CEA ACTION PROPOSAL

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: 4/23/2026

2. Department: California Department of Public Health

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

Center for Healthy Communities

4. CEA Position Title

Deputy Director, Center for Healthy Communities

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

The Center for Healthy Communities (CHC), Deputy Director is responsible for the effective management and oversight of approximately 250 authorized positions with a budget of approximately $260 million. With six Branches and two Offices, CHC represents a diverse set of public health programs that address the challenging and evolving fields of chronic disease prevention, environmental health, and occupational health. This includes programs covering a broad array of public health topics and fields including the promotion of nutrition and physical activity; chronic disease control, surveillance, and research; oral health; childhood lead poisoning prevention; prevention and response efforts related to environmental and toxicological exposures; and occupational health and safety.

6. Reports to: (*Class Title/Level*)

Assistant Public Health Officer, CDPH/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 CEA manages and directs program and policy development relating to a wide range of public health issues as the Deputy Director, Center for Healthy Communities (CHC). CHC, in its reorganized state, consists of three pillars: Chronic Disease Prevention (CDP), Environmental and Occupational Health (EOH), and Strategy and Alignment. The CEA directs policy development, program strategies, and evaluation for these three pillars, composed of public health programs in the fields of chronic disease prevention, environmental health, and occupational health. This includes programs covering a broad array of public health topics and fields including the promotion of nutrition and physical activity; chronic disease control, surveillance, and research; oral health; childhood lead poisoning prevention; prevention and response efforts related to environmental and toxicological exposures; and occupational health and safety.

The CEA manages and directs the programs in the Center by establishing an overarching vision and identity, bringing together its disparate and diverse programs into a cohesive whole with shared priorities that align with the vision and mission of the Department. The CEA develops, implements and evaluates statewide public health and environmental health policies, recommendations, and programs to sustain and improve the health status of California's population. The CEA assesses policies and programs that help to reduce morbidity and mortality due to chronic diseases and environmental and occupational exposures and associated risk factors by: integrating public health prevention practices and clinical medicine; developing scientific excellence, professional infrastructure, and leadership; promoting healthful lifestyles; encouraging the reduction of health-related risk-taking behaviors; advancing health equity and racial justice; and promoting informed discussions and productive collaboration with stakeholders and the public. The Deputy Director, CHC, provides overall management of the Center for Healthy Communities to ensure program compliance with departmental policies.

The CEA serves as the Department’s primary liaison to other state and national organizations, and stakeholder organizations in California to ensure vertical and horizontal integration of program policy goals. The CEA directs, reviews, and interprets legislative proposals, bills, budget concepts, and implemented new laws and guidelines, as well as presents and testifies at legislative and budget hearings. They advise the CDPH Director, California Health and Human Services Secretary, and the Governor’s Office on program policy and legislative matters pertaining to chronic disease prevention, environmental health, and occupational health.

The CEA oversees an approximately $260-million-dollar budget composed of diverse funding streams (state, federal, and special fees), directly supervises and evaluates three Assistant Deputy Directors and provides indirect supervision and training of approximately 250 staff. The Deputy Director in CHC oversees six Branches and two Offices.

With the infusion of funds from the Behavioral Health Services Act (BHSA) and increased visibility on behavioral health work, CDPH is removing one of CHC's current pillars (Community Wellness) from CHC. The duties of this CEA C are revised to reflect that change. However, because of the complexity, high visibility, high consequence of program and policy decisions, and state-wide and national implications of program and policy work covered in the remaining parts of CHC, and in order to be equitable with other Deputy Directors in CDPH with similar budgets, team size, and complexity of topics, this CEA remains at level C.

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:

CDPH's mission is to optimize the health and well-being of the people of California. CHC helps to accomplish this goal by implementing critical programs in the department pertaining to chronic disease prevention, environmental health, and occupational health. This includes programs covering a broad array of public health topics and fields including the promotion of nutrition and physical activity; chronic disease control, surveillance, and research; oral health; childhood lead poisoning prevention; prevention and response efforts related to environmental and toxicological exposures; and occupational health and safety.

CHC plays a critical role in the department when it comes to both emergency and emerging needs in California. CHC provides expertise pertaining to various natural and man-made disasters such as fires, COVID-19, lead exposures, and acute toxicologic spills or exposures through our programmatic expertise in occupational health, chemical exposures, epidemiology, and toxicology. This limited expertise is only housed in CHC and is leveraged in nearly every emergency the Department and Governor's Office engage in. In addition, CHC houses the Department's chronic disease prevention work. Chronic diseases account for eight of the leading ten causes of death in California and in the U.S. This includes programs that address underlying driving factors shared by most chronic disease such as nutrition and physical activity in addition to more disease-specific programs spanning diabetes, heart disease, stroke, and Alzheimer's disease.

The above programs represent a direct link to advancing the department's mission of creating healthy communities in California, as the CEA plays an active role in convening other state departments, presenting at legislative budget hearings, working with the Department of Finance, Legislative Analyst Office, academic institutions, local health departments, and community-based organizations in an effort to establish and maintain cooperative working relationships that advance public health, chronic disease, environmental health, and occupational health policy on behalf of the department.

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.

Prop 1 passed in California in 2024, establishing a new BHSA funding stream within CDPH. BHSA newly designated at least 4% of tax revenue collected from Prop 1 to CDPH, leading to approximately $150 million new investment annually in CDPH's behavioral health work starting July 1, 2026. As planning for CDPH's role in BHSA implementation proceeded, the decision was made to strategically centralize behavioral health work across the Department. Given the new infusion of dollars and the high priority and visible nature of BHSA implementation, there is a desire to have more coordinated and unified efforts around behavioral health. Thus, the Community Wellness Pillar within CHC being elevated to report to the Director's Office is a step in the direction of centralizing this work.

The Deputy Director, CHC position became vacant in February 2026 and there is a need to post for the vacancy as soon as is possible. In order to accurately advertise for the Deputy Director position to reflect removal of the Community Wellness Pillar, which includes the Substance and Abuse Prevention Branch, the Injury and Violence Prevention Branch, and the California Tobacco Prevention Program, this CEA concept revision seeks to update the CHC Deputy Director CEA concept and Duty Statement to reflect the areas that will remain within CHC following removal of the Community Wellness Pillar. CHC will now consist of the Chronic Disease Prevention Pillar, the Environmental and Occupational Health Pillar, and the Strategy and Alignment Pillar.

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.

This CEA C oversees program and policy decisions with high complexity, high visibility, high consequence, and with state-wide and national implications. Some examples include:

1) Oversight of the development and implementation of state-wide nutrition policy that will likely influence national nutrition policy. CHC will continue to be the lead point of contact that the Administration depends on for the development and implementation of nutrition policy. We saw this occur with the Governor's Executive Order on Healthy Food (EO-N-1-25) where CDPH was asked to take lead on analyzing the impact of ultraprocessed food (UPFs) on health outcomes and provide recommendations of how the Administration could mitigate the health and financial harms of UPFs. The Deputy Director plays a critical role in directing the team and providing recommendations to the Directorate and Agency of the position the Department and Administration should take on nutrition policy proposals. This includes the definition of UPFs, how to operationalize definitions of UPFs, nutrition program and policy proposals that Agency and/or the larger Administration can take on to improve nutritional environments, areas of potential to improve school nutrition, analysis and recommended actions around the federal update to the Dietary Guidelines for Americans, California's role in shoring up loss of food insecurity data with the federal government no longer funding and supporting the national food insecurity questionnaire, and a multitude of other emerging nutrition program and policy issues. The Governor and First Partner continue to signal their ongoing interest in leading in the nutrition space and as such the Deputy Director for CHC will continue to play a critical leadership role in informing and directing nutrition policy for the State. In many cases in the last year, CDPH's policy stance on nutrition topics has informed the national discourse.

2) The Southern California Fires of 2026 highlighted the high-consequence and high-profile programmatic and policy decisions that the CHC Deputy Director must inform and oversee. All branches within CHC's Environmental and Occupational (EOH) Pillar were activated to support program and policy decisions related to the immediate and long term aftermath of the fires. EOH's Emergency Preparedness Team, Childhood Lead Poisoning Prevention Branch, Occupational Health Branch, and Environmental Health Investigations Branch were all called upon to synthesize emerging and complex information about these unprecedented fires and give program and policy recommendations to locals as well as other State Agencies and Departments. This required high level leadership and support of our very technical teams to ensure recommendations were scientifically grounded but also practical. This included program and policy decisions about soil testing, blood lead level testing, recommendations for PPE during clean-up, protections for day laborers related to clean-up, air quality monitoring, water monitoring, vector control, and a myriad of other environmental health issues. The decisions and recommendations made had long-reaching state-wide impact beyond just the Southern California fires as it set a precedence of recommendations and actions in future fires.

3) CHC's Environmental Health Investigations Branch is often at the forefront of emerging toxicologic threats that garner media and legislative interest. The Deputy Director must provide high level leadership and guidance to navigate very visible and political issues. Examples include the Moss Landing BESS (Battery Energy Storage System) storage facility fire in January 2025 which represented the largest BESS fire in the nation to date and raised a number of policy questions that the Deputy Director helped guide teams in navigating. Additional examples of high profile situations that require policy leadership from the Deputy Director include: the ongoing odors and chemical exposures from the Chiquita Canyon landfill, the exposures from the ongoing Tijuana River pollution affecting San Diego County, the largest and deadliest toxic mushroom poisoning in history that affected Californians state-wide at the end of 2025 and beginning of 2026, and ongoing findings and education around the California Biomonitoring Program including program and policy decisions regarding PFAS which is a growing area of interest and concern.

4) With ongoing and anticipated declines in tobacco revenue, key programs within CHC that depend on this revenue, such as the California Cancer Registry and the Office of Oral Health, are having to contend with critical programmatic and policy decisions on continued areas of focus and funding. These are highly visible and contentious decisions that the Deputy Director must oversee and help guide teams in making sound programmatic and policy decisions while accounting for the politics involved in such decisions. Advocates regularly engage with the Governor's Office and the Legislature on decisions related to declining tobacco funds.

C. ROLE IN POLICY INFLUENCE (continued)

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

The Deputy Director for CHC, in its revised form, oversees a complex and diverse array of programs spanning the promotion of nutrition and physical activity; chronic disease control, surveillance, and research; oral health; childhood lead poisoning prevention; prevention and response efforts related to environmental and toxicological exposures; and occupational health and safety. This translates into the Deputy Director making decisions pertaining to program and funding priorities, technical guidance, legislative needs, and policy priorities. Under this capacity, the Deputy Director makes decisions on statewide policies and guidance pertaining to prevention and response activities that protect and promote the health of all Californians. These activities require the Deputy Director to take an active role in convening and negotiating with other state departments, presenting at legislative budget hearings, working with Department of Finance, Legislative Analyst Office, academic institutions, local health departments and community-based organizations. The CEA manages and directs the programs in the Center by establishing an overarching vision and identity, bringing together its disparate and diverse programs into a cohesive whole with shared priorities that align with the vision and mission of the Department. The CEA develops, implements and evaluates statewide public health and environmental health policies, recommendations, and programs to sustain and improve the health status of California's population. The CEA assesses policies and programs that help to reduce morbidity and mortality due to chronic diseases and environmental and occupational exposures and associated risk factors by: integrating public health prevention practices and clinical medicine; developing scientific excellence, professional infrastructure, and leadership; promoting healthful lifestyles; encouraging the reduction of health-related risk-taking behaviors; advancing health equity and racial justice; and promoting informed discussions and productive collaboration with stakeholders and the public. The Deputy Director, CHC, provides overall management of the CHC to ensure program compliance with departmental policies.

The Deputy Director makes decisions about the structural design, program priorities, and funding allocations for all the programs that remain in the Center. For example, the Deputy Director is influential in overseeing the execution of the Governor’s Executive Orders (EO) pertaining to healthy eating. The Deputy Director also makes decisions on how to implement new legislative mandates such as the licensing of contractors who conduct lead renovation and repair; oversees the development of regulations that would define which children should be screened for lead poisoning; directs the team on state-wide nutrition policy recommendations to CalHHS and the Governor's Office; provides guidance around the Department's role in curbing a rising epidemic of silicosis in workers who cut and polish engineered stone; directs teams activated for various natural and man-made disasters such as wildfires, toxicologic and chemical disasters, and extreme heat events. The Deputy Director also makes critical programmatic and policy decisions regarding key disease registries for the state including the California Cancer Registry, the Neurodegenerative Disease Registry, and the Parkinson's Disease Registry.

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

Yes. Per the examples above, the Deputy Director is often called upon to support teams in developing and implementing new policy in highly sensitive domains. Because CDPH and CHC are often at the leading edge of public health policy development, the Deputy Director is regularly involved in new policy development (around nutrition, chronic disease surveillance, occupational health policies, development of lead regulations, developing policies regarding emerging chemical and toxicological exposures, etc.). Additionally, the Deputy Director is regularly interpreting and implementing existing CDPH administrative policies (HR, budgets, contracts, etc) while also ensuring appropriate interpretation and implementation of legislative mandates that programs must implement.