

Per California Code of Regulations, title 2, section 548.5, the following information will be posted to CalHR's Career Executive Assignment Action Proposals website for 30 calendar days when departments propose new CEA concepts or major revisions to existing CEA concepts. Presence of the department-submitted CEA Action Proposal information on CalHR's website does not indicate CalHR support for the proposal.

**A. GENERAL INFORMATION**

1. Date

1/4/2016

2. Department

California Department of Public Health

3. Organizational Placement (Division/Branch/Office Name)

Director's Office/Strategic Development & External Relations Fusion Center

4. CEA Position Title

Deputy Director, Strategic Development & External Relations Fusion Center

5. Summary of proposed position description and how it relates to the program's mission or purpose. (2-3 sentences)

The proposed CEA, Level A, Deputy Director, will lead the California Department of Public Health's (CDPH) Strategic Development and External Relations Fusion Center, which is responsible for: 1) exploring new models and approaches to public health; and 2) seeking to more closely align public health, the healthcare delivery system, and community-based innovations to improve population health. The Strategic Development and External Relations Fusion Center will be a collaborative effort involving programs from across CDPH that will provide expertise and information to the Fusion Center for the purpose of assessing program activities and analyzing relevant data. This information will then be used to develop policies for cohesive and coordinated efforts throughout California to address public health standards and opportunities, and improve health equity in the State of California.

6. Reports to: (Class Title/Level)

Assistant Director (Exempt)

7. Relationship with Department Director (Select one)

- Member of department's Executive Management Team, and has frequent contact with director on a wide range of department-wide issues.
- Not a member of department's Executive Management Team but has frequent contact with the Executive Management Team on policy issues.

(Explain):

8. Organizational Level (Select one)

- 1st
- 2nd
- 3rd
- 4th
- 5th (mega departments only - 17,001+ allocated positions)

**B. SUMMARY OF REQUEST**

**9. What are the duties and responsibilities of the CEA position? Be specific and provide examples.**

The proposed CEA will lead efforts to develop and implement a statewide health improvement plan interlinking and aligning various projects including the Let's Get Healthy California (LGHC), California Wellness Plan (CWP), California Reducing Disparities Project, and other Center/Program activities to set priorities for the next three to five years, as well as long-term goals for reshaping public health in California. As leader of the Strategic Direction and External Partners Fusion Center, the CEA will reinvent public health under a new paradigm including governing collaborative efforts across state departments; pro-actively identifying opportunities for improving public health outcomes; and building partnerships with other government and private entities in formulating policies and procedures to minimize or eliminate health disparities. The proposed position will organize CDPH policy objectives across the Centers/Programs to leverage opportunities under Health Care Reform (HCR), and implement the goals of the LGHC, Accountable Communities for Health (ACH), and other innovations.

The CEA will provide overall operations management of the Strategic Direction and External Relations Fusion Center including direct supervision of three Associate Governmental Program Analysts, two Health Program Specialist IIs, and a contract Health Economist.

The CEA will promote public health economics across Centers/Programs to guide effective use of information and resources, evaluate current and proposed strategies for improving public health, and interpret findings to effectively deploy resources including people, activities, projects and investment. The incumbent will communicate economic assessment results to internal and external partners. In representing the State of California, the CEA will serve as a strategic and tactical liaison with partner and funding agencies to implement activities under the LGHC framework to promote public health innovations and reduce health disparities. The incumbent will advise the Director, the Health and Human Services Agency Secretary, and the Governor's Office on policy and legislative matters pertaining to public health innovations, implementation of LGHC, the State Health Innovation Model (CalSIM) project, and other activities to reinvent public health, improve health outcomes, and reduce health disparities.

In collaboration with CDPH subject matter experts, other state departments, external partners (private industry, health system/insurers, academic and philanthropic organizations), non-profit and community-based organizations and local community stakeholders, the proposed CEA will analyze data collected through LGHC, ACH, and CDPH programs to identify disparities and prioritize critical opportunities for intervention. The CEA will gather input from the Health Economist on the comparative benefits of public health interventions and emerging innovative practices, and identify opportunities to apply effective interventions and convene intergovernmental, private sector, and community stakeholder partners to facilitate implementation of identified strategies to address health disparities. The proposed CEA will identify new and/or novel opportunities for funding consistent with CDPH's vision such as foundation funding, cap and trade funding, or inter-agency agreements. Additionally, the CEA will develop application materials for Director's Office priorities, and manage program implementation and reporting requirements as necessary.

**B. SUMMARY OF REQUEST (continued)**

10. How critical is the program's mission or purpose to the department's mission as a whole? Include a description of the degree to which the program is critical to the department's mission.

- Program is directly related to department's primary mission and is critical to achieving the department's goals.
- Program is indirectly related to department's primary mission.
- Program plays a supporting role in achieving department's mission (i.e., budget, personnel, other admin functions).

Description: Under the new landscape of healthcare reform, which fundamentally changes the way hospitals and healthcare providers are paid and provides incentives for keeping at least their portion of the population healthy, the healthcare delivery system is more engaged with public health and community partners. CDPH and local health departments must take advantage of their unique role in improving the health of the entire population and work with health plans and providers to identify opportunities for coordination across health plan populations. Public health has an opportunity to move the discussion from addressing immediate healthcare needs, and reducing immediate expensive healthcare costs, to focus on upstream (proactive) issues aimed at increasing the health of the population from an early age. As costs of healthcare continue to rise, federal funding to public health will continue to decline unless public health identifies opportunities within the healthcare delivery system to add value.

## **B. SUMMARY OF REQUEST (continued)**

11. Describe what has changed that makes this request necessary. Explain how the change justifies the current request. Be specific and provide examples.

CDPH's 2014-16 Strategic Map prioritizes "Setting the Policy Agenda" as a mechanism to improve the health of all Californians. CDPH is in the midst of a changing landscape and must reinvent the role of public health by strengthening ties between public health, the healthcare delivery system, and community interventions. To this end, several intersecting inter-agency efforts require coordination and overall policy direction to expand the traditional "Prevent-Protect-Promote" model to evidence based strategic planning for population health improvements across partners and projects such as: Let's Get Healthy California, Accountable Communities for Health/CalSIM Project, California Wellness Plan, Health Care Reform, and Health in All Policies.

In 2012, Governor Jerry Brown issued Executive Order 8-19-12, establishing the Let's Get Healthy California (LGHC) Task Force, a group of more than 40 health and health care leaders in the state, to engage in a process to "envision what California would look like in ten years if we commit to becoming the healthiest state in the nation." The Task Force produced a framework for assessing California's health across the lifespan, focused on healthy beginnings, living well and end of life. This framework also identified three pathways to shape the health and health care landscape including: 1) redesigning the health care delivery system; 2) creating healthy communities and neighborhoods; and 3) lowering the cost of care while making clear that eliminating health disparities is critical across each of these pathways.

In 2013, California received a Center for Medicare and Medicaid Innovation, State Innovation Model design grant, and subsequently developed a State Innovation Plan (SIP), using the LGHC report as a foundation for implementing significant health system and payment reforms. This plan is guided by the Triple Aim (reducing healthcare costs, increasing the quality of care, and improving overall health), and outlines transformation strategies that reward value and innovation, improve quality of care, promote care coordination, create transparency, reduce disparities, and foster competition. The SIP includes four initiatives including Accountable Communities for Health (ACH), which was designed to test a new population health model linking health care systems with community resources to address a chronic condition in a community. Explicit in the design of the ACH is the coordination of a portfolio of interventions that span five key domains including clinical, community, clinical-community linkages, policy and systems, and environment, in order to improve community health and reduce health disparities.

The California Wellness Plan's (CWP) goal is to promote health and eliminate preventable chronic disease by providing a road-map with partners to create communities in which people can be healthy, improve the quality of clinical and community care, increase access to usable health information, assure continued public health capacity to achieve health equity, and empower communities to create healthier environments. The 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.

In 2014, under Health Care Reform (HCR), increasing numbers of Californians now have health insurance and access to the health care delivery system. The HCR established the Triple Aim of reducing healthcare costs, increasing the quality of care and improving overall health.

Health in All Policies (HIAP) provides a collaborative approach which recognizes that health and prevention are affected by policies that are managed by non-health governmental and non-governmental entities, and that many strategies which improve health will also help to meet the policy objectives of other stakeholders. HIAP harnesses the power non-health agencies can bring through their areas of expertise, has a focus on co-benefits and win-win strategies, and explores the use of health as a factor in bringing people together from across sectors to address the major issues that face our society.

The Governor's challenge creates a need for CDPH to establish a team of subject matter experts to coordinate and implement the various initiatives and policies needed to improve the health of California's population through community education and intervention. In order for this expert team to function, there is a need to establish a critical program manager position that will take a decisive policy-making role in the Strategic Development and External Relations Fusion Center. Establishing a Deputy Director, CEA, Level A position to oversee these efforts will ensure there is someone with the expertise and background necessary to not only interface with high-level program officials, but who will also play an integral part in carrying out the Administration's goals.

### C. ROLE IN POLICY INFLUENCE

12. Provide 3-5 specific examples of policy areas over which the CEA position will be the principle policy maker. Each example should cite a policy that would have an identifiable impact. Include a description of the statewide impact of the assigned program.

The proposed CEA will lead efforts to develop and implement a statewide health improvement plan integrating various projects including LGHC, CWP, the California Reducing Disparities Project, and other Center/Program activities to set priorities for the next three to five years, as well as long-term goals for reshaping public health in California.

The proposed CEA will proactively identify opportunities and set policies for how to achieve the improvement of public health outcomes. This includes building partnerships with other government and private entities, such as community-based organizations and local health jurisdictions, in order to formulate policies and procedures to minimize or eliminate health disparities within every California community in every age group (i.e. policies to determine how information will be used to achieve goals and making major decisions in the implementation of strategies). The proposed CEA will organize CDPH policy objectives across CDPH Centers/Programs to leverage opportunities under HCR, and implement the goals of the LGHC, the ACH, and other innovations.

CDPH proposes that the Strategic Development and External Relations Fusion Center CEA will determine how services and programs will be interspersed, coordinated and implemented within California. The incumbent will make decisions on the structure of various emerging programs (internal and external) to develop opportunities for departmental action; make decisions relevant to how public health, health care, and insurers interface and how they can be used for strategic development of a unified approach to energize stakeholders to meet objectives; act as a final approver for grant acquisitions across the department; and determine policy and implementation strategies for the State Health Improvement Plan based on population-specific community-based participatory research. The research methods and results will enable the CEA to develop policies for determining how and when implementation should occur in communities. Every community in California, including all age groups, could be impacted.

The proposed CEA will promote public health economics across Centers/Programs to guide effective use of information and resources, evaluate current and proposed strategies for improving public health, and interpret findings to effectively deploy resources, including people, activities, projects and investment. The incumbent will communicate the economic assessment results to internal and external partners. These findings will assist the proposed CEA in establishing implementation policies and strategies, and in determining which California communities will have access to the integrated services and resources to advance health.

CDPH proposes that this CEA will facilitate the establishment of intergovernmental and/or public-private partnerships. Additionally, the CEA will develop policies to enable greater transparency and collaborative data sharing and analysis to identify, target and address health related disparities, thus reducing illness, hospitalizations and deaths among those in vulnerable communities and in under-serve areas, ultimately saving millions of dollars in state health care costs each year.

The proposed CEA will convene cross-sector collaborations, such as community-based organizations, local health jurisdictions, public health interest groups, and state organizations, to promote opportunities for collective impact in addressing specific public health issues. The CEA will evaluate and recommend legislative and programmatic interventions to address key priorities in the population health improvement plan.

The proposed CEA will develop policies to build in health economics/health system collaboration/health equity lens for internal program planning [and potentially allocation of funding (i.e. block grant)]. The purpose of this internal program planning is to ultimately ensure all Californians have full and equal access to opportunities that enable them to lead healthy lives. These are indicated by social, economic, geographic, political and physical environmental conditions that lead to the creation of a fair, just, and healthy society.

Each of the policy responsibilities described above serve to accomplish one goal, the successful implementation of the LGHC Report. Under an Executive Order, and with leadership from the California Health and Human Services Agency Secretary, Diana Dooley, California developed a plan for becoming the healthiest state in the nation by 2022. The LGHC Report sets forth strategies, goals, and defined metrics for achieving the Triple Aim of better health, better health care, and lower costs. The report provides a framework for assessing Californians' health across the lifespan, with a focus on healthy beginnings, living well, and end-of-life.

**C. ROLE IN POLICY INFLUENCE (continued)**

13. What is the CEA position's scope and nature of decision-making authority?

The CEA will have delegated authority to make major decisions regarding the implementation of policies, strategies, and the methods by which information will be disseminated and programs will perform. The CEA will directly report to the Assistant Director through regular updates to the Assistant Director, Director, Agency Secretary, and Governor's Office regarding decisions, strategies and development/implementation of Strategic Direction and External Relations Fusion Center activities and methodologies. The decisions made by the CEA will have a substantial impact not only on CDPH employees and managers, but also on external stakeholders and the California population at large.

14. Will the CEA position be developing and implementing new policy, or interpreting and implementing existing policy? How?

The proposed CEA position will develop new policy and implement existing policy with regards to several intersecting multi-disciplinary projects including: Let's Get Healthy California, Accountable Communities for Health/CalSIM Project, California Wellness Plan, Health Care Reform, and Health in All Policies.

The implementation of these projects will require collaboration, defining priorities, and developing integrated work plans to set concrete deliverables across CDPH Centers/Programs, other state departments, local health departments, and public and private stakeholders. In addition, as these projects are incrementally implemented, the CEA will identify new opportunities to leverage public health programs to improve population health through collective impact models. Furthermore, work related to the application of health economics to public health programs will position the CEA to make policy recommendations on the most efficient and effective public health programs.