTE competencies and at least two Residents to meet ACPM/ACGME competencies). Experienced preceptors will mentor and guide trainees to meet competencies through applied state and local PH experiences, providing training needed to develop the State's PH workforce.

3. Develop and implement public health practice curriculum

Between 07/2019 and 06/2020, conduct at least 16 PH/preventive medicine seminars for PMRP and Cal-EIS trainees. These bi-monthly seminars address ACPM/ACGME or CSTE competencies and provide trainees with insights and resources on PH practice, epidemiologic investigation procedures, and other processes that prepare trainees to enter the PH workforce.

State Program Title: Public Health 2035 Capacity-Building Activities

State Program Strategy:

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

Health Priority: Make California the healthiest state in the nation by 2022 by increasing the Department's capacity to address social determinants of health outcomes, particularly those associated with chronic conditions, violence, and substance use. LGHC contributes to making CA the healthiest state in the nation by monitoring indicators toward our 10-year targets; promoting community innovations; and informing and convening cross-sector collaborations. As the State Health Improvement Plan (SHIP), LGHC guides CDPH in addressing complex challenges. To align activities with LGHC, the FC facilitates innovative approaches to improving population health.

Role of Block Grant Funds: Funds support salaries of staff and contractors who coordinate initiatives with partners and stakeholders; conduct policy analysis; develop data visualizations and applications; pilot innovative ways to support local agencies; prepare and disseminate reports, data, and tools; and deliver trainings and technical assistance. Ultimately, these activities ensure we have an agile and nimble Department and increase innovative approaches and tools to address the priorities in the SHIP.
Evaluation Methodology: The Fusion Center is responsible for a diverse range of activities, each of which has an evaluation plan to track the status of the project and its objectives. Evaluation methods may include informal stakeholder input, surveys, participation levels, and web analytic tools.

Primary Strategic Partnerships:
Internal:
1. Center for Healthy Communities
2. Office of Health Equity
3. Center for Health Statistics & Informatics
4. Office of Public Affairs
5. Office of Quality Performance and External Relations

External:
1. Local Health Jurisdictions
2. California Health & Human Services Agency
3. Office of Statewide Planning & Development

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 Governmental Program Analyst

State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Itze Abeyta
Position Title: Associate Governmental Program Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Katey Desanti
Position Title: Associate Governmental Program Analyst
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Danielle Stumpf
Position Title: Staff Services Manager II
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Vacant
Position Title: Research Data Specialist
State-Level: 100% Local: 0% Other: 0% Total: 100%
Position Name: Vacant
Position Title: 0.5 FTE Graphic Designer
State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 6
Total FTEs Funded: 6.00

National Health Objective: HO PHI-15 Health Improvement Plans

State Health Objective(s):

Between 07/2019 and 06/2020, strengthen the primary prevention focus and cross-program alignment of California's state and community health improvement plans. Fusion Center initiatives will drive population health improvement efforts further upstream through multisector and interdisciplinary initiatives; including strategies for more proactive and effective CDPH response to public health issues, and supporting development and alignment of community health improvement plans. The focus of these efforts will include enhanced data, messaging and policy approaches incorporating social determinants of health, regional disparities, and performance analytics.

Baseline:
In 2018, the County Health Executives Association of California surveyed local health departments planning for accreditation and found that 42% have completed a community health improvement plan and 35% reported alignment with the State Health Improvement Plan. In 2016, FC surveyed CDPH programs and 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. These data describe the need to further engage staff around our LGHC initiative; and to coordinate activities that engage staff meaningfully, break down silos and encourage resource-sharing.

Data Source:

County Health Executives Association of California 2018 Survey; Fusion Center 2016 CDPH Program Survey (no newer data exists); Let's Get Healthy California State Health Improvement Plan.

State Health Problem:

Health Burden:
Chronic disease accounts for eighty percent of deaths and affects the quality of life of 14 million Californians. Most chronic conditions, as well as other negative health outcomes, are impacted by shared social influences, behaviors and community conditions. Early deaths resulting from conditions such as substance use (2,196 from opioid overdose) and violence (nearly 6,500 from homicide and suicide) are increasingly impacting Californians. There are also significant disparities disproportionally affecting many communities for each for these critical health issues. Because Fusion Center efforts relate to the State Health Improvement Plan as a whole; data analyses and intervention strategies are identified across

multiple health issues and indicators, which may involve varying populations experiencing the greatest disparities, and which are heavily impacted by social determinants of health. According to Let's Get Healthy California 78.9% of Californians report their overall health status to be good, very good or excellent. However, rates are significantly lower among disparate populations. For example, the rate among Hispanics is 69.9%, the rate among those uninsured is 69.8%, the rate among those living at 99% or below the Federal Poverty Guideline is 62.7%, and the rate among those with less than high school education is 54.0%.

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

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

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $852,821
Total Prior Year Funds Allocated to Health Objective: $1,013,733
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 Cross-Program Efforts Addressing Substance Use and Addiction
Between 07/2019 and 06/2020, Program will conduct **3** cross-program activities engaging multiple CDPH programs and interdepartmental partners in joint efforts addressing substance use and addiction.

Annual Activities:
1. Coordinate Statewide Opioid Safety (SOS) Workgroup Meetings
Between 07/2019 and 06/2020, coordinate at least six Statewide Opioid Safety (SOS) Workgroup meetings. The SOS Workgroup includes partners from over 40 state-level and non-government stakeholders convened to improve coordination and expand joint efforts to address opioid overdose and addiction. The SOS Workgroup created, and now collaborates, around the shared policy framework. The Fusion Center will work with CDPH program and interdepartmental partners to develop SOS Workgroup agendas, recruit presenters, and organizing activities through the Workgroup's four task forces which leverage partnerships across sectors to address the shared priorities. The Fusion Center will work through this venue to host dialogue about opportunities to address upstream drivers of the opioid epidemic and identify opportunities to address shared risk and protective factors across addiction regardless of substance.

2. Develop SOS Workgroup Issue Briefs
Between 07/2019 and 06/2020, collaboratively work with one SOS task force to facilitate the development and delivery of two issue briefs providing information and resources on emerging topics of concern leveraging the expertise of multiple sectors. Examples include a set of resources for prescribers on strategies and tools to support high risk patients in tapering opioid use and referral to treatment and information for available guidance for first responders on safe practices for overdose response in cases of potential fentanyl exposure.

3. Facilitate the CDPH Coordinated Opioid Response Governance Structure
Between 07/2019 and 06/2020, facilitate four meetings of the Operations Team for the CDPH Coordinated Opioid Response Governance Structure which will provide a mechanism for internal operational coordination of five CDPH Offices and Centers engaged in opioid response activities; including the areas of injury prevention, infectious disease, family health, informatics, public affairs and emergency preparedness. The Operations Team will serve as a venue for information sharing, joint planning, and identification of mutually reinforcing activities as CDPH develops a comprehensive plan and shared agenda for the public health role and priorities in addressing issues of substance use and addiction. The Fusion Center will lead dialogue in this venue to identify opportunities for addressing social determinants of health that put individuals at risk for substance use. In addition to the Operations Team, the Fusion Center will provide support to five cross-program workgroups addressing the areas of surveillance and interoperability, grant planning and tracking, collaboration and partnership, communications and outreach, and program interventions.

Objective 2:
Drive population and community health improvement strategies further upstream
Between 07/2019 and 06/2020, Program will maintain **2**) activities that align cross-program and cross-sector resources to drive CDPH's population and community health improvement strategies further upstream through the strategies of place-based burden assessment and cross-sector engagement for collective impact.

Annual Activities:
1. Expand Data Published in California Community Burden of Disease Engine (CCB)
Between 07/2019 and 06/2020, The Fusion Center will enrich the CCB with improved functionality (e.g. additional downloads, improved assistance, and maps with statistical differences) and by adding SDOH data and stratification by race/ethnicity. FC will determine which SDOHs will be added based on CDPH and local program priorities (e.g. housing). The CCB, including the statewide version, as well as locally deployed versions, supports comprehensive approaches to addressing SDOH by providing the objective data required to identify which conditions are most burdensome in which disadvantaged communities, and to measure the impact of policies targeting the disparities.

2. Elevate Social Determinants of Health as a Health Improvement Priority
Between 07/2019 and 06/2020, plan and implement one comprehensive communications and engagement campaign to elevate, communicate, and promote cross-sector dialogue on social determinants of health (SDOH) as shared priorities within our state health improvement plan (SHIP).

Objective 3:
Increase Capacity for Primary Prevention Approaches through the Violence Prevention Initiative
Between 07/2019 and 06/2020, Program will conduct **4** supporting activities for the Violence Prevention Initiative, which coordinates a cross-program and interdisciplinary response to suicide, and interpersonal and community violence, elevating it as a public health issue with an emphasis on elevating and building capacity for primary prevention approaches to address multiple forms of violence.

Annual Activities:
1. Coordinate the Violence Prevention Initiative 2019 Convening
Between 07/2019 and 06/2020, provide organizational, logistical, and strategic support, in partnership

with the Center for Healthy Communities, to host one Violence Prevention Convening with at least three dozen partners representing California government departments and agencies.

2. Facilitate the Violence Prevention Steering Committee
Between 07/2019 and 06/2020, facilitate at least ten Violence Prevention Steering Committee meetings, aligning collaborative efforts across four CDPH Centers and Offices including Center for Family Health, Center for Healthy Communities, and Office of Health Equity, and Fusion Center. The Steering Committee assesses progress and develops the strategic direction for the statewide public health Violence Prevention Initiative collective impact agenda.

3. Coordinate Violence Prevention Webinars
Between 07/2019 and 06/2020, coordinate three violence prevention webinars presenting data, highlighting emerging and evidence based approaches and providing technical assistance for primary prevention approaches to address multiple forms of violence for a statewide network of over 100 local public health practitioners and stakeholders.

4. Increase Violence Prevention Initiative Network Participation
Between 07/2019 and 06/2020, increase the number of participants within the Violence Prevention Initiative network that subscribe to activity updates and resource announcements by at least 20%.

State Program Title: Public Health Accreditation

State Program Strategy:

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

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

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

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

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

External
1. Centers for Disease Control and Prevention
2. County Health Executives Association of California
3. Public Health Accreditation Board
4. Public Health Institute

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 07/2019 and 06/2020, provide Technical Assistance services to increase accreditation

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

Baseline:
In 2018, CHEAC surveyed 61 LHDs to assess status of accreditation readiness. Of the 58 respondents, 13 are PHAB accredited, and 11 submitted an accreditation application. Additionally, 40 LHDs are in varying stages of accreditation planning, and five have not started.

Data Source:
County Health Executives Association of California, Accreditation Status Survey, November 2018

State Health Problem:

Health Burden:
As of February 2019, CDPH and 13 California LHDs are PHAB accredited. The remaining 48 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 (39,776,830, the population of California) are the same.

Target Population:
Number: 39,776,830
Infrastructure Groups: State and Local Health Departments

Disparate Population:
Number: 39,776,830
Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $24,927
Total Prior Year Funds Allocated to Health Objective: $27,000
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 07/2019 and 06/2020, Program will provide accreditation-related technical assistance services to **3** local and/or tribal public health agencies to improve capacity to prepare for national public health accreditation.

Annual Activities:

1. Administer a mini-grant program

Between 07/2019 and 06/2020, administer one CDPH Public Health Accreditation Mini-Grant Program for California's local and/or tribal public health agencies to receive accreditation-readiness technical assistance services. These services may be used to support development of accreditation-related activities, such as community health assessment and improvement planning, workforce development, quality improvement, strategic planning, performance management, or documentation selection.

State Program Title: Rape Prevention Program

State Program Strategy:

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

Health Priority: In 2017, the incidence of rape reported as crimes in California was 37.2 per 100,000. (California Department of Justice [CDOJ], 2017). Rape victims often have long-term emotional and health consequences as a result of this "adverse experience," such as chronic diseases, emotional and functional disabilities, engaging in harmful behaviors, and experiencing intimate relationship difficulties (MMWR, CDC, 2008). This program addresses the national Healthy People 2020 focus area of Injury and Violence Prevention, which includes a developmental goal of reducing sexual violence.

Role of Block Grant Funds: PHHSBG Rape Set-Aside allocation will be used by the 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.

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

Primary Strategic Partnerships:
Internal
1. Office of Health Equity
2. Maternal, Child, and Adolescent Health
3. CDPH Health in All Policies
4. CDPH Sexually Transmitted Diseases Control Branch

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

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

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

Position Name: Jeffery Rosenhal
Position Title: Health Program Manager II
State-Level: 20% Local: 0% Other: 0% Total: 20%
Position Name: Vacant
Position Title: Research Scientist Supervisor I
State-Level: 15% Local: 0% Other: 0% Total: 15%
Position Name: Vacant

Position Title: Staff Services Manager II
State-Level: 30% Local: 0% Other: 0% Total: 30%

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 07/2019 and 06/2020, reduce by 1% the rate of rape in California, from the current 2017 rate, as measured by CDOJ data.

Baseline:
In 2017, the incidence of rape reported to criminal justice in California was 37.2 per 100,000.

Data Source:
California Department of Justice, 2017

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.

Target Population:
Number: 38,353,337
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, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 1,099,482
Ethnicity: Non-Hispanic
Race: African American or Black
Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: Population projections from DOF, January 2013, retrieved from http://epicenter.cdph.ca.gov on 4/9/2019

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: 1) CDC RPE CE19-1902 Using the Best Available Evidence for Sexual Violence Prevention (CDC,

2018); 2) STOP SV: A Technical Package to Prevent Sexual Violence (CDC, 2016)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $749,672
Total Prior Year Funds Allocated to Health Objective: $749,673
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:
Address the community and/or societal levels of the social ecological model
Between 07/2019 and 06/2020, Program will increase the number of local rape crisis centers (RCCs) that provide sexual offense prevention programs to victims, potential victims, and potential perpetrators that address the community/and societal levels of the social ecological model (SEM) from 6 to **12**.

Annual Activities:
1. Assess sexual violence risk and protective factors that RCCs address
Between 07/2019 and 06/2020, conduct assessments with twelve RCCs to determine to what extent they are implementing sexual-offense prevention programs addressing community and/or societal level risk and protective factors. Technical assistance and training will be provided to assess capacity of RCCs in community and/or societal level strategies.

2. Increase knowledge and skills of RCCs to utilize a public health approach
Between 07/2019 and 06/2020, conduct a minimum of four educational activities to enhance the knowledge and skills of staff from twelve RCCs to conduct sexual offense (rape) prevention programs that address the community and/or societal levels of the SEM. Technical assistance and training will be provided to build capacity of RCCs in community and/or societal level strategies.

3. Fund sexual-offense prevention programs
Between 07/2019 and 06/2020, fund twelve local RCCs to conduct sexual offense prevention programs that address the community and/or societal level levels of the SEM. Programs to be implemented include community mobilization, gender equity, active bystander, and healthy relationships in order to address community/societal level change.

State Program Title: TB- Free California

State Program Strategy:

Goal: The California Department of Public Health (CDPH) TB Free California program will address the Healthy People 2020 IID-29 Reduce Tuberculosis (TB) target: Reduce TB to one new case per 100,000 population. CDPH estimates that between now and 2040, 25,000 cases of TB could be avoided with intensified testing and treatment of latent TB infection (LTBI), the asymptomatic infection that precedes TB disease. The goal of TB Free California is to increase targeted testing and treatment of LTBI through provision of evidence-driven technical assistance. The program supports critical work in training, measuring, and implementing of LTBI care practices taking place in local public health programs and community healthcare clinics.

Health Priority: Identify and treat those with LTBI, in order to prevent cases of TB disease in California. This work is in alignment with CDPH's 2035 Initiative of "engaging communities through prevention, based on collaborative and science-based practices that … improve health equity throughout California." The TB Free California program aims to avert TB disease based on evidence-based practices, which will in turn improve overall health status and health equity throughout California.

Role of Block Grant Funds: Funds will be used to support salaries for three contract positions with expertise in: 1) TB clinical prevention strategies and health systems; 2) Epidemiology, surveillance and evaluation methods; and 3) Communication and health education. Funds will also support travel for the three person team, production costs for training materials, and incentives for partnerships between community healthcare organizations and public health organizations.

Evaluation Methodology: Measure progress using process evaluation (from partners and stakeholders, using meetings, surveys and emails) and outcome evaluation (LTBI testing and treatment in community healthcare settings). Outcome metrics include proportion of the at-risk population: completing risk assessment; receiving LTBI testing; and completing LTBI treatment. Performance on these metrics will be tracked over time.

Primary Strategic Partnerships:
Internal
1. Office of Public Affairs
2. Office of Refugee Health/Office of Border and Binational Health
3. Tobacco Control Branch
4. Office of AIDS
5. Chronic Disease Control Branch

External
1. California Primary Care Association
2. University of CA: UCSF Curry International Tuberculosis Center; UC Berkeley University Health Services; UC Irvine Santa Ana Family Health Center
3. Department of Health Care Services, MediCal Managed Care
4. Federally Qualified Health Centers
5. Kaiser Permanente

State Program Setting:
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 07/2019 and 06/2020, TB Free California will provide technical support to 100% of local public health programs and community healthcare clinics that request assistance with TB prevention activities, including provider training, clinical tools, clinical consultation, measurement of LTBI testing and treatment, and patient education. By treating latent TB infection, we aim to avert significant morbidity, mortality, and healthcare costs associated with TB disease.

Baseline:

The overall TB case rate in California in 2017 was 5.2 cases per 100,000 population, which is nearly double the national incidence of 2.8 per 100,000. The TB rate in California in 2017 in persons born outside of the U.S. was 15.6 cases per 100,000 population.
Preventing cases of TB disease in California depends on identifying and treating LTBI, yet estimates of LTBI testing and treatment completion are scarce. In meta-analyses examining the LTBI care cascade worldwide, <20% of people at risk for TB infection completed LTBI treatment. Preliminary CDPH data from discrete groups of high-risk California patients suggests that LTBI treatment completion among these patients is <10%. One of the TB Free California objectives is to define baseline rates of testing and treatment in California, in order to identify gaps in care and measure incremental improvement in performance.

Data Source:
(1) CA Dept. of Public Health, TBCB: Report on TB in California, 2017. (2) Alsdurf H, Hill PC, Matteelli A, et al. The cascade of care in diagnosis and treatment of latent TB infection: a systemic review and meta-analysis. Lancet Infect Dis. 2016 Nov;16(11):1269-78.

State Health Problem:

Health Burden:
The incidence of TB disease in California is nearly twice the national incidence. Californians born outside the U.S., as well as racial and ethnic minorities, experience disproportionately high rates of TB disease. Asians and Pacific Islanders have the highest risk, making up more than half of California's TB cases in 2017. Asians and Pacific Islanders born outside of the U.S. are at particular risk, with a TB rate 60 times higher than that of U.S. born white persons. Disparities also exist among U.S. born African American and Hispanic populations, with rates 3-5 times higher than U.S born white persons. A reduction in health disparities in California is therefore expected by preventing TB disease.
Although nearly 2.5 million Californians have LTBI, which if identified and treated can prevent development of TB disease, it is estimated that the majority of these (more than 2 million) have untreated LTBI.

Target Population:
Number: 2,100,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: 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: 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: State of California Department of Public Health, Tuberculosis Control Branch: Report on Tuberculosis in California, 2017.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: U.S. Preventive Services Task Force. Screening for Latent Tuberculosis Infection in Adults: U.S. Preventive Services Task Force Recommendation Statement. JAMA. 2016;316(9):962-69.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $498,546
Total Prior Year Funds Allocated to Health Objective: $540,000
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:
Collect and analyze data on LTBI testing and treatment practices in community clinic settings
Between 07/2019 and 06/2020, Program will collect **2** data from clinical sites on metrics related to LTBI care, namely: 1) proportion of at-risk population completing risk assessment, 2) proportion of at-risk population receiving testing for LTBI, and 3) proportion of at-risk population completing LTBI treatment. These activities will occur in partnership with local health departments. Additionally, we will work with state and national partners to build infrastructure to collect data on LTBI testing and treatment, and exchange data between healthcare clinic, local, and state public health settings, as outlined in Activities 2-4. Our goal is to enable clinics to collect LTBI performance data and measure the impact of targeted interventions, and to help build systems that eventually enable collection of LTBI care cascade data statewide.

Annual Activities:
1. Collect clinic data on LTBI testing, diagnosis, treatment completion
Between 07/2019 and 06/2020, assist with data collection, management, and analysis at clinics with metrics including: 1) proportion of at-risk population completing risk assessment, 2) proportion of at-risk population receiving testing for LTBI, and 3) proportion of at-risk population completing LTBI treatment. This will serve as baseline performance data on LTBI care, and pre-intervention data for clinics that are planning to institute interventions to increase LTBI testing or treatment.

2. Use statewide data registry and LTBI indicators to understand LTBI testing

Between 07/2019 and 06/2020, use previously developed LTBI indicators and state data registries, in order to describe LTBI testing practices among discrete populations of providers in California; target populations may include civil surgeons, providers reporting to the California Immunization Registry, and providers caring for refugees and immigrants.

3. Advise on electronic medical record changes to capture LTBI care cascade
Between 07/2019 and 06/2020, provide technical expertise to a national task force aiming to modify electronic medical records for public health surveillance, including LTBI testing and treatment, and ensure modifications are aligned with primary care clinic workflow. Recommendations and findings from this task force will be applied in future years to California primary care-based settings.

4. Build network of providers serving patients at high risk for TB infection
Between 07/2019 and 06/2020, use existing CDPH data to generate a list of clinics that serve patients at high risk of TB infection in California. As part of a long range plan for disseminating guidelines and tools related to LTBI care, and in order to collect information related to program needs and barriers to LTBI care, staff will build a network of clinics and providers in California that provide primary care for patients at high risk for TB infection and disease; this list will be used to engage clinics and enable future partnerships.

Objective 2:
Increase awareness of LTBI as a public health issue among at-risk populations in CA
Between 07/2019 and 06/2020, Program will develop **1** partnership(s) with a community organization that serves a group at high risk of TB infection in California. Additionally, distribute patient education resources to a minimum of five partner clinics, and maintain one TB Free California webpage. Our goal is to increase awareness of the risks of LTBI and benefits of testing and treatment among persons at high risk of TB infection in California.

Annual Activities:
1. Create partnerships w/community organizations serving high-risk populations
Between 07/2019 and 06/2020, Establish contact and create a partnership with at least one community organization that serves a group at high risk of TB infection in California. High-risk priority groups include (1) non-U.S.-born, (2) Asian and Pacific Islander, (3) African American, or (4) Hispanic/Latinx people; we will partner with a minimum of one organization that serves one of these high-risk groups. Staff will work with the organization to ascertain the best mechanism for providing patient education to the target group, which may include attendance at community organization meetings, providing patient education materials for use in a community center or referral center, and/or creating a joint media campaign for social media.

2. Distribute and evaluate education materials for use with LTBI patients
Between 07/2019 and 06/2020, disseminate patient education materials to a minimum of five partner clinics. Existing patient education materials include 1 waiting room poster, 3 patient handouts (available in English, Spanish, Cantonese, and Vietnamese), 3 patient education videos, and 1 patient self-risk assessment. Additionally, we will evaluate a LTBI waiting room poster, measuring patient satisfaction, and the process measure of willingness to discuss LTBI with their doctor after exposure to an educational poster. We will continue to generate new patient education materials as requested by clinic sites.

3. Increase social media presence of TB Free California
Between 07/2019 and 06/2020, maintain and refresh content for one program website providing information on TB- Free California activities, and providing a central electronic repository for all provider and patient resources. TB Free California staff will check the functionality of website links, update the News section of the webpage with new activities, and add resources to the Provider and Patient Resources section, as they are developed.

4. Create and coordinate patient-based LTBI messaging for California
Between 07/2019 and 06/2020, contribute feedback on unifying messaging for LTBI testing and treatment for populations across California to collaborating organizations including the Centers for Disease Control and Prevention, the California Tuberculosis Elimination Coalition, and the California Tuberculosis

Controllers Association.

5. Collaborate with existing chronic disease public health campaigns
Between 07/2019 and 06/2020, identify existing examples of community outreach and patient education campaigns within CDPH programs that target tobacco use, HIV/AIDS, and diabetes. Staff will become informed about successful methods for outreach within these patient populations, in order to develop and improve LTBI patient education.

Objective 3:
Increase number of primary care clinics able to provide care for latent TB infection
Between 07/2019 and 06/2020, Program will provide technical assistance to **5** community clinics, in the form of evidence-based provider training, clinical tools, clinical consultation, or assessment of barriers to care. We will work with a minimum of five clinics in 2019-2020, engaging in one or more of the technical assistance activities described below. Our goal is to provide assistance to 100% of clinics that request our support, and in doing so, to increase capacity of primary care providers in California to effectively screen, test, and treat patients for LTBI.

Annual Activities:
1. Conduct training on LTBI best practices and guidelines
Between 07/2019 and 06/2020, conduct a minimum of three provider trainings on LTBI testing and treatment. Trainings will emphasize best practices for providers, and will target providers who serve high risk populations and patients at most risk for progression.

2. Develop clinical tools to aid providers with LTBI care and management
Between 07/2019 and 06/2020, disseminate evidence-based clinical tools to a minimum of five partner clinics, in order to increase capacity to test and treat for LTBI. Existing clinical tools include 2 LTBI clinical protocols, 4 drug fact sheets, 1 LTBI counseling document for providers, and 3 LTBI counseling videos for providers (all developed in Y1-2 of this program). Additionally, develop new clinical tools and workflow modifications on an as-needed basis, with particular emphasis on use of interferon gamma release assay (IGRA) for non-U.S.-born patients, and use of short-course regimens, including 12-dose once-weekly isoniazid-rifapentine or four months of rifampin, for LTBI treatment.

3. Provide expert consultation on clinical questions surrounding LTBI care
Between 07/2019 and 06/2020, provide consultation on testing and treatment of TB infection and TB prevention strategies for healthcare providers in community and institutional settings to a minimum of three partner clinics. Consults will take place on an as-needed basis, but based on past years, we expect a minimum of monthly contact with each of our partner clinics.

4. Assess systemic barriers to providing LTBI care
Between 07/2019 and 06/2020, use a previously developed needs assessment to formally assess clinic-level barriers to providing LTBI testing and treatment at TB Free California partner clinics. Potential barriers explored will include protocol-driven testing, electronic medical record triggers, lab test availability, drug availability, insurance coverage, coordination of care for lab and radiology services; additional barriers to care will be solicited.

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

State Program Strategy:

Goal: The California Department of Public Health (CDPH) Office of AIDS will address the Healthy People 2020 “HIV-13: Increase the proportion of persons living with HIV who know their serostatus” and improve health equity outcomes by implementing HIV/STD Outbreak Response Protocols and activating an Outbreak Response Team. This objective is listed as a high priority health issue.

Health Priority: Using surveillance data to identify individuals experiencing STDs or having a connection to a known HIV cluster and reaching out to them through disease investigators who connect them to testing, immediate treatment and/or prevention services is an effective HIV prevention intervention. Increasing community resources for disease investigation will improve health equity outcomes in knowledge of serostatus, linkage to care and viral suppression. The OA/STD Outbreak Response Team is aligned with the Presidents Ending the HIV Epidemic: A Plan for America by rapidly detecting and responding to growing HIV clusters and preventing new HIV infections. In addition, formulating an OA/STD Outbreak Response Team aligns with the recommendations provided to the Governor in California’s HIV Alliance "End the Epidemics Project" which calls out the need to the end HIV, STD and HCV epidemics.

Role of Block Grant Funds: Funds will support a scientific and technical team to develop and implement an Outbreak Response Protocol to rapidly detect and respond to growing HIV/STD infection clusters through testing, linkage to and reengagement in care and linkage to PrEP. Block Grant funds will be used for: (1) salaries for three State positions with expertise in responding to disease investigations strategies; 2) support for required training for the team members; and (3) travel for the three-person team.

Evaluation Methodology: Evaluation of outputs and outcomes will be tracked continuously beginning with developing metrics and performance indicators for outbreak response protocols, response team training, and response team activities. The primary project outcome from surveillance data will be percentage of persons who know their serostatus by group.

Primary Strategic Partnerships:
Internal
1. STD Control Branch
2. Office of Public Affairs

External
1. All Local Health Jurisdictions
2. Federally Qualified Health Centers

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.

Position Name: Maria Salazar-Islas
Position Title: Outbreak Response Coordinator (HPS I)
State-Level: 60% Local: 30% Other: 10% Total: 100%
Position Name: Vacant
Position Title: Disease Intervention Specialist (AGPA/AHPA or CCDR
State-Level: 30% Local: 60% Other: 10% Total: 100%

Position Name: Vacant
Position Title: Disease Intervention Specialist (AGPA/AHPA or CCDR
State-Level: 30% Local: 60% Other: 10% Total: 100%

Total Number of Positions Funded: 3
Total FTEs Funded: 3.00

National Health Objective: HO HIV-13 Awareness of HIV Serostatus

State Health Objective(s):

Between 07/2019 and 06/2020, use multiple strategies to contribute to the goal of increasing the percent of persons living in California who know their serostatus to 90% and reduce disparity among subgroups. This effort is aligned with Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention, and Care Plan's goals of Reducing New HIV Infections in California; and Achieving a More Coordinated Statewide Response to the HIV Epidemic.

Baseline:
According to the most recent CDC estimation method, there were approximately 145,600 people living with HIV in California in 2015, of whom 88 percent had been diagnosed. In 2017, of the over 135,000 living with diagnosed HIV infection, 73.6% were in HIV care and 63.3% achieved viral suppression.

Data Source:
2017 OA HIV Surveillance

State Health Problem:

Health Burden:
California ranks second in the nation for cumulative AIDS cases, in 2017, over 139,000 Californians were living with HIV. 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, Latinx, and men who have sex with men (MSM), especially young MSM African Americans and Latinx. The target population is those who have not been diagnosed, particularly young MSM of color; the disparate population is young MSM African Americans and Latinx.

Using the California continuum of care produced by OA Surveillance, OA estimates that in 2017 there were 139,000 people living with HIV in California and of those, 82 percent know their HIV status. California has produced its own continuum of care. The 2017 California Surveillance Reports notes that of the over 135,000 persons diagnosed and living with HIV, 74 percent are linked to care, 55 percent are retained in care, and 63 percent achieved viral suppression. California's viral suppression rate is higher than the national average of 49 percent, but needs to be significantly higher to decrease new HIV infections in California. African Americans and younger people are least likely to be retained in care or achieve viral suppression. When a person is virally suppressed s/he is 96 percent less likely to transmit HIV to their sex or needle-sharing partners.

Target Population:
Number: 25,020
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
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: 12,259
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black
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: Entire state
Target and Disparate Data Sources: OA Surveillance Data - 2017

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: CDC recommends cluster identification and partner services within social networks as a highly effective method of identifying new positive HIV cases; using HIV and STD surveillance data to re-engage people in HIV care, treatment, prevention and partner services.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $373,910
Total Prior Year Funds Allocated to Health Objective: $450,000
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:
Develop improved outbreak response state-wide protocols
Between 07/2019 and 06/2020, Program will develop **1** Comprehensive state-wide protocol for coordinating disease intervention activities and mobilizing resources effectively at state and local levels for robust outbreak response and one customized tool for outbreak settings.

Annual Activities:
1. Develop Investigation Planning & Protocol Development
Between 07/2019 and 06/2020, describe aberration detection criteria that were developed in previous activity to be used for outbreak detection and prioritization as a basis for planning outbreak investigation.

2. Facilitate Interjurisdictional Case Management
Between 07/2019 and 06/2020, provide medical and case management consultation from our state medical officer that incorporates protocols and procedures for inter-jurisdictional communication for the purpose of medical case management.

3. Access to Specialized Laboratory Services
Between 07/2019 and 06/2020, identify and enable specialized laboratory services that will be utilized during an outbreak investigation.

4. Develop Outbreak Investigation Tools
Between 07/2019 and 06/2020, develop tools that can be customized for specific outbreak exposure settings (e.g. homeless camp) that incorporate required federal date elements but also recognize the

unique qualities of a field investigation.

5. Provide TA for Provider and Media Communication
Between 07/2019 and 06/2020, work with the Office of Public Affairs to develop and distribute positive public health messages that may accompany an outbreak response.

Objective 2:
Improve identification of outbreaks by building state capacity
Between 07/2019 and 06/2020, Program will develop **2** reports designed to improve identification of HIV/STD outbreaks for the purpose of implementing disease intervention activities: 1) To describe and track the data elements that are a part of a routine report on outbreak parameters; 2) To identify the aberration detection criteria for outbreak detection.

Annual Activities:
1. Refine data collection, analysis, report process for outbreak detection
Between 07/2019 and 06/2020, review routine data collection tools, reports and data systems for elements that can assist with outbreak detection. Review current analyses that could contribute to understanding outbreak detection. Refine data collection tools and reports to incorporate any additional data elements and/or reports that would assist with outbreak detection.

2. Track outbreak-related molecular genotypes
Between 07/2019 and 06/2020, design a system to track data received from CDC regarding potential clusters related to genotype sequencing efforts. Include a method to allow for locally-generated molecular sequencing data being received from CA labs.

3. Develop and evaluate aberration detection criteria for outbreak detection
Between 07/2019 and 06/2020, consult with experts at CDC and work with OA medical officer to identify criteria that would be used to detect a potential outbreak. Produce a report that identifies these criteria for expert comment and feedback.

Objective 3:
Promote awareness of outbreak response state-wide protocols
Between 07/2019 and 06/2020, Program will conduct **2** State-wide webinars to promote awareness of outbreak response resources and protocols with a target reach of 30 LHJs.

Annual Activities:
1. Conduct Webinars and Staff Trainings
Between 07/2019 and 06/2020, conduct webinars to OA and LHJ staff to describe protocols, tools, and other materials that have been developed by the ORT in order to increase awareness of state-wide efforts to further outbreak investigations.

2. Develop and disseminate ORT Fact Sheet
Between 07/2019 and 06/2020, prior to the webinar, develop and disseminate an ORT Quick Fact Sheet to be utilized by LHJs as they are preparing to respond to a potential outbreak.