




California Wellness Plan Progress Report

JANUARY 2018



Abstract: This Report provides the current progress on all 267 California Wellness Plan Objectives under the Overarching Goal of Equity in Health and Wellbeing to inform partner chronic disease and injury prevention priorities and planning efforts. The California Wellness Plan is California's Chronic Disease Prevention and Health Promotion Plan and is aligned with Let's Get Healthy California Priorities. Moreover, this Report provides current evidence of population health and indicates areas for improvement in order to make California the healthiest state in the nation by 2022.



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Executive Summary

Chronic diseases and injuries are the leading causes of death in California.¹ Chronic Diseases and injuries are defined broadly in this Report to include chronic conditions, unintentional and intentional injuries (i.e., violence), mental health conditions, substance abuse disorders, dental caries, and environmental, occupational, and infectious causes of chronic disease that are leading causes of death, disability, and diminished quality of life. In 2014, the California Wellness Plan (CWP) was published as the result of a statewide process led by the California Department of Public Health (CDPH) to develop a roadmap with partners to help empower communities to create environments in which people can be healthy, improve the quality of clinical and community care, increase access to usable health information, and assure continued public health capacity to achieve equity in health and wellbeing. The purpose of this Report is to share the current progress on all 267 CWP² Objectives to inform partner chronic disease and injury prevention priorities and planning efforts. This work cannot be done solely by CDPH, and requires the essential collaboration of partners in all disciplines. Although CDPH is tracking changes over time for CWP goals and objectives, it is important to recognize that California's progress is attributable not only to program activities conducted by CDPH, but to the ongoing efforts of many statewide and local partners (both public and private). CWP is California's Chronic Disease Prevention and Health Promotion Plan and is aligned with the [Let's Get Healthy California \(LGHC\)](#)³ Priorities in order to make California the healthiest state in the nation by 2022 (see <https://letsgethealthy.ca.gov>).

The Overarching Goal of the CWP is Equity in Health and Wellbeing, with an emphasis on the elimination of preventable chronic disease and injury. To attain this, the following four goals were determined:

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

In this Report, varying degrees of progress on the 267 CWP objectives are presented, from areas where progress has been made to areas where limited or no progress has been made or data are not available and progress is unknown. All data shown are the most recent data available as of December 15, 2016. These limitations may represent potential priorities or future targets for measurement and associated interventions. A brief overview of progress to date is listed below by Goal and Focus Area. A more detailed summary of each Goal and the associated Focus Areas can be found in the CWP Progress Summary on page 7.

GOAL 1: Healthy Communities

Focus Area: *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*

Report objectives on healthy communities in California are provided at the statewide level; however, community health varies at the local level. The following improving and worsening trends are notable and provide a snapshot of population health among communities in California where social determinants impact health.

Improving:

- The unemployment rate in California has decreased (2012–2015; Obj.1.1.10I, p. 14)
- Fewer adults are smoking and fewer adults are being exposed to secondhand smoke (2012–2014; Obj.1.2.3L, p. 20)
- California is making strides in increasing adult and child fitness (2009–2014; Obj.1.3.2I, 1.3.5I, p. 23)
- Water fluoridation to improve oral health has increased (2010–2014; Obj.1.6.6II, p. 32)
- The rate of child maltreatment deaths has decreased (2012–2014; Obj.1.7.3L, p. 38)

Worsening:

- Availability of fresh fruits and vegetables has decreased (2012–2014; Obj.1.4.1I, p. 27)
- The percentage of respondents who self-report at least one type of Adverse Childhood Experience has increased (2011–2013; Obj.1.7.1L, p. 38)

GOAL 2: Optimal Health Systems Linked with Community Prevention

Focus Area: *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*

Community prevention linked to quality health systems of care optimizes community health. The following listing highlights the collaboration between health systems and their communities to improve both patient and community health.

Improving:

- The rate of federal subsidy eligible Californians who are uninsured dropped (2014–2015; Obj.2.1.1L, p. 40)
- Earlier cancer diagnoses have been achieved and the death rates for female breast cancer, colorectal cancer, prostate cancer, and lung cancer have decreased (2008–2012; Obj.2.2.1L, 2.2.2L, 2.2.3L, 2.2.5L, pp. 44–45)
- Participation in lifestyle intervention programs and self-management programs, such as Well integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN [WW]), Diabetes Self-Management Education, and other chronic disease self-management programs, has increased (2012–2015; Obj.2.3.2S, 2.3.4S, pp. 45–46)
- Adult residents of California have an increased awareness of pre-diabetes (2011–2015; Obj.2.5.2S, p. 51)
- The number of employed community health workers has increased (2012–2015; Obj.2.6.3I, p. 53)
- Death rates and hospitalization rates for stroke and heart disease have decreased (2012–2015; Obj.2.6.5L, 2.6.6L, 2.6.7L, 2.6.8L, 2.6.9L, 2.6.10L, pp. 54–55)

- Reporting to the California Immunization Registry (CAIR) has greatly increased CAIR is now fully capable of HL7 query/response data exchange with its partners. (2013–2015; Obj. 2.8.1S, 2.8.3I, pp. 56–57)
- Fewer teenagers are giving birth (2012–2014; Obj.2.9.2I, p. 58)
- The infant death rate and the pregnancy-related death rates have decreased (2010–2012; Obj.2.9.2L, 2.9.4L, p. 59)
- Current measures indicate that the incidence of measurable hospital-acquired conditions has decreased (2012–2014; Obj.2.12.2L, p. 63)

Worsening:

- Adults and children are increasingly obese (2012–2015; Obj.2.5.1L, 2.5.2L, p. 52)
- The prevalence of high cholesterol and high blood pressure has increased, and fewer people self-report being screened for high blood pressure (2005–2015; Obj.2.6.1L, 2.6.3L, pp. 53–54)

GOAL 3: Accessible Usable Health Information

Focus Area: *Expand access to comprehensive statewide data with flexible reporting capacity to meet state and local needs*

Data is a key driver for change in health systems, policy, and public health programs. The following list provides highlights on current efforts to increase access to and utility of health information.

Improving:

- The proportion of health care providers participating in Medi-Cal Electronic Health Record (EHR) Incentive Programs who are reporting quality measures has almost doubled from 12 percent to 23 percent in California (2012–2014; Obj.3.1.2S, p. 64)
- The California Stroke Registry has expanded and has 16 hospitals participating on a voluntary basis (2016; Obj.3.1.3I, p. 66)

GOAL 4: Prevention Sustainability and Capacity

Focus Areas: *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; Explore dedicated funding streams for community-based prevention; and Align newly secured and existing public health and cross-sectoral funding sources to support broad community-based prevention*²

Improving:

- In order to sustain the prevention efforts of CDPH and its partners, local health jurisdictions are working to obtain accreditation and explore dedicated funding streams for continued community-based prevention. There are currently nine accredited local health departments (LHDs) in California in 2016 (Cities of Long Beach and Pasadena; and, Santa Clara, San

Diego, Orange, Ventura, Los Angeles, San Francisco, and Humboldt Counties; Obj.4.3.1I, p. 80)

Given the very unique composition of the California population in terms of sociodemographic, economic and health characteristics, progress data in this Report are not directly comparable across other jurisdictions such as other states or the United States of America (U.S.) as a whole. It should be noted that within CDPH there are ongoing activities which contribute to the specified goal areas, but may not be included in this Report. This Report may serve as a basis for identifying areas to target for improving the health of Californians and as such, results of this Report will also be made available online on the CDPH CWP Implementation website (see <https://www.cdph.ca.gov/Programs/CCDPPH/DCDIC/CDCB/Pages/CaliforniaWellnessPlanImplementation.aspx>) as well as on the California Health and Human Services Agency's Open Data Portal website. Future updates are dependent on partner participation and funding.

Introduction

State of California Governor Edmund G. Brown Jr. issued Executive Order B-19-12, which stated that reducing the individual, social and economic burdens of preventable and chronic conditions, and improving the health of Californians is a priority for California.⁴ Simultaneously the Centers for Disease Control and Prevention funded the California Department of Public Health (CDPH) to create a chronic disease prevention and health promotion plan for California. As a result, the CWP was created. In alignment with the Let's Get Healthy California Taskforce (LGHCTF) priorities, this CWP Progress Report aims to provide partners—chronic disease and injury prevention and health promotion programs within the CDPH, other state agencies, LHDs and other health and non-health partners—with an opportunity to continue to coordinate and collaborate on chronic disease and injury prevention and health promotion efforts. Chronic disease and injury prevention is inclusive of primary, secondary and tertiary prevention, and involves addressing a broad array of risk factors using

a Health in All Policies (HiAP) approach and a life course perspective. Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health, equity, and sustainability considerations into decision-making across sectors and policy areas.⁵ The life course perspective proposes that a complex interplay of biological, behavioral, psychological, and social protective/risk factors contribute to health outcomes during the span of a person's life.⁶ This work cannot be done solely by CDPH, and requires the essential collaboration of partners in all disciplines. CWP delineates common Goals, Priorities, and Focus Areas for collaboration and/or alignment to improve health outcomes, decrease health disparities, and demonstrate prevention return on investment. CWP provided a roadmap on evidence-based strategies to prevent and optimally manage chronic disease and injury in California.

Background

Let's Get Healthy California

LGHCTF was established in 2012 to “develop a ten-year plan for improving the health of Californians, controlling health care costs, promoting personal responsibility for individual health, and advancing health equity.”³ LGHCTF considered the following questions: “What will it look like if California is the healthiest state in the nation?” and “What will it take for California to be the healthiest state in the nation?” LGHCTF identified specific issues to be considered, including asthma, diabetes, obesity, childhood vaccinations, hypertension, hospital readmissions, and sepsis-related mortality.³ LGHCTF developed a framework that was organized under two strategic directions: Health Across the Lifespan, and Pathways to Health. As a result of Executive Order B-19-12, the LGHCTF chose 39 indicators to measure the health of California—the majority of which address chronic disease prevention and control. CWP, which is California’s Chronic Disease Prevention and Health Promotion Plan, aims to address 38 of these indicators (excludes sepsis-related mortality—see LGHC crosswalk p. 152). These indicators are included as objectives in this report, and a crosswalk to their location is provided in Appendix E.

Health Equity

Health equity can be defined as the “absence of systematic disparities in health (or its social determinants) between more and less advantaged social groups” or “efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.”⁷

A key duty of the Office of Health Equity in the CDPH is the development of a report with demographic analyses on health and mental health disparities and inequities, highlighting the underlying conditions that contribute to health and wellbeing, accompanied by a comprehensive, cross-sectoral strategic plan to reduce health and mental health disparities. Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity was published in

August of 2015 and describes why work on health and mental health inequity is important and provides a roadmap for how partners can work to promote health and mental health equity for all Californians (see https://www.cdph.ca.gov/Programs/OHE/CDPH%20Document%20Library/Accessible-CDPH_OHE_Disparity_Report_Race_Equity.pdf).⁸

Social Determinants of Health

A variety of health conditions are highly correlated with the social determinants of health. The social determinants of health are the social, physical, and economic environments that surround people and influence health by shaping the choices people make every day, as well as the available opportunities and resources for health. These determinants could include: availability of resources to meet daily needs (i.e., education, job opportunities, food access, and health care access), social norms and attitudes, exposure to violence, crime or social disorder, and socioeconomic conditions. CDPH has developed Healthy Community Indicators to enhance public health by working to provide data, a standardized set of statistical measures, and tools that a broad array of sectors can use for planning healthy communities and evaluating the impact of plans, projects, policy, and environmental changes on community health.⁹ These indicators are also incorporated into the CWP.

Chronic Disease in California

In 2007, approximately 14 million Californians were estimated to be living with chronic disease,² and chronic disease and injury account for 80 percent of deaths in California.¹⁰ Chronic disease and injury are defined broadly in this Report, and include chronic conditions, unintentional and intentional injuries (i.e., violence), mental health conditions, substance-use disorders, dental carries, and environmental, occupational, and infectious causes of chronic disease (such as Hepatitis C and Human Papilloma Virus) which are leading causes of death (see table 2.1a), disability, and diminished quality of life. The six most

common chronic conditions are arthritis, asthma, cardiovascular disease (stroke, hypertension, coronary heart disease, and congestive heart failure), diabetes, cancer, and depression.¹¹ Chronic diseases and injuries are largely preventable and the cost of treating these diseases exceeds \$1 trillion annually nationwide.¹¹ Chronic disease and injury also affects workers' productivity and ability to support their families.

Nine of the top ten causes of death in California in 2014 were chronic diseases or injuries (Table 2.1b). Cancer moved from the second leading cause of death in California in 2010 (Table 2.1a) to first in 2014, displacing heart disease. Also, high blood pressure moved from the eleventh leading cause of death in California in 2010 to tenth in 2014, displacing intentional self-harm (suicide).

Table 2.1a Leading Causes of Death in California, 2010¹

	Cause of Death	Number of Deaths	Death Rate (per 100,000 population)	Percent of All Deaths	State Rank¹²	U.S. Rate¹²
1	Heart Disease	58,034	154.0	24.9%	45th	193.6
2	Cancer	56,124	149.7	24.1%	48th	186.2
3	Stroke	13,566	36.4	5.8%	43rd	44.7
4	Chronic Lower Respiratory Diseases	12,928	35.5	5.5%	48th	41.9
5	Alzheimer's Disease	10,833	29.0	4.6%	25th	27.0
6	Unintentional Injury	10,108	25.7	4.3%	50th	39.1
7	Diabetes	7,027	18.9	3.0%	42nd	22.4
8	Influenza/Pneumonia	5,856	15.7	2.5%	32nd	16.2
9	Chronic Liver Disease/ Cirrhosis	4,252	10.6	1.8%	16th	10.3
10	Intentional Self Harm (Suicide)	3,835	9.7	1.6%	5th	12.4

Table 2.1b: Leading Causes of Death in California, 2014¹³

	Cause of Death	Number of Deaths	Death Rate (per 100,000 population)	Percent of All Deaths	State Rank¹²	U.S. Rate¹²
1	Cancer	58,272	151.2	23.9%	44th	161.2
2	Heart Disease	57,906	150.2	23.8%	43rd	167
3	Stroke	13,666	35.5	5.6%	36th	36.5

Table 2.1b (Continued)

	Cause of Death	Number of Deaths	Death Rate (per 100,000 population)	Percent of All Deaths	State Rank ¹²	U.S. Rate ¹²
4	Chronic Lower Respiratory Diseases	12,747	33.1	5.2%	44th	40.5
5	Alzheimer's Disease	12,632	32.8	5.2%	14th	25.4
6	Unintentional Injury	11,550	29.9	4.7%	48th	40.5
7	Diabetes	8,217	21.3	3.4%	27th	20.9
8	Influenza/Pneumonia	5,941	15.4	2.4%	28th	15.1
9	Chronic Liver Disease/ Cirrhosis	4,996	12.9	2.1%	12th	10.4
10	Hypertension and Hypertensive Renal Disease	4,558	11.8	1.8%	2nd (tie)	8.2

California Wellness Plan Progress Summary

The CDPH CWP Implementation (CWPI) Program has successfully collaborated with partners and stakeholders to address chronic disease and injury in California.

Various reports by CDPH have been published to advance progress:

- CWP Data Reference Guide on the CDPH Open Data Portal to provide details, and when possible online access, to the lowest-level data source (local, regional) for each Plan Objective, as well as written instructions to access these data. See <https://data.chhs.ca.gov/dataset/ca-wellness-plan-data-reference-guide> for access.
- Comprehensive Medication Management Programs: Description, Impacts, and 2015 Status in Southern California. Comprehensive medication management (CMM) is an evidence-based, physician approved, pharmacist-led, preventive clinical service ensuring optimal use of medications that is effective at improving health outcomes for high-risk patients while decreasing health care costs. This white paper describes the current landscape, including delivery, use, outcomes, benefits and challenges of CMM in Southern California as of May 2015.
- Health in Planning within California's Local Health Departments, 2015 summarizes the results of an environmental scan conducted to assess local health department (LHD) involvement in creating healthy built environments through community design and land use planning.
- CDPH Economic Burden of Chronic Disease in California Report estimates the health care cost in 2010 for each of the 58 counties in California for treating arthritis, asthma, cardiovascular disease (stroke, hypertension, coronary heart disease, and congestive heart failure), diabetes, cancer, and depression.
- On May 6, 2015, a group of leaders in chronic disease prevention from around the state gathered to offer midcourse guidance on advancing Let's Get Healthy California priorities and CWP goals, as well as advancing equity in health in California. Consensus from the meeting confirmed that achievement of meaningful success in each of the goal areas relies on continued collaboration, advice, action and investment from all partners and constituencies. Partners would like CDPH to: document progress while sharing partner innovation, engage community in all stages of the work, and focus on primary prevention and systems change in order to advance equity in health more broadly.
- Advancing Prevention in the 21st Century, Commitment to Action 2014 (P21): on February 13 and 14, 2014, CDPH hosted a statewide chronic disease prevention meeting, titled Advancing Prevention in the 21st Century, Commitment to Action 2014 (P21) in Sacramento. The meeting brought together statewide partners from public and private sector organizations to advance shared policy, health system, and health information strategies outlined in the CWP. P21 built on the momentum of the 2011–2013 chronic disease prevention partner forums that brought together experts and community partners from multiple organizations and sectors to solicit feedback on the Goals, Strategies, and Objectives of the nine year Plan. As a result of P21 Meeting, there is now an increased capacity to implement chronic disease prevention activities and take advantage of opportunities; and a two-year chronic disease prevention agenda with priority strategies, action steps and resource commitment for each Plan Goal.

CWPI has worked since 2014 to prioritize partner feedback and engagement.

Given the very unique composition of the California population in terms of sociodemographic, economic and health characteristics, this report is intended to provide evidence of population health and indicates areas for continued improvement in the health of Californians. These data are not directly comparable across other jurisdictions such as other states or the

U.S. with very different population characteristics. This report is intended to serve as a basis for understanding progress thus far, and initiating discussion to create better ways to prevent chronic disease and injuries in California. It should be noted that within CDPH there are ongoing activities which contribute to the specified goal areas, but may not be included in this report. It does not suggest underlying causes for chronic diseases and injuries. It is merely an overview of how the state is progressing overall, understanding that these data cannot be used in isolation to generalize the health of Californians.

This progress report indicates the progress made in the CWP objectives created in 2012 as of December 15, 2016. S.M.A.R.T. objectives are those that are Specific, Measurable, Achievable, Relevant, and Time-bound. While some of the objectives in the CWP Progress Report are not S.M.A.R.T. objectives, the S.M.A.R.T. criteria help measure the progression of relevant objectives.

Summary of Progress by Goal and Focus Area

GOAL 1: Health Communities

1.1 Increase Health Status

The annual unemployment rate in California has decreased from 10.4 percent to 6.2 percent (2012–2015; Obj. 1.1.10I). The percentage of adults 25 years and older that has high school or greater education attainment has increased (2006–2014; Obj.1.1.6I). There is also an increased percentage of high school students who report opportunities for meaningful participation in their communities (2011–2013; Obj. 1.1.7L). The percentage of adults who self-report being in good or better health has decreased (2012–2014; Obj. 1.1.4L). Health equity has become a consideration in six state guidance documents (2016; Obj. 1.1.1S).

1.2 Decrease Adult and Adolescent Tobacco Use

Public support for “cigarette butts are toxic to the environment” has increased (2012–2014; Obj. 1.2.2I). In 2016, California law was enacted to close exemptions for most smoke exposure protection in the workplace, and to require all K-12 public schools to be tobacco free (Obj. 1.2.7I). The percentage of adults who are current smokers and the percentage of Californians who report

exposure to second hand smoke have also decreased (2012–2014; Obj. 1.2.3L).

1.3 Increase Adult and Child Fitness and Healthy Diets

There has been an increase in the percentage of schools that offer intramural activities or physical activity clubs for students in California (2012–2014; Obj. 1.3.2S). There has also been an increase in the number of schools who allow students to have a water bottle with them during the school day (2012–2014; Obj. 1.3.6S). Diets were improved for school children as more schools offer fruits or non fried vegetables at school celebrations (2012–2014; Obj. 1.3.7S). An increased number of labor and delivery facilities provide recommended care for lactating mothers, and there is an increased proportion of babies who are breastfed at six months (2013–2015; Obj. 1.3.10S). The percent of physically active adolescents has decreased. The percent of adults with arthritis who are physically active has increased (2011–2014; Obj. 1.3.5I).

1.4 Increase Healthy Food Outlets

Public access to fruits and vegetables in California has decreased (2012–2014; Obj. 1.4.1I).

1.5 Increase Walking and Biking

California has had a slight increase in the percentage of commuters who use active transport (walking, biking, or public transit), and a slight decrease in the number of children who use active transport (walk/bike/roll) to get to school (2009–2014; Obj. 1.5.3I, 1.5.2I).

1.6 Increase Safe and Healthy Communities

An air pollution dashboard is available online at <https://www.arb.ca.gov/adam/select8/sc8start.php>; this tool can be queried at the regional, county, or city specific level for California air quality measurements (Obj. 1.6.9I). Water fluoridation to improve oral health has increased (2010–2014; Obj. 1.6.6I). The incidence of fall-related deaths in adults age 65 years and older has decreased, as well as the number of non-fatal injuries in all age groups from collisions (2010–2013; Obj. 1.6.3L, 1.6.4L). Prescription drug use in youth ages 12–17 years has decreased (2012–2014; Obj. 1.6.4I). In 2014, the incidence of physical abuse in adults by an intimate partner has decreased as well as homicide rates in the general population (2012–2014; Obj. 1.6.8L, 1.6.10L).

1.7 Decrease Childhood Trauma

The percentage of respondents who self-report at least one type of Adverse Childhood Experience has increased in California (2012–2013; Obj. 1.7.1L). While there has been an increase in reported child maltreatment, there has also been a decrease in substantiated maltreatment of children (2012–2014; Obj. 1.7.2L). There has also been a decrease in the rate of child maltreatment deaths from 1.4 deaths per 1,000 children to 1.3 deaths per 1,000 children (2011–2013; Obj. 1.7.3L).

1.8 Increase Early Learning

The percentage of third grade students whose reading skills are at or above the proficient level decreased from 46 percent to 45 percent in California (2011–2013; Obj. 1.8.1L).

GOAL 2: Optimal Health Systems Linked with Community Prevention

2.1 Decrease the Number of People without Insurance

With the establishment of Covered California, the rate of federal subsidy eligible Californians who are uninsured dropped from 56 percent to 33 percent (2014–2015; Obj. 2.1.1L).

2.2 Increase Access to Primary and Specialty Care

In California, the proportion of early stage diagnoses for breast cancer among all women has increased, and the death rate from female breast cancer has decreased (2008–2012; Obj. 2.2.4I, 2.2.1L). There are a decreased proportion of late-stage diagnoses of colorectal cancer (2008–2012; Obj. 2.2.6I). Death rates for colorectal cancer, prostate cancer, and lung cancer have decreased (2008–2012; Obj. 2.2.2L, 2.2.3L, 2.2.5L). The percentage of working-age adults with arthritis who indicate arthritis-attributable work limitation has decreased (2011–2015; Obj. 2.2.9I). Despite worsening trends from 2011 to 2015, starting in 2016 oral health is working to enroll more patients for preventive dental service and to decrease the number of patients in need of dental sealant (Obj. 2.2.1S, 2.2.2S).

2.3 Increase Coordinated Outpatient Care, Increase People Receiving Care in an Integrated System

There is increased participation in lifestyle intervention programs and self-management programs such as WISEWOMAN and Diabetes Self-Management Education (2012–2015; Obj. 2.3.2S, 2.3.4S). There has also been progress in enrolling patients in managed care health plans (2012–2015; Obj. 2.3.2I). More smokers in the Medi-Cal program have called the California Smoker's Helpline (Quitline) (2011–2015; Obj. 2.3.9S).

2.4 Increase Mental Health and Wellbeing

There has been a decrease in opioid-related (excluding heroin) hospitalizations for overdose and prescription opioid-related deaths in California. However, there has been an increase in heroin related hospitalizations, emergency department visits and deaths (2010–2015/16; Obj. 2.4.3L). Seventh and ninth graders self-report a decreased frequency of sad or hopeless feelings (2012–2013; Obj. 2.4.4L). Screening practices for illnesses such as Alzheimer's Disease and depression have not been implemented consistently across providers, but a provider toolkit of guidelines with a primary focus on early and accurate diagnosis and detection of Alzheimer's disease will be released in 2018 (Obj. 2.4.1I).

2.5 Decrease Adult and Childhood Obesity and Diabetes

In California, fewer four year old children who participated in the Women, Infants and Children Program (WIC) are overweight (2012–2015; Obj. 2.5.1S). Adult residents have an increased awareness of pre-diabetes, but there was an increase in the proportion of both adults and children who are obese (2012–2015; Obj. 2.5.2S, 2.5.1L, 2.5.2L). There has been a decrease in the hospital discharge rate for patients with diabetes (2008–2014; Obj. 2.5.6L).

2.6 Increase Controlled High Blood Pressure and High Cholesterol

There are an increased number of employed community health workers in California (2012–2015; Obj. 2.6.3I). There is a decrease in death rates and hospitalization rates for stroke and heart disease (2011–2015; Obj. 2.6.5L, 2.6.6L, 2.6.7L, 2.6.8L, 2.6.9L, 2.6.10L). The prevalence of high cholesterol and high blood pressure has increased, and less people self-report being screened for high blood pressure (2005–2015; Obj. 2.6.1L, 2.6.3L).

2.7 Decrease Adult and Childhood Asthma

To increase the number of health care payers that cover and reimburse for comprehensive asthma management, California Breathing is working on pilot studies initiated with United States Environmental Protection Agency Region 9 and Rady Children's Hospital in San Diego (Obj. 2.7.1I). The number of days of school missed and hospitalization due to asthma for children 0–17 years old have increased (2009–2013; Obj. 2.7.1L, Obj. 2.7.3L).

2.8 Increase Vaccinations

Reporting to the CAIR has increased by 20 percent (2013–2015; Obj. 2.8.1S). The percentage of Californians with two or more vaccine doses in CAIR has increased and the percentage of girls 13–17 years old who have completed the Human Papilloma Virus (HPV) vaccine has also increased (2009–2014; Obj. 2.8.1I). CAIR is completing a long-awaited transition to a consolidated statewide immunization registry and is now fully capable of HL7 query/response data exchange with its partners (Obj. 2.8.3I).

2.9 Decrease Infant Deaths

The CDPH has enrolled 4,300 families in their California Home Visiting Program (2012–2014; Obj. 2.9.1S). Fewer teenagers are giving birth (2012–2014; Obj. 2.9.2I). The overall infant death rate and the pregnancy related death rates have decreased (2009–2012; Obj. 2.9.2L, 2.9.4L).

2.10 Increase Culturally and Linguistically Appropriate Services

All objectives in this category were developmental. Developmental objectives are defined on page 18 of this report.

2.11 Increase Advance Care Planning

All objectives in this category were developmental. Nevertheless, the Coalition for Compassionate Care of California has created and compiled a variety of resources to help educate patients, caregivers, and healthcare professionals on the issues – medical and deeply personal – surrounding Physician Orders for Life-Sustaining Treatment (POLST).

2.12 Increase Hospital Safety and Quality of Care

California regulations of reporting requirements for adverse events in hospitals have been created, and are expected to be out for public comment in 2018 (Obj. 2.12.2S). Current measures indicate that the incidence of measurable hospital-acquired conditions has decreased (2012–2014; Obj. 2.12.2L).

2.13 Increase Palliative Care and Hospice Care, Decrease Hospitalization during the End of Life

The objective in this category is developmental. The Department of Health Care Services (DHCS), Long-Term Care Division, is preparing for the upcoming Partners for Children Pediatric Palliative Care Waiver (PFC/PPCW) Renewal, to become effective December 27, 2017 through December 26, 2022.

GOAL 3: Accessible and Usable Health Information

3.1 Increase Transparent Information on Cost and Quality of Care

The proportion of health care providers in California participating in Medi-Cal EHR Incentive Programs who are reporting quality measures has almost doubled (2012–2014; Obj. 3.1.3S). The state was able to collect Youth Risk Behavior Survey data (YRBS) in 2015 (Obj. 3.1.5S). More providers are implementing EHR systems (2011–2014; Obj. 3.1.1I). The California Stroke Registry has also expanded and has 16 hospitals participating on a voluntary basis (2016; Obj. 3.1.3I). CDPH has designed and is in the early stages of implementation of one federated data system with central repository host with aggregated data from different sectors to support health information exchange and population health surveillance for use at the state and local level (2015; Obj. 3.1.7S).

GOAL 4: Prevention Sustainability and Capacity

The Patient Protection and Affordable Care Act of 2010 set out prevention as a priority. For example, Medicare providers are required to comply with the new Quality Payment Plan which emphasizes the priorities listed below.

4.1 Increase Affordable Care and Coverage

All objectives in this category were developmental.

4.2 Increase Payment Policies that Reward Value

All objectives in this category were developmental.

4.3 Decrease Rate of Growth in Health care Spending

LHD's across California are working to become accredited and provide standards of public health service delivery excellence that employ prevention strategies in the community resulting in lower health care costs. As of May 8, 2017, in addition to CDPH, there are nine accredited LHDs in California (Cities of Long Beach and Pasadena; and, Santa Clara, San Diego, Orange, Ventura, Los Angeles, San Francisco and Humboldt Counties) (Obj. 4.3.1I).

California Wellness Plan Detailed Progress

The tables below detail the progress in each of the CWP objectives organized under Goal area and Focus area headings.¹ Color-coded symbols have been used to reflect the progress in meeting each of the objectives (see progress key in footer). See Appendix A–D for separate tables showing CWP objectives met, not met, not changed and when no current updates were available, respectively; each table details objective baselines, targets, and progress. For the purposes of this report, no data available in the “Most Current Data” column may indicate the following: data source is no longer available (i.e., question no longer asked, survey discontinued), data source does not exist, or data source was not able to be analyzed to update this report. See Appendix E for List of Acronyms.

Let's Get Healthy-related objectives are designated by LGH and Healthy Community-related objectives are designated by HC.

Developmental Objectives

Developmental objectives are defined in this Report as those that did not have program leads, data sources, baselines, and/or targets at the time of publication of the CWP. However, 102 were included in the CWP because they were deemed important to the reduction of chronic disease incidence, prevalence, and health disparities. These are objectives that need data sources. In this report, 27 of the 102 developmental objectives were updated and a baseline, target, and data source was identified.

1. Data on the CWP objectives was released during the May 2017 Advancing Prevention in the 21st Century: Our Commitment to Action P21 (2.0) Conference.

OVERARCHING GOAL: EQUITY IN HEALTH AND WELLBEING

GOAL 1: Healthy Communities

1.1 Increase Health Status				
Objective		Data Source	Most Recent Data	Progress
Short-term Objectives:				
1.1.1S HiAP	By 2015, adopt health equity as a key consideration in five state guidance documents	<i>Reports, Office of Health Equity (OHE), CDPH</i>	6 documents (2015)	★
Intermediate Objectives				

COMMUNITY RESILIENCE

1.1.1I SACB	By 2018, increase the percentage of teens who agree with the statement "people in this neighborhood can be trusted" from 84 in 2011 to 90 percent [Objective Updated]	<i>California Health Interview Survey (CHIS), University of California, Los Angeles (UCLA)</i>	84 percent (2014)	□
1.1.2I	By 2018, increase the percentage of people who have done volunteer work or community service from 12.1 percent in 2011 [Developmental Objective Updated]	<i>CHIS, UCLA</i>	11.4 percent (2014)	●



Progress Key:

- **Red Circle:** Objective not met, trends are worsening
- ▲ **Purple Triangle:** Objective not met, trends are improving
- **Black Square:** Data not available



- **Empty Square:** No change
- ◆ **Green Diamond:** Objective has been met
- ★ **Green Star:** Objective has been exceeded

-
2. The six documents that have adopted health equity as a key consideration include: California Regional Transportation Plan (RTP) Guidelines (<http://www.dot.ca.gov/hq/tpp/offices/orip/rtp/>), General Plan Guidelines (http://catc.ca.gov/programs/rtp/docs/CTP_2017_Guidelines_Final_5_17_17.pdf), Urban Greening Grant Guidelines (<http://resources.ca.gov/grants/urban-greening/>), Affordable Housing Sustainable Communities Grant Guidelines (<http://sgc.ca.gov/Grant-Programs/AHSC-Program.html>), Active Transportation Grant Guidelines (<http://www.dot.ca.gov/hq/LocalPrograms/atp/>), Sustainable Community Planning Grant Program (<http://sgc.ca.gov/Grant-Programs/SCPGI-Program.html>)




1.1 Increase Health Status




Objective	Data Source	Most Recent Data	Progress
1.1.3I SACB	By 2018, increase the percentage of people who have served as a volunteer on any local board, council, or organization that deals with community problems from 12.2 percent in 2011 to 15 percent	<i>CHIS, UCLA</i>	11.4 percent (2014) 
1.1.4I HC	By 2018, increase voter participation rate among registered voters in statewide general elections from 72.36 percent in November 2012 to 80 percent [Objective Updated]	<i>Statewide General Election Historical Voter Registration and Voter Participation Statistics from 1910 to 2012, California Secretary of State</i>	75.27% (2016) 

EDUCATION





1.1.5I CDE HC	By 2018, maintain positive Growth in Academic Performance Index (API) from baseline of 10 from 2011 to 2012 for Grades 9–11 [Objective Updated]	<i>API Report, California Department of Education (CDE)</i>	Growth in API -1 (from 2012 to 2013) ¹⁴ The State Board of Education and the California Department of Education (CDE) are in the process of developing a new accountability system to replace the API to better measure California's educational goals 
1.1.6I CDE HC	By 2018, increase the percentage of the population 25 years and over that has high school or greater educational attainment from 80.7 percent in 2006–2010 (5-year estimate) to 82.5 percent [Objective Updated]	<i>American Community Survey (ACS), U.S. Census Bureau; Integrated Postsecondary Education Data System, National Center for Educational Statistics; Data Archive, Department of Education</i>	81.5 percent (2010–2014) 

Progress Key:




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-  **Green Star:** Objective has been exceeded

1.1 Increase Health Status

Objective	Data Source	Most Recent Data	Progress
INCOME			
1.1.71 HC	By 2018, decrease the percentage of households in overcrowded (≥ 1.01 persons/room) and severely overcrowded (≥ 1.51 persons per room) conditions from baseline of 5.4 percent overcrowded and 2.9 percent severely overcrowded in 2011 [Developmental Objective Updated]	ACS, U.S. Census Bureau	5.5 percent overcrowded 2.9 percent severely overcrowded (2015) 
1.1.81 HC	By 2018, decrease the degree of residential segregation (ratio of percent of non-white racial/ ethnic groups in a specific geographic area to city or county average) (Developmental)	ACS, U.S. Census Bureau	Data not available 
1.1.91 HC	By 2018, increase the housing-to-jobs ratio in communities with a ratio less than 1 (percent of the adult working population who could find a job that matches their general occupational qualifications within a specified travel radius of their residence) [Developmental Objective Updated]	Longitudinal -Employer Household Dynamics (LODES) Program, U.S. Census Bureau	Data available at city level under Jobs-Housing Fit Indicator Data for 2013 and 2014 as of December 16, 2016. http://interact.regionalchange.ucdavis.edu/roi/data.html 
1.1.101 HC	By 2018, decrease the annual not seasonally adjusted unemployment rate from 10.4 percent in 2012 to 7 percent [Objective Updated]	Local Area Unemployment Statistics, U.S. Bureau of Labor Statistics (BLS); ACS, U.S. Census Bureau; Data Archive, California Employment Development Department	7.5 percent (2014) 6.2 percent (2015) 

Progress Key:

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-  **Green Star:** Objective has been exceeded








1.1 Increase Health Status

Objective	Data Source	Most Recent Data	Progress	
EQUITY				
1.1.1I HC	By 2018, increase Neighborhood Completeness Index (< 1/2 mile radius for 8 of 11 common public services and 9 of 12 common retail services) (Developmental)	<i>California Board of Equalization</i>	Data not available	■
Long-term Objectives				
LIFE EXPECTANCY				
1.1.1L LGH	By 2022, increase the percentage of adults who report their overall health status to be good, very good, or excellent from 84.2 percent in 2012 to 90 percent [Objective Updated]	<i>CHIS, UCLA</i>	83 percent (2014)	●
1.1.2L	By 2020, increase the percentage of 24–64 year old adults in good or better health from 80.5 in 2012 to 85 percent [Objective Updated]	<i>CHIS, UCLA; National Vital Statistics System (NVSS), Centers for Disease Control and Prevention (CDC)</i>	79.3 percent (2014)	●
1.1.3L	By 2020, increase the percentage of 15–45 year old women who report their overall health status to be good, very good, or excellent from 84.9 in 2012 to 90 percent [Developmental Objective Updated]	<i>CHIS, UCLA</i>	83 percent (2014)	●
1.1.4L	By 2020, increase the percentage of 65–84 year old adults in good or better health from 73.8 percent in 2011 to 80 percent [Objective Updated]	<i>CHIS, UCLA; NVSS, CDC</i>	71.9 percent (2014)	●




Progress Key:




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1.1 Increase Health Status






Objective	Data Source	Most Recent Data	Progress	
1.1.5L	By 2020, decrease percentage of adults in fair or poor health in 2011 from 21.6 to 17 percent for African Americans (AA), 18.2 to 13 percent for Hispanics (Hisp), and 22.2 to 17 percent for American Indians/Alaska Natives (AIAN) [Objective Updated]	<i>CHIS, UCLA; National Health Interview Survey (NHIS), CDC</i>	AA - 21.8 percent Hisp - 17 percent AIAN - 19.7 percent (2014)	  
1.1.6L HDDPU	By 2020, increase the equity between counties in health-adjusted life expectancy (HALE) years (Developmental)	<i>Institute for Health Metrics and Evaluation, University of Washington</i>	Data not available for CA counties	
COMMUNITY RESILIENCE				
1.1.7L CDE	By 2020, increase the percentage of high school students (9th graders) who report opportunities for meaningful participation in their community from 44 percent in 2011 to 62 percent	<i>California Healthy Kids Survey (CHKS), CDE</i>	46 percent (2013)	
1.1.8L HC	By 2020, increase neighborhood stability (5-year change in number of households by income and race/ethnicity [neighborhood change or gentrification]) (Developmental)	<i>ACS, U.S. Census Bureau</i>	Data not available	
1.1.9L HC	By 2020, increase the resilience index (composed of places with climate action and hazard mitigation plans and other Healthy Community Indicators such as unemployment, lacking health insurance, educational attainment, income inequality, and registered voters) (Developmental)	<i>ACS, U.S. Census Bureau</i>	Data not available	

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1.1 Increase Health Status

Objective	Data Source	Most Recent Data	Progress
EDUCATION			
1.110L LGH	By 2022, increase the percentage of third grade students whose reading skills are at or above the proficient level from 46 in 2011 to 69 percent (Objective is a duplicate of objective 1.8.1L)	<i>California Assessment of Student Performance and Progress (CASSPP) Results, CDE</i>	45 percent (2013) 
INCOME			
1.111L HC	By 2020, decrease the percentage of household income spent on travel (Developmental)	<i>Housing and Transportation Affordability Index, Center for Neighborhood Technology</i>	Data available at local level: https://egis-hud.opendata.arcgis.com/datasets/7dc10bc22f204e03bd0bebe257b5986d_0 
1.112L HC	By 2020, decrease Income Inequality: Gini coefficient (describing the amount of total annual community income generated by the number of households) from baseline of 0.469 in 2006–2010 [Developmental Objective Updated]	<i>ACS, U.S. Census Bureau</i>	Gini coefficient 0.4823 (2010–2014) 
EQUITY			
1.113L HC	By 2020, increase race/ethnicity equity score (composite of multiple core indicators, including median income) (Developmental)	<i>ACS, U.S. Census Bureau</i>	Data not available 
1.114L HC	By 2020, increase place-based equity score (composite of multiple core indicators calculated for census tracts) (Developmental)	<i>ACS, U.S. Census Bureau</i>	Data not available 

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-  **Green Star:** Objective has been exceeded

1.2 Decrease Adult and Adolescent Tobacco Use

Objective	Data Source	Most Recent Data	Progress	
Short-term Objectives:				
1.2.1S	By 2015, increase the number of hospitals, clinics, mental health facilities, and other health or social service programs that adopt smoke-free campus policies (Developmental)	<i>No known data source</i>	Data not available	■
Intermediate Objectives				
1.2.1I CTCP	By 2018, increase successful quit attempts to or above 7 percent	<i>Behavioral Risk Factor Surveillance System (BRFSS), CDC</i>	Data not available	■
1.2.2I CTCP	By 2018, increase public support for “cigarette butts are toxic to the environment” from 83 percent in 2012 to 90 percent [Objective Updated]	<i>BRFSS, CDC</i>	92 percent (2014)	★
1.2.3I CTCP	By 2018, maintain the “average” social norm index score about secondhand smoke and tobacco industry influences in low socioeconomic status populations in California at or above 84 percent	<i>BRFSS, CDC</i>	Data not available	■
1.2.4I CTCP	By 2018, decrease the percent of indoor workers who report exposure to secondhand smoke in the workplace from 7.5 in 2012 to 6.5 percent	<i>BRFSS, CDC</i>	Data not available	■

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- ★ **Green Star:** Objective has been exceeded

1.2 Decrease Adult and Adolescent Tobacco Use


Objective	Data Source	Most Recent Data	Progress	
1.2.5I CTCP	By 2018, increase workers' secondhand smoke exposure protections provided through Labor Code Section 6404.5 by eliminating the following exemptions (2014): owner operated bars, employee break rooms, retail tobacco shops, workplaces with five or fewer employees, and long-term care (LTC) facilities [Objective Updated]	<i>California Tobacco Control Program (CTCP) Policy Database, CDPH</i>	Effective June 9, 2016, passed legislation that closed exemptions in Labor Code Section 6404.5, including owner-operated businesses (e.g., bars), employee breakrooms, and workplaces with five or fewer employees (Assembly Bill 7-X2, Stone, Chapter 4, Statutes of 2016)—excludes patient areas of LTC facilities	▲
1.2.6I CTCP	By 2018, increase the proportion of the population protected by the local tobacco retail license policies from 40 percent in July 2013 to 50 percent	<i>CTCP Policy Database, CDPH</i>	43 percent (2014)	▲
1.2.7I CTCP	By 2018, increase the percentage of tobacco-free public K-12 schools from 2014 baseline [Developmental Objective Updated]	<i>No known data source</i>	Effective June 9, 2016, passed legislation requires all K-12 public schools, including charter schools, to be tobacco free. (Assembly Bill 9-X2, Thurmond, Chapter 5, Statutes of 2016 - CA Health & Safety Code)	★
Long-term Objectives				
1.2.1L CTCP LGH	By 2022, decrease the percentage of adolescents who smoked cigarettes in the past 30 days from 13.8 percent in 2010 to 10 percent [Objective Updated]	<i>California Student Tobacco Survey, CDPH</i>	10.5 percent (2012)	▲
1.2.2L CTCP LGH	By 2022, decrease the percentage of adults who are current smokers from 13 percent in 2012 to 9 percent	<i>BRFSS, CDC</i>	11.7 percent (2014)	▲

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1.2 Decrease Adult and Adolescent Tobacco Use




Objective	Data Source	Most Recent Data	Progress
1.2.3L CTCP By 2020, decrease the proportion of Californians reporting exposure to secondhand smoke from 44.8 in 2012 to 40 percent	<i>BRFSS, CDC</i>	41 percent (2014)	

1.3 Increase Adult and Child Fitness and Healthy Diets




Objective	Data Source	Most Recent Data	Progress
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Short-term Objectives:

FITNESS

1.3.1S NEOP By 2015, increase the number of Early Care and Education organizations that adopt strategies to increase physical activity (Developmental)	<i>Emergency Medical Services Authority (EMSA) (Child Care only); Community Care Licensing Division, California Department of Social Services (CDSS)</i>	Data not available	
1.3.2S NEOP By 2015, increase the percentage of schools that offer intramural activities or physical activity clubs for all students from 73.1 percent in 2012 to 76 percent, as federal funding allows [Objective Updated]	<i>School Health Profiles, CDC</i>	78.4 percent (2014)	
1.3.3S NEOP By 2015, increase the percentage of schools in which at least one physical education teacher or specialist received professional development on physical education during the past two years from 72.5 percent in 2012 to 76 percent, as federal funding allows	<i>School Health Profiles, CDC</i>	66.6 percent (2014)	

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1.3 Increase Adult and Child Fitness and Healthy Diets

Objective	Data Source	Most Recent Data	Progress
1.3.4S NEOP By 2015, increase number of worksites that adopt strategies to increase physical activity (Developmental)	<i>No known data source</i>	Data not available	■
1.3.5S By 2015, increase the number of businesses that request technical assistance to implement the California FIT business kit (Developmental)	<i>No known data source</i>	Data not available	■

WATER

1.3.6S NEOP By 2015, increase the percentage of schools that allow students to have a water bottle with them during the school day in all locations from 78.9 percent in 2012 to 82.7 percent [Objective updated]	<i>School Health Profiles, CDC</i>	80.2 percent (2014)	▲
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HEALTHY DIETS




1.3.7S NEOP By 2015, increase the percentage of schools that always or almost always offered fruits or non-fried vegetables at school celebrations when foods and beverages are offered from 39.5 percent in 2012 to 43.3 percent [Objective updated]	<i>School Health Profiles, CDC</i>	41.5 percent (2014)	▲
1.3.8S NEOP By 2015, increase the percentage of schools that prohibit all forms of advertising and promotion (e.g., contests and coupons) of less nutritious foods and beverages on school property from 71.5 percent in 2012 to 75 percent	<i>School Health Profiles, CDC</i>	33.3 percent (2014)	●

Progress Key:




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1.3 Increase Adult and Child Fitness and Healthy Diets

Objective	Data Source	Most Recent Data	Progress
1.3.9S NEOP	By 2015, increase the number of local education agencies where staff receive professional development and technical assistance on strategies to create a healthy school nutrition environment as federal funding allows (Developmental)	<i>No known data source</i>	Data not available 
1.3.10S NEOP & MCAH	By 2016, increase the number of labor and delivery facilities that provide recommended care for lactating mothers and their babies (i.e., Baby-Friendly) from 59 in 2013 to 90 [Objective updated]	<i>Healthy People 2020; California Breastfeeding Coalition; Baby Friendly USA website</i>	81 facilities (2015) 
1.3.11S NEOP	By 2015, increase the number of community health clinics in California that provide professional and peer support for breastfeeding from 15 in 2012 to 30 clinics and promote the implementation of the 9 Steps to Breastfeeding Friendly Clinics and Outpatient Settings document (Developmental)	<i>NEOP, CDPH</i>	WIC regional breastfeeding liaisons are working with 15 clinics to implement the 9 Steps to Breastfeeding Friendly Clinics and Outpatient Settings published in 2015 ^{3*} 

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3. Efforts are in way to promote the implementation of the 9 Steps to Breastfeeding Friendly Clinics and Outpatient Settings. Plenary presentations, workshops and webinars have been hosted to encourage this effort (<https://www.cdph.ca.gov/programs/NEOPB/Documents/9StepGuide.pdf>).

1.3 Increase Adult and Child Fitness and Healthy Diets






Objective	Data Source	Most Recent Data	Progress	
Intermediate Objectives:				
FITNESS				
1.3.1I NEOP	By 2018, increase the percent of children in Early Care and Education organizations who engage in levels of age appropriate physical activity as recommended by Caring For Our Children (Developmental)	<i>No known data source</i>	Data not available	■
1.3.2I NEOP	By 2018, increase the percentage of adolescents (12-17 years) who are physically active at least one hour a day from 16.1 percent in 2011 to 19 percent	<i>CHIS, UCLA</i>	12.2 percent (2014)	●
1.3.3I NEOP	By 2018, increase the percentage of low-income adolescents (12-17 years) who take physical education classes at least four days a week [Objective Updated]	<i>Champions for Healthy Change Survey⁴</i>	66.9 percent (2014)	●
1.3.4I	By 2018, increase the percentage of schools that, either directly or through a school district, have a joint use agreement for shared use of physical activity facilities from 85.2 percent in 2012 [Developmental Objective Updated]	<i>School Health Profiles, CDC</i>	74.5 percent (2014)	●
1.3.5I CAPP	By 2020, California will reduce the percent of adults with arthritis who are insufficiently active or inactive from 45.0 in 2013 to 40.6 percent	<i>BRFSS, CA</i>	39.9 percent (2013)	★

Progress Key:




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4. Respondents to the Champions for Healthy Change survey reside in households that have received Supplemental Nutrition Assistance Program (SNAP) benefits at least one month out of 12 (typically households with incomes at or below 130% of the Federal Poverty Level)

1.3 Increase Adult and Child Fitness and Healthy Diets

Objective	Data Source	Most Recent Data	Progress
HEALTHY DIETS			
1.3.6I NEOP	By 2018, increase the percent of schools that do not sell less healthy foods and beverages (soda pop or fruit drinks, sports drinks, baked goods, salty snacks, and candy) from 53.2 percent in 2012 to 60 percent	<i>School Health Profiles, CDC</i>	48.3 percent (2014) 
1.3.7I NEOP	By 2018, increase among children (5-11 years) the number of cups of fruit and vegetables consumed a day from 2.5 in 2014 to 2.8. [Objective updated]	<i>CHIS, UCLA</i>	Data not available 
1.3.8I NEOP LGH	By 2022, decrease the proportion of adolescents (12-17 years) who drink two or more sugar sweetened beverages daily from 27.3 percent in 2012 to 17 percent [Objective updated]	<i>CHIS, UCLA</i>	18.7 percent (2014) 
1.3.9I NEOP LGH	By 2022, increase the proportion of adolescents (12-17 years) who consume the recommended amounts of fruits and vegetables daily from 20 percent in 2012 to 32 percent [Objective Updated]	<i>CHIS, UCLA</i>	20.9 percent (2014) 
1.3.10I LGH	By 2022, decrease the percentage of adults who drink, per week, four to six regular sodas or pop that contain sugar from 4.6 percent in 2012 to 3 percent [Objective updated]	<i>CHIS, UCLA</i>	3.5 percent (2015) 

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1.3 Increase Adult and Child Fitness and Healthy Diets

Objective	Data Source	Most Recent Data	Progress	
1.3.11I NEOP HC & LGH	By 2022, increase the percentage of adults who have consumed fruits and vegetables five or more times per day from 27.7 percent in 2009 to 34 percent [Objective Updated]	<i>BRFSS, CDC</i>	Data not available	■
1.3.12I MCAH	By 2020, increase the percentage of women with recent live births who took a multivitamin, prenatal vitamin, or folic acid vitamin every day of the week during the month before pregnancy from 34.4 percent in 2011 to 35.9 percent [Objective Updated]	<i>Maternal Infant Health Assessment Survey (MIHA), CDPH</i>	34 percent (2012)	●
1.3.13I MCAH	By 2018, increase the percentage of mothers who report exclusive breastfeeding 3 months after delivery from 23.1 percent in 2011 to 27.5 percent [Objective Updated]	<i>MIHA, CDPH</i>	26 percent (2013)	▲
1.3.14I NEOP	By 2018, increase the proportion of infants breastfed at 6 months from 56.1 percent in 2012 to 62 percent	<i>Breastfeeding Report Card— CDC</i>	63.1 percent (2014)	★
1.3.15I NEOP	By 2020, reduce average sodium intake for children (9–11 years) from 3.5 to 2.8 g/day	<i>California Children's Healthy Eating and Exercise Practices Survey (CalCHEEPS), CDPH</i>	Data not available	■
1.3.16I HDDPU	By 2018, reduce consumption of sodium in the population aged 2 years and older from 3,641 mg in 2006 to 2,500 mg	<i>National Health and Nutrition Examination Survey (NHANES), CDC/ National Center for Health Statistics</i>	Data not available	■

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1.3 Increase Adult and Child Fitness and Healthy Diets

Objective	Data Source	Most Recent Data	Progress
Long-term Objectives:			
FITNESS			
1.3.1L NEOP HC & LGH	By 2022, increase the percentage of "physically fit" children, who reach the "Healthy Fitness Zone" in six of the six test items on the required Fitness-gram: 25–36 percent (from baseline in 2010–2011 of 25 percent to target of 36 percent) for 5th graders, 32 46 percent of 7th graders, and 37–52 percent for 9th graders [Objective Updated]	<i>Fitnessgram, CDE</i>	5th graders: 27 percent 7th graders: 33 percent 9th graders: 38 percent (2013–2014)
1.3.2L NEOP LGH	By 2022, increase the percentage of adolescents who meet physical activity guidelines for aerobic physical activity from 15 percent in 2012 to 24 percent	<i>CHIS, UCLA</i>	12.2 percent (2014)
1.3.3L NEOP HC & LGH	By 2022, increase the percentage of adults who meet physical activity guidelines for aerobic physical activity from 58 percent in 2012 to 66 percent	<i>BRFSS, CDC</i>	56.3 percent (2013)

Progress Key:

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- ▲ **Purple Triangle:** Objective not met, trends are improving
- **Black Square:** Data not available

- Empty Square:** No change
- ◆ **Green Diamond:** Objective has been met
- ★ **Green Star:** Objective has been exceeded

1.4 Increase Healthy Food Outlets

Objective	Data Source	Most Recent Data	Progress	
Short-term Objectives				
1.4.1S CCCP	By 2015, increase the percentage of farmers markets that accept electronic benefits transfers (EBTs) for payment by 50 percent, from 6.6 percent in 2009 to 10 percent	<i>State Health Facts</i>	Data not available	■
Intermediate Objectives				
1.4.1I NEOP HC & LGH	By 2022, increase public health access to fruits and vegetables from 78.2 percent in 2012 to 88.0 percent [Objective Updated]	<i>CHIS, UCLA</i>	75.9 percent (2013–2014)	●
1.4.2I NEOP	By 2015, increase the number of corner stores that sell healthier food options in underserved areas (Developmental)	<i>No known data source</i>	Data not available	■
1.4.3I HC	By 2018, increase the percentage of households within 1/2-mile of a full-service grocery store, fresh produce market, or store with fresh produce [Developmental Objective Updated]	<i>California Board of Equalization</i>	County-level data available at: https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/	■
1.4.4I HC	By 2018, decrease the cost of food relative to income for female headed households with children under 18 from 26 percent in 2006 2010 [Developmental Objective Updated]	<i>Official United States Department of Agriculture Food Plans: Cost of Food at Home at Four Levels</i>	Data not available	■
Long-term Objectives				
1.4.1L	By 2020, employ behavioral economic strategies, such as food placement, in retail outlets to promote healthy purchasing (Developmental)	<i>No known data source</i>	Data not available	■

Progress Key:

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- ★ **Green Star:** Objective has been exceeded

1.4 Increase Healthy Food Outlets

Objective	Data Source	Most Recent Data	Progress
1.4.2L By 2020, implement Nutrition Network program in additional highly utilized food stores (Developmental)	<i>No known data source</i>	Data not available	■
1.4.3L By 2020, increase the number of farmers markets, community supported agriculture, or farm stands on public facilities in low income/food insecure communities (Developmental)	<i>No known data source</i>	Data not available	■
1.4.4L By 2020, increase the percentage of local and state government agencies that have adopted healthy food procurement standards and policies that promote purchase of more fruits, vegetables, and water, and less high-sodium foods and sugar sweetened beverages (Developmental)	<i>No known data source</i>	Data not available	■
1.4.5L By 2020, increase the percentage of youth-serving community sites and organizations that adopt healthy eating and vending guidelines and policies, including state-licensed childcare facilities, after-school and teen programs (Developmental)	<i>No known data source</i>	Data not available	■
1.4.6L By 2020, increase the proportion of food service entities (purchasers, suppliers, and/or vendors) that purchase, secure, or sell nutritious foods and beverages, including low-sodium foods (Developmental)	<i>No known data source</i>	Data not available	■

Progress Key:

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1.4 Increase Healthy Food Outlets

Objective	Data Source	Most Recent Data	Progress
1.4.7L By 2020, increase the adoption of procurement policies and practices that limit non-nutritious foods and beverages, including high sodium, in government-purchased food in worksites and schools (Developmental)	<i>No known data source</i>	Data not available	■

1.5 Increase Walking and Biking

Objective	Data Source	Most Recent Data	Progress
Intermediate Objectives:			
1.5.1I NEOP, SACB LGH By 2022, increase the annual number of walk trips per capita from 184 to 230	<i>National Household Travel Survey—California Add-on sample, California Department of Transportation (CalTrans)</i>	Data not available	■
1.5.2I NEOP, SACB LGH By 2022, increase the percentage of children who walk/bike/roll from school from 33.8 percent in 2009 to 51 percent [Objective Updated]	<i>CHIS, UCLA</i>	33.1 percent (2014)	●
1.5.3I NEOP HC By 2018, increase the percentage of commuters who use active transportation (walk, bicycle, and/or public transit) to travel to work from 8.8 percent in 2006–2010 to 11 percent [Objective Updated]	<i>ACS, U.S. Census Bureau</i>	9 percent (2010–2014)	▲

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1.5 Increase Walking and Biking

Objective	Data Source	Most Recent Data	Progress	
1.5.4I NEOP HC	By 2018, increase the percentage of the population aged 16 years or older by the time walking and biking to work ≥ 10 minutes/day from walking 1.6 percent in 2007–2011 and biking 1.3 percent in 2009 to 5 percent [Objective Updated]	<i>ACS, U.S. Census Bureau</i>	Data not available	■
1.5.5I NEOP HC	By 2018, increase the percentage of residents within ½ mile of park, beach, open space, or coastline (Developmental)	<i>California Protected Areas Database (CPAD), GreenInfo Network</i>	Data not available	■
1.5.6I NEOP HC	By 2018, increase the acres of tree canopy coverage in urban areas (Developmental)	<i>National Land Cover Database, U.S. Geological Survey</i>	Data not available	■
1.5.7I NEOP HC	By 2018, increase acres of parkland (usable walkable green space) per 1,000 residents (Developmental)	<i>CPAD, GreenInfo Network</i>	Data not available	■
Long-term Objectives				
1.5.1L	By 2020, increase the number of municipalities that have adopted local policies, ordinances, engineering solutions, or other strategies that promote safe, walkable, and bikeable communities, particularly in low income, underserved communities (Developmental)	<i>No known data source</i>	Data not available	■
1.5.2L	By 2020, increase the percentage of municipal General Plans that contain a health element with language specific to environments that promote daily physical activity (Developmental)	<i>No known data source</i>	Data not available	■

Progress Key:

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1.6 Increase Safe and Healthy Communities

Objective	Data Source	Most Recent Data	Progress	
Short-term Objectives				
1.6.1S DHCS	By 2015, increase the number of local health departments participating in their jurisdictions' General Plan development (Developmental)	<i>No known data source</i>	Data not available	■
Intermediate Objectives				
ALCOHOL MISUSE				
1.6.1I DHCS	By 2018, decrease the percentage of youth between 9th and 11th grades who reported binge drinking during the past two weeks (Developmental)	<i>Monitoring the Future Survey, National Institutes of Health</i>	Data not available	■
1.6.2I DHCS	By 2018, decrease the percentage of adults ages 18 years and older who reported that they engaged in binge drinking during the past 30 days (Developmental)	<i>National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA)</i>	Data not available	■
1.6.3I HC	By 2018, decrease the density of on-site and off-site alcohol outlets (Developmental)	<i>Reports, California Department of Alcoholic Beverage Control</i>	Data not available	■
SUBSTANCE ABUSE				
1.6.4I	By 2018, decrease the percentage of youth ages 12 to 17 years who have used marijuana (M) or nonmedical use of pain drugs (P) in the past 30 days from 7.8 percent and 5.25 percent respectively [Developmental Objective updated]	<i>NSDUH, SAMHSA</i>	M: 8.74 percent P: 4.87 percent (2013-2014)	● ◆
Progress Key:	● Red Circle: Objective not met, trends are worsening	□ Empty Square: No change	◆ Green Diamond: Objective has been met	★ Green Star: Objective has been exceeded
	▲ Purple Triangle: Objective not met, trends are improving			
	■ Black Square: Data not available			

1.6 Increase Safe and Healthy Communities








Objective	Data Source	Most Recent Data	Progress	
WATER				
1.6.5I DWP HC	By 2018, increase the percentage of the population served by community water systems that receives water meeting all health-based standards of the Safe Drinking Water Act from 98 percent in 2008–2012 to 99 percent	<i>Safe Drinking Water Plan for California (10/2015), State Water Resources Control Board; Safe Drinking Water Information System (SDWIS-State)</i>	Data not available	■
1.6.6I OH	By 2018, increase the percentage of the population served by community water systems with optimally fluoridated water from 62.1 percent in 2010 to 76.9 percent	<i>Water Fluoridation Reporting System, CDC</i>	63.7 percent (2014)	▲
AIR QUALITY				
1.6.7I CEHTP HC	By 2018, decrease the percentage of households/ population near busy roadways from 60 percent (2000 population data/2004 traffic data) to 50 percent [Objective Updated]	<i>ACS, U.S. Census Bureau; California Environmental Health Tracking Program (CEHTP), CDPH; CalTrans Highway Performance Monitoring System</i>	Data not available	■
1.6.8I HC	By 2018, increase the percentage of cities and counties with adopted climate action plans and FEMA approved local hazard mitigation plans (Developmental)	<i>Annual Planning Survey, Governor's Office of Planning and Research</i>	Data not available	■

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1.6 Increase Safe and Healthy Communities





Objective	Data Source	Most Recent Data	Progress	
1.6.9I CB, CEHTP HC	By 2018, decrease the number of days per year (in non attainment air basin or county) that exceeds ambient air standards for criteria pollutants for ozone and for PM2.5. In 2013, 10 of 15 air basins had 1 or more days that exceeded ambient air standards [Developmental objective updated]	<i>Aerometric Data and Analysis System, California Air Resources Board (CARB); CEHTP, CDPH</i>	13 of 15 air basins (2015) 7 increased days above standard criteria 6 decreased days above standard criteria Data available by county/region: https://www.arb.ca.gov/adam/select8/sc8start.php	  
1.6.10I NEOP	By 2018, increase the percentage of residents who do not drive a personal car to work from 27 to 30 percent	<i>ACS, U.S. Census Bureau</i>	26.8 percent (2014)	
1.6.11I NEOP HC	By 2018, increase the percentage of the population located < 1/2 mile of a regional bus/rail/ferry and < 1/4 mile of a local bus/light rail (Developmental)	<i>Transit asset inventories: Urban Land Use and Transportation Center, UC Davis; Safe Transportation Research and Education Center, UC Berkeley</i>	Data not available	
1.6.12I CCR	By 2018, enable the California Cancer Registry to add occupational data to registry files to assist in tracking occupational causes of cancer	<i>California Cancer Registry (CCR), CDPH</i>	90 percent (2012)	
Long-term Objectives				
1.6.1L SACB LGH	By 2022, increase the percentage of adults who report they feel safe in their neighborhoods all or most of the time from 91 percent in 2007 to 96 percent	<i>CHIS, UCLA</i>	87.3 percent (2013-2014)	

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1.6 Increase Safe and Healthy Communities






Objective	Data Source	Most Recent Data	Progress
ALCOHOL MISUSE			
1.6.2L SACB	By 2020, decrease the rate of fatalities due to alcohol impaired driving (Developmental)	<i>Fatality Analysis Reporting System, U.S. Department of Transportation</i>	29 percent (2014) 
UNINTENTIONAL INJURY			
1.6.3L SACB	By 2020, decrease the annual incidence of fall-related deaths among adults age 65 and older in California from 39 per 100,000 in 2010 to 29 per 100,000	<i>Vital Statistics, Death Statistical Master Files, EpiCenter—Injury Data Online, CDPH</i>	36 per 100,000 (2013) 
1.6.4L SACB HC	By 2020, decrease the annual number of all non-fatal injuries from collisions in California from 229,354 in 2010 to 220,000 [Objective Updated]	<i>Statewide Integrated Traffic Records System: Department of Transportation, California Highway Patrol, Office of Traffic Safety; EpiCenter—Injury Data Online, CDPH</i>	223,128 non-fatal injuries (2013) 
1.6.5L SACB HC	By 2020, decrease pedestrian non-fatal hospitalization injury annual incidence in California from 10.2 per 100,000 in 2010 to 8 per 100,000 population	<i>Hospital Patient Discharge Data (PDD) and Emergency Department (ED) Data, California Office of Statewide Health Planning and Development (OSHPD)</i> <i>Crash Medical Outcomes Data System, EpiCenter—Injury Data Online, CDPH</i>	10.3 per 100,000 (2014) 

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1.6 Increase Safe and Healthy Communities





Objective	Data Source	Most Recent Data	Progress
1.6.6L SACB	By 2020, decrease the annual incidence of unintentional injury deaths in California from 27 per 100,000 in 2010 to 20 per 100,000	<i>NVSS, CDC, Vital Statistics, Death Statistical Master Files, EpiCenter—Injury Data Online, CDPH</i>	29 per 100,000 (2013) 
1.6.7L SACB HC	By 2020, decrease the annual incidence of motor vehicle related deaths in California from 0.84 in 2010 to 0.50 per 100 million miles of travel [Objective Updated]	<i>Statewide Integrated Traffic Records System: Department of Transportation, California Highway Patrol, Office of Traffic Safety</i>	0.94 per 100 million miles of travel (2013) 
VIOLENCE			
1.6.8L SACB HC	By 2020, decrease the annual number of adults aged 18–65 years who report physical or sexual violence by an intimate partner in California (i.e., domestic violence calls for assistance) from 157,634 in 2012 to 125,000	<i>Uniform Crime Reports, California Department of Justice</i>	155,965 calls (2014) 
1.6.9L SACB	By 2020, decrease the annual incidence of homicides in California from 5 per 100,000 in 2010 to 4 per 100,000	<i>NVSS, CDC; Vital Statistics, Death Statistical Master Files, CDPH</i>	5 per 100,000 (2013) 
1.6.10L SACB HC	By 2020, decrease the annual incidence of homicides in California among African American males aged 15–29 years from 57.5 per 100,000 in 2009 to 40 per 100,000	<i>Vital Statistics, Death Statistical Master Files, EpiCenter—Injury Data Online, CDPH</i>	51 per 100,000 (2013) 

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1.6 Increase Safe and Healthy Communities







Objective	Data Source	Most Recent Data	Progress
AIR QUALITY			
1.6.11L	By 2020, decrease annual statewide Greenhouse Gas emissions from 477 in 2006 to the 1990 level 431 million metric tons of carbon dioxide equivalent (MMTCO ₂ e), pursuant to AB32 and the First Update to the Climate Change Scoping Plan	<i>California Statewide Greenhouse Gas Inventory, CARB</i>	441.5 MMTCO ₂ e (2014) 
SAFE AND HEALTHY WORKPLACES			
1.6.12L SACB OHB HC	By 2020, decrease the incidence of non-fatal work-related injuries reported by public- and private-sector employers from 3,900 per 100,000 full-time equivalent (FTE) workers in 2010 to 2,000 per 100,000 FTE workers [Objective Updated]	<i>Annual Survey of Occupational Injuries and Illnesses, BLS</i>	3,600 per 100,000 FTE workers (2014) 
1.6.13L OHB	By 2020, decrease the incidence of non-fatal work-related injuries and illnesses reported by private-sector employers from 3,700 per 100,000 FTE workers in 2010 to 3,330 per 100,000 FTE workers [Objective Updated]	<i>Annual Survey of Occupational Injuries and Illnesses, BLS</i>	3,500 per 100,000 FTE workers (2013) 
1.6.14L OHB	By 2020, decrease the incidence of work-related musculoskeletal disorders reported by private-sector employers, from 317 per 100,000 FTE workers in 2010 to 285 per 100,000 FTE workers [Objective Updated]	<i>Annual Survey of Occupational Injuries and Illnesses, BLS.</i>	415 per 100,000 FTE workers (2013) 

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1.6 Increase Safe and Healthy Communities





Objective	Data Source	Most Recent Data	Progress
1.6.15L OHB	By 2020, decrease the incidence of hospitalizations for work-related lower back disorders from 33.5 per 100,000 workers in 2010 to 14.5 per 100,000 workers [Objective Updated]	<i>Hospital Patient Discharge Data, OSPHD</i>	23.5 per 100,000 workers (2013) 
1.6.16L OHB	By 2020, decrease the number of workers with elevated blood lead levels at or above 10 ug/dL from 1,393 new cases in 2010 to 1,305 [Objective Updated]	<i>Occupational Blood Lead Registry, CDPH</i>	1,240 new cases (2014) 
1.6.17L OHB	By 2020, decrease the incidence of work-related hospitalizations (payment by workers' compensation) from 137.1 per 100,000 workers in 2010 to 69.8 per 100,000 workers [Objective Updated]	<i>Hospital Patient Discharge Data, OSHPD</i>	117 per 100,000 workers (2013) 
1.6.18L OHB	By 2020, decrease the incidence of work-related asthma from 623 new cases in 2008 to 573 [Objective Updated]	<i>Workers' Compensation Information System, Doctors' First Reports of Occupational Illness and Injury, OSHPD</i>	568 new cases (2013) 
1.6.19L OHB	By 2020, decrease the incidence of work-related ED visits for heat illness from 2.9 per 100,000 workers in 2010 to 2 per 100,000 workers [Objective Update]	<i>Emergency Department Data, OSHPD</i>	3.5 ED visits per 100,000 workers (2013) 
1.6.20L OHB	By 2020, decrease the incidence of work-related traumatic fatalities among Latinos from 2.7 per 100,000 FTE workers in 2010 to 2.0 per 100,000 FTE workers [Objective Updated]	<i>Fatalities Assessment Control and Evaluation</i>	3.1 per 100,000 FTE workers (2013) 

Progress Key:







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1.6 Increase Safe and Healthy Communities				
Objective		Data Source	Most Recent Data	Progress
1.6.21L OHB	By 2020, decrease the incidence of work-related fatal traumatic injuries from 2.2 per 100,000 FTE workers in 2010 to 2 per 100,000 FTE workers	<i>Census of Fatal Occupational Injuries, BLS</i>	2.5 per 100,000 FTE workers (2013)	

1.7 Decrease Childhood Trauma				
Objective		Data Source	Most Recent Data	Progress
Long-term Objectives:				
1.7.1L SACB LGH	By 2022, decrease the percentage of respondents indicating at least one type of Adverse Childhood Experience from 62 percent in 2012 to 45 percent [Objective Updated]	<i>BRFSS, CDC</i>	64 percent (2013)	
1.7.2L SACB HC & LGH	By 2022, reduce the (reported and substantiated) incidence of child maltreatment in 2012 (including physical, psychological, neglect) per 1,000 children from 53.1 to 50 and 9.2 to 8 per 1,000, respectively	<i>Child Welfare System/Case Management Services Dynamic Report System, CDSS</i>	Reported: 54.7 per 1,000 Substantiated: 9.1 per 1,000 (2014)	 
1.7.3L SACB	By 2020, decrease the rate of child maltreatment deaths from 1.4 per 100,000 in 2011 to 1.25 per 100,000	<i>Vital Statistics, Death Statistical Master File, CDPH; SB 39 reports, CDSS</i>	1.3 per 100,000 (2013)	

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5. This is a health disparity indicator was developed by OHB's Fatalities Assessment Control and Evaluation program. It uses Census of Fatal Occupational Injury data for the numerator (collected by the CA Department of Industrial Relations as part of the US Bureau of Labor Statistics CFI program). For the denominator, it uses the National Institute for Occupational Safety and Health's Employed Labor Force data tool (based on data from the US Bureau of the Census Current Population Survey Current Population Survey) to obtain the annual average number of Full-Time-Equivalent Hispanic workers age 16 years or older in all jobs.

1.8 Increase Early Learning				
Objective		Data Source	Most Recent Data	Progress
Intermediate Objectives:				
1.8.1I	By 2018, increase the percentage of children enrolled in preschool (Developmental)	<i>No known data source</i>	Data not available	■
Long-term Objectives				
1.8.1L CDE	By 2020, increase the percentage of third grade students whose reading skills are at or above the proficient level from 46 percent in 2011 to 69 percent (1.1.10L is duplicate objective)	<i>CASSPP Results, CDE</i>	45 percent in 2013	●
1.8.2L CDE HC	By 2020, increase the percentage of children who are kindergarten ready (not available statewide) (Developmental)	<i>Annual Reports, California Children and Families Commission (First Five)</i>	Data not available	■

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GOAL 2: Optimal Health Systems Linked with Community Prevention

2.1 Decrease the Number of People without Insurance				
Objective		Data Source	Most Recent Data	Progress
Short-term Objectives:				
2.1.1S Covered CA	By 2015, increase culturally and linguistically appropriate public outreach campaigns promoting enrollment for health insurance through Covered CA to uninsured individuals eligible for subsidy from 639 in 2014 [Developmental Objective Updated]	Covered CA	4,730 events (2016)	▲
Intermediate Objectives				
2.1.1I Covered CA	By 2018, increase enrollment of uninsured individuals eligible for subsidy through Covered CA into health insurance (Developmental)	Covered CA	Data not available	■
2.1.2I DPAC	By 2018, CDPH will adopt one policy to add type of insurance to relevant data sets collected in the Department	Policies, Information Technology Services Division (ITSD), CDPH	Data not available	■
Long-term Objectives				
2.1.1L Covered CA HC & LGH	By 2022, decrease the rate of federal subsidy eligible Californians who are uninsured from 56 percent (estimated in January 2014) to 24 percent	CHIS, UCLA; Covered CA	33 percent (2015)	▲

Progress Key:

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2.2 Increase Access to Primary and Specialty Care



Objective	Data Source	Most Recent Data	Progress
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Short-term Objectives:




ORAL HEALTH




2.2.1S OH & DHCS	By 2015, increase the percentage of low-income children and adolescents ages 1-20 years enrolled in Medi-Cal for at least 90 continuous days who received any preventive dental service from 36.9 percent in 2011 to 46.9 percent [Objective Updated]	<i>U.S. Centers for Medicare and Medicaid (CMS) (CMS-416-form); Medi-Cal, Department of Health Care Services (DHCS)</i>	33.6 percent (2015)	
2.2.2S OH & DHCS	By 2015, increase the percentage of low-income children ages 6-9 years enrolled in Medi-Cal for at least 90 continuous days who received a dental sealant on a permanent molar from 16.1 percent in 2011 to 26.1 percent [Objective Updated]	<i>U.S. CMS (CMS-416-form); Medi-Cal, DHCS</i>	15.8 percent (2015)	

CANCER





2.2.3S CCCP & DHCS EWC	By 2015, increase the prevalence of women 40 years and older who report having both a mammogram and a clinical breast exam within the prior two years by 7.5 percent, from 79.1 percent in 2010 to 85 percent	<i>BRFSS, CDC</i>	Data not available	
2.2.4S C4P	By 2015, increase colorectal cancer screening rates among people 50 and older using one of the screening options recommended by the 2008 U.S. Preventive Services Task Force Guidelines by 15 percent, from 68.1 percent in 2009 to 78.3 percent	<i>CHIS, UCLA</i>	Data not available	

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2.2 Increase Access to Primary and Specialty Care




Objective	Data Source	Most Recent Data	Progress	
Intermediate Objectives:				
2.2.11 LGH	By 2022, increase the percentage of patients receiving care in a timely manner from primary care physicians from 54.1 percent in 2012 to 78 percent and from specialists from 58.1 percent in 2012 to 78 percent [Developmental Objective Updated]	<i>Integrated Health care Association (IHA), California Pay for Performance Program (P4P), National Committee for Quality Assurance; California Health care Performance Information System (CHPI), Patient Assessment Survey (PAS) 2015</i>	Primary Care: 56 percent (2015) Specialty Care: 60.1 percent (2015)	
2.2.21 Covered CA	By 2018, decrease the percentage of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines (Developmental)	<i>Medical Expenditure Panel Survey (MEPS), U.S. Agency for Health care Research and Quality (AHRQ)</i>	Data not available	
ORAL HEALTH				
2.2.31 Covered CA, DHCS, & OH	By 2018, increase the percentage of adults in Denti-Cal who had an annual dental visit above the baseline of 21.7 percent in 2014 [Developmental Objective Updated]	<i>Medi-Cal Dental Performance Measures Report Fee-For-Service - Statewide - Calendar Year 2014 (dental benefits available starting May 1, 2014)</i>	Data not available	
CANCER				
2.2.41 CCCP & DHCS EWC	By 2015, increase the proportion of early-stage diagnoses of breast cancer among all women by 29 percent, from 69 percent in 2008 to 89 percent	<i>CCR, CDPH</i>	71.6 percent (2008-2013)	

Progress Key:

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2.2 Increase Access to Primary and Specialty Care

Objective	Data Source	Most Recent Data	Progress
2.2.5I C4P	By 2015, decrease the proportion of late-stage diagnoses of colorectal cancer among Californians by 15 percent, from 47.1 percent in 2008 to 40 percent	CCR, CDPH	55.8 percent (2013) 
2.2.6I CCCP	By 2015, decrease the proportion of late-stage diagnoses of colorectal cancer among African Americans and Asians and Pacific Islanders (A/PI) by 20 percent: from 51.5 percent in 2008 to 41.2 percent for African Americans, and from 51.8 percent in 2008 to 41.4 percent for Asian and Pacific Islanders	CCR, CDPH	AA: 53.0 percent  A/PI: 56.5 percent  (2013)







SCHOOL HEALTH CARE

2.2.7I NEOP	By 2018, increase the number of school-based health centers in K-12 public schools from 231 (2014) to 285 school-based health centers [Developmental Objective updated]	Reports, California School Health Centers Association	243 school-based health centers (2015) 
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ARTHRITIS

2.2.8I CAPP	By 2018, decrease the percentage of adults with arthritis who report arthritis-attributable activity limitations from 50.7 percent in 2013 to 47.2 percent	BRFSS, CA	49.2 percent (2015) 
2.2.9I CAPP	By 2018, decrease the percentage of working-age adults with arthritis who indicate arthritis-attributable work limitation from 53.6 percent in 2013 to 36.3 percent	BRFSS, CA	51.0 percent (2015) 


Progress Key:

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-  **Green Star:** Objective has been exceeded

2.2 Increase Access to Primary and Specialty Care





Objective	Data Source	Most Recent Data	Progress
2.2.10I CAPP	By 2018, decrease the proportion of adults with arthritis reporting severe pain (≥ 7 out of 11 point scale) from 30.0 in 2013 to 25.4 percent	BRFSS, CA	28.5 percent (2015) 

CHRONIC OBSTRUCTIVE PULMONARY DISEASE




2.2.11I	By 2020, decrease hospitalizations for Chronic Obstructive Pulmonary Disease (Developmental)	Hospital Patient Discharge Data System, OSHPD	Data not available 
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Long-term Objectives

CANCER



2.2.1L CCCP	By 2015, reduce the mortality rate of female breast cancer by 10 percent, from 21.4 per 100,000 in 2008 to 19.3 per 100,000	CCR, CDPH	20 per 100,000 (2013) 
2.2.2L C4P	By 2015, decrease the mortality rate of colorectal cancer by 17.5 percent, from 14.5 per 100,000 in 2008 to 12 per 100,000	CCR, CDPH	13.0 per 100,000 (2013) 
2.2.3L CCCP	By 2015, decrease the mortality rate of prostate cancer by 10 percent, from 21.7 per 100,000 in 2008 to 19.5 per 100,000	CCR, CDPH	19.5 percent (2013) 
2.2.4L CCCP	By 2015, decrease the mortality rate of prostate cancer among African American (non-Hispanic black) men by 10 percent, from 51.6 per 100,000 in 2008 to 46.4 per 100,000	CCR, CDPH	43.0 per 100,000 (2013) 

Progress Key:

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-  **Green Star:** Objective has been exceeded


2.2 Increase Access to Primary and Specialty Care

Objective	Data Source	Most Recent Data	Progress
2.2.5L CCR	By 2020, decrease the mortality rate of lung cancer from 36.2 per 100,000 in 2012 to 32.6 per 100,000	CCR, CDPH	32.04 per 100,000 (2013) 
2.2.6L CTCP	By 2020, decrease the incidence of lung cancer from 44.8 per 100,000 in 2012 to 31.3 per 100,000 [Objective updated]	CCR, CDPH	42.80 per 100,000 (2013) 


2.3 Increase Coordinated Outpatient Care, Increase People Receiving Care in an Integrated System

Objective	Data Source	Most Recent Data	Progress
Short-term Objectives			




PATIENT CENTERED MEDICAL HOME




2.3.1S CCCP	By 2015, increase the number of cancer patients who have received an aftercare plan after completing treatment by 10 percent, from 71.9 percent in 2010 to 79.1 percent	BRFSS, CDC	Data not available 
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LIFESTYLE INTERVENTION PROGRAMS







2.3.2S HDDPU & WW	By 2015, increase the proportion of WISEWOMAN (WW) participants in evidence-based lifestyle intervention programs who were referred, including those addressing social and emotional support, who were referred by a health care provider from 85 percent in 2014–2015 to 100 percent women, as federal funding allows [Objective Updated]	WW Minimum Data Elements, CDPH	98 percent (2015–2016) 
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Progress Key:




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-  **Black Square:** Data not available




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-  **Green Star:** Objective has been exceeded

2.3 Increase Coordinated Outpatient Care, Increase People Receiving Care in an Integrated System


Objective	Data Source	Most Recent Data	Progress
2.3.3S HDDPU & DHCS	By 2015, increase the percentage of Medi-Cal recipients with pre-diabetes or at high risk for type 2 diabetes who have access to evidence-based lifestyle intervention programs (Developmental)	<i>Medi-Cal Managed Care Plan Data, DHCS</i>	2 plans covering DPP (Molina Health and CA Alliance for Health) 
SELF-MANAGEMENT PROGRAMS			
2.3.4S HDDPU, CAPP, CTG & CDA	By 2015, increase the number of participants with a chronic health condition and/or disability who attend evidence-based chronic disease self-management programs in California from 15,149 from 2008 to 2012 to 25,000 from 2013 to 2017 [Objective Updated]	<i>Data repositories, California Department of Aging (CDA), CDPH</i>	16,844 participants (2015) 
2.3.5S HDDPU, CAPP, & CDA	By 2015, increase the number of counties with evidence-based chronic disease self-management programs from 38 in 2012 to 44, as federal funding allows	<i>Data repositories, CDA, CDPH</i>	22 counties (2014) 
2.3.6S HDDPU & DHCS	By 2015, increase the percentage of Medi-Cal recipients with diabetes who have access to Diabetes Self-Management Education (DSME) (Developmental)	<i>Medi-Cal Managed Care Plan Data, DHCS</i>	Data not available 
2.3.7S HDDPU	By 2015, increase the number of DSME programs from 159 in 2012 to 176	<i>Data repositories, Heart Disease and Diabetes Prevention Unit, CDPH</i>	181 DSME programs (2015) 
2.3.8S HDDPU	By 2015, increase the proportion of counties with DSME programs from 66 percent in 2012 to 76 percent, as federal funding allows	<i>Data repositories, Heart Disease and Diabetes Prevention Unit, CDPH</i>	69 percent (2015) 

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2.3 Increase Coordinated Outpatient Care, Increase People Receiving Care in an Integrated System


Objective	Data Source	Most Recent Data	Progress
2.3.9S HDDPU & DHCS	By 2015, increase number of smokers in the Medi-Cal program who call the California Smokers' Helpline (Quitline) through the Medi-Cal Incentives to Quit Smoking Project from approximately 17,500 callers in 2011 to 25,000 callers annually	<i>California Smokers' Helpline, DHCS</i>	23,951 callers (2015) 

Intermediate Objectives




PATIENT CENTERED MEDICAL HOMES




2.3.1I DHCS	By 2018, increase the percentage of Medi-Cal members in a patient-centered medical home (Developmental)	<i>No known data source</i>	Data not available 
2.3.2I LGH	By 2022, increase the percentage of people in population managed health plans from 48 percent in 2012 to 61 percent	<i>CHIS, UCLA</i>	52 percent (2014) 

SELF-MANAGEMENT PROGRAMS


2.3.3I HDDPU	By 2018, increase the proportion of people with diabetes in targeted settings who have at least one encounter at a DSME program per year (Developmental)	<i>No known data source</i>	Data not available 
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Progress Key:


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2.3 Increase Coordinated Outpatient Care, Increase People Receiving Care in an Integrated System



Objective	Data Source	Most Recent Data	Progress
2.3.4I CTCP & WW	By 2018, increase the number of calls to the California Smokers' Helpline referred from health care providers from 14,221 in 2012 to 15,000	<i>California Smokers' Helpline, CDPH; WW Minimum Data Elements, CDPH</i>	10,822 calls (2015) 

MEDICAL, MENTAL AND BEHAVIORAL HEALTH


2.3.5I DHCS	By 2018, increase the percentage of adults screened for alcohol misuse and provide brief counseling (Developmental)	<i>No known data source</i>	Data not available 
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Long-term Objectives




PATIENT CENTERED MEDICAL HOMES




2.3.1L LGH	By 2022, increase the percentage of patients whose doctor's office helps coordinate their care with other providers or services from 75 percent in 2012 to 94 percent for children/adolescents and 67 percent in 2012 to 94 percent for adult health maintenance organization patients (Developmental)	<i>California P4P, IHA</i>	Children: No Data  Available Adults: 59.4 percent (2014) 
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2.4 Increase Mental Health and Wellbeing

Objective	Data Source	Most Recent Data	Progress
Short-term Objectives			
ALZHEIMER'S DISEASE			
2.4.1S ADP	By 2015, update the Guideline for Alzheimer's Disease Management	<i>Reports, Alzheimer's Association</i>	Updated and released in February 2017 

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2.4 Increase Mental Health and Wellbeing

Objective	Data Source	Most Recent Data	Progress	
Intermediate Objectives				
2.4.1I	By 2018, increase policies and protocols used to screen for mental illness (Developmental)	<i>No known data source</i>	Data not available	■
ALZHEIMER'S DISEASE				
2.4.2I ADP	By 2018, California Alzheimer's Disease Centers increase training and education to professionals and students from 35,298 per year in 2010 to 60,000 per year	<i>Training and Education Reports, California Alzheimer's Disease Centers, CDPH</i>	28,891 professionals and students (2015-2016)	▲
2.4.3I ADP	By 2018, California Alzheimer's Disease Centers increase training and education to caregivers, patients, and community members from 16,100 per year in 2010 to 32,000 per year	<i>Training and Education Reports, CADC, CDPH</i>	37,132 caregivers, patients, and community members (2015-2016)	★
DEPRESSION				
2.4.4I	By 2018, increase the percentage of primary care physician office visits in Medi-Cal that use a standardized evidence-based tool to screen adults and youth for depression (Developmental)	<i>National Ambulatory Medical Care Survey, CDC</i>	Data not available	■
Long-term Objectives				
2.4.1L ADP	By 2020, decrease the percentage of adults age 60 and over reporting increased confusion or memory loss from 17 percent in 2011 to 16.5 percent	<i>BRFSS, CDC</i>	12.1 percent (2015)	★

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2.4 Increase Mental Health and Wellbeing



Objective	Data Source	Most Recent Data	Progress	
2.4.2L CAPP	By 2020, decrease the percentage of adults with arthritis that report anxiety from 17.4 in 2011 to 15.6 percent	BRFSS, CDC	Data not available	■
2.4.3L	By 2020, reduce opioid related (excluding heroin) morbidity and mortality crude rates from 9.63 overdoses per 100,000 ED visits in 2010, 12.1 overdoses per 100,000 hospitalizations in 2010, and 4.12 prescription opioid related deaths per 100,000 deaths in 2010, and reduce heroin related morbidity and mortality crude rates from 3.47 overdoses per 100,000 ED visits in 2010, 1.01 overdoses per 100,000 hospitalizations, and 0.86 deaths per 100,000 deaths in 2010 [Developmental Objective Updated]	California Opioid Overdose Surveillance Dashboard (crude rates)	10.05 opioid related (excluding heroin) overdoses per 100,000 ED visits (2015) 10.46 opioid related (excluding heroin) overdoses per 100,000 hospitalizations (2015) 3.48 prescription opioid related deaths per 100,000 deaths (2016) 7.93 heroin related overdoses per 100,000 ED visits (2015) 1.83 heroin related overdoses per 100,000 hospitalizations (2015) 1.44 heroin related deaths per 100,000 deaths (2016)	● ▲ ▲ ● ● ●
DEPRESSION				
2.4.4L LGH	By 2022, decrease the frequency of sad or hopeless feelings in the past 12 months from rates in 2012: 28 to 25 percent of 7th graders, 31 to 24 percent of 9th graders, and 32 to 27 percent of 11th graders	CHKS, CDE	7th graders: 25.3 percent (2013) 9th graders: 30.7 percent (2013) 11th graders: 32.5 percent (2013)	▲ ▲ ●
2.4.5L CAPP	By 2020, decrease the percentage of adults with arthritis that report depression from 26.3 percent in 2013 to 13.5 percent	BRFSS, CA	25.8 percent (2015)	●

Progress Key:





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2.4 Increase Mental Health and Wellbeing




Objective	Data Source	Most Recent Data	Progress
2.4.6L LGH By 2022, decrease the percentage of adolescents (12-17 years) and adults (≥ 18 years) who experience a major depressive episode in 2012 from 8 to 7 percent and 6 to 5 percent, respectively [Objective Updated]	CHIS, UCLA	Data not available ≥ 18 years old: 7.7 percent (2014)	 

2.5 Decrease Adult and Childhood Obesity and Diabetes









Objective	Data Source	Most Recent Data	Progress
Short-term Objectives			
2.5.1S WIC By 2015, decrease the obesity rate among 4 year old children participating in Women, Infants and Children Program (WIC) by 1 percent from 20 percent overweight in 2012 to 19 percent	<i>WIC Management Information Systems, CDPH</i>	18.75 percent (2015)	
2.5.2S HDDPU By 2015, increase awareness of pre-diabetes so that the prevalence of people who self-report having pre-diabetes increases from 9 percent in 2011 to 12 percent	<i>NHANES, CDC; CHIS, UCLA</i>	13.5 percent (2015)	
Intermediate Objectives			
2.5.1I HDDPU By 2018, increase the proportion of WW participants with diabetes in adherence to medication regimens from 63 percent in 2012 to 69 percent, as federal funding allows	<i>Medi-Cal EHR Incentive Program, DHCS; National Quality Forum (NQF); WW Minimum Data Elements, CDPH</i>	88.2 Percent (2015)	
2.5.2I HDDPU By 2018, decrease the proportion of people with diabetes who have Hemoglobin A1C > 9 (Developmental)	<i>Medi-Cal EHR Incentive Program, DHCS; NQF</i>	Data not available	

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2.5 Decrease Adult and Childhood Obesity and Diabetes

Objective	Data Source	Most Recent Data	Progress
2.5.3I DHCS & CDSS	By 2018, increase annual CalFresh Enrollment among Eligible Medi-Cal members by 5 percent each year (Developmental)	<i>Medi-Cal MIS; CDSS Data Warehouse; CDSS MEDS database</i>	Data not available 
Long-term Objectives			
2.5.1L NEOP LGH	By 2022, decrease the percentage of children and adolescents who are overweight and obese, respectively in 2012 from: 12 to 10 percent (2-5 years), 12 to 11 percent (6-11 years), and 18 to 15 percent (12-17 years)	<i>CHIS, UCLA</i>	2-5 year olds: 13.7 percent 6-11 year olds: 15.8 percent 12-17 year olds: 30.9 percent (2014)   
2.5.2L NEOP & WW LGH	By 2022, decrease the percentage of adults who are obese from 22.7 percent in 2012 to 11 percent	<i>CHIS, UCLA</i>	28 percent (2015) 
2.5.3L MCAH	By 2020, increase the proportion of mothers who achieve a recommended weight gain (per IOM standards) during their pregnancies from 34.4 percent in 2011 to 36.1 percent [Objective updated]	<i>Vital Statistics, Birth Statistical Master Files, MIHA Survey, CDPH</i>	34.3 percent (2013) 
2.5.4L	By 2020, decrease the prevalence of diagnosed gestational diabetes mellitus in hospital deliveries (Developmental)	<i>Hospital Patient Discharge Data, OSHPD</i>	9 percent (2013) 
2.5.5L HDDPU & WW LGH	By 2022, decrease the prevalence of diagnosed diabetes, in adults, from 9.8 percent in 2012 to 7 percent [Objective Updated]	<i>BRFSS</i>	9.9 percent (2015) 

Progress Key:





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2.5 Decrease Adult and Childhood Obesity and Diabetes

Objective	Data Source	Most Recent Data	Progress
2.5.6L HDDPU	By 2020, decrease the age-adjusted hospital discharge rate for diabetes as any-listed diagnosis for persons with diabetes from 337 per 1,000 in 2008 to 275 per 1,000	<i>Hospital Patient Discharge Data, OSHPD</i>	200 per 1,000 (2014) 

2.6 Increase Controlled High Blood Pressure and High Cholesterol

Objective	Data Source	Most Recent Data	Progress
Intermediate Objectives			
2.6.1I HDDPU & WW	By 2018, increase the number of adults who have been screened for high blood pressure within the previous 2 years from 91 percent in 2008 to 93 percent	<i>NHIS, CDC; CHIS, UCLA; WW Minimum Data Elements, CDPH</i>	Data not available 
2.6.2I HDDPU & WW	By 2018, increase the number of adults who have been screened for high cholesterol in the previous 5 years from 86 percent in 2008 to 88 percent	<i>NHIS, CDC; CHIS, UCLA; WW Minimum Data Elements, CDPH</i>	78 percent (2015) 
2.6.3I	By 2018, increase the number of employed community health workers in California (Developmental)	<i>BLS</i>	6,160 community health workers (2014) 
Long-term Objectives			
2.6.1L HDDPU & WW	By 2020, decrease the prevalence of high blood pressure from 26 percent in 2009 to 23 percent	<i>CHIS, UCLA</i>	28.8 percent (2015) 

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2.6 Increase Controlled High Blood Pressure and High Cholesterol



Objective	Data Source	Most Recent Data	Progress
2.6.2L HDDPU LGH By 2022, increase the percentage of adults diagnosed with diabetes that have controlled high blood pressure from: 67.1 percent in 2012 to 80 percent for HMO patients [Objective Updated]	<i>California P4P, IHA</i>	71.3 percent (2014)	▲
2.6.3L HDDPU & WW By 2020, decrease the prevalence of high cholesterol from 32 percent in 2005 to 20 percent	<i>BRFSS</i>	33 percent (2015)	●
2.6.4L HDDPU LGH By 2022, increase the percentage of adults diagnosed with high cholesterol who are managing the condition from: 76 to 91 percent for Medicare patients, 50 to 70 percent for PPO patients, and 78 to 86 percent for HMO patients	<i>California P4P, IHA</i>	Data not available	■
2.6.5L HDDPU & WW By 2020, decrease rate of hospitalization with acute stroke as principal diagnosis from 1.89 per 1,000 in 2011 to 1.30 per 1,000 [Objective updated]	<i>Hospital Patient Discharge Data, OSHPD</i>	1.87 per 1,000 (2015)	▲
2.6.6L HDDPU & WW By 2020, decrease rate of hospitalization with acute myocardial infarction as primary diagnosis from 1.43 per 1,000 in 2011 to 1.00 per 1,000 [Objective updated]	<i>Hospital Patient Discharge Data, OSHPD</i>	1.37 per 1,000 (2015)	▲
2.6.7L HDDPU By 2020, decrease the rate of hospitalizations for adults 65 and over with heart failure as the principle diagnosis from 12.4 per 1,000 in 2011 to 12.1 per 1,000 [Objective updated]	<i>Hospital Patient Discharge Data, OSHPD</i>	11.3 per 1,000 (2015)	★
2.6.8L HDDPU & WW By 2020, decrease stroke mortality rate from 36.5 per 1,000 in 2011 to 29.5 per 100,000	<i>Vital Statistics, Death Statistical Master Files, CDPH</i>	34.6 per 100,000 (2014)	▲

Progress Key:





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2.6 Increase Controlled High Blood Pressure and High Cholesterol

Objective	Data Source	Most Recent Data	Progress
2.6.9L HDDPU & WW	By 2020, decrease heart disease mortality rate from 159.1 in 2011 to 96.4 per 100,000	<i>Vital Statistics, Death Statistical Master Files, CDPH</i>	144.6 per 100,000 (2014) 
2.6.10L HDDPU & WW	By 2020, decrease heart failure mortality rate from 12.5 in 2010 to 10 per 100,000	<i>Vital Statistics, Death Statistical Master Files, CDPH</i>	13.8 per 100,000 (2014) 



2.7 Decrease Adult and Childhood Asthma

Objective	Data Source	Most Recent Data	Progress
Intermediate Objectives			
2.7.1I CB	By 2018, increase the number of health care payers that cover and reimburse for comprehensive asthma management, including self-management education, the use of certified asthma educators, and home visits by nurses, community health workers, etc. (Developmental)	<i>Rady Children's Hospital</i>	Data not available (Pilot projects initiated with U.S. EPA region 9 and Rady Children's Hospital in San Diego) 
Long-term Objectives			
2.7.1L CB	By 2020, reduce the number of school days missed due to asthma from 1.4 million in 2009 to 1.2 million in the past 12 months	<i>NHIS, CDC; CHIS, UCLA</i>	1.7 million days (2013) 
2.7.2L CB LGH	By 2022, reduce the asthma ED visit rate for ages 0-17 years from 73 per 10,000 in 2010 to 53 per 10,000	<i>Emergency Department Data, OSHPD</i>	77.3 per 10,000 (2013) 
2.7.3L CB	By 2020, reduce the asthma hospitalization rate for ages 0-17 years from 11 per 10,000 in 2010 to 8 per 10,000 [Objective updated]	<i>Hospital Patient Discharge Data, OSHPD</i>	10.5 per 10,000 (2013) 





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2.7 Decrease Adult and Childhood Asthma




Objective	Data Source	Most Recent Data	Progress
2.7.4L CB	By 2020, reduce the disparity between African American and White asthma ED visit rates from 4 times higher in 2010 to 3 times higher	<i>Emergency Department Data, OSHPD</i>	4.2 times higher (2013) 
2.7.5L CB	By 2020, reduce the disparity between African American and White asthma hospitalization rates from 3.8 times higher in 2010 to 3 times higher	<i>Hospital Patient Discharge Data, OSHPD</i>	3.7 times higher (2013) 

2.8 Increase Vaccinations

Objective	Data Source	Most Recent Data	Progress
Short-term Objectives			
2.8.1S IZB	By 2015, increase the number of clinical sites enrolled with the California Immunization Registry (CAIR) by 20 percent from 2,000 in 2013 to 2,400	<i>CAIR, CDPH</i>	2,421 sites (2015) 5,800 sites (3/2017) 
2.8.2S IZB	By 2015, increase the number of clinical sites registered at the new Immunization Messaging Portal for data exchange from 0 in 2013 to 1,000	<i>Immunization Messaging Portal, CDPH</i>	6,000 sites (2015) 7,366 sites (3/2017) 
2.8.3S IZB	By 2015, increase the percentage of all vaccine doses entering CAIR via electronic data exchange from 35 percent in 2013 to 60 percent	<i>CAIR, CDPH</i>	61 percent (2015) 70 percent (3/2017) 
2.8.4S IZB	By 2015, increase the percentage of children (0-5 years) with two or more vaccine doses in CAIR from 58 percent in 2013 to 70 percent	<i>CAIR, CDPH</i>	70.4 percent (2015) 75.9 percent (3/2017) 

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2.8 Increase Vaccinations







Objective	Data Source	Most Recent Data	Progress
2.8.5S IZB	CAIR, CDPH	33.6 percent (2015) 44.2 percent (3/2017)	▲
Intermediate Objectives			
2.8.1I CCCP	NHIS, National Immunization Survey: Teen, CDC	48.4 percent (2015)	★
2.8.2I IZB	CAIR, CDPH	Consolidation of CDPH regions and software completed, as of 3/2017 on target for connectivity	▲
2.8.3I IZB	CAIR, CDPH	Expected Summer 2017	▲
Long-term Objectives			
2.8.1L CCCP	CCR, CDPH	7.1 percent (2013)	▲

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2.9 Decrease Infant Deaths

Objective	Data Source	Most Recent Data	Progress	
Short-term Objectives				
2.9.1S MCAH	By 2015, increase the number of families enrolled in CDPH California Home Visiting Program (CHVP) from 0 to 2,200 and increase number of home visits from 0 in 2012 to 25,000, as federal funding allows	<i>California Home Visiting Program, CDPH</i>	Enrollment: over 4,300 families Visits conducted: over 75,000 visits (2015)	
2.9.2S	By 2015, increase the percentage of teen mothers and infants referred for follow-up care, education and support, including Early Head Start (Developmental)	<i>No known data source</i>	Data not available	
2.9.3S MCAH	By 2015, increase percentage of women with a usual source of pre-pregnancy health care from 72.8 percent in 2010 (Developmental)	<i>MIHA, CDPH</i>	72 percent (2012)	
Intermediate Objectives				
2.9.1I MCAH	By 2018, increase the percentage of infants born to pregnant women receiving prenatal care beginning in the first trimester from 82.9 percent in 2009 to 87.9 percent [Objective updated]	<i>NVSS, CDC; Vital Statistics, Birth Statistical Master Files, CDPH</i>	83.6 percent (2013)	
2.9.2I MCAH	By 2020, decrease the birth rate for teenagers (15-17 years) from 13.3 in 2012 to 7.8 [Developmental Objective Updated]	<i>Vital Statistics, Birth Statistical Master Files, CDPH</i>	9.7 per 1,000 (2014)	
2.9.3I DHCS OSPHD MCAH	By 2018, reduce the non-medically indicated singleton elective deliveries before 39 weeks gestational age (Developmental)	<i>Vital Statistics, Birth Statistical Master Files, CDPH; Hospital Patient Discharge Data System, OSHPD</i>	Data not available	

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2.9 Decrease Infant Deaths				
Objective		Data Source	Most Recent Data	Progress
Long-term Objectives				
2.9.1L MCAH	By 2020, decrease the percentage of live singleton births weighing less than 1500 grams from 0.9 percent in 2009 (Developmental)	<i>NVSS, CDC; Vital Statistics, Birth Statistical Master Files, CDPH</i>	0.9 percent (2013)	
2.9.2L MCAH LGH	By 2022, decrease the infant mortality rate from 5 per 1,000 live births in 2009 (Developmental Objective Updated)	<i>Vital Statistics, Birth and Death Statistical Master Files, CDPH</i>	4.6 per 1,000 (2012)	
2.9.3L MCAH	By 2020, decrease the ratio of black to white infant mortality rate from 2.5 per 1,000 live births in 2009 (Developmental)	<i>Vital Statistics, Birth and Death Statistical Master Files, CDPH</i>	2.6 per 1,000 (2012)	
2.9.4L MCAH	By 2020, decrease the pregnancy-related mortality rate from 18 per 100,000 live births in 2009 [Developmental Objective Updated]	<i>Vital Statistics, Birth and Death Statistical Master Files, CDPH</i>	15.2 per 100,000 (2012)	

2.10 Increase Culturally and Linguistically Appropriate Services				
Objective		Data Source	Most Recent Data	Progress
Intermediate Objectives				
2.10.1I CDPH & DHCS	By 2018, support the expansion of the National Culturally and Linguistically Appropriate Services (CLAS) Standards, including assessment, technical assistance and training for DHCS [Developmental Objective Updated to match Portrait of Promise IHF1.1]	<i>Portrait of Promise: The California Statewide Plan to Promote Health and Mental Health Equity August 2015, CDPH</i>	Currently building capacity to implement this goal through the proper channels of resource acquisition and spending authority	

Progress Key:

- Red Circle:** Objective not met, trends are worsening
- Purple Triangle:** Objective not met, trends are improving
- Black Square:** Data not available
- Empty Square:** No change
- Green Diamond:** Objective has been met
- Green Star:** Objective has been exceeded

2.10 Increase Culturally and Linguistically Appropriate Services

Objective	Data Source	Most Recent Data	Progress	
Long-term Objectives				
2.10.1L DHCS	By 2020, increase the percentage of persons who report their health care provider always listens carefully (Developmental)	MEPS, AHRQ	Data not available	■
2.10.2L DHCS	By 2020, increase the percentage of persons who report their health care provider always explained things so they could understand them (Developmental)	MEPS, AHRQ	Data not available	■
2.10.3L	By 2020, create a statewide training and certification program for Patient Navigators (Developmental)	No known data source	Data not available	■

2.11 Increase Advance Care Planning






Objective	Data Source	Most Recent Data	Progress	
Short-term Objectives				
2.11.1S	By 2015, increase the percentage of health systems and providers with established systems within their organization for consistently and reliably soliciting, documenting and honoring patient treatment preferences (Developmental)	No known data source	Data not available	■
Intermediate Objectives				
2.11.1I	By 2018, increase the percentage of adults who have a current Physician Orders for Life Sustaining Treatment (POLST) (Developmental)	No known data source	Data not available	■

Progress Key:







- **Red Circle:** Objective not met, trends are worsening
- ▲ **Purple Triangle:** Objective not met, trends are improving
- **Black Square:** Data not available

- **Empty Square:** No change
- ◆ **Green Diamond:** Objective has been met
- ★ **Green Star:** Objective has been exceeded






2.12 Increase Hospital Safety and Quality of Care

Objective	Data Source	Most Recent Data	Progress
Short-term Objectives			
2.12.1S L & C	By 2015, publish the “Adverse Events in Hospitals Underreporting Study” on the CDPH website	<i>Adverse Event Reports, Center for Health Care Quality (CHCQ), CDPH</i>	Not Published; “Adverse Events in Hospitals Underreporting Study” will be published in 2018 
2.12.2S L & C	By 2015, publish regulations clarifying the definitions and reporting requirements for adverse events in hospitals on the CDPH website	<i>California Health & Safety Code 1279.1, California Code of Regulations, Title 22</i>	Not adopted; Regulations clarifying the definitions and reporting requirements for adverse events in hospitals will be adopted in 2018 
Intermediate Objectives			
2.12.1I L & C	By 2018, publish “Adverse Events in Hospitals” by individual hospital on the CDPH website	<i>Adverse Event Reports, CHCQ, CDPH</i>	Not Published; “Adverse Events in Hospitals” will be published in 2018 
CARDIOVASCULAR DISEASE			
2.12.2I HDDPU	By 2018, increase the proportion of Local Emergency Medical Service Agencies (LEMSA) who have ST Elevation Myocardial Infarction (STEMI) Critical Care Systems in place from 66 percent in 2008 to 100 percent [Objective Updated]	<i>EMSA</i>	85 percent (2016) 
2.12.3I HDDPU	By 2018, increase the percentage of adults who access rapid emergency care for an acute stroke by 10 percent from 60.7 percent in 2012 to 63 percent [Objective Updated]	<i>California Stroke Registry (CSR), CDPH; Get with The Guidelines–Stroke Module (GWTG–Stroke), American Heart Association/ American Stroke Association</i>	59.8 percent (2015) 







Progress Key:

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-  **Black Square:** Data not available
-  **Empty Square:** No change
-  **Green Diamond:** Objective has been met
-  **Green Star:** Objective has been exceeded



2.12 Increase Hospital Safety and Quality of Care

Objective	Data Source	Most Recent Data	Progress
2.12.4I HDDPU	By 2018, increase the percentage of eligible patients with acute heart attacks who receive percutaneous coronary intervention (PCI) within 90 minutes of hospital arrival from 89 to 98 percent	<i>ACTION-GWTG, American Heart Association/ American College of Cardiology</i>	Data not available 
2.12.5I HDDPU	By 2018, increase the proportion of eligible patients with acute heart attacks who receive fibrinolytic therapy within 30 minutes of arrival to non-PCI capable hospital from 47 percent in 2011 to 55 percent	<i>Acute Coronary Treatment and Intervention Outcomes Network Registry—Get with the Guidelines (ACTION-GWTG), American Heart Association/ American College of Cardiology</i>	Data not available 
2.12.6I HDDPU	By 2018, increase the proportion of eligible patients with acute ischemic stroke who receive reperfusion therapy within the recommended therapeutic time window of 180 minutes from symptom onset from 92.3 percent in 2012 to 98 percent [Objective Updated]	<i>CSR, CDPH; GWTG—Stroke, American Heart Association/ American Stroke Association.</i>	92.7 percent (2015) 
2.12.7I EMSA	By 2018, adopt two policies to improve the quality of emergency response for acute heart attack and stroke	<i>Reports, EMSA</i>	No change; policies in progress 
Long-term Objectives			
2.12.1L DHCS & OSPHD LGH	By 2022, decrease the 30-day All-Cause Unplanned Readmission Rate from 14 percent in 2012 to 11.9 percent (Unadjusted) (Developmental)	<i>Hospital Patient Discharge Data, OSHPD; Medi-Cal, DHCS</i>	13.6 percent (2014) 

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-  **Black Square:** Data not available
-  **Empty Square:** No change
-  **Green Diamond:** Objective has been met
-  **Green Star:** Objective has been exceeded




2.12 Increase Hospital Safety and Quality of Care




Objective	Data Source	Most Recent Data	Progress
2.12.2L L & C LGH	By 2022, reduce the incidence of measurable hospital-acquired conditions (per 1000 discharges) from 0.76 in 2012. [Developmental Objective Updated]	Hospital Patient Discharge Data, OSHPD; AHRQ, Prevention Quality Indicators; Medi-Cal, DHCS	0.57 per 1,000 discharges (2014) 
2.12.3L L & C	By 2020, decrease adverse events in hospitals (Developmental)	Adverse Event Reports, CHCQ, CDPH	Data not available 

2.13 Increase Palliative Care and Hospice Care, Decrease Hospitalization during the End of Life

Objective	Data Source	Most Recent Data	Progress
Intermediate Objectives			
2.13.1I DHCS	By 2018, provide pediatric palliative care services to allow children who have a CCS-eligible medical condition with a complex set of needs and their families the benefits of hospice-like services, in addition to state plan services during the course of an illness, in order to minimize the use of institutions, especially hospitals, and improve the quality of life for the participant and family (Developmental)	<i>Pediatric Palliative Care Waiver, DHCS</i>	DHCS, Long-Term Care Division, is preparing for the upcoming Partners for Children Pediatric Palliative Care Waiver (PFC/PPCW) Renewal, to become effective December 27, 2017 through December 26, 2022. 

Progress Key:

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-  **Green Star:** Objective has been exceeded

GOAL 3: Accessible and Usable Health Information




3.1 Increase Transparent Information on Cost and Quality of Care				
Objective		Data Source	Most Recent Data	Progress
Short-term Objectives:				
3.1.1S HDDPU & DHCS OHIT	By 2018, increase the percentage of health care providers participating in Medi-Cal EHR Incentive Program who have demonstrated meaningful use with certified electronic health records from 33 percent in 2012 to 55 percent (Developmental Objective Updated)	<i>Medi-Cal EHR Incentive Program, DHCS</i>	38 percent (2014)	▲
3.1.2S HDDPU	By 2015, increase the proportion of health care providers participating in Medi-Cal EHR Incentive Program who report on the percentage of adults with adequately controlled blood pressure (NQF Measure 18) from 12 percent in 2013 to 25 percent (Developmental Objective Updated)	<i>Medi-Cal Managed Care Plan data, DHCS</i>	23 percent (2014)	▲
3.1.3S HDDPU	By 2015, increase the percentage of health care providers participating in Medi-Cal EHR Incentive Program who report on the percentage of adults with diabetes who have Hgb A1C > 9 percent (NQF Measure 59) from 11 percent in 2013 to 25 percent (Developmental Objective Updated)	<i>Medi-Cal Managed Care Plan data, DHCS</i>	21 percent (2014)	▲
3.1.4S Covered CA, DHCS	By 2015, Covered CA and DHCS will develop a state multi-payer claims database or participate in an existing All Payers Claims Database (Developmental)	<i>No known data source</i>	Data not available	■

Progress Key:







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- ▲ **Purple Triangle:** Objective not met, trends are improving
- **Black Square:** Data not available

- **Empty Square:** No change
- ◆ **Green Diamond:** Objective has been met
- ★ **Green Star:** Objective has been exceeded

3.1 Increase Transparent Information on Cost and Quality of Care

Objective	Data Source	Most Recent Data	Progress
3.1.5S CDE	By 2015, collect statewide weighted Youth Risk Behavior Surveillance System (YRBSS) data	YRBSS, CDC	Data Collected (2015) 
3.1.6S CHSI & ITSD	By 2015, increase the number of health systems that contribute electronic health data to population based health registries (i.e., immunizations, cancer, etc.) (Developmental)	Health Information Exchange Gateway, CDPH	Data not available 
3.1.7S CHSI & ITSD	By 2015, CDPH will develop one federated data system or unified data warehouse with central repository host with aggregated data from different sectors to support health information exchange and population health surveillance for use at the state or local level (Developmental)	Health Information Exchange Gateway, CDPH	Federated data system developed (2015) 
Intermediate Objectives			
3.1.1I HDDPU	By 2018, increase the percentage of medical practices that use electronic health records from 71 percent in 2011 to 90 percent	National Ambulatory Medical Care Survey, CDC; Physician Survey, California Health Care Foundation	80.1 percent (2014) 
3.1.2I HDDPU	By 2018, increase the proportion of providers that adopt electronic provider reminder/recall, clinical decision support, and provider assessment and feedback systems (Developmental)	No known data source	Data not available 

Progress Key:

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-  **Black Square:** Data not available
-  **Empty Square:** No change
-  **Green Diamond:** Objective has been met
-  **Green Star:** Objective has been exceeded

3.1 Increase Transparent Information on Cost and Quality of Care

Objective	Data Source	Most Recent Data	Progress
3.1.3I CSR	By 2017, expand the California Stroke Registry (CSR) in California from 13 participating hospitals in 2015 to 30 participating hospitals, as federal funding allows [Objective Updated]	CSR, CDPH	16 participating hospitals (2016) ▲
3.1.4I PI and Clinical Center & UCLA	By 2018, expand the California Parkinson's Disease Registry from 3 counties in California to 58, as outside funding allows [Developmental Objective Updated]	California Parkinson's Disease Registry, CDPH, Parkinson's Institute and Clinical Center, UCLA	3 counties (2015) □
3.1.5I OH	By 2018, develop one oral health burden of disease report for California	No known data source	Data not available ■
Long-term Objectives			
3.1.1L DMHC	By 2020, the 10 largest NCQA accredited health plans in California will achieve the National 90th percentile in performance of HEDIS control measures for HTN, heart disease (HD) and diabetes (DM) [Developmental Objective Updated]	NCQA's quality Compass (R) 2015 (Performance Year 2014), Trend Analysis Provided by the UC Berkeley School of Public Health Right Care Research Team	HTN: 2 health plans [2014: Kaiser Permanente - North; and Kaiser Permanente - South] ¹⁴ ▲ HD: Data not available ■ DM: 2 health plans [2014: Kaiser Permanente - North; and Sharp Health Plan (HMO)] ¹⁵ ▲

Progress Key:

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GOAL 4: Prevention Sustainability and Capacity

4.1 Increase Affordable Care and Coverage				
Objective	Data Source	Most Recent Data	Progress	
Intermediate Objectives:				
4.1.1I	By 2018, begin or increase community preventive services (lifestyle intervention, self-management, and/or worksite wellness programs) [Developmental Objective Updated]	<i>No known data source covers all services</i>	See the below objectives for specific program progress: 2.3.2S 2.3.3S 2.3.4S 2.3.4I 2.3.5S 2.7.1I	■
Long-term Objectives				
4.1.1L LGH	By 2022, decrease health care cost (Total premium + out of pocket) as percent of median household income from: 22 percent in 2012 to 23 percent for families and 13 percent in 2012 to 13 percent for individuals	<i>ACS, U.S. Census Bureau; Employer Surveys, Kaiser Family Foundation/ California Health care Foundation; MEPS Consolidated Data File, AHRQ</i>	Data not available	■

4.2 Increase Payment Policies that Reward Value				
Objective	Data Source	Most Recent Data	Progress	
Intermediate Objectives:				
4.2.1I	By 2018, implement Accountable Care Community models and publish outcomes that use business models in which all members of the care team assume fiscal risk and obtain fiscal benefit from patient outcomes (Developmental)	<i>No known data source</i>	Data not available	■

Progress Key:

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- ▲ **Purple Triangle:** Objective not met, trends are improving
- **Black Square:** Data not available
- Empty Square:** No change
- ◆ **Green Diamond:** Objective has been met
- ★ **Green Star:** Objective has been exceeded

4.2 Increase Payment Policies that Reward Value

Objective	Data Source	Most Recent Data	Progress
4.2.21 By 2018, increase the percentage of health systems providers and payers that implement patient-centered medical home supplemental per member per month payment (Developmental)	<i>No known data source</i>	Data not available	■
4.2.31 By 2018, increase the percentage of health systems, providers, and payers that adopt Triple Aim Pay for Performance (Developmental)	<i>No known data source</i>	Data not available	■

4.3 Decrease Rate of Growth in Health care Spending


Objective	Data Source	Most Recent Data	Progress
Short-term Objectives:			
4.3.1S By 2015, increase the number of local health departments participating in nonprofit hospital community benefit health assessments and improvement plans (Developmental)	<i>No known data source</i>	Data not available	■
Intermediate Objectives			
4.3.1I By 2018, increase the number of local public health departments nationally accredited by the Public Health Accreditation Board to 6 [Developmental Objective updated]	<i>Public Health Accreditation Board</i>	9 local public health departments (2016)	★

Progress Key:







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- **Black Square:** Data not available

- **Empty Square:** No change
- ◆ **Green Diamond:** Objective has been met
- ★ **Green Star:** Objective has been exceeded

4.3 Decrease Rate of Growth in Health care Spending

Objective	Data Source	Most Recent Data	Progress
Long-term Objectives			
4.3.1L LGH	By 2022, decrease the Compound Annual Growth Rate (CAGR) by total health expenditures and per capita costs from total—7 percent, per capita—6 percent, and Gross State Product (GSP)—4 percent: to no greater than CAGR for GSP	<i>Data Navigator, U.S. CMS</i>	Data not available 

Progress Key:

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Discussion

In this Report, varying degrees of progress on 267 CWP objectives are presented, from areas where objectives have been met (Appendix A), to areas where limited or no progress has been made (see Appendix B, C), moreover, in some cases data is not available and progress is unknown (see Appendix D). These limitations may represent potential priorities or future targets for measurement and associated interventions.

Opportunities

The results of this Progress Report will be made available online on the California Health and Human

Services Agency's Open Data Portal website (see <https://chhs.data.ca.gov>). Users can access the lowest-level data available online for each CWP objective and instructions are available to help access specific data. Future updates are dependent on partner participation and funding.

Learn about the goal areas and key indicators used to measure LGHC progress toward making California the healthiest state in the nation by 2022 at the LGHC website (see <https://letsgethealthy.ca.gov>).

Conclusion

This Progress Report provides current evidence of population health and indicates areas for continued improvement in the health of Californians in order to make California the healthiest state in the nation by 2022.

Appendices

Appendix A: “Objective Met” Detail: Baselines, Targets, Progress

Decrease Rate of Growth in Health care Spending								
Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest
Increase health status (Community Resilience, Education, Income, Life Expectancy, Equity)								
1.11S	Adopt health equity as a key consideration in five state guidance documents		2014	0 documents	2015	5 documents	2015	6 documents
1.110I HC	Decrease the annual not seasonally-adjusted unemployment rate [Objective Updated]		2012	10.8%	2018	7%	2014–2015	7.5% 6.2%
Decrease Adult and Adolescent Tobacco Use								
1.2.2I	Increase public support for “cigarette butts are toxic to the environment” [Objective Updated]		2012	83%	2018	90%	2014	92%
1.2.7I	Increase the percentage of tobacco-free public K – 12 grade schools [Developmental Objective Updated]	▶	2014	unknown	2018	100%	2016	Required by law (CA Health & Safety Code)
Increase adult and child fitness and health diets								
1.3.2S	Increase the percentage of schools that offer intramural activities or physical activity clubs for all students, including those with disabilities [Objective Updated]		2012	73.1%	2015	76%	2014	78.4%
1.3.5I	California will reduce the percent of adults with arthritis who are insufficiently active or inactive		2013	45.0%	2020	40.6%	2015	39.9%

Dev: Developmental

Decrease Rate of Growth in Health care Spending

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest
1.3.14I	Increase the proportion of infants breastfed at 6 months		2012	56.1%	2018	62%	2014	63.1%
1.6.12I	Enable the California Cancer Registry to add occupational data to registry files to assist in tracking occupational causes of cancer		2012	86%	2018	90%	2012	90%
1.6.16L	Reduce the number of workers with elevated blood lead levels at or above 10ug/dL [Objective updated]		2010	1,393 workers	2020	1,305 workers	2014	1,240 workers
1.1.10L / 1.8.1L LGH	Increase the percentage of third grade students whose reading skills are at or above the proficient level [This objective is the same as 1.8.1L - these objectives were only counted once in the sum above.]		2011	46%	2022	69%	2013	45%
Increase access to primary and specialty care (Oral Health, Cancer, School Health Care, Arthritis, Alzheimer's Disease)								
2.2.3L	Decrease the mortality rate of prostate cancer by 10 percent		2008	21.7%	2015	19.50%	2013	19.5%
2.2.5L	Decrease the mortality rate of lung cancer		2012	36.2%	2020	32.6%	2013	32.04%
Increase coordinated outpatient care (Patient Centered Medical Home, Lifestyle Intervention Programs, Self-Management Programs) and increase the number of people receiving care in an integrated system (Medical, Mental, Behavioral)								
2.3.7S	Increase the number of Diabetes Self-Management Education programs (DSME)		2013	154 DSME programs	2015	176 DSME programs	2015	181 DSME programs
2.4.1S	Update the guideline for Alzheimer's Disease Management		2008	Last updated	2015	Updated	2017	Updated

Dev: Developmental

Decrease Rate of Growth in Health care Spending								
Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest
2.4.3I	Increase training and education to caregivers, patients, and community members by California Alzheimer's Disease Centers		2009-2010	16,100 members	2018	32,000 members	2015-2016	37,132 members
2.4.1L	Decrease the percentage of adults age 60 and over reporting increased confusion or memory loss		2011	17%	2020	16.5%	2015	12.1%
Decrease adult and childhood obesity and diabetes								
2.5.1I	Increase the proportion of WW participants with diabetes in adherence to medication regimens		2012	63%	2018	69%	2015	88.2%
2.5.2S	Increase awareness about pre-diabetes so that the prevalence of people who self-report having pre-diabetes increases		2011	8.9%	2015	12%	2015	13.5%
2.5.6L	Decrease the age-adjusted hospital discharge rate for diabetes as any-listed diagnosis for persons with diabetes		2008	337 per 1,000	2020	275 per 1,000	2014	200 per 1,000
Increase controlled high blood pressure and high cholesterol								
2.6.3I	Increase the number of employed community health workers in California	▶	2012	5,350 community health workers	2018	Unspecified increase	2014	6,160 community health workers
2.6.7L	Decrease the rate of hospitalizations for adults 65 and over with heart failure as the principle diagnosis		2011	13.1 per 1,000	2020	12.1 per 1,000	2015	11.3per 1,000

Dev: Developmental

Decrease Rate of Growth in Health care Spending

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest
Increase vaccinations								
2.8.1S	Increase the number of clinical sites enrolled with California Immunization Registry (CAIR)		2013	2,000 sites	2015	2,400 sites	2015 3/2017	2,421 sites 5,800 sites
2.8.2S	Increase the number of clinical sites registered at the new Immunization Messaging Portal for data exchange		2013	0 sites	2015	1,000 sites	2015 3/2017	6,000 sites 7,366 sites
2.8.3S	Increase the percentage of all vaccine doses entering CAIR via electronic data exchange		2013	35%	2015	60%	2015 3/2017	61% 70%
2.8.4S	Increase the percentage of children (0-5 years) with two or more vaccination doses in CAIR		2013	58%	2015	70%	2015 3/2017	70.4% 75.9%
2.8.1I	Increase the percentage of girls 13-17 that have completed the HPV vaccine three-shot series by 60 percent.		2009	21.8%	2015	35%	2015	48.4%
Decrease infant deaths								
2.9.1S	Increase the number of families enrolled in CDPH California Home Visiting Program and increase number of home visits, as federal funding allows		2012	0 families 0 home visits	2015	2,200 families 25,000 home visits	2015	> 4,300 families > 75,000 home visits
2.9.2I	Decrease the birth rate for teenagers (15-17 years)	▶	2009	19.2 per 1,000	2020	7.8 per 1,000	2014	9.7 per 1,000

Dev: Developmental

Decrease Rate of Growth in Health care Spending								
Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest
2.9.2L LGH	Decrease the infant mortality rate	▶	2009	5 per 1,000	2022	Unspecified Decrease	2012	4.6 per 1,000
2.9.4L	Decrease the pregnancy-related mortality rate	▶	2009	18 per 100,000	2020	Unspecified Decrease	2013	15.2 per 100,000
Increase transparent information on cost and quality of care								
3.1.5S	Collect statewide weighted Youth Risk Behavior Surveillance System (YRBSS) data		2014	Not collected	2015	Collected	2015	Collected
4.3.1l	Increase the number of local public health departments nationally accredited by the Public Health Accreditation Board	▶	2013	0	2018	6 local public health departments	2015	9 local public health departments

Dev: Developmental

Appendix B: “Objective Not Met” Detail: Baselines, Targets, Progress

California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
Increase health status (Community Resilience, Education, Income, Life Expectancy, Equity)									
1.1.2I	Increase the percentage of people who have done volunteer work or community service	▶	2011	12.1%	2018	Unspecified increase	2014	11.4%	▼
1.1.3I	Increase the percentage of people who volunteer on any local board, council, or organization that deals with community problems		2011	12.2%	2018	15%	2014	11.4%	▼
1.1.4I HC	Increase voter participation rate among registered voters in statewide general elections [Objective Updated]		2012	72.36%	2018	80%	2016	75.27%	▲
1.1.5I HC	Maintain positive Growth in Academic Performance Index (API) for Grades 9-11 [Objective Updated]		From 2011 to 2012	10	2018	Positive Growth (new metric under development by State Board of Education and CDE)	From 2012 to 2013	-1	▼
1.1.6I HC	Increase the percentage of the population 25 years and over that has high school or greater educational attainment [Objective Updated]		2006-2010	80.7%	2018	82.5%	2010-2014	81.5%	▲

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼ : Trends improving ▲▼ : Trends worsening **Dev:** Developmental

California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
1.1.7I HC	Decrease the percentage of households in overcrowded (≥ 1.01 persons/room) and severely overcrowded (≥ 1.51 persons per room) conditions [Objective Updated]	▶	2011	5.4% overcrowded 2.9% severely overcrowded	2018	Unspecified decrease from baseline	2015	5.5% overcrowded 2.90% severely overcrowded	▼ ▲
1.1.1L LGH	Increase the percentage of adults who report their overall health status to be good, very good, or excellent [Objective Updated]		2011	84.2%	2022	90%	2014	83%	▼
1.1.2L	Increase the percentage of 24-64 year old adults in good or better health [Objective Updated]		2012	80.5%	2020	85%	2014	79.3%	▼
1.1.3L	Increase the percentage of 15-45 year old women who report their overall health status to be good, very good, or excellent [Developmental Objective Updated]	▶	2012	84.9%	2020	90%	2014	83%	▼
1.1.4L	Increase the percentage of 65-84 year old adults in good or better health [Objective Updated]		2011	73.8%	2020	80%	2014	71.9%	▼
1.1.5L	Decrease percentage of adults in fair or poor health for African Americans, Hispanics, and American Indians/Alaska Natives [Objective updated]		2011	AA: 21.6% Hisp: 18.2% AIAN: 22.2%	2020	AA: 16.7% Hisp: 12.8% AIAN: 16.8%	2014	AA: 21.8% Hisp: 17% AIAN: 19.7%	▲ ▼ ▼

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼: Trends improving ▲▼: Trends worsening

Dev: Developmental

California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
1.1.7L	Increase the percentage of high school students (9th graders) who report opportunities for meaningful participation in their community		2011	44%	2020	62%	2013	46%	▲
1.1.12L HC	Decrease Income Inequality: Gini coefficient (describing the amount of total annual community income generated by the number of households) [Objective Updated]	▶	2006–2010	Gini coefficient 0.469	2020	Unspecified decrease from baseline	2010–2014	Gini coefficient 0.4823 (most useful for geographies below the state level)	▲
Decrease Adult and Adolescent Tobacco Use									
1.2.1L LGH	Decrease the percentage of adolescents who smoked cigarettes in the past 30 days [Objective Updated]		2010	13.8%	2022	10%	2012	10.5%	▼
1.2.5I	Increase workers' secondhand smoke exposure protections provided through Labor Code Section 6404.5 by eliminating the following exemptions: owner-operated bars, employee break rooms, workplaces with five or fewer employees [Objective Updated]		2014	5 Exemptions: owner-operated bars, employee break rooms, retail tobacco shops, workplaces with five or fewer employees, and LTC facilities	2018	No exemptions	2016	1 Exemption Remaining: LTC Facilities [CA Assembly Bill 7-X2, Stone, Chapter 4, Statutes of 2016 closed exemptions in Labor Code Section 6404.5.]	▼

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼: Trends improving ▲▼: Trends worsening

Dev: Developmental

California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
1.2.6I	Increase the proportion of the population protected by the local tobacco retail license policies		2013	40%	2018	50%	2014	43%	▲
1.2.2L LGH	Decrease the percentage of adults who are current smokers		2012	13%	2022	9%	2014	11.7%	▼
1.2.3L	Decrease the proportion of Californians reporting exposure to secondhand smoke		2012	44.8%	2020	40%	2014	41%	▼
Increase adult and child fitness and healthy diets									
1.3.3S	Increase the percentage of schools in which at least one physical education teacher or specialist received professional development on physical education during the past two years		2012	72.5%	2015	76%	2014	66.6%	▼
1.3.6S	Increase the percentage of schools that allow students to have a water bottle with them during the school day and offer free drinking water in the cafeteria during meal times.		2012	85.2%	2015	89%	2014	80.2%	▲

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼: Trends improving ▲▼: Trends worsening

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California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
1.3.7S	Increase the percentage of schools that always offer fruits or non-fried vegetables in vending machines, school stores, and during celebrations when foods and beverages are offered [Objective Updated]		2012	39.5%	2015	43.3	2014	41.5%	▲
1.3.8S	Increase the percentage of schools that prohibit all forms of advertising and promotion (e.g., contests and coupons) of less nutritious foods and beverages on school property		2012	71.5%	2015	75%	2014	33.3%	▼
1.3.10S	Increase the number of labor and delivery facilities that provide recommended care for lactating mothers and their babies (i.e., Baby-Friendly) [Objective updated]		2013	59 facilities	2016	90 facilities	2015	81 facilities	▲
1.3.11S	Increase the number of community health clinics in California that provide professional and peer support for breastfeeding		2012	15	2015	30	2016	Outreach to 260 clinics	▲
1.3.2I	Increase the percentage of adolescents (12-17 years) who are physically active at least one hour a day		2011	16.1%	2018	19%	2014	12.2%	▼

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼: Trends improving ▲▼: Trends worsening

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
1.3.3I	Increase the percentage of adolescents (12-17 years) who take physical education classes at least four days a week		2013	72%	2018	Unspecified increase	2014	66.9%	▼
1.3.4I	Increase the percentage of schools that, either directly or through a school district, have a joint use agreement for shared use of physical activity facilities [Objective updated]	▶	2012	85.2%	2018	Unspecified increase	2014	74.5%	▼
1.3.6I	Increase the percent of schools that do not sell less healthy foods and beverages (soda pop or fruit drinks, sports drinks, baked goods, salty snacks, and candy)		2012	53.2%	2018	60%	2014	48.3%	▼
1.3.8I LGH	Decrease the proportion of adolescents (12-17 years) who drink two or more sugar-sweetened beverages daily from 27.3 percent in 2012 to 17 percent [Objective updated]		2012	27.3%	2022	17.0%	2014	18.7%	▼
1.3.9I LGH	By 2022, increase the proportion of adolescents (12-17 years) who consume the recommended amounts of fruits and vegetables daily from 20.0 percent in 2012 to 32.0 percent [Objective Updated]		2012	20.0%	2022	32.0%	2014	20.9%	▲

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼: Trends improving ▲▼: Trends worsening

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California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
1.3.10I LGH	Decrease the percentage of adults who drank 4–6 regular sodas or pop that contains sugar per week		2012	4.6%	2022	3%	2015	3.5%	▼
1.3.12I	Increase the percentage of women with recent live births who took a multivitamin, prenatal vitamin, or folic acid vitamin every day of the week during the month before pregnancy [Objective updated]		2011	34.4%	2020	35.9%	2012	34%	▼
1.3.13I	Increase the percentage of mothers who report exclusive breastfeeding 3 months after delivery [Objective updated]		2011	23.1%	2020	27.5%	2013	26%	▲
1.3.1L HC & LGH	Increase the percentage of “physically fit” children, who reach the “Healthy Fitness Zone” in six of the six test items on the required Fitness-gram		2010–2011	5th graders: 25% 7th graders: 32% 9th graders: 37%	2022	5th graders: 36% 7th graders: 46% 9th graders: 52%	2014	5th graders: 27% 7th graders: 33% 9th graders: 38%	▲ ▲ ▲
1.3.3L HC & LGH	Increase the percentage of adults who meet physical activity guidelines for aerobic physical activity		2011	58%	2022	66%	2013	56.3%	▼

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼: Trends improving ▲▼: Trends worsening

Dev: Developmental

California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
Increase walking and biking									
1.5.21 LGH	Increase the percentage of children who walk/bike/roll to school [Objective updated]		2009	33.8%	2022	51%	2014	33.1%	▼
1.5.31 HC	Increase the percentage of commuters who use active transportation (walk, bicycle, and/or public transit) to travel to work [Objective Updated]		2006-2010	8.8%	2018	11%	2010-2014	9%	▲
Increase safe communities (Alcohol Misuse, Substance Abuse, Unintentional Injury, Violence, Water, Air Quality, Safe Worksites)									
1.3.2L LGH	Increase the percentage of adolescents who meet physical activity guidelines for aerobic physical activity		2009	15%	2022	24%	2012	12.2%	▼
1.6.4I	Decrease the percentage of youth ages 12 to 17 years who have used marijuana or nonmedical use of pain drugs in the past 30 days	▶	2012-2013	7.8% ¹ 5.25% ²	2018	Unspecified decrease	2013 - 2014	8.74% ¹ 4.87% ²	▼ ¹ ▼ ²
1.6.6I	Increase the percentage of the population served by community water systems with optimally fluoridated water		2010	62.1%	2018	76.9%	2014	63.7%	▲
1.6.10I	Increase the percentage of residents who do not drive a personal car to work		2012	26.8%	2018	30%	2014	26.8%	▼

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼ : Trends improving ▲▼ : Trends worsening

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
1.6.2L	Decrease the rate of fatalities due to alcohol impaired driving	►	2012	28%	2020	Unspecified decrease	2014	29%	▲
1.6.1L LGH	Increase the percentage of adults who report they feel safe in their neighborhoods all or most of the time		2007	91%	2022	96%	2013–2014	87.3%	▼
1.6.3L	Decrease the annual incidence of fall-related deaths among adults ages 65 and older in California	►	2010	39 per 100,000	2020	29 per 100,000	2013	36 per 100,000	▼
1.6.4L HC	Decrease the annual number of all non-fatal injuries from collisions in California [Objective Updated]		2010	229,354 non-fatal injuries	2020	220,000 non-fatal injuries	2013	223,128 non-fatal injuries	▼
1.6.5L HC	Decrease pedestrian non-fatal hospitalization injury annual incidence in California		2010	10.2 per 100,000	2020	8 per 100,000	2014	10.3 per 100,000	▲
1.6.6L	Decrease the annual incidence of unintentional injury deaths in California		2010	27 per 100,000	2020	20 per 100,000	2013	29 per 100,000	▲
1.6.7L HC	Decrease the annual incidence of motor vehicle related deaths in California		2010	0.84 per 100M miles of travel	2020	0.50 per 100M miles of travel	2013	0.94 per 100M miles of travel	▲

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
1.6.8L HC	Decrease the annual number of adults aged 18–65 years who report physical or sexual violence by an intimate partner in California (i.e., domestic violence calls for assistance)		2012	157,634 adults	2020	125,000 adults	2014	155,965 adults	▼
1.6.10L HC	Decrease the annual incidence of homicides in California among African American males aged 15–29 years per 100,000		2009	57.5 per 100,000	2020	40 per 100,000	2013	51 per 100,000	▼
1.6.11L	Decrease annual statewide Greenhouse Gas emissions from 477 in 2006 to the 1990 levels, pursuant to AB32 and the First Update to the Climate Change Scoping Plan		2006	477 MMTCO _{2e}	2020	431 MMTCO _{2e}	2014	441.5 MMTCO _{2e}	▼
1.6.12L HC	Decrease the incidence of nonfatal occupational injuries and illnesses reported by public- and private-sector employers per 100,000 full-time equivalent workers [Objective updated]		2010	3,900 per 100,000 FTE workers	2020	2,000 per 100,000 FTE workers	2014	3,600 per 100,000 FTE workers	▼
1.6.13L	Decrease the incidence of non-fatal work-related injuries and illnesses reported by private-sector employers per 100,000 full-time equivalent workers		2010	3,700 per 100,000 FTE workers	2020	3,300 per 100,000 FTE workers	2012	3,500 per 100,000 FTE workers	▼

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California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
1.6.14L	Decrease the incidence of work-related musculoskeletal disorders reported by private-sector employers per 100,000 full-time equivalent workers		2010	317 per 100,000 FTE workers	2020	285 per 100,000 FTE workers	2013	409 per 100,000 FTE workers	▲
1.6.15L	Decrease the incidence of hospitalizations for work-related lower back disorders per 100,000 workers		2010	33.5 per 100,000 workers	2020	14.5 per 100,000 workers	2012	28.7 per 100,000 workers	▼
1.6.17L	Decrease the incidence of work-related hospitalizations (payment by workers' compensation) per 100,000 workers		2010	137.1 per 100,000 workers	2020	69.8 per 100,000 workers	2012	127.2 per 100,000 workers	▼
1.6.18L	Decrease the incidence of work-related asthma		2008	623 new cases	2020	573 new cases	2012	580 new cases	▼
1.6.19L	Decrease the incidence of work-related emergency department (ED) visits for heat illness per 100,000 workers	▶	2010	2.9 per 100,000 workers	2020	2 per 100,000 workers	2013	4 per 100,000 workers	▲
1.6.20L	Decrease the incidence of work-related traumatic fatalities among Latinos per 100,000 full-time equivalent workers		2010	2.7 per 100,000 FTE workers	2020	2 per 100,000 FTE workers	2013	3.1 per 100,000 FTE workers	▲

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California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
1.6.21L	Decrease the incidence of work-related fatal traumatic injuries per 100,000 workers		2010	2.2 per 100,000 workers	2020	2 per 100,000 workers	2013	2.4 per 100,000 workers	▲
Decrease childhood trauma									
1.7.1L LGH	Decrease the percentage of respondents indicating at least one type of Adverse Childhood Experience		2011	62%	2022	45%	2013	64%	▲
1.7.2L HC & LGH	Reduce the reported and substantiated incidence of child maltreatment (including physical, psychological, and neglect) per 1,000 children		2012	53.2 per 1,000 ¹ 9.3 per 1,000 ²	2022	50 per 1,000 ¹ 8 per 1,000 ²	2014	54.7 per 1,000 ¹ 9.1 per 1,000 ²	▲ ¹ ▼ ²
1.7.3L	Decrease the rate of child maltreatment deaths		2010	1.4 per 100,000	2020	1.25 per 100,000	2013	1.3 per 100,000	▼
Increase access to primary and specialty care (Oral Health, Cancer, School Health Care, Arthritis, Alzheimer's Disease)									
2.1.1S	Increase culturally and linguistically appropriate public outreach campaigns promoting enrollment for health insurance through Covered CA to uninsured individuals eligible for subsidy	▶	2014	639	2015	Unspecified Increase	2016	4,730 events	▲

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California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
2.2.1S	Increase the percentage of low-income children and adolescents ages 1–20 years enrolled in Medi-Cal for at least 90 continuous days who received any preventive dental service [Objective Updated]		2011	36.9%	2015	46.9%	2015	33.6%	▼
2.2.2S	Increase the percentage of low-income children ages 6–9 years enrolled in Medi-Cal for at least 90 continuous days who received a dental sealant on a permanent molar [Objective Updated]		2011	16.1%	2015	26.1%	2015	15.8%	▼
2.3.2S	Increase the proportion of WISEWOMAN participants in evidence-based lifestyle intervention programs, including those addressing social and emotional support, who were referred by a health care provider, as federal funding allows		2014–2015	85%	2015	100%	2015–2016	98%	▲
2.2.1I	Increase the percentage of patients receiving care in a timely manner from primary care physicians from 76 percent in 2012 to 78 percent and from specialists from 77 percent in 2012 to 79 percent		2012	Primary Care: 54.1% Specialty Care: 58.1%	2022	Primary Care: 78% Specialty Care: 78%	2015	Primary Care: 56.0% (2015) Specialty Care: 60.1% (2015)	▲

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California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
2.1.1L HC & LGH	Decrease the rate of federal subsidy eligible Californians who are uninsured		2014	56%	2022	24%	2015	33%	▼
2.2.4I	Increase the proportion of early-stage diagnoses of breast cancer among all women by 29 percent		2008	69%	2015	89%	2008-2013	71.6%	▲
2.2.5I	Decrease the proportion of late-stage diagnoses of colorectal cancer among Californians by 15 percent		2008	47.1%	2015	40%	2013	55.8%	▲
2.2.6I	Decrease the proportion of late-stage diagnoses of colorectal cancer among African Americans and Asians and Pacific Islanders by 20 percent		2008	AA: 51.5% A/PI: 51.7%	2015	AA: 41.2% A/PI: 41.4%	2013	AA: 53.0% A/PI: 56.5%	▲ ▲
2.2.7I	Increase the number of school-based health centers in K-12 public schools [Developmental Objective Updated]	▶	2014	231	2018	285 school-based health centers	2015	243 school-based health centers	▲
2.2.8I	Decrease the percentage of adults with arthritis who report arthritis-attributable activity limitations		2013	50.7%	2018	47.2%	2013	49.2%	▼
2.2.9I	Decrease the percentage of working-age adults with arthritis who indicate arthritis-attributable work limitation		2013	53.6%	2018	36.3%	2015	51.0%	▼

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼ : Trends improving ▲▼ : Trends worsening

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
2.2.10I	Decrease the proportion of adults with arthritis reporting severe pain (≥ 7 out of 11 point scale)		2013	30.0%	2018	25.4%	2015	28.5%	▼
2.2.1L	Reduce mortality rate of female breast cancer by 10 percent		2008	21.4 per 100,000	2015	19.3 per 100,000	2013	20.0 per 100,000	▼
2.2.2L	Decrease the mortality rate of colorectal cancer by 17.5 percent		2008	14.5 per 100,000	2015	12 per 100,000	2013	13.0 per 100,000	▼
2.2.4L	Decrease the mortality rate of prostate cancer among African American (non-Hispanic black) men by 10 percent		2008	51.6 per 100,000	2015	46.4 per 100,000	2013	43.0 per 100,000	▼
Increase coordinated outpatient care (Patient Centered Medical Home, Lifestyle Intervention Programs, Self-Management Programs) and increase the numbers of people receiving care in an integrated system (Medical, Mental, Behavioral)									
2.3.4S	Increase the number of participants with a chronic health condition and/or disability who attend evidence-based chronic disease self-management programs in California		2008–2012	15,149 participants	2013–2017	25,000 participants	2013–2016	16,844 participants	▼
2.3.5S	Increase the number of counties with evidence-based chronic disease self management programs		2011	24 counties	2015	35 counties	2014	22 counties	▼

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
2.3.8S	Increase the proportion of counties with DSME programs, as federal funding allows		2013	65.5%	2015	76%	2015	69%	▲
2.3.9S	Increase number of smokers in the Medi-Cal program who call the California Smokers' Helpline (Quitline) through the Medi-Cal Incentives to Quit Smoking Project		2011	17,500 callers	2015	25,000 callers	2015	23,951 callers	▲
2.3.2I LGH	Increase the percentage of people in population managed health plans		2011	48%	2022	61%	2014	52%	▲
2.3.4I	Increase the number of calls to the California Smokers' Helpline referred from health care providers		2012	14,221 calls	2018	15,000 calls	2015	10,822 calls	▼
Increase mental health and wellbeing									
2.4.2I	Increase training and education to professionals and students by California Alzheimer's Disease Centers		2009-2010	35,298 students/ professionals	2018	60,000 students/ professionals	2015-2016	28,891 students/ professionals	▲

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
2.4.3L	Reduce opioid related morbidity (1) and mortality (2) crude rates [Developmental Objective Updated] Note: ■ represents data not available or no change in latest rate	▶	2010	9.63 opioid related (excl heroin) overdoses per 100,000 ED visits ¹	2020	Unspecified reductions	2015	10.05 opioid related (excl heroin) overdoses per 100,000 ED visits ¹	▲ ¹
				12.01 opioid related (excl heroin) overdoses per 100,000 hospitalizations ¹			2015	10.46 opioid related (excl heroin) overdoses per 100,000 hospitalizations ¹	▼ ¹
				4.12 prescription opioid deaths per 100,000 deaths ²			2016	3.48 prescription opioid related deaths per 100,000 deaths ²	▼ ¹
				3.47 heroin related overdoses per 100,000 ED visits			2015	7.93 heroin related overdoses per 100,000 ED visits	▲ ¹
				1.01 heroin related overdoses per 100,000 hospitalizations			2015	1.83 heroin related overdoses per 100,000 hospitalizations	▲ ¹
				0.86 heroin related deaths per 100,000 deaths			2016	1.44 heroin related deaths per 100,000 deaths	▲ ¹

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California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
2.4.4L LGH	Decrease the frequency of sad or hopeless feelings in the past 12 months		2008-2010	7th graders: 28%	2022	7th Graders: 25%	2013	7th Graders: 25.3%	▼
				9th graders: 31%		9th Graders: 24%		9th Graders: 30.7%	▼
				11th graders: 32%		11th graders: 27%		11th graders: 32.5%	▲
2.4.5L	Decrease the percentage of adults with arthritis that report depression		2013	26.3%	2020	13.5%	2015	28.5%	▲
2.4.6L LGH	Decrease the percentage of adolescents (12-17 years) and adults (≥ 18 years) who experience a major depressive episode		2009-2010	12-17yrs: 8%	2022	12-17 yrs: 7%	2014	12-17yrs: Data not available	■
				≥18 yrs: 6%		≥18 yrs: 5%		≥18 yrs: 7.7%	▲
Decrease adult and childhood obesity and diabetes									
2.5.1S	Decrease the obesity rate among 4 year old children participating in WIC by 1 percent		2012	20%	2015	19%	2015	18.75%	▼
2.5.1L LGH	Decrease the percentage of children and adolescents who are overweight and obese		2009	2-5 years: 12%	2022	2-5 years: 10%	2014	2-5 years: 13.7%	▲
				6-11 years: 12%		6-11 years: 11%		6-11 years: 15.8%	▲
				12-17 years: 18%		12-17 years: 15%		12-17 years: 30.9%	▲

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Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
2.5.2L LGH	Decrease the percentage of adults who are obese		2012	22.7%	2022	11%	2015	28%	▲
2.5.3L	Increase the proportion of mothers who achieve a recommended weight gain (per IOM standards) during their pregnancies [Objective updated]		2009	34.4%	2020	36.1%	2013	34.3%	▼
2.5.4L	Decrease the prevalence of diagnosed gestational diabetes mellitus in hospital deliveries	▶	2011	8.2%	2020	Unspecified decrease	2013	9%	▲
2.5.5L LGH	Decrease the prevalence of diagnosed diabetes in adults [Objective updated]		2012	9.8%	2022	7%	2015	9.9%	▲
Increase controlled high blood pressure and high cholesterol									
2.6.1L	Decrease the prevalence of high blood pressure		2009	26%	2020	23%	2014	28.5%	▲
2.6.2I	Increase the number of adults who have been screened for high cholesterol in the previous 5 years		2008	86%	2018	88%	2015	78%	▼

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2.6.2L LGH	Increase the percentage of adults diagnosed with diabetes in HMO that have controlled high blood pressure		2012	67.1%	2022	80%	2014	71.3%	▲
2.6.3L	Decrease the prevalence of high cholesterol		2005	32%	2020	20%	2015	33%	▲
2.6.5L	Decrease rate of hospitalization with acute stroke as principal diagnosis		2011	1.9 per 1,000	2020	1.3 per 1,000	2015	1.87 per 1,000	▼
2.6.6L	Decrease rate of hospitalization with acute myocardial infarction as primary diagnosis		2011	1.5 per 1,000	2020	1.0 per 1,000	2015	1.37 per 1,000	▼
2.6.8L	Decrease stroke mortality rate		2010	36.9 per 100,000	2020	29.5 per 100,000	2014	34.6 per 100,000	▼
2.6.9L	Decrease heart disease mortality rate		2011	159.1 per 100,000	2020	96.4 per 100,000	2014	144.6 per 100,000	▼
2.6.10L	Decrease heart failure mortality rate		2010	12.5 per 100,000	2020	10 per 100,000	2013	13.8 per 100,000	▲
Decrease adult and childhood asthma									
2.7.1L	Reduce the number of school days missed due to asthma		2009	1.4 million days	2020	1.2 million days	2013	1.7 million days	▲

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼ : Trends improving ▲▼ : Trends worsening

Dev: Developmental

California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
2.7.2L LGH	Reduce the asthma ED visit rate for ages 0–17		2010	73 per 10,000	2022	53 per 10,000	2013	77.3 per 10,000	▲
2.7.3L	Reduce the asthma hospitalization rate for ages 0–17 years [Objective Updated]		2010	11 per 10,000	2020	8 per 10,000	2013	10.5 per 10,000	▼
2.7.4L	Reduce the disparity between African American and White asthma ED visit rates		2010	4x higher	2020	3x higher	2013	4.2x higher	▲
2.7.5L	Reduce the disparity between African American and White asthma hospitalization rates		2010	3.8x higher	2020	3x higher	2013	3.7x higher	▼
Increase vaccinations									
2.8.5S	Increase the percentage of Californians with two or more vaccine doses in CAIR		2013	23.6%	2015	35%	2015 3/2017	33.6% 44.2%	▲
2.8.2I	Fully consolidate the 7 CAIR regions managed by CDPH, install and implement the new CAIR software, and establish interoperable connectivity to the three independent immunization registries		2013	No consolidation of 7 CAIR regions; no interoperable connectivity to three independent immunization registries	2018	Full consolidation of 7 CAIR regions; interoperable connectivity to three independent immunization registries	3/2017	Consolidation of CDPH regions and software completed, on target for connectivity	▲

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼ : Trends improving ▲▼ : Trends worsening **Dev:** Developmental

California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
2.8.3I	Fully implement real-time HL7 query/response data exchange between CAIR and data partners		2013	No real-time HL7 query/response data exchange with data partners	2018	CAIR to have real-time HL7 query/response data exchange with data partners	3/2017	Expected Summer 2017	▲
2.8.1L	Decrease the incidence of cervical cancer by 15 percent		2008	8.2%	2015	7%	2013	7.1%	▼
Decrease infant deaths									
2.9.3S	Increase percentage of women with a usual source of pre-pregnancy health care	▶	2010	72.8%	2015	Unspecified increase	2012	7%	▼
2.9.1I	Increase the percentage of infants born to pregnant women receiving prenatal care in the first trimester [Objective updated]		2009	82.9%	2020	87.9%	2013	83.6%	▲
2.9.3L	Decrease the ratio of black to white infant mortality rate	▶	2009	2.5 per 1,000	2020	Unspecified decrease	2012	2.6 per 1,000	▲
Increase hospital safety and quality of care									
2.12.1S	Publish the “Adverse Events in Hospitals Underreporting Study” on the CDPH website		2013	Not published	2015	Published	2015	Not published	

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼: Trends improving ▲▼: Trends worsening

Dev: Developmental

California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
2.12.2S	Publish regulations clarifying the definitions and reporting requirements for adverse events in hospitals on the CDPH website		2013	Not published	2015	Published	2015	Not published	
2.12.1I L & C	By 2018, publish “Adverse Events in Hospitals” by individual hospital on the CDPH website		2013	Not published	2015	Published	2017	Not published	
2.12.2I	Increase the proportion of adults who access rapid emergency care for an acute heart attack by 10 percent		2008	66%	2018	100%	2016	85%	▲
2.12.3I	Increase the percentage of adults who access rapid emergency care for an acute stroke [Objective updated]		2012	60.7%	2018	63%	2015	59.8%	▼
2.12.6I	Increase the proportion of eligible patients with acute ischemic stroke who receive reperfusion therapy within the recommended therapeutic time window of 180 minutes from symptom onset [Objective updated]		2012	92.3%	2018	98%	2015	92.7%	▲
2.12.1L LGH	Decrease the 30-day All-Cause Unplanned Readmission Rate (Unadjusted)	▶	2012	14%	2022	11.9%	2014	13.6%	▼

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼ : Trends improving ▲▼ : Trends worsening **Dev:** Developmental

California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
2.12.2L LGH	Reduce the incidence of measurable hospital-acquired conditions (further composite metrics will be developed so target to be determined)	▶	2012	0.76 per 1,000 discharges	2022	Unspecified decrease	2014	0.57 per 1,000 discharges	▲
Increase palliative care and hospice care and decrease hospitalization during the end of life									
2.13.1I	Provide pediatric palliative care services to allow children who have a CCS-eligible medical condition with a complex set of needs and their families the benefits of hospice-like services, in addition to state plan services during the course of an illness, in order to minimize the use of institutions, especially hospitals, and improve the quality of life for the participant and family	▶	2014	No service provision	2018	Service provision	2017	The DHCS, Long-Term Care Division, is preparing for the upcoming Partners for Children Pediatric Palliative Care Waiver (PFC/PCW) Renewal, to become effective December 27, 2017 through December 26, 2022.	▲

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼: Trends improving ▲▼: Trends worsening

Dev: Developmental

California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
Increase transparent information on cost and quality of care									
3.1.1I	Increase the percentage of medical practices that use electronic health records		2011	71%	2018	90%	2014	80.1%	▲
3.1.3I	Expand participating hospitals in the California Stroke Registry (CSR) in California [Objective Updated]		2015	13	2017	30	2016	16	▲
3.1.1S	Increase the percentage of health care providers participating in Medi-Cal EHR Incentive Program who have certified electronic health records [Developmental Objective Updated]	▶	2012	33%	2018	55%	2014	63%	▲
3.1.2S	Increase the proportion of health care providers participating in Medi-Cal EHR Incentive Program who report on the percentage of adults with adequately controlled blood pressure (NQF Measure 18) [Developmental Objective Updated]	▶	2013	12%	2015	25%	2014	23	▲
3.1.3S	Increase the percentage of health care providers participating in Medi-Cal EHR Incentive Program who report on the percentage of adults with diabetes who have Hgb A1C > 9 (Developmental Objective Updated)	▶	2013	11%	2015	25%	2014	21%	▲

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼: Trends improving ▲▼: Trends worsening

Dev: Developmental

California Wellness Plan Objectives—130 Objectives Not Met (20 developmental objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest	Trend
3.1.7S	CDPH will develop one federated data system or unified data warehouse with central repository host with aggregated data from different sectors to support health information exchange and population health surveillance for use at the state or local level	▶	2014	Not Developed	2015	In Development	2015	In Development	▲
3.1.1L	<p>The 10 largest NCQA accredited health plans in California will achieve the National 90th percentile in performance of HEDIS control measures for hypertension (HTN),(1) heart disease (HD)(2) and diabetes (DM)(3) [Developmental Objective Updated]</p> <p>Note: ■ represents data not available or no change in latest rate</p>	▶	2008	HTN: 2 health plans (Kaiser Permanente North and South) HD: Data not available DM: 0 health plans	2020	10 health plans: Aetna Health of CA (HMO/POS); Blue Cross (HMO/POS); Blue Shield of CA (HMO/POS); Cigna Health Care (HMO/POS); Health Net of CA, Inc. (HMO/POS); Kaiser Permanente – North; Kaiser Permanente – South; Sharp Health Plan (HMO); United Health care (HMO); Western Health Advantage (HMO)	2014	HTN: 2 health plans (Kaiser Permanente North and South)15 HD: Data not available DM: 2 health plans (Kaiser Permanente North and Sharp)	▲ ¹ ■ ² ▲ ³

Trends key: Arrow direction: Rates increasing/decreasing, Arrow Type: ▲▼: Trends improving ▲▼: Trends worsening

Dev: Developmental

Appendix C: “Objective Not Changed” Detail: Baselines, Targets, Progress

California Wellness Plan Objectives—5 Objectives Not Changed (2 developmental objectives)								
An unshaded row represents an objective with time remaining to meet target								
Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target	Year of Last Data	Latest

Increase health status (Community Resilience, Education, Income, Life Expectancy, Equity)								
1.1.1I	Increase the percentage of teens who agree with the statement “people in this neighborhood can be trusted”		2011	84%	2018	90%	2014	84%
Increase safe communities (Alcohol Misuse, Substance Abuse, Unintentional Injury, Violence, water, Air Quality, Safe Worksites)								
1.6.9L	Decrease the annual incidence of homicides in California		2010	5 per 100,000	2020	4 per 100,000	2013	5 per 100,000
Decrease infant deaths								
2.9.1L	Decrease the percentage of live singleton births weighing less than 1500 grams	▶	2009	0.9%	2020	Unspecified decrease	2013	0.9%
Increase hospital safety and quality of care								
2.12.7I	Adopt two policies to improve the quality of emergency response for acute heart attack and stroke		2014	0 policies	2018	Adopt 2 policies	2015	0 policies
Increase transparent information on cost and quality of care								
3.1.4I	Expand the California Parkinson’s Disease Registry from 3 counties in California to 58, as outside funding allows [Objective updated]	▶	2015	3 counties	2018	58	2015	3 counties

Dev: Developmental

Appendix D: “Objective Not Changed” Detail: Baselines, Targets, Progress

In this Report, data was not available for 113 objectives (42 percent of 267). Therefore, baseline data could not be compared to the current data and therefore progress could not be assessed. Other situations involved data sources being phased out such as NEOPB’s transition from the CalCHEEPS survey in CWP Objective 1.3.15I.

California Wellness Plan Objectives—100 Objectives with No Data Available (74 Developmental Objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target
Increase health status (Community Resilience, Education, Income, Life Expectancy, Equity)						
1.1.8I HC	Decrease the degree of residential segregation (ratio of percent of non-white racial/ethnic groups in a specific geographic area to city or county average)	▶		Data not available		
1.1.9I HC	Increase the housing-to-jobs ratio in communities with a ratio less than 1 (percent of the adult working population who could find a job that matches their general occupational qualifications within a specified travel radius of their residence)	▶		Data available at city level (http://interact.regionalchange.ucdavis.edu/roi/data.html)		
1.1.11I HC	Increase Neighborhood Completeness Index (<1/2 mile radius for 8 of 11 common public services and 9 of 12 common retail services)	▶		Data not available		
1.1.6L	Increase the equity between counties in health-adjusted life expectancy (HALE) years	▶		Data not available		
1.1.8L HC	Increase neighborhood stability (5-year change in number of households by income and race/ethnicity [neighborhood change or gentrification])	▶		Data not available (updated every 10 years when Census counts are available; not useful at state geographic level)		
1.1.9L HC	Increase the resilience index (composed of places with climate action and hazard mitigation plans and other Healthy Community Indicators such as unemployment, lacking health insurance, educational attainment, income inequality, and registered voters)	▶		Data not available		
1.1.11L HC	Decrease the percentage of household income spent on travel	▶		Data at local level (see https://egis-hud.opendata.arcgis.com/datasets/7dc10bc22f204e03bd0bebe257b5986d0)		

Dev: Developmental

California Wellness Plan Objectives—100 Objectives with No Data Available (74 Developmental Objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target
1.1.13L HC	Increase race/ethnicity equity score (composite of multiple core indicators, including median income)	▶				Data not available
1.1.14L HC	Increase place-based equity score (composite of multiple core indicators calculated for census tracts)	▶				Data not available
Decrease adult and adolescent tobacco use						
1.2.1S	Increase the number of hospitals, clinics, mental health facilities, and other health or social service programs that adopt smoke-free campus policies	▶				No known data source
1.2.1I	Increase successful quit attempts					Data not available
1.2.3I	Maintain the “average” social norm index score about secondhand smoke and tobacco industry influences in low socioeconomic status populations in California					Data not available
1.2.4I	Decrease the percent of indoor workers who report exposure to secondhand smoke in the workplace					Data not available
Increase adult and child fitness and healthy diets						
1.3.1S	Increase the number of Early Care and Education organizations that adopt strategies to increase physical activity	▶				Data not available
1.3.4S	Increase the number of worksites that adopt strategies to increase physical activity (Developmental)	▶				No known data source

Dev: Developmental

California Wellness Plan Objectives—100 Objectives with No Data Available (74 Developmental Objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target
1.3.5S	Increase the number of businesses that request technical assistance to implement the California FIT business kit	▶	No known data source			
1.3.9S	Increase the number of local education agencies where staff receive professional development and technical assistance on strategies to create a healthy school nutrition environment as federal funding allows	▶	No known data source			
1.3.1I	Increase the percent of children in Early Care and Education organizations who engage in levels of age-appropriate physical activity as recommended by Caring For Our Children	▶	No known data source			
1.3.7I	Increase among children (5-11 years) the number of cups of fruit and vegetables consumed a day [Objective Updated]		2014	2.5 cups	2018	2.8 cups
1.3.11I HC & LGH	Increase the percentage of adults who have consumed fruits and vegetables five or more times per day [Objective Updated]		2009	27.7%	2022	34%
1.3.15I	Reduce average sodium intake for children (9-11 years)		Data not available			
1.3.16I	Reduce consumption of sodium in the population aged 2 years and older		2006	3,641 mg	2018	2,500 mg
Increase healthy food outlets						
1.4.1S	Increase the percentage of farmers markets that accept EBT for payment by 50 percent		2009	6.6%	2015	10%
1.4.1I HC & LGH	Increase the number of healthy food outlets as measured by Retail Food Environment Index		2009 & 2011	11%	2022	21%

Dev: Developmental

California Wellness Plan Objectives—100 Objectives with No Data Available (74 Developmental Objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target
1.4.2I	Increase the number of corner stores that sell healthier food options in underserved areas	▶				No known data source
1.4.3I HC	Increase the percentage of households within 1/2-mile of a full service grocery store, fresh produce market, or store with fresh produce	▶				County-level data available at USDA website (see https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/)
1.4.4I HC	Decrease the cost of food relative to income for female headed households with children under 18 from 26 percent in 2006 2010	▶				Data not available
1.4.1L	Employ behavioral economic strategies, such as food placement, in x retail outlets to promote healthy purchasing	▶				No known data source
1.4.2L	Implement Nutrition Network program in x additional highly utilized food stores	▶				No known data source
1.4.3L	Increase the number of farmer's markets, community supported agriculture, or farm stands on public facilities in low income/food insecure communities	▶				No known data source
1.4.4L	Increase the percentage of local and state government agencies that have adopted healthy food procurement standards and policies, including state licensed childcare facilities, after school and teen programs	▶				No known data source
1.4.5L	Increase the percentage of youth-serving community sites and organizations that adopt healthy eating and vending guidelines and policies, including state licensed childcare facilities, after school and teen programs	▶				No known data source
1.4.6L	Increase the promotion of food service entities (purchasers, suppliers, and/or vendors) that purchase, secure, or sell nutritious foods and beverages, including low-sodium foods	▶				No known data source

Dev: Developmental

California Wellness Plan Objectives—100 Objectives with No Data Available (74 Developmental Objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target
1.4.7L	Increase the adoption of procurement policies and practices that limit non-nutritious foods and beverages (including high sodium) in government-purchased food in worksites and schools	▶		No known data source		
Increase walking and biking						
1.5.1L LGH	Increase the annual number of walk trips per capita		2009–2012	184 walk trips	2022	230 walk trips
1.5.4L HC	Increase the percentage of the population aged 16 years or older by the time walking and biking to work ≥ 10 minutes/day [Objective Updated]		2007–2011 2009	1.6% walking 1.3% biking	2018	5%
1.5.5L HC	Increase the percentage of residents within ½ mile of park, beach, open space, or coastline	▶	2010	73.8%	2018	Unspecified increase from baseline
1.5.6L HC	Increase the acres of tree canopy coverage in urban areas	▶	Data not available			
1.5.7L HC	Increase acres of parkland (usable walkable green space) per 1,000 residents	▶	Data not available			
1.5.1L	Increase the number of municipalities that have adopted local policies, ordinances, engineering solutions, or other strategies that promote safe, walkable, and bikeable communities, particularly in low-income, underserved communities	▶	No known data source			
1.5.2L	Increase the percentage of municipal General Plans that contain a health element with language specific to environments that promote daily physical activity	▶	No known data source			

Dev: Developmental

California Wellness Plan Objectives—100 Objectives with No Data Available (74 Developmental Objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target
Increase safe communities (Alcohol Misuse, Substance Abuse, Unintentional Injury, Violence, Water, Air Quality, Safe Worksites)						
1.6.1S	Increase the number of local health departments participating in their jurisdictions' General Plan development	▶	No known data source			
1.6.1I	Decrease the percentage of youth between 9th and 11th grades who reported binge drinking during the past two weeks	▶	Data not available			
1.6.2I	Decrease the percentage of adults ages 18 years and older who reported that they engaged in binge drinking during the past 30 days	▶	Data not available			
1.6.3I HC	Decrease the density of on-site and off-site alcohol outlets	▶	Data not available			
1.6.5I HC	Increase the percentage of the population served by community water systems that receives water meeting all health-based standards of the Safe Drinking Water Act		2008-2012	98%	2018	99%
1.6.7I HC	Decrease the percentage of households/population near busy roadways [Objective Updated]		2000 population 2004 traffic	60%	2018	50%
1.6.8I HC	Increase the percentage of cities and counties with adopted climate action plans and FEMA-approved local hazard mitigation plans	▶	Data not available			
1.6.9I HC	Decrease the number of days per year (in non-attainment air basin or county) that exceeds ambient air standards for criteria pollutants for ozone and PM 2.5	▶	2012	Depends on county/ air basin	2018	10% reduction
1.6.11I HC	Increase the percentage of the population located < ½ mile of a regional bus/rail/ferry and < ¼ mile of a local bus/light rail	▶	Data not available			

Dev: Developmental

California Wellness Plan Objectives—100 Objectives with No Data Available (74 Developmental Objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target
Increase early learning						
1.8.1I	Increase the percentage of children enrolled in preschool	▶		No known data source		
1.8.2L HC	Increase the percentage of children who are kindergarten ready	▶		Data not available		
Decrease the number of people without insurance						
2.1.1I	Increase enrollment of uninsured individuals eligible for subsidy through Covered CA into health insurance	▶		Data not available		
2.1.2I	CDPH will adopt one policy to add type of insurance to relevant data sets collected in the Department			Data not available		
Increase access to primary and specialty care (Oral Health, Cancer, School Health Care, Arthritis, Alzheimer's Disease)						
2.2.3S	Increase the prevalence of women 40 years and older who report having both a mammogram and a clinical breast exam within the prior two years by 7.5 percent (Baseline data is a 2011 projection of 2010 data)		2010	79.1%	2015	85%
2.2.4S	Increase colorectal cancer screening rates among people 50 and older using one of the screening options recommended by the 2008 U.S. Preventive Services Task Force Guidelines by 15 percent (Baseline data was obtained using CHIS data which is a 2011 projection of 2009 data)		2009	68.1%	2014	63%
2.2.2I	Decrease the percentage of individuals who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines	▶		Data not available		

Dev: Developmental

California Wellness Plan Objectives—100 Objectives with No Data Available (74 Developmental Objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target
2.2.3I	Increase the percentage of adults in Denti-Cal who had an annual dental visit [Developmental Objective Updated]	▶	2014	21.7%	2018	Above 21.7%
2.2.1II	Decrease hospitalizations for Chronic Obstructive Pulmonary Disease	▶	Data not available			
Increase coordinated outpatient care (Patient Centered Medical Home, Lifestyle Intervention Programs, Self-Management Programs) and increase the number of people receiving care in an integrated system (Medical, Mental, Behavioral)						
2.3.1S	Increase the number of cancer patients who have received an aftercare plan after completing treatment by 10 percent (Current data cannot be compared to baseline data - BRFSS module was modified)		2010	71.9 patients	2015	79.1 patients
2.3.3S	Increase the percentage of Medi-Cal recipients with pre-diabetes or at high risk for type 2 diabetes who have access to evidence based lifestyle intervention programs	▶	Data not available			
2.3.6S	Increase the percentage of Medi-Cal recipients with diabetes who have access to DSME	▶	Data not available			
2.3.1I	Increase the percentage of Medi-Cal members in a patient centered medical home	▶	No known data source			
2.3.3I	Increase the proportion of people with diabetes in targeted settings who have at least one encounter at a DSME program per year	▶	No known data source			

Dev: Developmental

California Wellness Plan Objectives—100 Objectives with No Data Available (74 Developmental Objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target
2.3.5I	Increase the percentage of adults screened for alcohol misuse and provide brief counseling	▶	Data not available			
2.3.1L LGH	Increase the percentage of patients whose doctor's office helps coordinate their care with other providers or services for children/adolescents (C/A) and Adults	▶	2011	C/A: 67% Adults: 75%	2022	C/A: 94% Adults: 94%
Increase mental health and wellbeing						
2.4.1I	Increase policies and protocols used to screen for mental illness	▶	No known data source			
2.4.4I	Increase the percentage of primary care physician office visits in Medi-Cal that use a standardized evidence-based tool to screen adults and youth for depression	▶	Data not available			
2.4.2L	Decrease the percentage of adults with arthritis that report anxiety		Data not available			
Decrease adult and childhood obesity and diabetes						
2.5.2I	Decrease the proportion of people with diabetes who have Hemoglobin A1C > 9	▶	Data not available			
2.5.3I	Increase annual CalFresh Enrollment among Eligible Medi-Cal members by 5 percent each year	▶	Data not available			
Increase controlled high blood pressure and high cholesterol						
2.6.1I	Increase the number of adults who have been screened for high blood pressure within the previous 2 years		2008	91%	2018	93%

Dev: Developmental

California Wellness Plan Objectives—100 Objectives with No Data Available (74 Developmental Objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target
2.6.4L LGH	Increase the percentage of adults diagnosed with high cholesterol who are managing the condition		2011	Medicare 76% PPO 50% HMO 78%	2022	Medicare 91% PPO 70% HMO 86%
Decrease adult and childhood asthma						
2.7.1I	Increase the number of health care payers that cover and reimburse for comprehensive asthma management, including self management education, the use of certified asthma education, and home visits by nurses, community health workers, etc.	▶	Data not available			
Decrease infant deaths						
2.9.2S	Increase the percentage of teen mothers and infants referred for follow-up care, education, and support, including Early Head Start	▶	No known data source			
2.9.3I	Reduce the non-medically indicated singleton elective deliveries before 39 weeks gestational age	▶	Data not available			
Increase culturally and linguistically appropriate services						
2.10.1L	Increase the percentage of persons who report their health care provider always listens carefully	▶	Data not available			
2.10.2L	Increase the percentage of persons who report their health care provider always explained things so they could understand them	▶	Data not available			
2.10.3L	Create a statewide training and certification program for Patient Navigators	▶	No known data source			

Dev: Developmental

California Wellness Plan Objectives—100 Objectives with No Data Available (74 Developmental Objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target
Increase advance care planning						
2.11.1S	Increase the percentage of health systems and providers with established systems within their organization for consistently and reliably soliciting, documenting and honoring patient treatment preferences	▶	No known data source			
2.11.1I	Increase the percentage of adults who have a current Physician Orders for Life Sustaining Treatment (POLST)	▶	No known data source			
Increase hospital safety and quality of care						
2.12.4I	Increase the percentage of eligible patients with acute heart attacks who receive percutaneous coronary intervention (PCI) within 90 minutes of hospital arrival		Data not available			
2.12.5I	Increase the proportion of eligible patients with acute heart attacks who receive fibrinolytic therapy within 30 minutes of arrival to non-PCI capable hospital		2011	47%	2018	55%
2.12.3L	Decrease adverse events in hospitals	▶	Data not available			
Increase transparent information on cost and quality of care						
3.1.4S	Covered CA and DHCS will develop a state multi-payer claims database or participate in an existing All Payers Claims Database	▶	No known data source			
3.1.6S	Increase the number of health systems that contribute electronic health data to population based health registries (i.e., immunizations, cancer, etc.)	▶	Data not available			
3.1.2I	Increase proportion of providers that adopt electronic provider reminder/recall, clinical decision support, and provider assessment and feedback systems	▶	No known data source			

Dev: Developmental

California Wellness Plan Objectives—100 Objectives with No Data Available (74 Developmental Objectives)

An unshaded row represents an objective with time remaining to meet target

Obj. #	Objective	Dev.	Baseline Year	Baseline	Target Year	Target
3.1.5I	Develop one oral health burden of disease report for California		No known data source			
Increase affordable care and coverage						
4.1.1I	Begin or increase community preventive services (lifestyle intervention, self-management, and/or worksite wellness programs)	▶	No known data source			
4.1.1L	Decrease health care cost (total premium + out of pocket) as percent of median household income		2009	Family: 22% Individual: 13%	2022	Family: 23% Individual: 13%
Increase payment policies that reward value						
4.2.1I	Implement Accountable Care Community models and publish outcomes that use business models in which all members of the care team assume fiscal risk and obtain fiscal benefit from patient outcomes	▶	No known data source			
4.2.2I	Increase the percentage of health systems providers and payers that implement patient-centered medical home supplemental per member per month payment	▶	No known data source			
4.2.3I	Increase the percentage of health systems, providers and payers that adopt Triple Aim for Performance	▶	No known data source			
Decrease rate of growth in health care spending						
4.3.1S	Increase the number of LHDs participating in nonprofit hospital community benefit health assessments and improvement plans	▶	No known data source			
4.3.1L LGH	Decrease the Compound Annual Growth Rate (CAGR) by total health expenditures and per capita costs		2000–2009	Total: 7% Per capita: 6% GSP: 4%	2022	Total: <GSP Per capita: < GSP

Dev: Developmental

Appendix E: Crosswalk for Progress in Key CWP Priority Areas by Let's Get Healthy California Strategic Directions

LGHC Strategic Direction: Health Across the Lifespan			
LGHC Goals	LGH Priorities	CWP Objective	Page #
GOAL 1	HEALTHY BEGINNINGS: Laying the Foundation for a Healthy Life		
	Decrease infant deaths The infant mortality rate has decreased to 4.6 per 1,000 (2012) from 5 per 1,000 (2009).	2.9.2L	69
	Increase vaccinations The percentage of girls who received the HPV vaccine increased to 48.4 percent in 2015 from 21.8 percent in 2009.	2.8.1I	67
	Decrease childhood trauma The rate of child maltreatment deaths has decreased to 1.3 per 100,000 (2013) from 1.4 per 100,000 in 2012.	1.7.3L	47
	Increase early learning	1.8	47
	Decrease childhood asthma Asthma hospitalization rate for ages 0–17 years have decreased to 10.5 per 10,000 (2013) from 11 per 10,000 in 2010.	2.7.3L	65
	Increase childhood fitness and healthy diets The percentage of schools that offer intramural activities or physical activity clubs has increased to 78.4 percent (2014) from 73.1 percent in 2012.	1.3.2S	29
	Decrease childhood obesity and diabetes The obesity rate among 4-year-old children has decreased to 18.8 percent (2015) from 20 percent in 2012.	2.5.1S	60
	Decrease adolescent tobacco use The percentage of adolescents who smoked cigarettes in the past 30 days was 10.5 percent in 2012 (baseline established).	1.2.1L	28
	Increase mental health and wellbeing The Guideline for Alzheimer's Disease and Management (2008) was updated and released in February 2017.	2.4.1S	57
GOAL 2	LIVING WELL: Preventing and Managing Chronic Disease		
	Increase health status Health equity has been adopted as a key consideration in six state guidance documents (2015).	1.1.1S	19

LGHC Strategic Direction: Health Across the Lifespan

LGHC Goals	LGH Priorities	CWP Objective	Page #
	<p>Increase fitness and healthy diets The percentage of adults who drank 4-6 regular sodas or pop that contains sugar per week has decreased to 3.5 percent (2015) from 4.6 percent in 2012.</p>	1.3.10I	33
	<p>Decrease tobacco use The percentage of adults who are current smokers decreased to 11.7 percent (2014) from 13 percent in 2012.</p>	1.2.2L	28
	<p>Increase controlled high blood pressure and high cholesterol The number of employed community health workers in California increased to 6,160 (2014) from 5,350 in 2012.</p>	2.6.3I	63
	<p>Decrease obesity and diabetes Increased awareness of pre-diabetes so that the prevalence of people reporting pre-diabetes increased to 13.5 percent (2015) from 8.9 percent in 2011.</p>	2.5.2S	61
	<p>Increase mental health and wellbeing</p>	2.4	57
GOAL 3	END OF LIFE: Maintaining Dignity and Independence		
	<p>Decrease hospitalization during the end of life</p>	2.13	74
	<p>Increase palliative care and hospice care The DHCS, Long-Term Care Division, is preparing for the upcoming Partners for Children Pediatric Palliative Care Waiver (PFC/PPCW) Renewal, to become effective December 27, 2017 through December 26, 2022.</p>	2.13	74
	<p>Increase advance care planning The Coalition for Compassionate Care of California has created and compiled a variety of resources to help educate patients, caregivers, and healthcare professionals on the issues - medical and deeply personal - surrounding POLST.</p>	2.11	71
GOAL 4	REDESIGNING THE HEALTH SYSTEM: Efficient, Safe, and Patient-Centered Care		
	<p>Increase access to primary and specialty care The number of school-based health centers in K-12 public schools increased to 243 (2015) from 231 in 2014.</p>	2.2.7I	52
	<p>Increase culturally and linguistically appropriate services</p>	2.10	70

LGHC Strategic Direction: Health Across the Lifespan

LGHC Goals	LGH Priorities	CWP Objective	Page #
	Increase coordinated outpatient care The number of DSME programs increased to 181 (2015) from 154 in 2013.	2.3.7S	55
	Increase hospital safety and quality of care Regulations clarifying the definitions and reporting requirements for adverse events in hospitals will be adopted by June 30, 2017.	2.12.2S	71
	Decrease sepsis ^{6 16}	N/A	N/A
GOAL 5	CREATING HEALTHY COMMUNITIES: Enabling Healthy Living		
	Increase healthy food outlets	1.4	35
	Increase walking and biking The percentage of commuters who use active transportation to travel to work increased from 8.8 percent (2006-2010) to 9 percent (2010-2014).	1.5.3I	37
	Increase safe communities The number of adults reporting physical or sexual violence by an intimate partner in California has decreased to 155,965 (2014) from 157,634 in 2012.	1.6.8L	43
GOAL 6	LOWERING THE COST OF CARE: Making Coverage Affordable and Aligning Financing to Health Outcomes		
	Decrease people without insurance The rate of federal subsidy eligible Californians who are uninsured decreased from 56 percent (2014) to 33 percent (2015).	2.1.1L	48
	Increase affordable care and coverage	4.1	78
	Decrease rate of growth in health spending in California The number of local public health department that achieved national accreditation by the Public Health Accreditation Board increased to 9 (2016) from 0 in 2013.	4.3.1I	79
	Increase people receiving care in an integrated system Through state public health programs, there was an increase the proportion of WW participants in evidence-based lifestyle intervention programs from 85 percent in (2014-2015) to 98 percent (2015-2016)	2.3.2S	54

6. Sepsis is a complex clinical syndrome for which the underlying infectious cause is often unknown. The CDC is working to develop a reliable surveillance definition to be applied across time and between hospitals.

LGHC Strategic Direction: Health Across the Lifespan

LGHC Goals	LGH Priorities	CWP Objective	Page #
	<p>Increase transparent information on cost and quality of care CDPH has implemented one federated data system with central repository host with aggregated data from different sectors to support health information exchange and population health surveillance for use at the state and local level in 2015.</p>	3.1.7S	76
	<p>Increase payment policies that reward value</p>	4.2	79

Appendix F: List of Acronyms

AA	African Americans	CCR	California Cancer Registry
ACS	American Community Survey	CCS	California Children's Services
ACTION-GWTG	Acute Coronary Treatment and Intervention Outcomes Network-Get with the Guidelines	CDA	California Department of Aging
ADP	Alzheimer's Disease Program	CDC	Centers for Disease Control and Prevention
AG	California Office of the Attorney General	CDE	California Department of Education
AHRQ	U.S. Agency for Health care Research and Quality	CDPH	California Department of Public Health
AIAN	American Indians/Alaska Natives	CDSMP	Chronic Disease Self-Management Program
API	Academic Performance Index	CDSS	California Department of Social Services
A/PI	Asians and Pacific Islanders	CEHTP	California Environmental Health Tracking Program
BLS	U.S. Bureau of Labor Statistics	CHCQ	Center for Health Care Quality
BMI	Body Mass Index	CHIS	California Health Interview Survey
BRFSS	Behavioral Risk Factor Surveillance System	CHKS	California Healthy Kids Survey
CADC	California Alzheimer Disease Center	CHSI	Center for Health Statistics and Informatics
CAIR	California Immunization Registry	CHVP	California Home Visiting Program
CalCHEEPS	California Children's Healthy Eating and Exercise Practices Survey	CLAS	Culturally and Linguistically Appropriate Services
CalTrans	California Department of Transportation	CMS	Centers for Medicare and Medicaid Services
CAGR	Compound Annual Growth Rate	Covered CA	Covered California
CAPP	California Arthritis Partnership Program	CPAD	California Protected Areas Database
CARB	California Air Resources Board	CSR	California Stroke Registry
CASSPP	California Assessment of Student Performance and Progress	CTCP	California Tobacco Control Program
CB	California Breathing	CTG	Community Transformation Grants
CCCP	California Comprehensive Cancer Control Program	CWP	California Wellness Plan
C4P	California Colon Cancer Control Program	DALY	Disability-Adjusted Life Year
CCLD/CDSS	Community Care Licensing Division/California Department of Social Services	DHCS	Department of Health Care Services
		DM	Diabetes Mellitus

DMHC	Department of Managed Health Care
DPAC	Data Policy Advisory Committee
DSME	Diabetes Self-Management Education
DWP	Drinking Water Program
EBT	Electronic Benefit Transfer
ED	Emergency Department
EHR	Electronic Health Record
EMSA	Emergency Medical Services Authority
EWC	Every Woman Counts
FEMA	Federal Emergency Management Agency
FTE	Full-time equivalent
GWTG-Stroke	Get with the Guidelines Stroke Module
HALE	Health-Adjusted Life Expectancy
HC	Healthy Community Indicator
HD	Heart Disease
HDDPU	Heart Disease and Diabetes Prevention Unit (California Diabetes Program and Heart Disease and Stroke Prevention Program)
HEDIS	Health care Effectiveness Data and Information Set
Hgb A1C	Hemoglobin A1C
HiAP	Health in All Policies
Hisp	Hispanics
HL7	Health Level Seven International Standards
HMO	Health Maintenance Organization
HPV	Human Papilloma Virus
HTN	Hypertension
HUD	U.S. Department of Housing and Urban Development
IHA	Integrated Health care Association
IOM	Institute of Medicine
IT	Information Technology

ITSD	Information Technology Services Division
IZB	Immunization Branch
L&C	Licensing and Certification
LGH	Let's Get Healthy California Task Force performance measure
LGHC	Let's Get Healthy California
LGHCTF	Let's Get Healthy California Task Force
LODES	Longitudinal Employer-Household Dynamics
LTC	Long-term care
M	Marijuana
MCAH	Maternal, Child, and Adolescent Health Program
MEPS	Medical Expenditure Panel Survey
MIHA	Maternal Infant Health Assessment Survey
MMTCO2e	Million metric tons of Carbon Dioxide Equivalent
NCQA	National Committee for Quality Assurance
NEOP	Nutrition Education and Obesity Prevention Branch
NHANES	National Health and Nutrition Examination Survey
NHIS	National Health Interview Survey
NQF	National Quality Forum
NSDUH	National Survey on Drug Use and Health
NVSS	National Vital Statistics System
OH	Oral Health
OHB	Occupational Health Branch
OHE	Office of Health Equity
OHIT	Office of Health Information Technology
OSHPD	Office of Statewide Health Planning and Development
P	Pain Drugs
P4P	Pay for Performance Program

PCI	Percutaneous Coronary Intervention
PI and Clinical Center	Parkinson's Institute and Clinical Center, UCLA
PM	Particulate Matter
POLST	Physician Orders for Life Sustaining Treatment
POS	Point of Service
PPO	Preferred Provider Organization
SACB	Safe and Active Communities Branch
SAMHSA	Substance Abuse and Mental Health Services Administration
SDWIS	State Drinking Water Information System
STAR	Standardized Testing and Reporting
UC	University of California
UCB CCS	University of California, Berkeley Center for Cities and Schools
UCLA	University of California, Los Angeles
U.S.	United States of America
WIC	Women, Infants, and Children Program
WISEWOMAN	Well-Integrated Screening and Evaluation for Women Across the Nation
WW	Well-Integrated Screening and Evaluation for Women Across the Nation
YRBSS	Youth Risk Behavior Surveillance System

Appendix G: Acknowledgements

Special thanks to:

Health and Human Services Agency

California Department of Public Health

- Center for Chronic Disease Prevention and Health Promotion
- Division of Chronic Disease and Injury Control
- California Tobacco Control Branch
- Chronic Disease Control Branch
- Alzheimer’s Disease Program
- California Arthritis Partnership Program
- California Colon Cancer Control Program
- California Community Fluoridation Program
- California Wellness Plan Implementation Program
- Heart Disease and Diabetes Prevention Unit (California Heart Disease and Stroke Prevention Program and California Diabetes Program, now Prevention First Program)
- WISEWOMAN Program
- Chronic Disease Surveillance and Research Branch
- California Cancer Registry
- California Comprehensive Cancer Control Program
- Public Health Survey Research Program
- Nutrition Education and Obesity Prevention Branch
- California Obesity Prevention Program
- School Health Connections
- Safe and Active Communities Branch
- Division of Environmental and Occupational Disease Control
- Occupational Health Branch
- Environmental Health Investigations Branch
- California Breathing (Asthma)
- Environmental Health Tracking Program
- Center for Family Health
- Maternal, Child, and Adolescent Health Division
- Women, Infants and Children Program
- Center for Health Care Quality
- Licensing and Certification Program

- Center for Health Statistics and Informatics
- Center for Infectious Diseases
- Division of Communicable Disease Control
- Immunization Branch
- Sexually Transmitted Diseases Control Branch
- Office of Health Equity
- Health in All Policies Program
- Climate Change Program
- Office of Quality Performance and Accreditation

California Department of Health Care Services

- Office of the Medical Director
- Office of Health Information Technology
- Every Woman Counts Program
- Mental Health Program
- Alcohol and Drug Program

Covered California

California Department of Aging

California Department of Education

California Department of Managed Health Care

Emergency Medical Services Authority

Office of Statewide Health Planning and Development

University of California, Davis, School of Medicine, Department of Public Health Sciences

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