

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

3/20/2025

2. Department

California Department of Public Health

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

Center for Infectious Diseases / Division of Infectious Disease Data Systems

4. CEA Position Title

Chief, Division of Infectious Disease Data Systems

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

The Center for Infectious Diseases (CID) protects the people in California from the threat of preventable infectious diseases and assists those living with an infectious disease in securing prompt and appropriate access to healthcare, medications and associated support services. The CEA supports the CDPH mission and strategic plan by directing and overseeing the activities of the Division of Infectious Disease Data Systems (DIDDS). The CEA will oversee several data systems that support infectious disease control programs in the CID and in California local health departments. The CEA position enhances the Center and the Department's ability to achieve the mission by providing leadership and coordination across multiple data systems that interact with each other.

6. Reports to: (Class Title/Level)

Assistant Deputy Director, Center for Infectious Diseases / Public Health Medical Administrator II, CEA

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*):

The CEA will represent CID and DIDDS in the engagement with CDPH executive leadership to deliver high-level reporting on CID Health Information Systems and Data Modernization (HIS/DM) initiatives, including strategic priorities, operational activities, and emerging issues; and support CID in the analysis, development, and implementation of policies and legislation related to data systems.

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 will serve as the Chief of the DIDDs, providing leadership and strategic direction for the planning, management, and oversight of teams responsible for the development and operation of infectious disease data systems. This role facilitates cross-functional collaboration between the CID, the CDPH Information Technology Services Division (ITSD), and internal and external infectious disease data governance work groups to ensure alignment with departmental priorities and statewide data modernization efforts. The CEA actively contributes to, and coordinates the formulation and implementation of policies and legislation related to CID data systems, ensuring consistency with public health mandates and statutory requirements.

The CEA will serve as the Center's principal data systems advisor to the Deputy Director and Assistant Deputy Director of CID on statewide infectious disease surveillance, informatics, and data modernization strategy. Duties include providing executive leadership in the development, integration, and management of infectious disease data systems that support tracking and reporting of communicable diseases, case investigation, contact tracing, laboratory results, immunization records, and population health; overseeing and directing all strategic functions of the DIDDs, ensuring full alignment with departmental mandates, statewide priorities and statutory obligations; providing executive oversight of the development and maintenance of data systems and platforms, monitoring scope, timelines, and funding to ensure efficient, timely and cost-effective delivery; advising on the use and understanding of data, statistics and relevant information to inform public health policy, program design, and statewide response strategies; and representing the Department in high-level discussions with federal, state, and local partners regarding infectious disease data systems, interoperability, and modernization efforts.

The CEA oversees system organization, data management, and interoperability across platforms supporting disease surveillance, outbreak response, and health information exchange. The Division Chief establishes policies and procedures to ensure data quality, integrity, security, and confidentiality in compliance with applicable laws and regulations; and leads modernization initiatives to enhance real-time data exchange, analytics capabilities, and system scalability to support evolving public health needs.

The CEA provides leadership in epidemiology, data analysis, and applied public health science by guiding the collection, integration, analysis, and dissemination of infectious disease data across multiple programs and jurisdictions; directs the creation of reports, dashboards, and reporting tools to monitor disease trends, identify outbreaks, evaluate interventions, and inform decision-making; ensures the integration of advanced methodologies, including predictive analytics and data modeling, to strengthen surveillance and response capabilities; leads and collaborates with a multidisciplinary team, including researchers, scientists, IT professionals, administrative personnel, and contractors, through strategic planning, coordination, and execution of complex initiatives and translate complex data into actionable insights for executive leadership and external stakeholders; provides leadership on data governance, equity, and ethical use of public health data to ensure inclusive, culturally responsive, and evidence-based decision-making; advises on data use agreements, privacy protections, and responsible data sharing practices; and supports responses to data security and privacy incidents and ensures compliance with departmental and statewide information security policies.

The Chief, DIDDs cultivates and sustains collaborative relationships with internal and external stakeholders, including the CDPH directorate, CDPH Chief Data Officer, program leadership, control agencies, other state and federal departments, and public/private sector partners, to advance strategic data system initiatives, and leads inter-agency coordination to support data sharing, system integration, and alignment of surveillance practices across jurisdictions. The CEA represents the Department in legislative hearings, intergovernmental committees, and public forums as a subject matter expert in infectious disease informatics and data systems, and facilitates communication between technical teams, program leadership, and policymakers to ensure transparency, alignment, and effective implementation of statewide initiatives.

The CEA provides executive oversight of organizational development, workforce planning, and operational coordination across the Division including assessing staffing and resource needs to support data systems, epidemiology, and informatics functions, participating in recruitment, selection, and performance management of multidisciplinary staff, including epidemiologists, data scientists, IT professionals, and administrative personnel, and establishing priorities, allocating resources to ensure alignment of Division activities with departmental strategic goals and emerging public health threats.

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: This CEA is directly tied to the CDPH's primary mission to protect and improve the health of all Californians. The position provides the executive leadership required to establish and guide the newly proposed DIDDs within the CID. The incumbent will serve as CDPH's principal policy leader for infectious disease data modernization, ensuring that data and technology strategies keep pace with emerging public health threats and that the Department's response is timely, coordinated, and data-driven.

The CEA will supervise, direct, and integrate a broad portfolio of statewide infectious disease surveillance and informatics data systems. This includes oversight of key platforms such as CalCONNECT, the California Reportable Disease Information Exchange (CalREDIE), the California Immunization Registry (CAIR), and the California Vaccine Management Ecosystem. Under the CEA's direction, these systems will be governed through a unified data architecture that strengthens interoperability, improves timeliness and accuracy of case reporting, and provides real-time data to local health jurisdictions and health-care providers.

As the policy and strategy executive for DIDDs, the CEA will establish infectious disease data governance and quality assurance standards, ensuring uniform definitions, validation rules, and quality controls across infectious disease data systems. The incumbent will lead policy development to support data sharing, privacy, and cybersecurity, and will negotiate agreements and standards with stakeholders such as the Centers for Disease Control and Prevention, Health and Human Services departments, local health jurisdictions, and private sector partners. This work will create a cohesive statewide data environment that supports rapid detection of outbreaks, equitable vaccine distribution, and long-term surveillance of communicable diseases.

The CEA will also direct complex, multi-million dollar projects to modernize aging systems and deploy innovative technology. By aligning closely with the CDPH ITSD, the CDPH Vital Records and Statistics Division (VRSD), and the Office of Legal Services (OLS) Information Privacy Office (IPO), the CEA will ensure that policy, privacy, security, and technical operations advance in lockstep. This executive leadership will be central to California's participation in national and state Data Modernization Initiatives and to achieving the goals of CDPH's Strategic Plan, which calls for stronger data integration and analytics to drive public health outcomes.

The CEA will represent CDPH in high-level interagency and interstate workgroups, advise state leaders on emerging data trends and needs, and foster collaborations with universities, laboratories, and health care providers.

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.

California's infectious disease landscape has changed dramatically over the last several years, creating an urgent need for permanent, enterprise-level leadership of the Department's infectious disease data and informatics systems. Before 2020, data collection and reporting for communicable diseases were spread across multiple, separately managed programs within the CDPH CID. These siloed systems limited the Department's ability to monitor trends in real time, share information efficiently with local health jurisdictions (LHJs) and health-care providers, and coordinate rapid statewide responses.

The COVID-19 pandemic exposed and magnified these weaknesses. The unprecedented scale of testing, case investigation, vaccination, and public communication required CDPH to quickly build and expand electronic laboratory reporting, vaccine management platforms, and disease surveillance tools. Emergency funds supported the rapid launch and expansion of systems such as CalCONNECT, the California Immunization Registry (CAIR), and the California Vaccine Management Ecosystem. While these systems saved lives and significantly improved data timeliness, they were built under emergency conditions, often as separate projects, and lack unified data architecture.

The pandemic also revealed critical workforce and organizational gaps. High-priority disease surveillance and informatics activities had to be staffed through temporary redirections, limited-term positions, and short-term contracts. Senior subject-matter experts and leaders were required to manage complex emergency operations without the stable, permanent leadership structure necessary for long-term modernization and preparedness. Despite heroic efforts, the absence of a single executive authority for infectious disease data made it difficult to ensure consistent data standards, manage competing priorities across programs, and integrate information at the speed required for outbreak response.

Since the acute phase of the pandemic, CDPH has invested in rebuilding and expanding the infectious disease data infrastructure to ensure that the lessons learned become permanent improvements. The Department has initiated multi-year data modernization projects and adopted statewide goals for secure, person-centered, real-time data as articulated in the California Health and Human Services (CalHHS) Data Exchange Framework and CDPH's Strategic Plan. These initiatives require sustained leadership to coordinate large-scale system development, harmonize data policies, secure funding, and maintain partnerships with local, state, and federal agencies.

To address the growing complexity and urgency of infectious disease data management, the proposed CEA would serve as Chief of the newly established DIDDs. This role is essential to provide the strategic policy direction and high-level management now required to meet California's evolving public health challenges. The CEA will oversee statewide surveillance and informatics platforms, ensuring alignment with public health priorities and operational efficiency. By establishing unified leadership, the CEA would ensure that infectious disease data are accurate, inter operable, and rapidly accessible, empowering timely, evidence-based decision-making across California's public health system. This position represents a critical investment in the infrastructure needed to modernize data systems and strengthen the state's preparedness for future public health emergencies.

Beyond technical integration, the CEA will guide strategic collaboration and policy alignment. The position will coordinate closely with the CDPH ITSD, VRSD, and the IPO, and represent CDPH in state and national data modernization initiatives, including partnerships with the Centers for Disease Control and Prevention (CDC), other health and human services departments, and California's local health jurisdictions.

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 serve as California's principal policy authority for infectious disease data strategy and surveillance. This role will establish and enforce statewide policies that transform how CDPH and its partners collect, manage, and act on infectious disease data. Specifically, the CEA will lead in the following five critical policy areas:

1. Integrated data governance - The CEA will develop a comprehensive governance framework that standardizes case definitions, data elements, validation rules, and quality controls across platforms such as CalREDIE, CalCONNECT, CAIR, CA-VMS, MyTurn, DVR, and future systems. These policies will eliminate inconsistencies, ensure compliance with federal reporting standards, and enable accurate, real-time data reporting from local health jurisdictions and healthcare providers.
2. Real-time disease surveillance and outbreak response - Building on lessons from COVID-19, the CEA will establish policies that require real-time laboratory reporting, automated case investigation, and surge analytics. These measures will support early detection of emerging pathogens and enable rapid deployment of containment strategies, reducing illness and mortality statewide.
3. Comprehensive immunization and vaccine management - The CEA will unify policy oversight for immunization systems including CAIR, CA-VMS, MyTurn, and DVR. This integrated policy structure will govern vaccine supply forecasting, ordering, administration, and digital verification. It will ensure equitable access, precise inventory control, and transparent public reporting, especially during large-scale emergencies.
4. Privacy and security of public health data - In coordination with the OLS and the IPO, the CEA will define policies for encryption, access control, and breach response. These policies will ensure compliance with HIPAA, the California Confidentiality of Medical Information Act, and the CalHHS Data Exchange Framework, safeguarding sensitive health data while enabling secure data sharing.
5. Cross-sector and intergovernmental data integration - The CEA will lead efforts to link public health data with other state and federal systems such as Medicaid, environmental health, and syndromic surveillance. Additionally, the CEA will promote data exchange with academic institutions and private-sector partners to address health disparities and respond to emerging threats.

For each of these policy areas, the CEA will guide statewide implementation, lead stakeholder engagement, monitor compliance, and represent California in national data modernization initiatives. Collectively, these policies will institutionalize the lessons of COVID-19, unify fragmented data systems, and ensure California maintains a modern, inter operable, and equitable infectious disease surveillance infrastructure.

C. ROLE IN POLICY INFLUENCE (continued)

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

CEA will exercise broad, independent decision-making authority as the Chief for DIDDs within CID. This authority will include setting statewide policy direction, approving division-wide priorities, allocating resources, and determining long-term strategies for the modernization and integration of infectious disease surveillance systems. The CEA will have full discretion to develop and implement infectious disease data governance frameworks, establish uniform standards for case definitions and reporting, and mandate interoperability requirements that impact all CDPH programs and California's local health jurisdictions.

In addition to directing day-to-day operations of the DIDDs, the CEA will provide subject matter expertise and high-level technical consultation to CDPH executive leadership, including the Assistant Deputy Director and Deputy Director. The incumbent will recommend and approve major system investments, new technology deployments, and strategic initiatives affecting disease surveillance, vaccination management, and outbreak response. These decisions will directly influence the Department's ability to meet state and federal reporting mandates, secure and manage multi-million-dollar grants, and comply with privacy and security requirements.

The CEA will also serve as CDPH's primary liaison and decision-making authority for intergovernmental and cross-sector data coordination. This includes negotiating agreements and setting policy with federal and state partners such as the CDC, CalHHS departments, local health departments, and academic and private-sector collaborators.

In fulfilling these responsibilities, the CEA will act with a high degree of autonomy, exercising judgment on complex policy, technical, and operational issues with department-wide and statewide impact. The incumbent will identify emerging public health threats, determine appropriate surveillance and data management responses, and ensure timely communication of policy decisions to local health jurisdictions and the public. Through these actions, the CEA will provide decisive leadership that aligns infectious disease data systems with CDPH's mission to protect the health of all Californians and ensures that the Department remains at the forefront of national data modernization and public health preparedness.

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

The Chief, DIDDs will have full responsibility for developing, implementing, and interpreting policy for all aspects of infectious disease surveillance and data modernization. This includes creating new statewide policies, revising and integrating existing policies, and overseeing their implementation across CDPH, and local health jurisdictions. The incumbent will use surveillance data and epidemiological analysis to inform timely policy changes and launch new initiatives that improve early detection of infectious diseases, mitigate outbreaks, and enhance vaccination programs. Working closely with program staff, scientists, and information technology specialists, the CEA will translate complex scientific and technical findings into actionable policy, establish uniform data standards, and integrate emerging technologies such as real-time electronic laboratory reporting and automated case investigation. The position will also guide the development of public communication strategies and data-sharing agreements that support transparency, public trust, and compliance with federal requirements such as those of the CDC. In doing so, the CEA will ensure that disease surveillance policy remains current, science-based, and responsive to evolving threats, while building a sustainable infrastructure that strengthens the foundations of public health and supports ongoing research. These policies have critical statewide impact by enabling early detection of outbreaks, ensuring the rapid and equitable deployment of interventions such as vaccinations, and controlling the incidence of disease by detecting, responding to, and preventing outbreaks.