

Little Hoover Commission Testimony
Mark B Horton, MD, MSPH
August 28, 2008 Hearing

Good afternoon, Chairman Hancock and members of the Committee. I am Dr. Mark Horton, Director of the California Department of Public Health. I am pleased to join you today to discuss the creation of the new California Department of Public Health (CDPH) and update you on actions we have taken to implement the recommendations in the Commission's June 23, 2005, "Recommendations for Emergency Preparedness and Public Health." At the Commission's request, I will also address the status of public health emergency preparedness in California.

RECOMMENDATIONS FOR EMERGENCY PREPAREDNESS AND PUBLIC HEALTH

Creation of the California Department of Public Health

CDPH was established on July 1, 2007 through enactment of SB 162 (Ortiz, Chapter 241, Statutes of 2006). CDPH employs approximately 3,500 people in over 60 locations around the State and administers a budget of over \$3 billion. Our mission is to optimize the health and well-being of the people in California. CDPH is the lead entity in California providing core public health functions and essential services. CDPH achieves its mission through the following core activities:

- Promoting healthy lifestyles for individuals and families in their communities and workplaces.
- Preventing disease, disability, and premature death and reducing or eliminating health disparities.
- Protecting the public from unhealthy and unsafe environments.
- Providing or ensuring access to quality, population-based health services.
- Preparing for, and responding to, public health emergencies.
- Producing and disseminating data to inform and evaluate public health status, strategies, and programs.

The creation of CDPH provided an opportunity to reconfigure and streamline the organizational placement and reporting relationships of public health functions for more effective and efficient delivery of service and program operations. An organization chart is attached (Attachment A).

The new department regroups the former Prevention Services programs into three smaller programmatic centers:

- Center for Chronic Disease Prevention and Health Promotion,
- Center for Environmental Health, and
- Center for Infectious Diseases.

These smaller centers flatten out the organization and allow the new center deputy directors, as members of the Executive staff, to bring broader and more specialized program input into departmental decision making and direction setting.

In addition, the former Primary Care and Family Health program, with the exception of two branches that stayed with the Department of Health Care Services, became the

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Center for Family Health, and the Licensing and Certification program combined with the Laboratory Field Services Branch to form the Center for Healthcare Quality.

The new centers will:

- ensure quality leadership and management oversight of core public health domains;
- ensure high-level visibility of these important public health programmatic domains to key partners and stakeholders such as local health departments, healthcare providers, the federal government, the Legislature, advocates, the press, and the public; and
- bring greater domain-specific expertise to the executive management team via the center deputy directors.

The reorganization formally established the Coordinating Office for Obesity Prevention to provide policy and program coordination on obesity prevention, physical activity, and nutrition issues across multiple programs. In addition, a new Associate Director for External Affairs coordinates and integrates the activities of our existing offices that work primarily with our external partners and stakeholders.

Since before the new department was created, I have been working to make CDPH a performance-based organization, one that uses performance measures and data to focus the organization on continuous improvement. Becoming a performance-based organization will enable CDPH to allocate resources more effectively; identify, quantify, and communicate successes; and manage more effectively.

In mid-2007, we surveyed our external partners and staff that would become part of the new department to identify the strategic issues we should tackle and to develop some baseline data for measuring the performance of the new department.

In July 2008, we completed CDPH's first strategic plan (Attachment B). The strategic plan identifies goals and objectives, each objective having performance measures including specific targets and deadlines. The process allowed for input from staff at all levels. To ensure that we implement the strategic plan, I have dedicated staff resources to collecting and regularly reviewing the data necessary to assess our progress toward meeting our objectives.

At the next level, each program within the department is developing its own strategic plan, with measurable performance objectives, that ties to the departmental plan.

Finally, one of the objectives of the departmental strategic plan is to implement the performance-based strategy at the individual level, by working to ensure that all employees have an individual development plan, including individual performance objectives, and receive a written annual performance review.

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Becoming a performance-based organization requires ensuring that staff has the training they need to meet performance objectives and achieve their individual goals. To accomplish that, I am establishing an Office of Leadership and Workforce Development to create and implement a leadership and workforce development plan.

Some of the recent accomplishments of the new CDPH of which we are particularly proud include:

- reaching an agreement with six major studios (Sony Pictures, Universal Studios, Time Warner, Paramount Pictures, Walt Disney Studios and Twentieth Century Fox) to place California's anti-smoking ads on DVDs of all new movies with tobacco use that are rated G, PG and PG-13;
- identifying 16 imported candies with lead levels exceeding current standard and took steps to remove these products from the marketplace;
- expanding the Newborn Screening Program to include cystic fibrosis and biotinidase deficiency testing, meeting the national recommendation to screen all babies for 29 core disorders;
- adding a fourth “marker” to maternal prenatal screening, thus increasing the birth defect detection rate and decreasing false positives;
- launching the Health Facilities Consumer Information System website, which provides consumers with profile and performance information on California's long-term care facilities and hospitals; and
- implementing the Electronic Death Registration System in Los Angeles County, increasing the number of electronically created death certificates in California to over 95 percent.

Public Health Advisory Committee

Created by SB 162, the Public Health Advisory Committee (PHAC) consists of 15 members; nine appointed by the Governor, three appointed by the Speaker of the Assembly, and three by the Senate Committee on Rules. The Committee's members represent a broad cross-section of public health stakeholders, including academia, biotechnology, business, community based organizations, emergency services, local government, health departments, medicine, nursing, public health laboratories, social marketing, consumers and other sectors of the public health community such as California-based nonprofit public health organizations and health consumer advocates. Members serve at the pleasure of their appointing authority. PHAC will provide expert advice and make recommendations to the Director on the development of policies and programs that seek to prevent illness and promote the public's health.

The Public Health Advisory Committee met for the first time on April 7, 2008. The meeting focused on a review of the committee's obligations under the Bagley-Keene Open Meeting Act, a review of the then-draft CDPH-Strategic Plan, and a discussion of a draft charter for the future role and work of the committee. The committee will meet again on October 22 at our Richmond Campus.

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Installation of a real-time surveillance system that can quickly detect the emergence of contagious disease

CDPH is directing its efforts toward implementing a statewide, Internet-based confidential morbidity and electronic laboratory reporting system (WebCMR/ELR).

CDPH reviewed the scientific literature and consulted with experts to identify the most effective methods for improving infectious disease surveillance. The two methods that have clear evidence of effectiveness are web-based disease reporting and laboratory-based reporting.

Regulations require healthcare providers to report suspected and confirmed cases of certain diseases of public health interest, including those due to bioterrorism agents, to the local health department (LHD), which in turn reports them to CDPH. In addition, regulations require laboratories to report testing results suggestive of the same diseases to the LHD. WebCMR/ELR is an electronic disease reporting and surveillance system integrated with electronic laboratory reporting, which is compliant with the Centers for Disease Control and Prevention's (CDC) Public Health Information Network guidelines. WebCMR/ELR will improve the efficiency of surveillance activities and the early detection of public health events by facilitating more complete and timely disease reporting on a statewide basis.

WebCMR/ELR will provide a secure, web-based, electronic method for healthcare providers and laboratories to notify LHDs of reportable conditions 24/7/365. LHDs and CDPH will have access to disease and laboratory reports in near real-time for disease surveillance, public health investigation, and case management. CDPH has completed a competitive procurement process and entered a five-year contract with a vendor to configure and deploy the system statewide.

In its 2005 report, the Commission recommended that the State consider adopting a system that detects and reports unusual symptoms. Such systems, also known as "syndromic surveillance" and "early event detection," refer to a variety of approaches to identify public health emergencies or evidence of biological terrorism early, before a clinical diagnosis has been established. The syndrome categories used in these systems are general and non-specific, resulting in detecting increases in a specific syndrome that requires follow-up investigation. Since California's public health system is based on disease surveillance that occurs in LHDs, these programs, if used, are best implemented at the local level where alerts can be followed by more formal investigations. CDPH staff is knowledgeable about the methods and systems available. CDPH maintains a list of the systems, including those from commercial vendors, on a website available to LHD epidemiologists and has facilitated training in use of software for early event detection.

An example of "syndromic" surveillance that has proved useful is surveillance of "influenza-like illnesses" during the influenza season. Sentinel providers (physicians, nurse practitioners, and physician assistants) throughout California report the number of

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outpatient visits for influenza-like illness and the total number of visits per week. This data is reported weekly as a percentage of total visits. This sentinel surveillance helps gauge the timing and impact of influenza activity.

As of November 2007, 40 of 61 LHDs in California had implemented some form of syndromic surveillance system. These systems collect and analyze data from pharmacies, schools, emergency medical systems, 911 call centers, emergency departments, and other sources. The experience in California and several systematic reviews and evaluations of syndromic surveillance systems indicate they may not be very accurate in detecting small and medium outbreaks but may be more useful in providing “situational awareness” of larger events, such as heat-related illnesses, influenza seasons, and the respiratory effects of the Southern California fires. Larger urban counties have more resources to implement these systems. LHDs that do not do syndromic surveillance indicate they do not have adequate staff or information technology support, and ten LHDs stated syndromic surveillance systems either provide no benefits or the costs outweigh the benefits.

Assessment of the State’s public health laboratory and other essential capacities

CDPH has six public health laboratories:

- Environmental Health Laboratory
- Food and Drug Laboratory
- Genetic Disease Laboratory
- Microbial Disease Laboratory
- Sanitation and Radiation Laboratory
- Viral and Rickettsial Disease Laboratory

The Office of State Public Health Laboratory Director within CDPH provides to all six laboratories support services, consultation, and oversight related to regulatory compliance. In addition, the State Public Health Laboratory Director provides an executive-level focus for laboratory science policy issues and coordination across laboratory programs.

In March 2007, CDPH and its partners conducted an independent, expert assessment of the State Public Health Laboratory System (SPHLS) in California. California’s SPHLS is a partnership between local and state public health laboratories, federal laboratories, other state agencies, private laboratories, and other organizations and healthcare providers that assure laboratory services essential to public health. CDPH pilot tested the Association of Public Health Laboratories (APHL) Public Health Laboratory Systems Performance Standards for the evaluation. CDC was involved in developing the assessment tool, which is based on the Ten Essential Public Health Services. APHL hired outside facilitators for the one-day evaluation. The assessment tool and a user’s guide are available on APHL’s website at

http://www.aphl.org/programs/LSS/standards/Documents/users_guide.pdf and http://www.aphl.org/programs/LSS/standards/Pages/Assessment_Toolkit.aspx.

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CDPH invited over 100 partners for the assessment, 60 of whom came to the Richmond Campus for the evaluation. Federal and state agencies, cities and counties, and the private sector were represented. The evaluation rated the SPHLS on each of the Ten Essential Public Health Services. The assessment showed the highest scores in:

- Essential Service #1: Monitor Health Status,
- Essential Service #3 Inform, Educate & Empower, and
- Essential Service #5 Develop Policies & Plans.

The assessment indicated that an area that needs significant improvement is Essential Service #8: Competent Work Force. The public health laboratories at the state and local level face staffing challenges in hiring and retaining microbiologists. This is caused by a shrinking labor pool across the nation and government salaries that are below the private sector. Recruiting and retaining public health microbiologists has been a major challenge to the state's infectious disease laboratories. Non-competitive salaries, the high cost of living in the San Francisco Bay Area where the Richmond laboratory is located, and the highly specialized nature of the work combine to make the positions difficult to fill.

CDPH participates in LabAspire, an outreach program to recruit a qualified public health laboratory workforce. LabAspire is a collaboration between the University of California (UC), Davis; UC Berkeley; UCLA; CDPH; and the California Association of Public Health Laboratory Directors. As part of LabAspire, CDPH sponsors a two-year post-doctoral fellowship program that will train two fellows per year and prepare them to be public health laboratory directors.

In addition, CDPH has formed a public health laboratory system working group comprising our chief deputy for policy and programs, the state public health laboratory director and representatives from the local health officers, health executives, and public health laboratory directors. The working group will continue to evaluate the SPHLS's facilities, capabilities, and capacity for testing and collectively make recommendations to improve the system.

Despite on-going resource challenges, the state public health laboratories remain a world-class asset for California. Our laboratories perform unique analyses, develop cutting-edge technologies, serve as a reference laboratory for, and coordinate services provided by, the network of local public health laboratories across the State.

Increasing the public health system surge capacity to respond to a health care crisis

I will address our progress on this recommendation later in my testimony when I discuss the Commission's questions about public health emergency preparedness.

Reduction of illness and death resulting from hospital-acquired infections

In 2005, a healthcare-associated infections (HAI) advisory working group convened by the California Department of Health Services (CDHS) submitted a report to Sandra

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Shewry, CDHS Director, entitled “Recommendations for Reducing Morbidity and Mortality Related to Healthcare-Associated Infections in California: Healthcare-Associated Infections Advisory Working Group Final Report to the California Department of Health Services, December 31, 2005.” This report was used to develop Senate Bill 739, (Speier, Chapter 526, Statutes of 2006), which requires mandatory reporting of infection control and surveillance process measures.

In June 2007, CDHS appointed a new HAI Advisory Committee (HAI-AC). Many members of the 2005 committee continued on the new committee. CDPH subsequently appointed additional experts to fill gaps in certain technical areas. The website at http://www.cdph.ca.gov/services/boards/Pages/HAI_AC.aspx contains meeting agendas, minutes, and additional information.

The advisory committee represents an extraordinary collaboration among state government, local health department officials, healthcare infection control professionals, hospital administration professionals, healthcare providers, healthcare consumers, physicians, and integrated healthcare systems experts or representatives. Committee members contribute their knowledge and expertise in a consensus-based process to help CDPH address this important issue.

SB 739 requires reporting of process measures beginning on or after January 1, 2008. The advisory committee recommended that hospitals report via the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN). CDPH sent All Facilities Letters in November 2007 and April 2008 to inform general acute care hospitals that they must enroll in NHSN and begin reporting process measures. As of July 30, 2008, 292 of the approximately 450 (65%) California general acute care hospitals were enrolled. CDPH continues to work closely with hospitals to help them enroll in NHSN and comply with the reporting mandate. Hospital infection control professionals will largely be responsible for implementing reporting. CDPH provided education on reporting to infection control professionals and other groups statewide and also provides follow-up technical assistance.

SB 739 requires that general acute care hospitals monitor central line insertion practices. This mandated reporting began on July 1, 2008, with hospitals to report data through NHSN.

SB 739 requires that general acute care hospitals offer employees influenza vaccination annually at no cost and require that employees be vaccinated or sign a declination of vaccination. SB 739 further requires that hospitals follow CDC guidelines for influenza vaccination of patients (not further defined or specified). For the 2007-2008 influenza season, CDPH requested hospitals to report influenza vaccination/declination rates for employees. Hospitals must determine how to reach the goal of vaccination/declination statements from all healthcare personnel and implement that plan for the 2008-09 influenza season. For the 2009-2010 influenza season, hospitals must improve the documentation of vaccination or declination over the 2008-2009 season. CDPH will

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make these data public. CDPH continues to work closely with hospitals on improving healthcare worker vaccination rates.

CDPH accepted the recommendation of the advisory committee to use data for surgical antimicrobial prophylaxis that hospitals already report to CMS. Approximately 75 percent of California hospitals report this data. Lumetra, the quality improvement organization that holds the California contract with CMS, will aid hospitals not already reporting data to CMS. This solution imposes no new reporting requirements on most hospitals. Reporting began January 1, 2008.

In November 2007, CDPH asked the advisory committee to address mandatory reporting of healthcare-associated methicillin-resistant *Staphylococcus aureus* (MRSA) infections. The committee, with the participation of California-based national experts on MRSA, recommended that hospitals report to CDPH all blood cultures positive for MRSA and classify them as either “community-onset” or “hospital-onset.” Reporting of these bloodstream infections will allow CDPH to assess the burden and urgency of invasive MRSA infections in California and allow institutions to internally track serious MRSA infections and initiate strategies to reduce their occurrence. On July 31, 2008, the advisory committee presented its final recommendations for a reporting methodology. CDPH is reviewing these recommendations.

Future areas CDPH will address with the advisory committee include recommendations for reporting bloodstream and surgical site infections, processes for preventing ventilator-associated pneumonias, and public education.

Planning and coordination among public health and emergency-related agencies at all levels of government to clarify roles and responsibilities, improve communication, and ensure emergency preparedness during large-scale events

I will address our progress on this recommendation in my testimony related to the Commission’s questions about public health emergency preparedness.

PUBLIC HEALTH EMERGENCY PREPAREDNESS

Planning for response to large-scale events that threaten public health

CDPH continues to develop and exercise operational plans for response to public health emergencies. Examples of these activities include the following:

- In 2005, CDPH (then CDHS) fully revised and updated its departmental response plan.
- In 2006, CDPH issued a strategic plan for responding to an influenza pandemic, followed by operational plans in 2007 and 2008. CDPH is a co-lead with OES in preparing a response for an influenza pandemic.
- CDPH has participated in Golden Guardian each year since 2005. Golden Guardian is an annual statewide exercise that tests the State’s emergency management and mutual aid systems.

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- CDPH routinely participates in other functional and tabletop exercises. CDPH assists local health departments in designing, conducting, and evaluating numerous exercises annually.
- Since fiscal year 2003-04, CDPH has responded in significant disasters such as the Southern California wildfires of 2003 and 2007, the Northern California wildfires of 2008, the seasonal influenza test sample threat of 2005, Hurricane Katrina in 2005, and the extreme heat events of 2006, 2007, and 2008. In June-July 2008, CDPH activated the Joint Emergency Operations Center four times for fires, heat, and the Chino Hills earthquake.

Coordination among public health and emergency-related agencies at all levels of government and clarification of the roles and responsibilities of these agencies

The Governor's Office of Emergency Services (OES) is statutorily charged with maintaining the State Emergency Plan. CDPH works with OES to ensure that all CDPH emergency response plans are consistent with the State Emergency Plan. OES designates specific functions to individual state agencies; through an Administrative Order, CDPH is designated as the lead state agency for public health. CDPH's all-hazards response plan and continuity of government plan were reviewed and approved by OES. CDPH also regularly works with federal and local agencies to define roles and responsibilities in procedures that range from Strategic National Stockpile activities to laboratory testing. At the local level, CDPH regularly offers regional training to local health departments on response planning for scenarios such as an influenza pandemic and activation of the SNS and monitors testing of these plans through local exercises.

Additionally, CDPH works closely with other state agencies on preparedness and response. As the State Public Health Officer, I am a member of the Governor's Emergency Operations Executive Committee (GEOEC), established by the Governor under Executive Order S-04-06 and CDPH is a member of a number of state committees that plan California's preparedness to respond to disasters. CDPH's Joint Advisory Committee on Public Health Emergency Preparedness includes members of the provider community, local health departments, and other state agencies who advise CDPH on our preparedness priorities and activities.

In 2007, CDPH established a new public health emergency preparedness website focused on providing information to the public regarding preventing and responding to emergencies. The website, www.bepreparedcalifornia.ca.gov, is designed to be the "go to" online resource to help Californians prepare for a public health emergency. The website is organized into six sections that address the guidelines for Californians on preparing for emergencies, provide educational information on the impact of public health emergencies, and identify resources for the public to obtain services during an emergency. Additionally, the website includes links to federal information sources and media resources.

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Communication among responders during large-scale events

CDPH developed and implemented the California Health Alert Network (CAHAN), which enables CDPH, local health departments, and other state agencies to send alerts to each other during emergencies. CAHAN also includes a “document library” that serves as a repository for documents related to planning and execution of emergency response. Over 15,000 users statewide (including local health department staff and their local response partners) are registered in CAHAN. Over the next year, CDPH will add all acute care hospitals, long-term care facilities, and clinics to the system. CDPH regularly issues alerts to CAHAN users concerning current response activities.

In addition to CAHAN, CDPH maintains redundant communication systems that are several levels deep to ensure communication capability if telephone systems, electrical utilities, and other communication systems become inoperable. For example, CDPH uses satellite telephones and radio capacity to back up landline telephones and cell phones. In 2008 CDPH received federal Homeland Security funds to purchase radios to access the new federal 700 MhZ frequency that is dedicated to public safety agencies.

Surge capacity of the public health system to respond to a health care crisis

Emergency preparedness and response is one of Governor Schwarzenegger’s highest priorities. In 2006, his budget proposed the most significant investment any state has made to improve public health preparedness, particularly healthcare surge capacity.

California has built healthcare surge capacity in several ways. Each county has a lead organization that coordinates public health response organizations and public and private healthcare facilities in preparing to respond to emergencies, including those that require surge capacity. Through federal funds from the Hospital Preparedness Program (HPP), local HPP entities and healthcare facilities have purchased decontamination equipment, personal protection equipment for healthcare workers, and other supplies and equipment for use in a surge. The lead HPP entity has coordinated local planning and preparation for surge events.

The 2006 Budget Act authorized \$214 million in federal and general funds for medical and pharmaceutical supplies to respond during a healthcare surge. CDPH used these funds to purchase and store 50.9 million N95 respirators for use by healthcare workers during the early stages of an influenza pandemic, supplies and equipment for 21,000 alternate care sites if needed medical care exceeds the capacity of California’s 72,000 operating licensed acute care beds, 2400 ventilators for use during a pandemic, and 3.7 million treatment courses of antiviral medications. These funds also enabled the Emergency Medical Services Authority (EMSA) to purchase three 200-bed mobile field hospitals. Finally, these funds supported the development of the “Standards and Guidelines for Healthcare Surge during Emergencies.”

In February 2008, CDPH issued a series of documents entitled, “Standards and Guidelines for Healthcare Surge during Emergencies,” to advise healthcare providers

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and local government on issues including operational planning for a surge, flexibility in meeting required standards for healthcare delivery, liability issues in response to a surge, and reimbursement for services provided during a surge event. The four volumes issued in February include a volume on Foundational Knowledge as the basis for healthcare provider planning for a surge and three volumes that focus on hospitals, government-authorized alternate care sites, and third-party payers. California is the first state in the nation to issue standards and guidelines for healthcare surge during emergencies. Forthcoming volumes will provide guidance for clinics, long-term care facilities, and licensed healthcare professionals.

Using federal HPP funds administered by CDPH, EMSA has developed California Medical Volunteers (CMV), a web-based, secure registry of medical volunteers. EMSA is rolling out CMV statewide to register licensed healthcare professionals to serve as members of California's 40 county-based Medical Reserve Corps, augment healthcare facility staffing resources during surge events, and serve as members of the California Medical Assistance Teams (CalMATs) to provide emergency staffing resources.

Evaluation of the emergency preparedness response plans through drills or exercises

Maintaining our readiness through ongoing training and exercises continues to be a priority. Exercising public health and medical response to large-scale emergencies is critical to ensuring that both government and the private sector can respond as quickly as possible. As noted, above, CDPH has participated in all Golden Guardian exercises and will exercise the healthcare surge capacity in Golden Guardian 2008. CDPH is developing an exercise for 2009 that focuses on an influenza pandemic.

In 2007 CDPH engaged in the following activities related to preparedness and response trainings and exercises:

- conducted tabletop exercises on preparedness for an influenza pandemic, including a tabletop exercise that was the first in the nation to involve government, business, infrastructure, education, and community based organizations;
- conducted a full-scale exercise involving federal, state, and local partners in the deployment of the Strategic National Stockpile (SNS), including activating and deploying staff and equipment to set up and operate the state receiving, storing and staging warehouse;
- conducted two series of trainings for LHD staff on developing response plans for an influenza pandemic;
- funded the California Hospital Association to train hospital staff in the Hospital Incident Command System;
- co-sponsored, with the California Hospital Association, a two-day conference for hospitals on advancing their readiness;
- collaborated with the California Association of Health Facilities to conduct a statewide long-term care readiness conference;

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- collaborated with the California Primary Care Association to continue clinic consortia bi-monthly meetings on preparedness;
- conducted regional special populations forums throughout the state for LHDs and their community partners who serve populations with special needs;
- developed a risk communication workbook for California's 8000 water districts and conducted over 20 trainings statewide with water and utility staff, preparing them to work with the media and the public during a water service emergency; and
- trained LHDs on communicating with the public about mass dispensing of anti-virals and vaccines in an emergency.

Impact that the creation of the new Department of Public Health has had on emergency preparedness in California

In signing SB 162 that established CDPH, Governor Schwarzenegger said, "This department will be especially focusing on emergency preparedness." In addition to addressing many of the challenges of public health, CDPH has been able to emphasize public health emergency preparedness activities. The organizational placement of the Emergency Preparedness Office as a coordinating office across CDPH and the prominence of public health emergency preparedness in the CDPH Strategic Plan are two examples of this emphasis. Examples of accomplishments since July 1, 2007, include:

- issuing "Wildfire Smoke: A Guide for Public Health Officials, Revised July 2008";
- training healthcare providers on the new "Standards and Guidelines for Healthcare Surge during Emergencies";
- providing statewide training for hospitals on using CAHAN; and
- developing the 2008 State Operations Pandemic Influenza plan.

Identification of the challenges that remain, actions that should be taken, and goals or strategic plans for continuing to improve California's public health emergency preparedness

CDPH has identified the following ongoing challenges for the State's emergency preparedness:

- maintaining the considerable investment in human resources and materials made to date, despite diminishing resources;
- maintaining our readiness through ongoing training and exercises;
- continuing to refine our surveillance capabilities as new technologies become available; and
- supporting local jurisdictions in continuing to develop and maintain their preparedness.

To more systematically assess levels of preparedness at the local level and identify actions CDHS could take to better support local preparedness efforts, in 2005 CDPH initiated an in-depth, county-by-county assessment of local health departments' ability to respond to public health emergencies. CDHS conducted this project jointly with the

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County Health Executives Association of California (CHEAC) and the California Conference of Local Health Officers (CCLHO).

In conjunction with LHD leadership, in 2008 CDPH formed a steering committee to review the recommendations from this assessment. The steering committee includes representatives from CCLHO, CHEAC, CDPH, the California Conference of Local Nursing Directors, the California Conference of Local Public Health Laboratory Directors, and Public Health Emergency Preparedness Coordinators from California's six mutual aid regions. The steering committee reviewed the recommendations with particular emphasis on strategic direction for future actions and in light of the fact that LHDs have made significant progress since the assessment was conducted in 2005-2006.

The steering committee identified the following high-priority recommendations from the report:

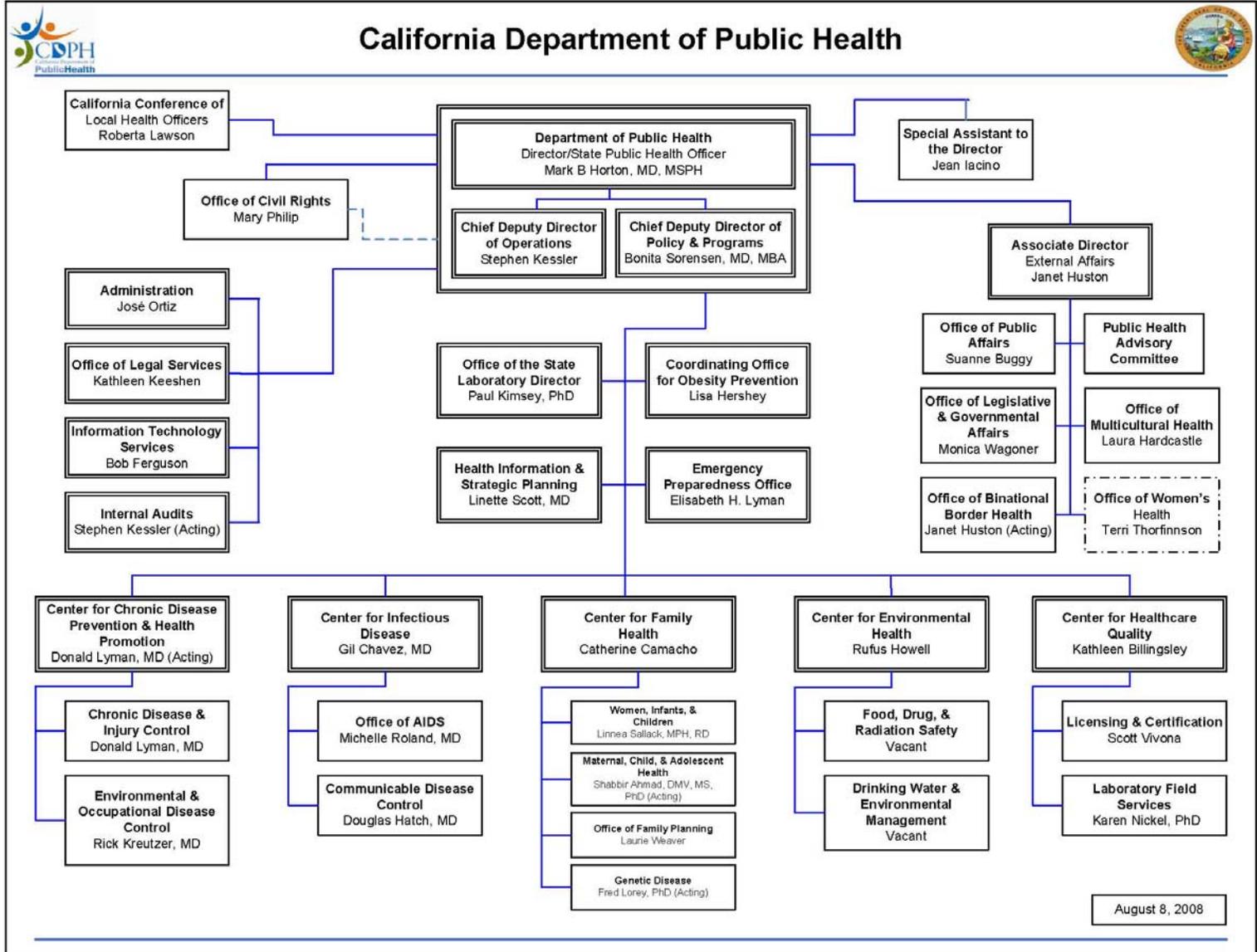
- implementing automated reporting and analysis of morbidity data,
- ensuring LHDs have plans for recovery immediately following a public health emergency,
- strengthening CDPH and LHD laboratories, and
- continuing to improve CAHAN capability, add healthcare providers, and ensure that all LHDs use it.

We continue to work closely with local jurisdictions to address these challenges.

Thank you for the opportunity to address the Commission. I am happy to respond to questions.

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Attachment A
 California Department of Public Health Organization Chart



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Attachment B
California Department of Public Health Strategic Plan
<http://www.cdph.ca.gov/HealthInfo/news/Documents/CDPHStrategicPlan.pdf>



CDPH Stock Photo



CDPH Stock Photo

STRATEGIC PLAN 2008 - 2010



CALIFORNIA
Department of Public Health

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*This is the first
Strategic Plan
of the new
California
Department
of Public Health*



Source: California Women, Infants and Children Supplemental Nutrition Program



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Message From the Director

I am pleased to share with you the first California Department of Public Health Strategic Plan. The newly created California Department of Public Health (CDPH or Department) serves every Californian as it administers over 80 programs. The Department provides food checks for women, infants, and children; ensures the safety of Californians' food and water supplies; tests newborns for specified illnesses, which results in receiving treatment sooner; ensures patients are safe in nursing homes; encourages Californians to quit smoking; and develops the only vaccine in the world to treat infant botulism, among many other critical programs.

The Department created this Strategic Plan to establish a unified vision for the Department's future. Whether in a strong or weak economic situation, every performance-based organization needs to establish a direction and ensure its resources are working toward the same goals. This Strategic Plan establishes that direction with its five broadly defined goals and with realistic objectives that prioritize and focus CDPH's efforts.

In spring 2007 we began the strategic planning process by undertaking an extensive effort to seek the input of staff and external stakeholders to establish the foundation of the Strategic Plan; we are thankful for the robust response to that effort. The goals identified in this Strategic Plan were developed in response to input received during that process. The executive team evaluated the objectives and strategies with a critical eye to fiscal impact. They represent work that we believe is fiscally prudent to undertake over the Strategic Plan's two-year period, when tough decisions are being made about funding levels for the myriad services the State provides Californians.

Through this Strategic Plan, CDPH proposes to achieve measurable improvement in critical public health and internal support areas. The goals and measurable objectives contained in this Strategic Plan are the cornerstone of the maturation of CDPH into a successful performance-based organization. These goals and objectives supplement the many excellent programs and services currently provided by CDPH and represent strategic investments for the Department in the practice of public health in California over the next two fiscal years.

Strategic planning is an ever evolving process that requires annual reevaluation and restatement of the goals and objectives. We appreciate your input to date and look forward to your participation in the process in the coming years.

Sincerely,

Mark B Horton

Mark B Horton, MD, MSPH
Director



"I am very pleased with our new CDPH Strategic Plan and would like to thank each of you for your interest and participation in this important endeavor."

-- Dr. Mark B Horton



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Department Overview

The California Department of Public Health (CDPH) was established on July 1, 2007 through enactment of SB 162 (Ortiz, Chapter 241, Statutes of 2006, which vested responsibility for public health programs in the newly created Department. CDPH employs approximately 3,500 people in over 60 locations around the State and administers a budget of over \$3 billion. Establishing a new Department has afforded the programs an opportunity to come together under the mission of optimizing the health and well-being of the people in California.



CDPH Stock Photo

The Department is the lead entity in California providing core public health functions and essential services. To provide detection, treatment, prevention and surveillance of public health and environmental issues, the Department established five centers and two offices. Some of the programs within each area are described below.

Center for Chronic Disease Prevention and Health Promotion

- o Providing early detection of breast and cervical cancer
- o Providing prostate cancer treatment
- o Providing tobacco cessation education

Center for Environmental Health

- o Identifying and preventing food borne illness such as *E. coli*.
- o Regulating the generation, handling and disposal of medical waste

Center for Family Health

- o Providing supplemental food to women, infants and children
- o Providing education to prevent teen pregnancies

Center for Health Care Quality

- o Licensing and inspecting healthcare facilities to ensure quality of care
- o Inspecting laboratory facilities and licensing personnel

Center for Infectious Diseases

- o Providing pharmaceuticals to Californians with HIV/AIDS
- o Preventing and controlling communicable disease (West Nile virus and tuberculosis)

Emergency Preparedness Office

- o Coordinating emergency preparedness and response activities

Health Information and Strategic Planning

- o Providing surveillance to detect and address disease trends
- o Providing access to vital records (birth and death certificates)



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Core Activities

CDPH achieves its mission through the following Core Activities:

- o Promoting healthy lifestyles for individuals and families in their communities and workplaces.
- o Preventing disease, disability, and premature death and reducing or eliminating health disparities.
- o Protecting the public from unhealthy and unsafe environments.
- o Providing or ensuring access to quality, population-based health services.
- o Preparing for, and responding to, public health emergencies.
- o Producing and disseminating data to inform and evaluate public health status, strategies and programs.

Essential Public Health Services

In order to implement our Core Activities, CDPH will effectively deliver these Ten Essential Public Health Services directly and/or through strong and effective partnerships:

- o Monitoring health status to identify community health problems including health disparities.
- o Detecting and investigating health problems and health hazards in the community.
- o Informing, educating, and empowering people and organizations to adopt healthy behaviors to enhance health status.
- o Partnering with communities and organizations to identify and solve health problems and to respond to public health emergencies.
- o Developing and implementing public health interventions and best practices that support individual and community health efforts and increase healthy outcomes.
- o Enforcing laws and regulations that protect health and ensure safety.
- o Linking people to needed personal health services and ensuring the provision of population-based health services.
- o Assuring a competent public health workforce and effective public health leadership.
- o Evaluating effectiveness, accessibility, and quality of public health services, strategies, and programs.
- o Researching for insights and innovative solutions to public health problems.



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Strategic Partnerships

CDPH performs the Core Activities and delivers the Essential Public Health Services through strategic public, private, and community-based partnerships at the local, state, national, and international levels.

The majority of the Department's funds are provided to the local level for the delivery of services. Thus, the local public health community is a crucial partner in successfully meeting the needs of a diverse community including women and minorities.

In addition, CDPH's enabling statute established the Public Health Advisory Committee, a body comprising representatives of the public health community who provide policy guidance to the Director.



Source: CDC, Public Health Information Library



CDPH - A Performance-Based Organization

CDPH is a performance-based organization. Performance-based organizations use performance measures and data to focus the organization's efforts so that all staff are working toward achieving the same outcomes. Performance-based organizations clearly establish expectations in measurable terms, collect data on progress, and make decisions with the collected information to adjust course when necessary. A main characteristic of performance-based organizations is that all the staff know the direction the organization is taking and are working together to achieve the organization's goals. Being a performance-based organization is not a one-time effort; it is a culture -- a way of doing business.

Being a performance-based organization means that what gets measured gets done. The process of establishing and measuring progress against measurable objectives enables everyone to clearly understand where the Department stands relative to its expectations. Focusing on the established objectives will enable the Department to be proactive in addressing issues. Measuring our progress will also quantify and enable us to communicate our successes. With some success will come additional success. Finally, a performance-based organization will enable us to improve our effectiveness as leaders and managers.

Being a performance-based organization requires involvement by staff at all levels. In developing this particular Strategic Plan, CDPH started with the input received from staff and external stakeholders in spring 2007. Since then, CDPH staff were invited to provide input on the goals and objectives. Goals provide the broad direction for the Department while objectives begin to narrow the focus of the goals by establishing measurable targets and deadlines against which progress will be measured. Staff also participated in identifying the strategies and developing the action plans for each objective. A strategy is an initiative to achieve the objective and an action plan identifies who is doing what by a particular deadline to complete the initiative. Staff must participate in identifying the strategic outcome of the Department and be intimately involved in achieving the objectives for the Department to be successful.

*"...where people are continually learning to see the whole together."
(Peter Senge, 1990)*



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Source: CDC Public Health Image Library

Being a performance-based organization requires effective analysis of collected data, and decisions made using the data. It is not management by best guess, but management through analysis of progress and adjustment of course based on collected information.

Lastly, being a performance-based organization means that data are accessible and transparent, and that leaders use those data to make organizational decisions. Using the collected data to make decisions is the core of a performance-based organization. Successful programs have demonstrated many organizational and staff benefits from performance-based planning, implementation, and outcomes assessment, including enhanced ability to:

- o Identify and focus upon priorities.
- o Demonstrate clear short-term and longer-range progress toward meeting those priorities.
- o Identify and positively demonstrate the public health strategies, methodologies, and tools that work to improve health.
- o Identify and more quickly revise or discontinue strategies, methods and tools that do not prove as effective as had been anticipated, thus minimizing the duration and related costs of ineffective departmental practices.
- o Gain increased recognition for staff, program, departmental and public health practice successes.
- o Gain increased credibility with the public, the Legislature and Administration, our many local, state and national partners, and other stakeholders for practicing effective, outcomes-based public health.
- o Strengthen departmental focus and leadership by clarifying overarching priorities for CDPH and by demonstrating our performance toward attaining these departmental priorities.



Source: Mary Angela Gaier Stewart



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The Strategic Planning Process

The establishment of CDPH provided an historic opportunity to re-examine priorities and business practices and include input from staff and external stakeholders.

In spring 2007, we conducted a strengths, weaknesses, opportunities, and threats (SWOT) analysis. Through the SWOT analysis, the executive management team solicited input from staff and external stakeholders to identify the strategic issues the new Department should address. The strategic issues are the challenges or opportunities the organization wants to address in a specified time period. This Plan's time period is fiscal years 2008/09 and 2009/10.

CDPH sent surveys to 3000 CDPH staff and over 800 employees or members of stakeholder organizations. Over 1000 staff and 74 external stakeholders completed an electronic SWOT survey. CDPH held half-day focus groups in Los Angeles, Fresno, Richmond, and Sacramento, drawing almost 200 staff and 84 external stakeholders. In addition, 32 CDPH executives participated in individual interviews. The CDPH executive management team selected from the issues raised in the surveys and focus groups those the Department should address in its first two years. The five strategic goals are based upon those issues.

In addition to the SWOT analysis, the executive management team worked with staff to answer the following questions:

- o Where do we want to be in the future? (**Vision**)
- o What are we here to do? (**Mission**)
- o Who are we and how do we want to behave? (**Core Values**)
- o How do we achieve our mission? (**Core Activities**)
- o What services do we deliver or support to implement our core activities? (**Essential Public Health Services**)



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Vision, Mission and Core Values

The vision, mission and core values are the foundation for any strategic plan. Together, they identify why an organization exists, where it wants to go, and how it wants to behave.

A vision statement should express the optimal state of being. CDPH's vision statement is:

Vision

**Healthy Individuals and Families in
Healthful Communities**

For governmental organizations, mission statements derive from statutory responsibility. Since CDPH programs encompass a wide variety of work, all focused on the health of Californians, CDPH identified a broad mission statement. CDPH's mission statement is:

Mission

**The California Department of Public Health
is dedicated to
optimizing the health and well-being
of the people in California.**



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CDPH identified how it intends to behave while fulfilling its mission in the form of core values. The following are CDPH's core values:

Core Values

- **Collaboration:** We value our partners. We reach out to diverse groups and external stakeholders. We foster both internal and external collaboration. We empower and engage our staff.
- **Competence:** We strive for excellence in all that we do. We invest in our staff and value and reward competence.
- **Equity:** We foster policies and programs that promote fairness, social justice, equity, and cultural competence.
- **Integrity:** We adhere to high ethical and professional standards in our work and relationships. We are honest in our interactions and conscientious stewards of the resources entrusted to us.
- **Respect:** We treat all people with respect, courtesy, and understanding.
- **Responsibility:** We follow through on commitments. We hold ourselves and others accountable for results.
- **Trust:** We foster an atmosphere of trust by modeling consistent and professional behaviors and valuing them in others. We strive for transparency in our actions and communications.
- **Vision:** We seek new information and progressive solutions. We encourage innovation and creativity. We work in the present and focus on the future.



Source: California WIC Program



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Goals and Objectives

The CDPH executive management team developed five goals for the Department. The goals address strategic issues and provide broad direction. While the priorities of public health are numerous, with a great degree of difficulty, CDPH narrowed its goals to areas of public health that require additional immediate attention while remaining achievable with limited or no additional resources.

The first goal addresses issues identified by the U.S. Department of Health and Human Services (HHS) Healthy People 2010 Objectives. The second goal is focused on preparing the State to address public health emergencies and emerging threats. The third goal addresses an aspect of informatics – the process of collecting, analyzing, and disseminating data to facilitate the business of public health. The last two goals address preparing the public health workforce of tomorrow and enhancing the quality and timeliness of the Department’s administrative functions.

Once the executive management team identified goals, they developed relevant performance measures and confirmed the relevance of these performance measures with staff. These performance measures help refine and focus the goals by identifying a measurable activity that determines progress in attaining the goal. The executive team then identified targets (numerical expectations) and deadlines for achieving targets.

In sum, each performance measure, combined with its target and its deadline, becomes an objective. There can be several objectives for each goal. The goals and objectives developed by the CDPH executive are described in the following pages.

*“...where the culture supports individual and team learning, nurtures new patterns of thinking and encourages creative problem-solving.”
(Peter Senge, 1990)*



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Goal 1: Increase Quality and Years of Healthy Life, Reduce Disparities and Promote Health Equity

Objective 1: Increase to 50% the percentage of recent planning documents on file to support the prioritized subset of HHS Healthy People 2010 Objectives by 6/30/09.

Planning documents include:

- o Evidence based interventions identified
- o Stakeholder communication plan
- o Funding plan
- o Recent assessment of disparities/inequities

Objective 2: Increase to 90% the percentage of the planning documents on file to support the prioritized subset of HHS Healthy People 2010 Objectives by 6/30/10.

Objective 3: Increase by an average of 5% progress toward California's performance on the prioritized subset of HHS Healthy People 2010 Objectives by 06/30/09.

Objective 4: Increase by an average of 10% progress toward California's performance on the prioritized subset of HHS Healthy People 2010 Objectives by 06/30/10.



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The prioritized subset of HHS Healthy People 2010 Objectives for CDPH Goal 1, Objectives 1, 2, 3 and 4 is:

- o Reduce the proportion of nursing home residents with a current diagnosis of pressure ulcers.
- o Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets regulations of the Safe Drinking Water Act.
- o Decrease the proportion of children found to have elevated blood lead levels.
- o Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.
- o Increase the proportion of adults who engage in moderate/vigorous physical activity.
- o Increase the proportion of the population-based prioritized subset of HHS Healthy People 2010 Objectives for which California data are available for all population groups identified in the Objective.
- o Increase the proportion of HHS Healthy People 2010 Objectives for which CDPH data are released within one year of data collection.
- o Reduce cigarette smoking by adults.



Source: CDPH California Tobacco Control Program



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Objective 5: Increase by an average of 2.5% programmatic progress toward California's improved performance on a prioritized subset of the HHS Healthy People 2010 Objectives by 06/30/09.

Objective 6: Increase by an average of 5% programmatic progress toward California's improved performance on a prioritized subset of the HHS Healthy People 2010 Objectives by 06/30/10.

The prioritized subset of the HHS Healthy People 2010 Objectives for CDPH Goal 1, Objectives 1, 2, 5 and 6 is:

- o Reduce deaths due to HIV infection.
- o Reduce tuberculosis.
- o Reduce deaths of infants under one year of age.
- o Reduce the proportion of adults who are obese.



*BabyBIG® Human Botulism immune globulin: public service orphan drug created by CDPH
(Source: CDPH/Infant Botulism Treatment and Prevention Program)*



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Goal 2: Prepare for, Respond to, and Recover from Emergency Public Health Threats and Emergencies

Objective 1: Increase to 80% the percentage of CDPH staff and managers who have successfully completed training in National Incident Management System/Standardized Emergency Management System and Joint Emergency Operations Center positions, and are available for deployment by 6/30/09.

Objective 2: Increase to 90% the percentage of CDPH staff and managers who have successfully completed training in National Incident Management System/Standardized Emergency Management System and Joint Emergency Operations Center positions, and are available for deployment by 06/30/10.

Objective 3: Decrease the average response time between an urgent incident reported to CDPH duty officer and program response initiated to 0.50 hours by 06/30/09.

Objective 4: Decrease the average response time between an urgent incident reported to CDPH duty officer and program response initiated to 0.25 hours by 06/30/10.



CDPH Joint Emergency Operations Center, Sacramento (Source: Robert Epplett, OES)



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Objective 5: Increase to 80% the percentage of laboratory tests supported by the CDPH enterprise-wide Laboratory Information Management System by 6/30/09.

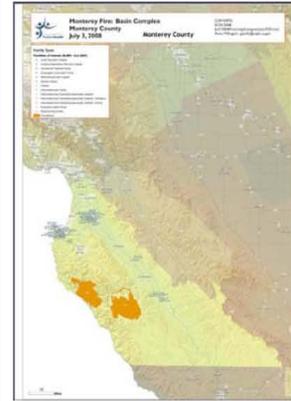
Objective 6: Increase to 100% the percentage of laboratory tests supported by the CDPH enterprise-wide Laboratory Information Management System by 06/30/10.

Objective 7: Increase to 43 the number of local health departments with a rating of at least 70% on their Strategic National Stockpile by 06/30/09.

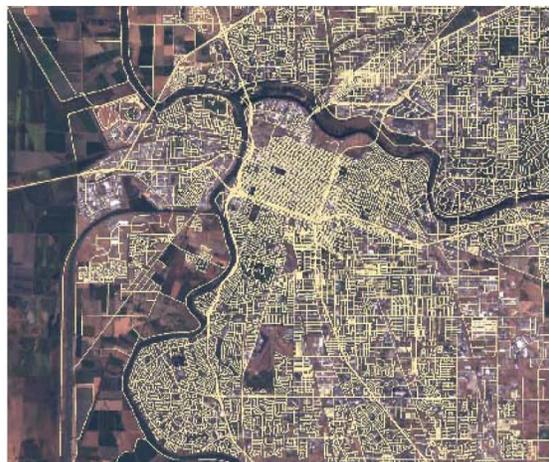
Objective 8: Increase to 54 the number of local health departments with a rating of at least 70% on their Strategic National Stockpile by 06/30/10.

Objective 9: Increase the number of state level exercises with a public health component or health care surge component with completed After Action Reports and successful completion of Corrective Action Plans to two by 06/30/09.

Objective 10: Maintain the number of state level exercises with a public health component or health care surge component with completed After Action Reports and successful completion of Corrective Action Plans at two by 06/30/10.



Source: CDPH Joint Emergency Operations Center, Sacramento



Source: CDPH Joint Emergency Operations Center, Sacramento



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CDPH Stock Photo

Goal 3: Improve Quality and Availability of Data to Inform Public Health Decision - Making

Objective 1: Increase to 16% the datasets in the CDPH Data Resource Inventory* that collect the Common Core Data Elements** by 6/30/09.

Objective 2: Increase to 18% the datasets in the CDPH Data Resource Inventory that collect the Common Core Data Elements by 6/30/10.

Objective 3: Increase to 16% the datasets in the CDPH Data Resource Inventory that collect the State-mandated race/ethnicity information by 6/30/09.

Objective 4: Increase to 18% the datasets in the CDPH Data Resource Inventory that collect the State-mandated race/ethnicity information by 6/30/10.

Objective 5: Increase the percentage of datasets in the CDPH Data Resource Inventory that have geocoded data to 20% by 06/30/09.

Objective 6: Increase the percentage of datasets in the CDPH Data Resource Inventory that have geocoded data to 30% by 06/30/10.



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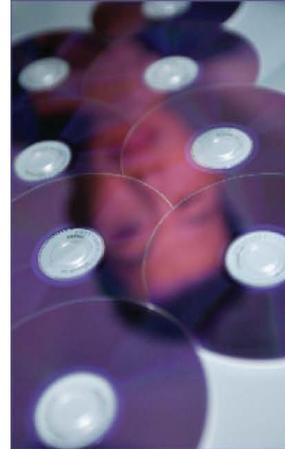
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Objective 7: Increase to 50% the percentage of datasets in the CDPH Data Resource Inventory from which de-identified and/or non-confidential data are publicly available via the Internet by 06/30/09.

Objective 8: Increase to 70% the percentage of datasets in the CDPH Data Resource Inventory from which de-identified and/or non-confidential data are publicly available via the Internet by 06/30/10.

*The CDPH Data Resources Inventory (DRI) is an interactive electronic catalog of data sets and other data resources that have been created by and are maintained within CDPH's various programs. The DRI includes data about data (metadata) for more than 100 data sets maintained within CDPH programs, including information about the purpose for the data, what program created and maintains the data set, what data items are included in the data set, how and under what circumstances CDPH staff and partners may access and use the data, etc.

**The Common Core Data Set includes five data elements to be collected by CDPH data resources in a standard format whenever appropriate and fiscally feasible. The data set includes birth name, birth date, location of birth, gender and mother's first name.



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Goal 4: Promote Quality of the Workforce and Workplace Environment

Objective 1: Increase to 50% the percentage of CDPH employees who receive a written annual performance review and Individual Development Plan by their direct supervisor by 06/30/09.

Objective 2: Increase to 100% the percentage of CDPH employees who receive a written annual performance review and Individual Development Plan by their direct supervisor by 06/30/10.

Objective 3: Increase to 40% the percentage of employees surveyed who rate the CDPH as “very good” or “good” on an anonymous survey of ten aspects of the workplace environment by 06/30/09.

The ten aspects include:

- o Organizational image/perception of others (peers, clients, community)
- o Leadership
- o Work conditions
- o Treatment of employees
- o Rewards and recognition
- o Teamwork
- o Supervision
- o Job satisfaction
- o Customer focus
- o Overall satisfaction



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Goal 5: Improve Effectiveness of Business Functions

Objective 1: Increase by 10% the number of pending regulation packages filed with the Secretary of State within 36 months of development by 06/30/09.

Objective 2: Increase by an additional 10% the number of pending regulation packages filed with the Secretary of State within 36 months of development by 06/30/10.

Objective 3: Increase to 85% the percentage of invoices processed by Accounting within 30 days of receipt in the Accounting Section by 06/30/09.

Objective 4: Increase to 90% the percentage of invoices processed by Accounting within 30 days of receipt in the Accounting Section by 06/30/10.

Objective 5: Increase to 85% the percentage of Requests for Personnel Action receiving approval within 30 days of receipt in the Human Resources Branch by 06/30/09.

Objective 6: Increase to 95% the percentage of Requests for Personnel Action receiving approval within 30 days of receipt in the Human Resources Branch by 06/30/10.

Objective 7: Increase to 85% the percentage of contracts processed within 30 days of receipt by Contract Management Unit by 06/30/09.

Objective 8: Increase to 95% the percentage of contracts processed within 30 days of receipt by Contract Management Unit by 06/30/10.

Objective 9: Increase distribution of Expenditure Forecast Reports to programs to 100% by December 1, 2008 and ensure 100% are distributed monthly thereafter.

Objective 10: Increase distribution of fiscal year 2008-09 budgets (BUDS) to program to 100% within 45 days of budget enactment.



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Next Steps

As mentioned at the beginning of this Strategic Plan, performance-based organizations rely on data to make decisions. Now that CDPH has defined goals and objectives, CDPH must collect baseline data for each of the objectives against which we will measure our progress.

CDPH is establishing a data collection methodology along with an analysis and reporting mechanism to collect data, examine progress, and report results to the Department and its stakeholders. The reporting period will vary by objective. Although objectives may be measured over different periods (e.g., monthly or quarterly), CDPH will report its progress semi-annually.

Each executive assigned to a goal will regularly track progress on the objectives and help the staff implementing the action plans determine whether the strategy is appropriate and effective, or whether a change of direction is indicated. When a strategy is not having the desired effect, it is important to analyze why and to determine whether a change in the strategy or target needs to occur. Making change based on information is the hallmark of a performance-based organization.



Source: California WIC Program

