CCLHO POLICY PLATFORM 2017

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Introduction

All Californians deserve to grow, live, work and age in conditions that support health and wellbeing. California ranks among the healthiest of states according to comparative analyses, but we face numerous health challenges, including chronic and infectious disease, substance abuse, violence, preventable hospitalizations, inequitable social and environmental conditions and persistent health disparities. The mission of the California Conference of Local Health Officers (CCLHO) is to assure the conditions that support optimal health and wellness for all people in California.

CCLHO POLICY PLATFORM 2017

CCLHO was established in statute in 1947 to consult with, advise, and make recommendations to the California Department of Public Health (CDPH), other departments, boards, commissions and officials of federal, state, and local government, the Legislature, and any other organization or association on matters affecting health.   CCLHO is an organization of all legally appointed physician health officers in California's three city and 58 county jurisdictions. The local Health Officer is appointed by the local governing body to provide public health leadership for the entire community. This physician is responsible for assessing the community's health status and for medical and technical direction of the local government's mandated health protection functions.

CCLHO is committed to ensuring that local Health Officers and the jurisdictions in which they serve have the information, resources, support and authority necessary to fulfill their unique and vital functions within a variety of organizational frameworks, in order to ensure that the public's health and safety is protected.

Foundational Public Health Services Model

The Foundational Public Health Services (FPHS) model resulted from a recommendation from the Institute of Medicine report "For the Public's Health: Investing in a Healthier Future" to create a "minimum package of services"—a basic set of public health services that must be available in all jurisdictions and for which costs could be estimated. The result was a conceptual framework that describes both the foundation and programs that no health department should be without.
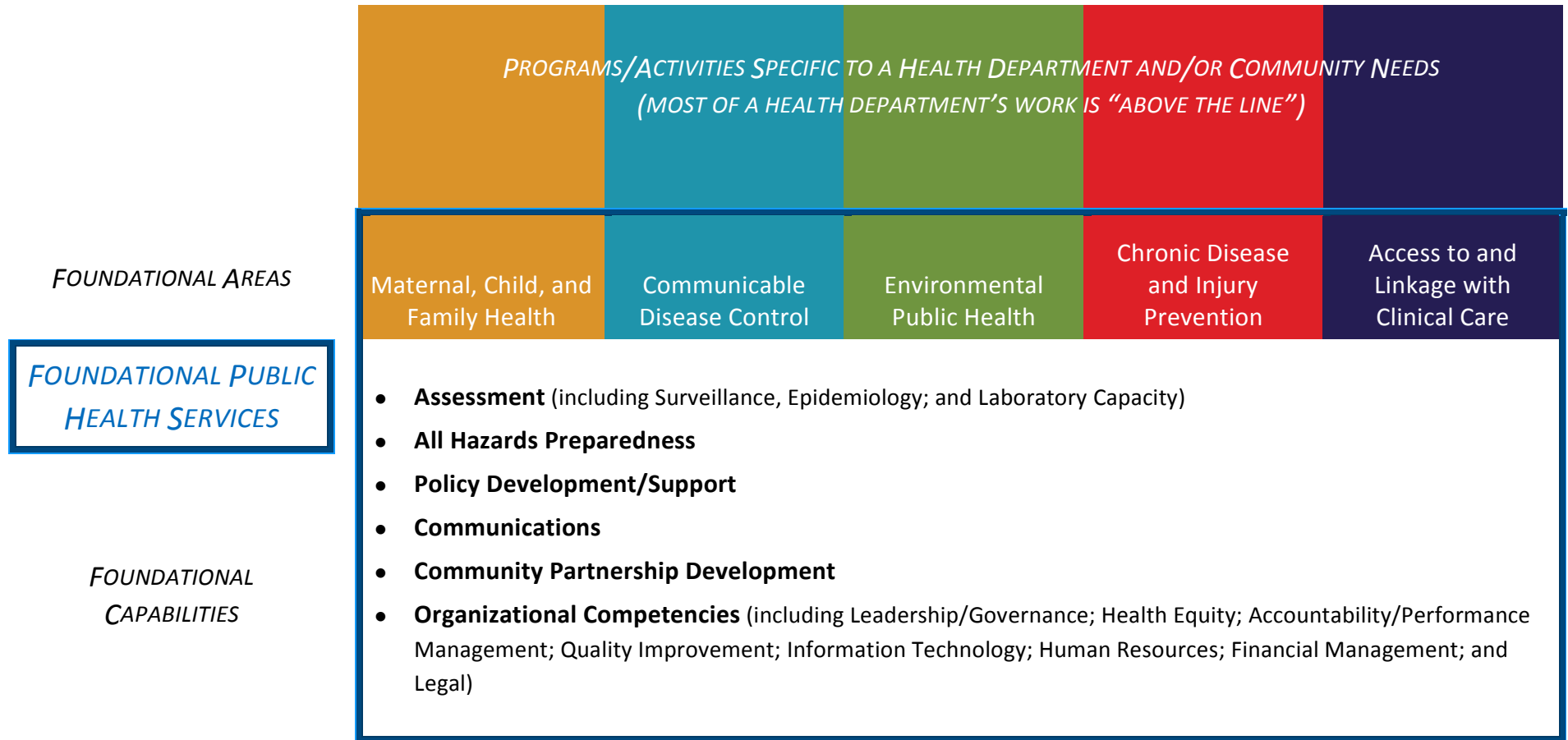
- Foundational *capabilities* are cross-cutting skills and capacities needed to support the foundational areas, and other programs and activities that are key to protecting the community's health and achieving equitable health outcomes.
- Foundational *areas* are those substantive areas of expertise or program-specific activities in all state and local health departments that are also essential to protect the community's health.
- Programs and activities specific to a health department or a community's needs are those determined to be of additional critical significance to a specific community's health and also are supported by the foundational capabilities and areas.

The FPHS model establishes a threshold and a consistent basis for investment in governmental public health. Foundational areas are essential to protecting community health, reducing health disparities, and achieving health equity in all communities. The model is useful as a framework for accountability and performance measurement, quality assurance and improvement, planning and setting priorities, and as the basis for standard-setting by the Public Health Accreditation Board (PHAB). The FPHS basic package of capabilities and programs should

be augmented in accordance with each local public health department's community and given priority as a result of the community health needs assessment and health improvement plan.[1]

Table 1 Foundational Public Health Services Model (Foundational Areas reordered by CCLHO)[2]

	PROGRAMS/ACTIVITIES SPECIFIC TO A HEALTH DEPARTMENT AND/OR COMMUNITY NEEDS (MOST OF A HEALTH DEPARTMENT'S WORK IS "ABOVE THE LINE")				
FOUNDATIONAL AREAS	Maternal, Child, and Family Health	Communicable Disease Control	Environmental Public Health	Chronic Disease and Injury Prevention	Access to and Linkage with Clinical Care
FOUNDATIONAL PUBLIC HEALTH SERVICES *FOUNDATIONAL CAPABILITIES*	**Assessment** (including Surveillance, Epidemiology; and Laboratory Capacity) **All Hazards Preparedness** **Policy Development/Support** **Communications** **Community Partnership Development** **Organizational Competencies** (including Leadership/Governance; Health Equity; Accountability/Performance Management; Quality Improvement; Information Technology; Human Resources; Financial Management; and Legal)				

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[1] A community health assessment, a community health improvement plan, and a department strategic plan are required to apply for national public health department accreditation. http://www.phaboard.org/accreditation-overview/getting-started/

[2] The foundational public health services (FPHS) were developed as a result of a recommendation from the Institute of Medicine report For the Public's Health: Investing in a Healthier Future to create a "minimum package of services" --- in other words a basic set of public health services that must be made available by health departments in all jurisdictions and for which costs could be estimated. The result was a conceptual framework (illustrated above) describing both the foundation and programs that no health department should be without. A factsheet providing an overview of PHNCI and the foundational public health services is available here.

I.   *Foundational Capabilities—Organizational Competencies: Achieving Health Equity*

Background

Health equity is the assurance of conditions for optimal health and well-being for all people and communities for both present and future generations. Health equity is achieved when all people and communities have the optimal conditions needed to reach their full health potential. Practically speaking, for local health departments, achieving health equity means "closing the gaps, while improving health for all".

According to the World Health Organization (WHO), to achieve health equity, we must: 1) improve daily living conditions; 2) tackle the inequitable distribution of power, money, and resources; and 3) measure and understand the problem and assess the impact of action. In order for local health departments (LHDs) to effectively tackle this enormous challenge, an organizational change in practice utilizing a health equity focus and health equity tools are necessary. Local health departments and governing bodies must embrace the principle of health equity and understand the evidence that supports it.

To achieve health equity, we must eliminate avoidable health inequities and health disparities using <u>both</u> short-and long-term actions, including:

- Data analysis, monitoring and reporting[3] on the trends of local health issues, in particular by neighborhood, race/ethnicity, and income.
- Use of a health equity framework to understand the social, environmental and structural factors impacting the health of the jurisdiction, which may be historical and/or contemporary in nature.
- Promotion of the optimal conditions for all people to be healthy and to attain the highest level of health possible.
- Capacity to convene, educate and influence and plan with communities, stakeholders, and elected officials.
- Work with other sectors to create social and physical environments that support good health for all, such as employment, housing, education, health care, air quality, public safety, and food access, among others.
- Continuous efforts to maintain a desired state of equity after avoidable health inequities and health disparities are eliminated.

To ensure that all Californians can reach their full health potential, advances are needed not only in health care but also in fields such as education, childcare, housing, business, law, media, community planning, transportation, and agriculture. Utilizing a health equity framework, factors that truly influence the incidence and prevalence of disease, injury, and death can be addressed, enabling us to work toward a future where strategies address both individual health needs and the social determinants of health, where the resources and conditions in our

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[3] Data reporting must be done in a way that everyone can understand, including those with limited literacy and English proficiency.

communities and neighborhoods support healthy behaviors (making it easy to make decisions in the best interest of our health), and where everyone has optimal health and well-being.

It should be noted that policies and practices aimed at achieving health equity will not immediately eliminate all health disparities, but they will provide a foundation for moving closer to that goal and in a manner that progressively reduces health disparities while improving health for all.

Topics	Priorities
A. Community planning	1. Support collaboration between local Environmental Health, Public Health and Planning to develop local assessments, mitigation plans, and participate in land use planning and development projects. 2. Support policies and practices that lead to healthy built and natural environments for all people and all communities and include mixes of and uses that support: jobs, housing, amenities and services; and clean air, water, soil and sediment. 3. Encourage and support collaboration between health departments and planning departments and/or metropolitan planning organizations to incorporate public health analyses and strategies into local land use and transportation planning and community design.
B. Discrimination and Racism	1. Monitor and improve policies and practices to eliminate all forms of discrimination in state and local activities in order to encourage diversity and inclusion and to provide fair treatment for all. 2. Monitor and improve policies and practices to eliminate systemic causes of risk and poor public health outcomes. 3. Ensure continued access to databases containing information, including geospatial information, on community racial disparities or disparities in access, to facilitate the ability of jurisdictions to understand and address disparities.
C. Education	1. Universal and culturally appropriate center-based early childhood education programs (ECE) to improve the cognitive or social development of all children ages 3 or 4 years. 2. Universal full-day kindergarten in a school or school-like setting that run 5 days a week and last 5 to 6 hours per day. 3. High school completion programs for students at high risk for non-completion.
D. Employment	1. Job training and jobs that provide all residents with the knowledge and skills to compete successfully for employment with sufficient income to support them and their families.
E. Food Systems	1. Food Systems that support local food production and provide access to affordable, healthy, and culturally

	appropriate foods for all people and all communities.
F. Housing	1. Housing for all people that is safe, affordable, high quality and healthy.
G. Law and Criminal Justice	1. Law and criminal justice systems that provide equitable access and fair treatment for all. 2. Promoting community programs that prevent childhood trauma and intergenerational violence (i.e. parenting education programs, trauma-informed care).
H. Parks and Natural Resources	1. Parks and natural resources that provide access for all people to safe, clean and quality outdoor spaces, facilities and activities that appeal to the interests of all communities.
I. Transportation	1. Transportation that provides everyone with safe, efficient, affordable, convenient and reliable mobility options including public transit, walking, car pooling and biking.

II.   FOUNDATIONAL CAPABILITIES - ASSESSMENT (INCLUDING SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY CAPACITY)

Background
One of the core responsibilities of public health is to collect, tabulate and analyze all public health statistics, including data on health outcomes, indicators and risk factors. It must then disseminate that information to inform and empower individuals, businesses, local government and community partners to build understanding of community health status, needs and issues affecting health. Population-based public health data should be available at relevant geographic levels to facilitate planning and activities to improve the health of the community, prevent outbreaks, and reduce morbidity and premature deaths. It is increasingly important to move towards electronic submission of public health data. Integration of information systems, including standardization of data sets, interoperability, resolution of confidentiality and data security issues, and assurance of technological capacity development, should be actively addressed on the state and federal levels.

Topics	Priorities
A. Surveillance	1. Preserve and expand surveillance capabilities that lead to an integrated approach throughout the state that assures timely recognition and response to emerging health threats. 2. Support the implementation of Meaningful Use to improve and increase the reporting of conditions from medical providers. a. Include priorities beyond communicable disease, including chronic disease, mental health conditions, and substance use/abuse.

	b. Increased access to data (directly or via EHRs, etc.).
	c. Access to CURES database.
	3. Continue to update disease reporting and improve timeliness.
	4. Support policy areas to make a more robust system.
B. Epidemiology	1. Increase the capabilities of all jurisdictions to provide timely epidemiologic investigations of recurring and emerging health threats.
	2. Increase the skills and resources of local health departments to analyze and interpret a wide range of health-related data.
	3. Increase skills and resources of local health departments to utilize open data sources, to apply epidemiologic analysis to the social determinants of health, to communicate data effectively to varied audiences, and to incorporate emerging data sources and practices into public health practice.
C. Laboratory Capacity	1. Preserve public health laboratory capabilities and functions to support all local jurisdictions.
	2. Support multi-jurisdictional agreements for service sharing or regionalization of public health laboratory services as needed.
	3. Support and encourage data sharing among local health jurisdictions for improved communicable disease outbreak and public health response.
	4. Analyze and improve the efficiency of public health laboratories by optimizing the balance of state, regional, and local laboratory capabilities.
	5. Support measures that ensure an adequate and skilled workforce and resources necessary to provide timely services.
D. Funding and Capacity	1. Ensure that each local health department has access to the services of a public health epidemiologist.
	2. Support funding for the continued development of automated health information systems to further support and develop the public health IT infrastructure.
	3. Local health departments should receive financial and technical support for implementing HIE capabilities, training informatics staff and expanding capacity, including Geographic Information Systems (GIS) capability.
	4. Appropriate levels of funding to support federal, state, and local public health information and analytical capacity.
E. Data Collection and	1. Actively address with state and federal officials the integration of information systems, including

Dissemination	standardization of data sets, resolution of confidentiality and security issues, and assurance of technological capacity development.
	2. Expand access for Health Officers and local public health jurisdictions, – including electronic access – to data from a wide variety of sources, including hospitals, medical providers, health plans, laboratories, Medi-Cal, and other agencies.
	3. Increase the use of open data portals and data dashboards to disseminate PH information to the public and partners, while protecting confidentiality of individuals.

III.   FOUNDATIONAL CAPABILITIES - All Hazards Preparedness and Response

Background
The local Health Officer has the ultimate authority and responsibility for preparing for, responding to, mitigating, and recovering from all medical and/or health emergencies and disasters impacting the local jurisdiction. All-Hazards refers not only to communicable diseases, but also to other natural disasters and to climate change.[4]

Topics	Priorities
A. Funding and Resources	1. Ensure funding and policy support for the full array of public health all hazards preparedness and response including state, regional and local surveillance, response, and laboratory capacity with required technical expertise.
	2. Fund and train state and local workforces at levels that ensure surge capacity, including laboratory and epidemiology capacity.
B. Coordinated Planning	1. Ensure development and integration of local emergency and disaster response plans that are consistent and compliant with state laws and plans.
	2. Maintain the 17 Medical Health Operational Area Coordinator (MHOAC) functions and the ability to open, staff, and sustain a medical/health branch of the Operational Area Emergency Operations Center (OAEOC) able to communicate with the local Office of Emergency Services (OES), the region, and state

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[4] Climate change is a change in the typical or average weather of the earth or in a region or city. According to the National Aeronautics and Space Administration (NASA), "Most scientists think that recent warming can't be explained by nature alone. Most scientists say it's very likely that most of the warming since the mid-1900s is due to the burning of coal, oil and gas. Burning these fuels is how we produce most of the energy that we use every day. This burning adds heat-trapping gases, such as carbon dioxide, into the air. These gases are called greenhouse gases." Thus, climate change, perpetuated by humanity's effect on the planet through non-sustainable energy policies and environmental degradation, has far-reaching and inequitable consequences to health, which includes communicable and chronic diseases, access to clean air and water, and new vector borne diseases.

	partners.
	3. Maintain involvement in planning, exercises, drills, and training for all stages of emergency and disaster preparedness.
	4. Develop and implement a Public Health-Medical Mutual Aid plan as an annex to the state emergency plan.
C. Communication	1. Support risk communication training and ensure the ability of all jurisdictions to communicate regarding health hazards and response.
	2. Ensure public health involvement in message development and joint communications during a response.
	3. Support coordination of messaging at state, regional, and local levels.
	4. Ensure timely and accurate situational information sharing, including information regarding hazardous material, across all responding agencies and especially to the MHOAC.
D. Strengthen Health Officer Leadership	1. Support legislation that clarifies and expands the role of the local Health Officer in surveillance and recognizing, evaluating, and leading the response to a bioterrorism event or other health or medical emergency.
	2. Continue support for local Physician Health Officer roles and responsibilities, and the associated legal authorities allowing effective response in emergencies and disasters.
E. Climate Change	1. Support policies and resources for adaption and mitigation of climate change, including building community resiliency.
	2. Support strategic alliances to mitigate adverse effects of climate change.
	3. Support assessments of the public health impacts of climate change on the community, including identification of vulnerable populations, health indicators, and the social determinants of health.
	4. Support assessment of public health impacts on legislation, regulations and policies related to climate change.
	5. Include public health in the development of state cap and trade investment plans, including the incorporation of health and health equity criteria.
	6. Support policies that expedite and maintain reductions of greenhouse gases.

IV.   *FOUNDATIONAL CAPABILITIES – Policy Development and Support*

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Background	

Policy development and support are at the core of effective public health practice. At all levels, public health relies on the creation and implementation of effective policy initiatives to promote and protect community health.

Topics	Priorities
A. Health in All Policies (HiAP) Task Force - Aspirational Goals for California Communities.	1. Every California resident has the option to safely walk, bicycle, or take public transit to school, work, and essential destinations. 2. All California residents live in safe, healthy, affordable housing. 3. Every California resident has access to places to be active, including parks, green space, and healthy tree canopy. 4. All California residents are able to live and be active in their communities without fear of violence or crime. 5. Every California resident has access to healthy, affordable foods at school, at work, and in their neighborhoods. 6. California's decision makers are informed about the health consequences of various policy options during the policy development process.
B. Health Impact Assessments	1. Support and promote performance of health impact assessments as tools for decision-making and priority-setting in health policies, including but not limited to development of local general plans and conditional land-use decisions such as siting of schools.
C. Binational Health	1. Support enhanced border health policies and programs that improve and assure the health of immigrants/migrants, and bi-national residents. 2. Maintain coordination between CCLHO, local health departments and the California Department of Public Health's Office of Binational Border Health.
D. International Trade Agreements	1. Support international trade agreements that identify and mitigate public health and medical concerns in the face of commercial interests. 2. Support transparent trade negotiations with full attention to public health and medical concerns and with full participation by the public health community. 3. Support the exclusion of any provision from trade agreements that negatively affect health or medical care, safe and sufficient water, and/or other essential goods and human services.

V.   FOUNDATIONAL CAPABILITIES - Communications

Background
Effective communication is an essential component to public health operations, as thoughtful public health communication, both urgent and non-urgent, can increase knowledge, catalyze action, refute misconceptions, and strengthen organizational relationships. Clear messaging of science, health issues, and ways to address and improve health enables a community to take appropriate action. Culturally and linguistically appropriate health communication is critical to empowering individuals and communities to protect themselves from known risks, both environmental and behavioral, and from communicable and other infectious diseases. Local health departments should develop capabilities in health messaging, health education and health promotion. CCLHO supports funding, policies and trainings that assist local health departments to build their communications capabilities.

Topics	Priorities
A. Funding and Resources	Support measures to ensure that local health departments have the resources, program capacity, and funding available to: 1. Establish positive relationships with local and regional media to convey health information, including the science of emerging health issues, education and health promotion campaigns to the general public. 2. Provide culturally and literacy-appropriate health outreach, education and promotion services. 3. Prepare appropriate health messages for use in public health emergencies to help communicate information and improve public response to the emergency. Such preparation should be initiated in advance of the specific needs of an emergency or disaster response and should recognize the importance of coordinated messages within and between organizations at the local, state, and national levels. 4. Participate regularly and effectively in social media communications, including multiple platforms and languages. 5. Provide effective public messaging that provides accurate scientific information in engaging and understandable formats on issues of public health importance.

VI.   FOUNDATIONAL CAPABILITIES – Community Partnership Development

Background
Public health traditionally and increasingly works in partnership with other public and private, health-care and non-health care partners. Collective action through such partnerships is essential to addressing the root causes and social determinants of health. Partnerships are a key component of "Public Health 3.0."

Topics	Priorities
A. Funding and Resources	1. Support funding that requires participation across disciplines and organizations, and holds all partners accountable for participation and outcomes.
B. Key Partnerships	1. Support Public Health partnerships with critical entities including: a. Criminal justice, education, mental/behavioral health, health care providers, labor organizations, community-based organizations, transportation/planning, media, faith-based institutions, social services, business community, and all levels of government.

VII.   *Foundational Capabilities—Organizational Competencies: Human Resources*

Background	
A qualified public health workforce at all levels is essential to an effective public health system.	

Topic	Priorities
A. Funding and Resources	1. Support training and workforce development for all levels of public health practitioners, including community health/outreach workers, case managers, public health nurses, midlevel providers, epidemiologists, laboratory directors and staff, physicians, and others. 2. Support efforts to tailor current workforce development investments to meet anticipated future needs. 3. Support the enhancement of local and state capacity to identify effective and feasible policy initiatives, and see them through from conception to adoption, implementation, enforcement, and evaluation.

VIII.   *FOUNDATIONAL CAPABILITIES — Organizational Competencies: Accountability/Performance Management/Quality Improvement*

Background
The goal of a nationally recognized accreditation program is to improve and protect the health of the public by advancing the quality and performance of state, local, Tribal, and territorial public health departments. Accreditation provides a framework for a health department to identify performance improvement opportunities, to improve management, develop leadership and improve relationships with the community.

Topic	Priorities

A. Funding and Resources	1. Encourage and support state and local health departments to seek national public health accreditation.
	2. Identify or develop new sources of funding to provide sustainable funding for public health accreditation as part of core public health infrastructure.
	3. Advocate for an accreditation process that is fair, reasonable and affordable.

IX.   FOUNDATIONAL AREAS – Communicable Disease Control

Background
Control of communicable disease is a core public safety function of government at the local, state, and federal levels. Strategies to prevent the spread of infectious disease include communicable disease surveillance; case and outbreak investigations and response activities such as isolation or administration of prophylactic treatments and immunizations; public information and provider and stakeholder consultation and education on the control and prevention of communicable diseases and outbreaks; laboratory testing; and treatment of cases.

Topics	Policy/Priorities
A. General Communicable Disease Surveillance, Prevention, and Control	1. Ensure adequate regulations, legal authority, funding and resources (i.e. staffing) for state and local public health infrastructure to monitor, evaluate and respond to communicable disease threats and outbreaks, including but not limited to; tuberculosis, sexually transmitted infections, vaccine-preventable diseases, and emerging infections.
	2. Ensure collection of appropriate data, reporting and analysis from healthcare systems and facilities as well as electronic sharing (i.e. health information exchange, disease and immunization registries) with public health departments to allow for timely identification and response of communicable disease threats.
	3. Ensure access to and insurance coverage for communicable disease prevention and treatment services including screening, immunizations, medications, and counseling, in particular for those populations and communities disproportionately impacted by communicable diseases.
	4. Advance community policies and programs look at including educational programs here that prevent the spread of communicable diseases such as school/workplace immunizations and syringe exchanges.
	5. Promote research and development of new communicable disease prevention measures such as new vaccinations, prophylactic medications, and appropriate personal protective equipment.
	6. Support adequate funding for communicable disease control in jails and other correctional facilities.
	7. Promote policies and practices to prevent healthcare associated infections.
B. Public Health Labs	1. Ensure adequate support, funding and resources for state and local public health laboratories to assist in

	the diagnosis, control, and prevention of illnesses of public health concern, including routine communicable disease control, emerging infectious diseases and bioterrorism.
C. Zoonotic Diseases and Vector Borne	1. Support resources and authority for state and local surveillance, prevention, and control of zoonotic and vector borne diseases 2. Support collaborative efforts between public health and vector control agencies to identify and mitigate risk of vector borne diseases.

X.   FOUNDATIONAL AREAS – Chronic Disease and Injury Prevention

Background
The leading causes of death in California are chronic diseases such as heart disease, cancer and stroke, and injuries such as motor vehicle crashes, falls, and poisoning. Although personal behavior influences the development and control of chronic disease and the incidence of injuries, the social, economic and built environment in which people live influences, and often constraints, the opportunities and choices available to them to lead healthy lives. Not all Californians have equitable access to an environment that offers opportunities for physical activity, good nutrition, safety, clean air and clean water. CCLHO supports institutional and societal changes that reduce the root causes of chronic disease risk, with an emphasis on populations disproportionately at high risk for and/or impacted by chronic disease. To address these root causes, we must "work with other sectors to address the factors that influence health, including employment, housing, education, health care, public safety and food access."[5] (See Achieving Health Equity Section.)

Topics	Policy/ Practice Priorities

A. Funding	1. Ensure that local health departments have the resources and capacity to:
	   a. conduct community needs assessment;
	   b. develop, implement and evaluate health education programs based on local needs; and
	   c. partner with other sectors that influence health.
	2. Ensure support for local health departments to develop, implement, and evaluate policy, systems, and environmental change initiatives to promote healthy communities.
	3. Support the taxation of tobacco, cannabis, alcohol, and sugar-sweetened beverages and the designation of

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[5] American Public Health Association, Health Equity (https://www.apha.org/topics-and-issues/health-equity)

	resulting revenue for health-promoting initiatives at both state and local levels.
B. Built Environment and Land Use	1. Incorporate public health analyses and strategies into local land use and transportation planning and community design by increasing collaboration between health departments, planning departments, and/or metropolitan planning organizations. 2. Support state and local laws that limit density of tobacco, alcohol, and fast food outlets and promote accessible healthy food options and active lifestyles. 3. Ensure training for Public Health staff in land use, community design, and transportation planning principles.
C. Injury Prevention	1. Encourage community design (land use and transportation planning) features that decrease unintentional injuries and improve traffic safety for motorized vehicle users as well as pedestrians and users of non-motorized vehicles, such as bicycles and wheelchairs. 2. Encourage adoption of healthy work environments by working with business and industry leaders, employee associations and health care providers. 3. Recommend funding for data collection on gun violence and research on factors that would reduce gunshot wounds and deaths. 4. Support violence prevention as a public health issue. Include support for surveillance and prevention of community violence, domestic violence, and violence in the context of the criminal-justice system.
D. Substance Use	1. Endorse campaigns to reduce drinking and driving, underage drinking, excess drinking by college-aged youth, and consumption of alcohol by pregnant women. 2. Increase taxes on alcohol, with funds dedicated to alcohol abuse education, prevention and treatment. 3. Maintain the minimum drinking age at 21. 4. Support the development of appropriate, accessible and affordable treatment facilities and programs to address addiction. 5. Support parity in coverage for treatment of substance abuse by health insurers. 6. Support programs that monitor the use of prescriptions for controlled substances by healthcare providers and training for prescribers on the judicious use of opioids. 7. Advocate for programs that provide the community with safe disposal of unused medications. 8. Support expanded access to naloxone to prevent deaths from heroin overdose. 9. Support the decriminalization of minor drug possession while increasing alternative drug treatments.

	10. Support the existence of needle exchange programs to reduce the spread of communicable diseases.
	11. Support regulatory measures for legalized cannabis that minimize unintended consequences and health impacts, with particular focus on protecting youth and other vulnerable populations. "Plain packaging" of products is one example.
	12. Support development of a comprehensive surveillance plan for assessing the health impact of cannabis legalization, informed by the experiences of legalization in other states.
	13. Support the development of a single statewide regulatory framework for both medical and retail cannabis.
E. Tobacco Use	1. Support efforts to prevent nicotine addiction in youth, including all forms of nicotine use and delivery, by eliminating marketing, packaging, product placement, and other industry endeavors that promote youth tobacco uptake.
	2. Support local tobacco retail licensing and restrictions, with license fees earmarked for enforcement of laws aimed at reducing tobacco use.
F. Mental Health/ Behavioral Health	1. Support campaigns and activities to reduce the stigma of mental health disease.
	2. Support integration of behavioral health and mental health services into regular medical practice.
	3. Implement and support policies that prevent and address Adverse Childhood Experiences (ACEs) and effects on behavioral health and chronic diseases, current and future health outcomes.
	4. Support the identification and implementation of community strategies that help prevent mental illness and promote behavioral health and wellbeing.
G. Occupational Health	1. Support efforts to ensure comprehensive occupational health and safety activities, including training, investigation, and research, in all jurisdictions and in public and private employment settings.
	2. Support policies such as living wage, paid sick leave, and paid parental leave, which support worker health and well-being.
	3. Support ensuring workplace health and safety of workers at higher risk for illness and injury due to biologic, social, and/or economic risk factors (e.g. workers aged 65 years and older, workers aged 16 to 19, immigrants, and people of color), including development and implementation of linguistically and culturally appropriate tools.
H. Older Adults	1. Enhance linkages between public and private service providers serving older adults and community-based programs.
	2. Improve data collection and sharing on health and functional status between healthcare providers, public health, and community services.

	3. Promote community planning for healthy aging in place with enhanced options for housing, transportation, recreation, and social and medical support.
	4. Support chronic disease and injury prevention in the elderly.
	5. Expand screening and referral for specific functional characteristics, such as vision and hearing deficits, poor dentition, and sleep disorders.
	6. Support policies and strategies to address food and housing insecurity.
	7. Promote policies and strategies to address behavioral and mental health issues including substance use/abuse, depression, and dementia.
	8. Encourage active involvement of seniors in decision-making related to their own care, such as the preparation of advance directives.
	9. Support increased access for the elderly on housing options with appropriate level of support and quality care.
I. Oral Health	1. Ensure an adequately funded state oral health prevention program to serve all high-risk children and older adults.
	2. Support funding and resources for periodic epidemiologic assessment of the state of oral health in the population.
	3. Support additional legislation and funding to remove practical barriers to community water fluoridation.

I.   FOUNDATIONAL AREAS – Environmental Health

Background
Environmental health protects and promotes healthy environments and is responsible for ensuring that food provided for human consumption is safe, wholesome, and free of contamination. This is best accomplished at the local level with formal environmental health and public health services working together as a single organizational unit. Environmental health issues include food safety, air and water quality, and the management of hazardous materials, chemicals, mosquito and vector control, and medical and non-medical waste.

Topics	Priorities
A. Workforce Development	1. Support required continuing education across the entire Environmental Health Workforce, including but not limited to registered environmental health specialists.
	2. Support State-level program standards and training; technical assistance and consultation; and research, funding and leadership for local environmental health programs.

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B. Partnership and Resources	1. Ensure all local jurisdictions have adequate coordination and support between their Environmental Health Director and the Health Officer.
	2. Support policies that require, strengthen and formalize the relationships between local Public Health and Mosquito and Vector Control Districts, Air Pollution Control Districts, Regional Water Quality Control Boards, and the Division of Occupational Safety and Health (Cal/OSHA) within the California Department of Industrial Relations.
	3. Ensure resources are available to support the full range of activities necessary to identify, mitigate, and prevent environmental health hazards and threats.
	4. Support development of resources to cover environmental health issues including both full cost recovery of Environmental Health program costs by fees as well as funding to cover services that are outside of fee programs.
	5. Ensure that state agencies performing environmental risk management consult with affected Local Health Jurisdictions, CDPH, and CCLHO.
C. Food Safety	1. Support uniform standards for food safety including transportation, labeling for freshness and nutritional content, and listing of all (including non-nutritive) ingredients; certification and periodic recertification of food industry workers; and Hazard Analysis Critical Control Point (HACCP) based enforcement of regulations.
	2. Support collaboration with the state Department of Agriculture on research, consumer and industry education, and regulation of high risk foods (e.g., milk, eggs, poultry, and other meat products).
	3. Support collaborative efforts to promote healthy and affordable food choices in homes, schools, and restaurants.
	4. Support policies that reduce food waste and food insecurity such as "gleaning," sales of "ugly" produce, making restaurant food available for donation, and food security interventions to make healthy food available to all.
	5. Support policies and regulations to ensure that the safety of edible cannabis products at minimum match food safety standards.
	6. Support policies and regulations that ensure clear identification and differentiation of edible cannabis products from food, candy, and beverages.
D. Air Quality	1. Support consideration of indoor air quality in building design, modification, construction and maintenance.
	2. Promote a smoke- and vapor-free environment in all public and private places (including tobacco and

	cannabis in both conventional and e-products).
	3. Encourage research on the health impacts of air pollution.
	4. Support state programs that track air quality and other efforts that identify bio-accumulated chemicals detrimental to public health.
	5. Support training for local health jurisdictions and air pollution control agencies to respond to air quality emergencies.
	6. Support continued multi-agency collaborative efforts that guide public health officials respond to wildfire smoke.
	7. Continue CCLHO representation on the California Air Response Planning Alliance (CARPA).
	8. Support non-burning alternatives for disposal of agriculture and forest waste.
E. Chemicals, Medical Waste and Hazardous Materials	1. Support coordinated management of hazardous materials, including response to environmental contamination, at all levels of government.
	2. Support development of data systems to facilitate data sharing and access to information on hazardous materials and locations, especially for emergency response needs.
	3. Support public health involvement in the assessment of short and long-term public health effects of environmental contamination.
	4. Support registries, data analysis, and epidemiologic monitoring and assessment of environmental hazards and risks.
	5. Support efforts to reduce the production of hazardous materials.
	6. Support product stewardship by the producers of chemicals and hazardous materials, including pharmaceuticals.
	7. Support development of policies and programs to protect from potential impacts of cannabis cultivation and manufacturing.
F. Drinking Water	1. Support prioritization and funding to ensure that all water systems meet state and federal drinking water standards.
	2. Support laws and regulations allowing safe rainwater harvesting for irrigation, business, and residential use.
	3. Support and maintain free public access to high quality drinking water at recreational facilities, retail outlets, educational institutions, etc.
	4. Discourage use of plastic bottles for drinking water and encourage consumption of tap water.

	5. Support policies to protect ground water and the related access to safe drinking water.
	6. Require any new development (i.e. housing, retail) to demonstrate access to clean drinking water regardless of prior permitting.
G. Recreational Water	1. Provide resources and programs to test quality of and preserve safety of recreational water, including fresh and ocean water.
F. Liquid & Solid Waste	1. Support safe and regulated use of reclaimed water and gray water.
	2. Support CDPH jurisdiction over water reclamation standards and use.
	3. Support responsible sewage disposal including reduction of wastewater production, alternative methods of disposal, development of standards for on-site disposal, and development of standards for disposal of bio-solids and sewage sludge.
	4. Support extended producer responsibility for products that have a detrimental impact on public health, public safety and the environment.
	5. Support improved management of pharmaceutical and medical waste, including pharmacy acceptance of home-generated sharps and pharmaceutical waste.

II. *Maternal and Child Health*

Background

The aspirational outcomes of Maternal and Child Health (MCH) are: 1) to eliminate health inequities across populations and communities and 2) to create health equity by optimizing health across the lifespan. Life course theory (LCT) is a conceptual and organizational framework in Maternal and Child Health programs that helps to understand, explain, and improve health and disease patterns – particularly health disparities – across populations and over time.

Key concepts of LCT are:

- Health trajectories are particularly affected during critical or sensitive periods, such as pregnancy, infancy and adolescence.
- The broader community environment (social, physical, economic) strongly affects one's capacity to be healthy and influences health behavior.
- The development of health over a lifetime is an interactive process, combining genes, environments and behaviors.
- Throughout life and at all stages, risk factors can be reduced and protective factors enhanced, to improve current and subsequent well-being.

Topics	Priorities
A. Child Well-being and Adverse Childhood Experiences (ACEs)	1. Support policies and practices that incorporate earlier detection of risks coupled with earlier intervention. 2. Support policies and practices that promote protective factors while reducing risk factors at the individual, family and community levels.
B. Family Support	1. Focus resources and strategies for a greater emphasis on early ("upstream") and social determinants of health, such as employment, housing, education, health care, public safety and food access. 2. Support policies and practices that shift from discrete and episodic services to integrated, multi-sector service systems that become lifelong "pipelines" for healthy development and good health later in life. 3. Support policies and practices that use evidence based activities, such as home visiting. 4. Support policies and practices that promote breastfeeding, parenting skill development, early education, and family-work balance. 5. Support initiatives that respond to local population needs including variations in culture, race/ethnicity, language, education, immigration status, rural vs. urban and family structures.

A. Healthy School Environments	1. Comprehensive school health programs that include the following:
	  a. A safe and healthy school environment;
	  b. Family and community involvement.
	2. A health education curriculum that enables students to maintain and improve their health, prevent disease, and reduce risk behaviors now and in the future.
	3. Nutrition services that provide nutritious, affordable, and appealing meals and snacks in an environment that promotes healthy eating behaviors.
	4. Planned, regular physical education that develops basic physical activity and athletic skills and promotes lifelong physical fitness and meets established national goals.
	5. Health services, preferably on-site or easily accessible, that prevent, screen, identify, and treat or refer health problems, including school-based immunization programs.
	6. Health promotion for staff (assessment, education, and fitness activities for staff who serve as role models for students).
	7. Ready access to clean tap water for drinking; no school-provided sugar-sweetened beverages; no on-campus marketing of unhealthy foods or beverages.

III.   Access to and Linkage with Clinical Care

Assuring universal access to healthcare services is one of the ten essential public health services and ensuring care for the medically indigent is a local mandate. Access to healthcare must be culturally appropriate and encompass additional services that may be needed for an individual to take full advantage of healthcare resources.

The Affordable Care Act (ACA) expanded insurance coverage and access to healthcare services to more than 5 million Californians through the expansion of Medi-Cal and Covered California. It is critical to protect the progress that has been made and the benefits that have been accrued as a result of the ACA from threats at the federal level. In addition, Medi-Cal programs should be strengthened, expanded and worked into a coordinated system that includes mental and oral health, vision and hearing services in its scope.

Topics	Priorities
A. Personal Health Services	1. Support the implementation and maintenance of patient-centered medical homes and evidence-based clinical practices. 2. Support and encourage multi-sector collaborations in coordinated care, such as Whole Person Care and Public Health 3.0. 3. Ensure public health access to chronic disease and risk factor data via EHR/HIE to a) establish baseline population measures and b) facilitate impact and outcomes evaluation of community-based health improvement strategies. 4. Support programs for residual uninsured/underinsured populations, especially vulnerable groups such as the homeless. 5. Support and ensure expanded health care access in rural and underserved communities. 6. Ensure access to comprehensive reproductive health services.
B. The Patient Protection and Affordable Care Act (ACA)	1. Continue to support the ACA and California's Medi-Cal expansion initiatives. Oppose attempts to repeal or de-fund the ACA or its components. Support policies that continue or create expansion of coverage, required essential benefits, no cost preventive services, and funding for public health and prevention. 2. Oppose initiatives that reduce, restrict, or add barriers to accessing comprehensive, culturally appropriate and affordable health care services. 3. Continue strategic investment and support for the ACA's Prevention and Public Health Fund.

C. Collaboration and Communication	1. Require and support better data sharing between clinical providers and local health departments to monitor the incidence and control of chronic diseases. This is needed to evaluate the impact of community-based health improvement strategies. 2. Support policies and practices that increase communication, cooperation and collaboration between public health and medical care professionals in order to recognize and respond to public health emergencies and to plan and evaluate innovative systems approaches to improving community health. 3. Support policies and practices that improve collaboration and alignment between local health departments and local hospitals on Community Health Assessments/Community Health Needs Assessments, Community Health Improvement Plans, Community Benefits planning, and national public health accreditation. 4. Support health plan reimbursement for categorical public health clinical services, such as Tuberculosis clinics, STD clinics, etc. 5. Support the goals and benchmarks of the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) and the Whole Person Care (WPC) programs in California's 1115 Waiver Medi-Cal 2020 Demonstration.