

**Agenda Item 5**

On June 13, 2011, Ron Chapman, MD, MPH, was sworn in as director and state health officer of the California Department of Public Health.

Dr. Chapman is a board-certified family physician who has dedicated his career to public health and medicine caring for the uninsured and underinsured in California.

Dr. Chapman was the chief medical officer of Partnership HealthPlan of California (PHC), a managed care Medi-Cal plan serving Yolo, Solano, Napa, and Sonoma counties. For six years prior to that, he was the public health officer and deputy director of public health in Solano County, California. From 1998 to 2004, he worked at the California Department of Health Services as the founding chief of the Medicine and Public Health section.

Dr. Chapman has a medical degree from the University of Southern California, and a Masters in public health from the University of Michigan. He has completed fellowships in academic medicine at the University of California, San Francisco and graduated in the inaugural class of the California Health Care Foundation's Health Care Leadership Program. Before entering public health practice Dr. Chapman was on the faculty at the University of California, Davis School of Medicine. He is the American Medical Association 2008 Dr. Nathan Davis Award Winner for local government service.

Dr. Chapman's primary interests are in the areas of care for the uninsured, the interface between public health and medicine, and chronic disease management.

## Caroline Peck, M.D., MPH, FACOG

---

Caroline Peck, MD, MPH, FACOG has served as California's Chronic Disease Director and the Chronic Disease Control Branch Chief in the California Department of Public Health since 2008.

Dr. Peck is a board-certified obstetrician/gynecologist and preventive medicine/public health physician who has devoted her career in medicine and public health to caring for the uninsured and underinsured.

Immediately after completing her Obstetrics and Gynecology residency at the University of California, San Francisco, Dr. Peck served as Staff and then Chair of the Obstetrics and Gynecology Department at the Northern Navajo Medical Center in New Mexico. This experience sparked her interest in population health, and she returned to complete a General Preventive Medicine/Public Health residency at the California Department of Public Health. Dr. Peck then worked in local and state government overseeing maternal-child health, breast, and cervical cancer early detection programs. Seeing the need to maintain a pipeline of public health physicians and scientists, she became Section Chief and Director of the California Department of Public Health General Preventive Medicine/Public Health Residency and California Epidemiologic Investigative Service Fellowship.

Dr. Peck has a medical degree from the George Washington University School of Medicine, and a Masters in public health from the University of California, Berkeley. Dr. Peck is a Volunteer Clinical Faculty at the University of California, Davis.

Dr. Peck's primary interests are in a broad approach to chronic disease prevention, health economics, and women's health.

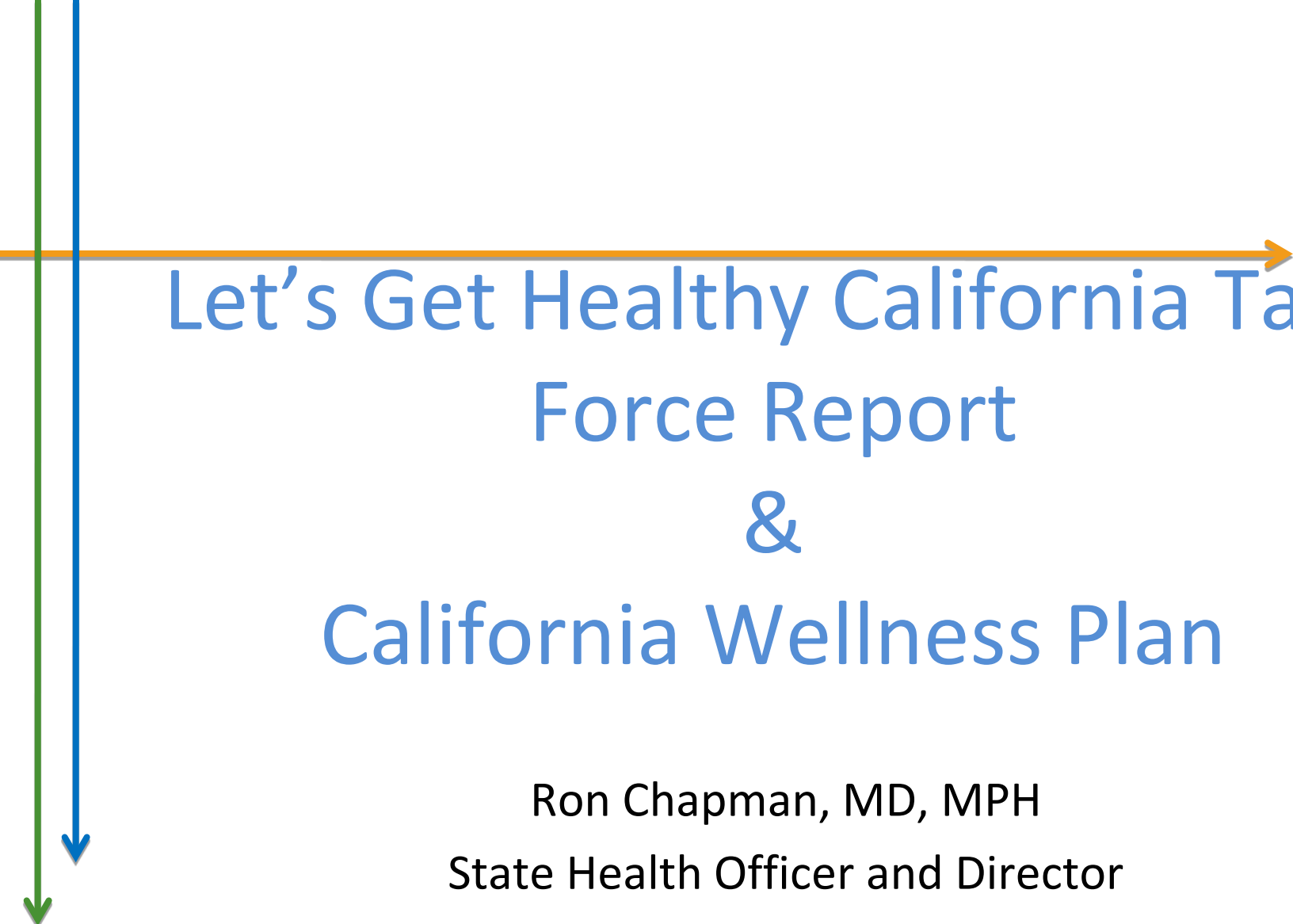
Jessica M. Núñez de Ybarra is a physician and public health medical officer at the California Department of Public Health (CDPH) working as Chief of the Coordinated Chronic Disease Prevention Section since October 2012.

She is Board Certified in Public Health and General Preventive Medicine and a Fellow of the American College of Preventive Medicine.

Starting July 1, 2014, she will serve as the Director of Coordination in implementing the California Wellness Plan (CWP), the state chronic disease prevention and health promotion plan that she and a multi-disciplinary team developed in collaboration with internal and external partners. In this position, she will work with Partners to convene a statewide workgroup to increase integration of public health and the health care sector. She will also monitor and track specific program activities relevant to CWP implementation for collective impact in the prevention and control of chronic diseases and associated risk factors. Jessica previously worked for CDPH Center for Infectious Diseases facilitating internal public health communications, training, and preparedness activities to address emerging public health threats including creation and oversight of CDPH LabAspire, a public health laboratory director's training program from 2006 through 2012.

Jessica received a Medical Doctorate from UCD in 1997 and a Master in Public Health in Health Services Administration from the University of California, Los Angeles in 2000. She successfully completed CDPH PMRP in 2001 and a CDPH Policy Fellowship in 2002. She currently serves as faculty for CDPH Preventive Medicine Residency Program (PMRP) and as volunteer Assistant Clinical Professor at the University of California Davis (UCD) School of Medicine Department of Public Health Sciences.

She is actively engaged as a physician leader serving as President of the Sacramento Latino Medical Association (SaLMA). In this capacity, she joined forces with UCD Women's Cardiovascular Medicine Program to conduct the Cardiovascular Disease Community-Based Preventive Intervention for High-Risk Latina Women in Sacramento County in 2013 partially funded by the Sierra Health Foundation.



# Let's Get Healthy California Task Force Report & California Wellness Plan

Ron Chapman, MD, MPH  
State Health Officer and Director  
California Department of Public Health

July 24, 2014

EDU 5 - 4

*California Department of Public Health*



# Presentation Objectives

- Provide LGHCTF Report 2012 overview
- Introduce California Wellness Plan 2014
- Provide California State Innovations Model (CalSIM) overview



# Governor's Executive Order B-19-12

Develop 10 year plan

- To improve the health of CA, control costs and improve quality of health care, promote personal responsibility for health, and advance health equity
- Let's Get Healthy California Taskforce Charge by Secretary: What will it take for CA to be the healthiest state in the nation?

# Composition of the Task Force

## Co-Chairs

- Don Berwick, MD, MPP, FRCP, Former President and CEO of the Institute for Healthcare Improvement
- Diana Dooley, Secretary, California Health and Human Services Agency

## Task Force Members

- Bruce Bodaken MPH
- Dr. America Bracho, MPH, CDE
- Lloyd Dean
- Susan Desmond-Hellmann, MD, MPH
- George Halvorson
- James T. Hay, MD
- Ed Hernandez, O.D.
- Mitch Katz, MD
- Pam Kehaly
- Kenneth W. Kizer, MD, MPH
- Richard Levy, PhD
- Robert Margolis, MD
- Joy Melnikow, MD, MPH
- Arnold Milsten, MD
- Bill Monning
- Ed Moreno, MD, MPH
- Steven Packer, MD
- Dave Regan
- Joe Silva
- Anne Stausboll, JD
- Kelly Traver, MD
- Kerry Tucker
- Antronette "Toni" Yancey, MD, MPH

## Expert Advisors

- Honorary Chair: Robert K. Ross, MD
- Alan Glaseroff, MD
  - Neal Halfon, MD, MPH
  - Richard "Dick" Jackson, MD, MPH
  - Jim Mangia, MPH
  - Elizabeth "Beth" McGlynn, PhD
  - Lenny Mendonca, MBA
  - Mary Pittman, DrPH
  - Wells Shoemaker, MD
  - Steve Shortell, PhD, MPH, MBA
  - Anthony Wright
  - Ellen Wu, MPH
  - Ann Boynton
  - Nadine Burke Harris, MD, MPH
  - Sophia Chang, MD, MPH
  - Molly Coye, MD, MPH
  - Patricia "Pat" Crawford, DrPH, RD
  - Steve Fields, MPA
  - Deborah "Debbie" Freund, PhD, MPH
  - Jane Garcia, MPH

EDU 5 - 7

# The Charge

*“What will it take for California  
to be the healthiest state  
in the nation?”*

Diana Dooley, Secretary  
California Health and Human Services Agency  
June 11, 2012

EDU 5 - 8

California Department of Public Health

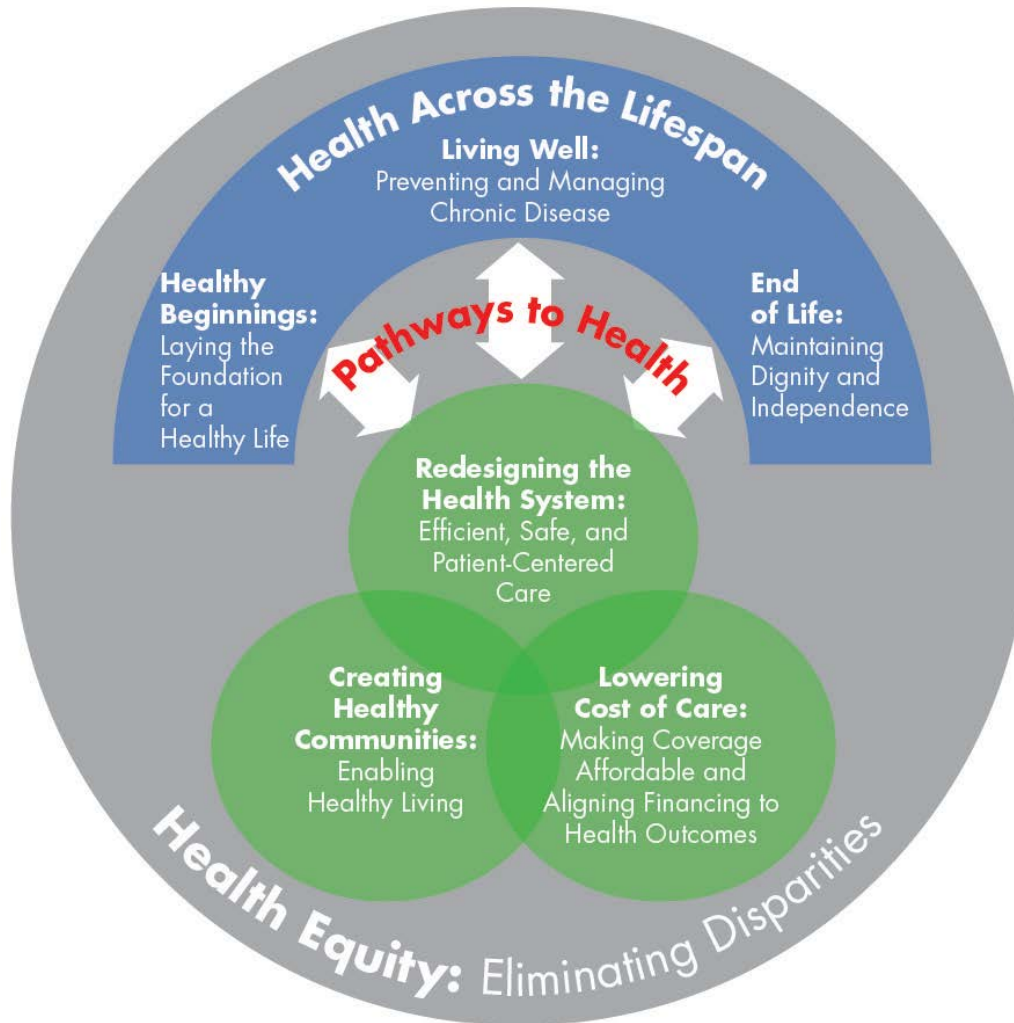




# Let's Get Healthy California Task Force Framework

## The Triple Aim:

Better Health • Better Care • Lower Costs



# DRAFT: Improving the Health of the Population/Healthy Lives:

## 1. Healthy Beginnings

	Leading Indicator	CA Baseline	2022 CA Target	National Baseline	2020 National Target	Equity
<b>1. Healthy Beginnings</b>						
1	Infant Mortality, Deaths per 1,000 Live Births	4.7	White/Asian 4.1	6.75	Not Available	Af. Am.: 10.6
2	Respondents indicating at least 1 type of Adverse Childhood Experiences	59.4%	Other: <sup>3</sup> 45.1%	Not Available	Not Available	White: 62.1%
3	Reduce Incidents of nonfatal child maltreatment (including physical, psychological, neglect, etc.) per 1,000 children	9.4	Asian/P.I.: 2.8	9.4	8.5	Af. Am.: 24.5
4	Lifetime asthma, 0-17 years	14.2%	Latino: 13.3%	13.8%	Not Available	Af. Am.: 20.4%
5	Hospital Admissions for asthma, 0-17 years per 10,000	11.0	Asian/P.I.: 7.1	27	Not Available	Af. Am.: 33.6
6	Emergency department visits, 0-17 years due to asthma per 10,000	72.6	Asian/P.I.: 28	103	Not Available	Af. Am.: 236.2

<sup>1</sup>Proposed 2022 CA targets for improvement are the score for the best ranking race/ethnicity group for indicators for which race/ethnicity data is available. The following abbreviations were used: Af. Am.: African American; Am In/AK Nat.: American Indian/Alaska Native; Hisp./Lat.: Hispanic/Latino; 2+ Races: Two or more races; P.I.: Pacific Islander

<sup>2</sup>Race/Ethnicity Disparities represent the score for the worst ranking race/ethnicity group for indicators for which race/ethnicity data is available

<sup>3</sup>Represents a combination of Asian, Hawaiian/Pacific Islander, and Native American/Alaska Native

<sup>4</sup>Based on RFEI data from higher rated census tract in Marin County, selected for highest overall RFEI county score



# DRAFT: Improving the Health of the Population/Healthy Lives:

## 1. Healthy Beginnings

Leading Indicator		CA Baseline	2022 CA Target	National Baseline	2020 National Target	Equity	
<b>1. Healthy Beginnings</b>							
7	Proportion of children and adolescents who are obese	2-5 yrs.	12.4%	White: 9.4%	10.7%	9.6%	Hisp./Lat.: 15.4%
		6-11 yrs.	12.2%	2+ Races: 7.6%	17.4%	15.7%	Hisp./Lat.: 16.1%
		12-19 yrs.	18.0%	Asian: 11.5%	18.0%	16.1%	Hisp./Lat.: 23.7%
8	Percentage of “physically fit” children, who score 6 of 6 on the required California school Fitness-gram test	5 <sup>th</sup> graders	25.2%	White: 35.6%	Not Available	Not Available	Hisp./Lat.: 18.5%
		7 <sup>th</sup> graders	32.1%	Asian: 45.8%	Not Available	Not Available	Hisp/Lat, P.I.: 25.3%
		9 <sup>th</sup> graders	36.8%	Asian: 52.2%	Not Available	Not Available	P.I.: 27.0%
9	Proportion of adolescents who meet physical activity guidelines for aerobic physical activity	15.2%	Af. Am.: 23.7%	18.4%	20.2%	Asian: 8.8%	
10	Adolescents who drank 2 or more glasses of soda or other sugary drink yesterday	27.3%	Asian: 17.4%	19.7%	Not Available	2+ Races: 38.4%	
11	All doses of recommended vaccines for children 19-35 months	68%	80%	70%	80%	Not Available	
12	Proportion of adolescents who smoked cigarettes in the past 30 days	13.8%	Asian/P.I.: 10.3%	19.5%	16.0%	White: 14.7%	

<sup>1</sup>Proposed 2022 CA targets for improvement are the score for the best ranking race/ethnicity group for indicators for which race/ethnicity data is available. The following abbreviations were used: Af. Am.: African American; Am In/AK Nat.: American Indian/Alaska Native; Hisp./Lat.: Hispanic/Latino; 2+ Races: Two or more races; P.I.: Pacific Islander

<sup>2</sup>Race/Ethnicity Disparities represent the score for the worst ranking race/ethnicity group for indicators for which race/ethnicity data is available

<sup>3</sup>Represents a combination of Asian, Hawaiian/Pacific Islander, and Native American/Alaska Native

<sup>4</sup>Based on RFEI data from higher rated census tract in Marin County, selected for highest overall RFEI county score



# Visit the website:

<http://www.chhs.ca.gov/Pages/HealthCalTaskforce.aspx>



# California Wellness Plan

- California's Chronic Disease Prevention and Health Promotion Plan
- Let's Get Healthy California Task Force Priorities
- 9 year timeframe; numerous Programs
- Population health focus
- Performance Measures with baseline, benchmark and target outcomes
- Healthy Community Indicators

# California Wellness Plan Goals

## Equity in Health and Wellness

1. Healthy Communities
2. Optimal Health Systems Linked with Community Prevention
3. Accessible and Usable Health Information
4. Prevention Sustainability and Capacity

*Plan posted online February 28, 2014*

*<http://www.cdph.ca.gov/programs/cdcb/Pages/CAWellnessPlan.aspx>*



# California Wellness Plan

## Desired Outcomes

- Understanding of the multiple factors that contribute to chronic disease
- Increased transparency of CDPH prevention activities
- Roadmap for collaboration between CDPH and partner organizations
- Ability to measure improvements in chronic disease outcomes, inequities and costs



# CWP Goal 2 Optimal Health Systems Linked with Community Prevention

Improve patient and community health by building on these strategic opportunities:

- Current investments and innovations in the Patient Protection and Affordable Care Act,
- Coverage of preventive services and,
- Expanded managed care



# CDPH Commitment: Goal 2

- Statewide Workgroup to increase integration of public health and the health care sector
- Health economist to perform return on investment (ROI) analyses of prevention activities
- Health Reform Coordinator
- Coordination with Partner Organizations



# Center for Medicare and Medicaid Innovation State Innovation Model Design Grant

- In 2013, California received grant and used LGHCTF report as a foundation for an implementation plan for health system and payment reforms
  - California State Health Care Innovation Plan
- In July 2014, California will submit application for funding to implement plan



# Questions?

Jessica Núñez de Ybarra, MD, MPH, FACPM

Director of Coordination

Chronic Disease Control Branch

California Department of Public Health

916.552.9877 [Jnunez2@cdph.ca.gov](mailto:Jnunez2@cdph.ca.gov)



# Let's Get Healthy California Task Force Final Report

---

December 19, 2012



### Letter from Task Force Co-Chairs

It is with great pride and enthusiasm that we present the “Let’s Get Healthy California” Task Force report.

Over the past six months, California’s leaders in health and health care have come together to share their expertise, passion, and creativity to develop this vision to improve the health of all Californians. The Task Force’s charge was ambitious—envision what California will look like in ten years if we commit to becoming the healthiest state in the nation.

We know that time is of the essence. Californians are experiencing an unprecedented increase in chronic disease. In addition, racial and ethnic disparities across many health outcomes are widening and health care costs continue to surpass the rate of inflation.

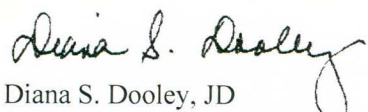
Yet faced with these challenges, this report recognizes that opportunities abound. California has a strong track record of utilizing our world-class talent and diversity to spur innovation and improve health, including being an early implementer of the federal Affordable Care Act. Building on these successes, this report looks forward at ways we can work together to achieve dramatic and critically necessary changes that will result in better health, better care, and lower health care costs for all Californians.

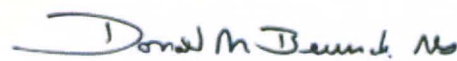
The report provides a framework for assessing Californians’ health across the lifespan, with a focus on healthy beginnings, living well, and end-of-life. The Task Force also identified three areas that most profoundly affect the health and health care landscape: redesigning the health care delivery system, creating healthy communities and neighborhoods, and lowering the cost of care. Importantly, the report makes clear that eliminating health disparities is an over-arching goal. We will not see improvements in health without viewing changes through a health equity lens.

Within each of six goals, the Task Force identified a set of priorities. To track progress within these goals 39 health indicators were selected that, taken together, paint a picture of the state’s overall level of health; nine additional indicators were identified that don’t yet have a data source. We have created a Dashboard that contains the 39 indicators, the data behind them, and ten-year targets. We will use the Dashboard to follow whether Californians are becoming healthier, or not, over time. The Dashboard reflects priorities and indicators at this point in time and will likely change as our needs and our ability to measure them evolve. It is our hope that by tracking these indicators, we will stimulate actions to collectively make a measurable difference.

Some such actions are highlighted in the first two appendices of the report (see Appendix I., II.). In myriad ways, Californians are already working together to build a healthier state through innovative, evidence-based projects and practices. It is these catalysts for change that will enable us to move forward on improvements in health.

We are indebted to the members of the Task Force, the Expert Advisors, staff, and the wide-range of organizations and individuals who have given so generously of their time and talent to develop this report. We are grateful for their commitment and leadership as we work toward our call-to-action---Let's Get Healthy California!

  
Diana S. Dooley, JD  
Secretary, California Health and  
Human Services Agency  
Task Force Co-Chair

  
Donald Berwick, MD, MPP, FRCP  
Former Administrator, Centers for  
Medicare and Medicaid Services  
Task Force Co-Chair

### Acknowledgements

We would like to express deep appreciation to The California Endowment (TCE) for supporting the “Let’s Get Healthy California” Task Force. We also would like to acknowledge and thank the leadership of the Service Employees International Union – United Healthcare Workers West (SEIU-UHW) for their role in the initial planning and development of the “Let’s Get Healthy California” Task Force.

Special thanks to TCE, Kaiser Permanente, the Sutter Center for Health Professions, and their talented staff for hosting our three in-person meetings.

We extend our gratitude to the California Department of Health Care Services information technology team which made our many webinars possible.

We are grateful to the many organizations that lent expertise and provided information on various priority areas and indicators. Where appropriate, such contributors are noted in footnotes and listed in an Appendix.

Finally, we are indebted to the members of the public who attended and contributed to Task Force webinars and meetings, and submitted written comments. Your feedback greatly helped to improve this report.

## Executive Summary

On May 3, 2012, Governor Jerry Brown issued Executive Order B-19-12 establishing the Let's Get Healthy California Task Force to “develop a 10-year plan for improving the health of Californians, controlling health care costs, promoting personal responsibility for individual health, and advancing health equity.” The Executive Order directed the Task Force to issue a report by mid-December, 2012, with recommendations for how the state can make progress toward becoming the healthiest state in the nation over the next decade.

Co-chaired by California Health and Human Services Secretary Diana S. Dooley and Dr. Don Berwick, Founder and former President and CEO of the Institute for Healthcare Improvement and former Administrator of the Centers for Medicare and Medicaid Services (CMS), the Task Force brought together 23 California leaders in health and health care, supported by an equally distinguished group of 19 Expert Advisors. The Task Force's charge was to lay out a course to address two questions:

*What will it look like if California is the healthiest state in the nation?  
&  
What will it take for California to be the healthiest state in the nation?*

With the Triple Aim as a foundation, and informed by extensive and wide-ranging feedback—collected through a series of webinars, online surveys, and meetings—the Task Force developed an overarching Framework. The Framework identified six goals, organized under two strategic directions.

The first strategic direction, Health Across the Lifespan, sets out key milestones and markers of health and well-being in three critical life stages:

*Health Across the Lifespan*  
*Goal 1. Healthy Beginnings: Laying the Foundation for a Healthy Life*  
*Goal 2. Living Well: Preventing and Managing Chronic Disease*  
*Goal 3. End of Life: Maintaining Dignity and Independence*

The second strategic direction, Pathways to Health, covers the practice and policy changes needed to improve the quality and efficiency of the health care system and to make community environments more conducive to being healthy.

*Pathways to Health*  
*Goal 4. Redesigning the Health System: Efficient, Safe, and Patient-Centered Care*  
*Goal 5. Creating Healthy Communities: Enabling Healthy Living*  
*Goal 6. Lowering the Cost of Care: Making Coverage Affordable and Aligning Financing to Health Outcomes.*

The Task Force identified a total of 30 priorities within these six goals; a Dashboard was developed, with 39 measurable indicators that, taken together, convey the state of California's health—at both the population and system levels; nine additional indicators were identified that don't yet have a data source behind them.

Furthermore, the Framework makes clear that health equity should be fully integrated across the entire effort. Health outcomes vary dramatically by demographics, geography and a host of socio-economic conditions. For California to be the healthiest state in the nation, health disparities must be reduced and, ultimately, eliminated. The underlying principle guiding the establishment of ten-year targets is that these gaps can be closed.

With the Framework and Dashboard finalized, the challenge going forward is to identify evidence-based interventions and quicken the pace of uptake across the state. The report identifies a range of private sector efforts and public sector programs that seek to improve one or more of the priorities. This list is just a start, however. Although the Let's Get Healthy California Task Force officially ends, a website will be created and housed at the California Health and Human Services (CHHS) Agency. It will serve as a repository of the report, the Dashboard and the inventory of change strategies, and as a way to promote information sharing, facilitate collaboration, and enable progress to be collectively tracked.

The high level of participation and enthusiasm expressed throughout this process by more than three-dozen Task Force members and Expert Advisers, along with countless others, is a testament to the strong desire and commitment to make California the healthiest state in the nation. The Task Force encourages stakeholders, policymakers, and the public to join together to advance the goals and priorities identified in this report and create a statewide culture of health. The CHHS Agency will play a convening role to advance this agenda going forward.

To View Full Report, Click Below Link

<http://www.chhs.ca.gov/pages/LGHCTF.aspx>

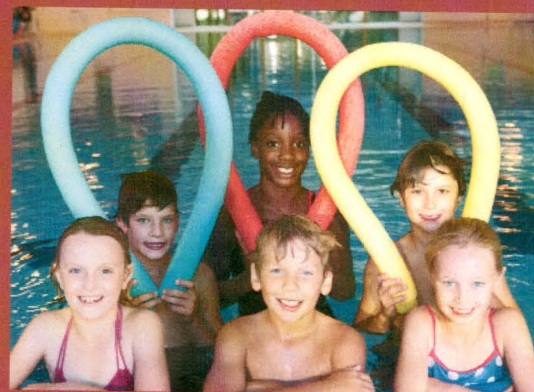
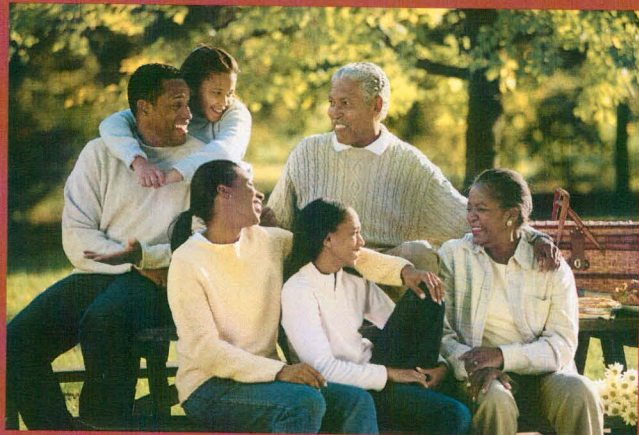




California Department of Public Health

# California Wellness Plan

2014



---

# California Wellness Plan 2014

---

Inquiries regarding this Plan may be directed to:

Jessica M. Núñez de Ybarra, MD, MPH, FACPM  
Director of Coordination  
Coordinated Chronic Disease Prevention Section  
Chronic Disease Control Branch  
California Department of Public Health  
MS 7208, PO Box 997377  
Sacramento, CA 95899-7377  
(916) 552-9900

All material in this Plan is in the public domain and may be reproduced or copied without permission; citation to source, however, is appreciated.

This Plan was supported by the Cooperative Agreement 3U58DP002007-03W2 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC.



## Message from the Director

February 12, 2014

The California Department of Public Health (CDPH) is committed to the coordination of chronic disease prevention efforts to achieve equity in health and wellness.

CDPH's chronic disease and risk factor programs aim to promote health and eliminate preventable chronic disease. These include programs addressing cardiovascular disease, cancer, stroke, diabetes, obesity, asthma, dental caries, Alzheimer's disease, arthritis, tobacco use, physical inactivity, poor nutrition, injury and violence prevention, and environmental/occupational health. These programs coordinate with other CDPH programs that promote Health in All Policies, school health, maternal child adolescent health, workforce development and public health accreditation, health statistics, and health informatics. Most importantly, these programs collaborate with local and state partners engaged in chronic disease prevention.

The California Wellness Plan (Plan) is the result of a statewide process led by CDPH to develop a roadmap with partners to create communities in which people can be healthy, improve the quality of clinical and community care, increase access to usable health information, assure continued public health capacity to achieve health equity, and empower communities to create healthier environments.

I am thankful to the many program staff and statewide partners involved in the development of this Plan. Through this coordinated effort, CDPH provides a venue to align public health chronic disease prevention and health promotion efforts to ensure the best possible population health outcomes for all Californians. I invite you to review the Plan and join in our ambitious effort to find common approaches to reduce the burden and impact of chronic disease in California.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron Chapman".

Ron Chapman, MD, MPH  
Director and State Health Officer  
California Department of Public Health

## 1 – Executive Summary

---

### Chronic Disease Problem

Cardiovascular disease, cancer, stroke, diabetes, asthma, chronic obstructive pulmonary disease, obesity, mental health conditions, substance-use disorders, dental caries, arthritis, Alzheimer’s disease, and unintentional injury are the leading causes of death, disability, and diminished quality of life in California. These chronic conditions impact some populations more than others, resulting in significant inequities in health outcomes and quality of life within California’s population of approximately 38 million people.<sup>1</sup>

Fourteen million people in California are estimated to be living with at least one chronic condition; more than half of this group has multiple chronic conditions. Chronic disease and injury not only cause the majority of deaths, but also contribute to poor quality of life, disability, and premature death. The prevalence of chronic disease raises public health concerns and has significant economic impacts. And, the costs of chronic disease continue to rise. In 2002, the most recent year for which data is available, approximately \$70 billion, or 80 percent of California’s health care expenditures, was spent on people with chronic conditions.<sup>2</sup>

Chronic disease is defined broadly in this Plan, and includes chronic conditions, injuries, violence, and environmental, occupational, and infectious causes of chronic disease. Chronic disease prevention is inclusive of primary, secondary, and tertiary prevention, and involves addressing a broad array of risk factors using a Health in All Policies approach and a Life Course Perspective.

### Prevention is Possible

Chronic diseases are largely preventable.<sup>2</sup> Up to 80 percent of cardiovascular disease, stroke, type 2 diabetes, and over 30 percent of cancers could be prevented by eliminating tobacco use, unhealthy diet, physical inactivity, and the harmful use of alcohol. It is estimated that \$10 per person per year invested in prevention would yield \$1.7 billion annually in health care savings in California within 5 years, a return of \$4.80 for every \$1 spent.<sup>3</sup>

California’s communities and health care systems have a significant impact on health. However, current laws and policies have led to community conditions that contribute to poor health, and health care systems geared to treat acute events (such as heart attacks) rather than prevent disease. Prevention includes interventions that keep disease at bay, diagnose disease early, prevent progression of disease through delivery of quality care, and provide care in the context of the community.

To improve the health of Californians, it is critical to increase the social desire and ability of communities to make changes to their environment, so that the healthy choice is the default choice. Only 5 of the 30 year life expectancy gain since the 1900s is attributable to better health care.<sup>4</sup> Health care provider recommendations for behavior change or prescriptions for medication and access to health care are not the only solutions needed. A focus only on disease ignores the common risk factors that are at the root of poor health. Prevention of chronic disease and improved health depends on an environment that supports healthful choices, in addition to access to quality, coordinated health systems.

## **Roadmap to Prevention**

The Overarching Goal of the California Wellness Plan (Plan) is ***Equity in Health and Wellbeing***, with an emphasis on the elimination of preventable chronic disease. To attain this, the following four Goals were determined by partners through a collaborative statewide process. Statewide partners have proposed Focus Areas (under Goals) around which to align efforts for the next 2 years, as a means to achieve synergy and greater impact.

### **1. Healthy Communities**

- I. Create healthy, safe, built environments that promote active transport, regular daily physical activity, healthy eating, and other healthy behaviors, such as by adoption of health considerations into General Plans*

### **2. Optimal Health Systems Linked with Community Prevention**

- I. Build on strategic opportunities, current investments and innovations in the Patient Protection and Affordable Care Act, prevention, and expanded managed care, to create a systems approach to improving patient and community health*

### **3. Accessible and Usable Health Information**

- I. Expand access to comprehensive statewide data with flexible reporting capacity to meet state and local needs*

### **4. Prevention Sustainability and Capacity**

- I. Collaborate with health care systems, providers and payers to show the value of greater investment in community-based prevention approaches that address underlying determinants of poor health and chronic disease*
- II. Explore dedicated funding streams for community-based prevention*
- III. Align newly secured and existing public health and cross-sectoral funding sources to support broad community-based prevention*

The Plan includes 26 Priorities and Performance Measures determined by the Let's Get Healthy California Taskforce (LGHCTF) in 2012. It fits within the LGHCTF overarching framework under the first Strategic Direction: "Health Across the Lifespan," and Goal 2, "Living Well: Preventing and Managing Chronic Disease." The Plan includes evidence-based strategies, and identifies California Department of Public Health (CDPH) and partner chronic disease prevention Objectives, including performance measure baselines and targets. The Plan provides California with a roadmap to prevent chronic disease and promote equity for the largest number of Californians possible. As social determinants of health cannot be changed by individuals alone, collaborative, organized policy efforts at community, regional, and state levels are required to achieve equity in health status. This will be achieved through continuing communication, collaboration, and coordination with partners.

The Plan is intended to be dynamic as CDPH coordinates with partners, monitors population health outcomes, and adapts to changes in funding and policy. The "Advancing Prevention in the 21<sup>st</sup> Century" conference is scheduled to be held in February 2014 to further refine the Plan. The conference will bring together key partners from across the state to identify and commit to Focus Areas for aligned efforts over the next two years.

This public-private sector collaboration will strengthen California's infrastructure to improve health in both community and clinical settings. It illuminates the important role public health has in joint efforts to improve population outcomes, bend the medical care cost curve, and achieve health equity.

To View Full Report, Click Below Link

<http://www.cdph.ca.gov/programs/cdcb/Pages/CAWellnessPlan.aspx>