DOCUMENT #3

Preventive Health and Health Services Block Grant (PHHSBG)
Advisory Committee Teleconference
Thursday, March 20, 2014 - 3:30 P.M. – 5:10 P.M.
1616 Capitol Avenue,
Kings River Conference Room, Sacramento, CA 95814, Suite 74.420
Summary of Court Reporter Minutes

Advisory Committee Members Present

Wes Alles, Ph.D., Co-Chair
Caroline Peck, MD, MPH, Co-Chair
Manal J. Aboelata, M.P.H.
Christy Adams, R.N.
Paul Glassman, DDS
Ira Lubell, M.D., M.P.H.
Dan Spiess, Ph.D
Dean Sidelinger, MD

Additional Attendees

Anita Butler, Block Grant Coordinator
Kathleen Billingsley, CDPH - Directorate
Jackie Duerr, CDPH - CDIC
Matthew Marsom, Public Health Institute (PHI)
Joan Twiss, PHI
Robert Berger, CA4Health
Teri Harness, Emergency Medical Services Authority
Todd Stolp, Tuolumne County Health Department

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The meeting opened at 3:30 p.m.

Welcome and Introductions - Dr. Alles

Dr. Alles welcomed the three constituents on the call: the committee members, Department of Public Health staff, and the public.

Dr. Alles introduced the agenda sorted out into three "buckets":

> First is information, which is important to be able to come up with the recommendations on how to spend the increased funding for the Block Grant. This includes the minutes, financial updates, and a vision statement from the department.
>
> Second is a discussion in order to the able to come up with principles related to the creation of priorities that will help guide the department as funds are assigned to various programs.
>
> Third, and the reason for the teleconference, is the recommendation that will be offered to the department on how to spend the new money. The recommendation will be offered on the basis of the committee and public comments.

There are four different opportunities for public comments on the agenda.

Dr. Alles called attention to Document 8 which indicated that the highest amount of funding that the block grant committee and the department received was in 1995 for $10.9 million dollars. Since then, each year, the budget was cut and we managed the cuts. The lowest budget occurred in 2013 at around $5 million dollars. Now, we're fortunate to have the fund reinstated back to the $10 million dollars we received in 1995.

Review of the January 31, 2014 Minutes

Dr. Alles pointed out that committee members not only represent their constituencies, but also consider several public health priorities when making recommendations.

Dr. Peck and Dr. Glassman reported an offline discussion they had regarding reserve funding that might be put towards the Oral Health program involving community fluoridation. There is a menu of opportunities that counties could take advantage of such as: development of strategic plan for oral health, funding to help increase fluoridation, working with water systems, training engineers and those who implement fluoridation, or community education and health promotion.

Dr. Spiess said that at the request of the programs, the Emergency Medical Services Authority (EMSA) and the Rape Prevention Set-Aside (RPSA) were set-asides; these programs would get their allocation, including the reserve money. Part of the current block grant allocation consists of a rape set-aside that is in federal statute; California adheres to the federal statute. It is a population based allocation for rape that comes off the top before CDPH decides on how they spend the remainder of the award each year. Historically, EMSA has received 30 percent of the remainder and, in speaking with the CDPH director that will continue in the future.

Dr. Peck assured the group that the most recent documents identified some of the program's former names and where the funding allocation was given.

Dr. Peck pointed out a few changes in the Federal Fiscal Year budget. The Preventive Health Services block grant was increased to $160 million nationwide. In California, we went from $5 million to about $10 million. Other block grants, which traditionally had their own line item, have now moved into the Prevention and Public Health Fund. This will require an increased level of transparency, reporting, and accountability by the federal government.

Other changes in the 2014 budget include the Heart Disease allocation, which was $54 million in 2013. This allocation is now $130 million because $73 million of Community Transformation Grant funds went into Heart Disease.

Diabetes also increased. In 2013, the total federal allocation was $64 million. In 2014 the allocation will be $67 million, plus an additional $73 million in prevention and public health plans for a total of $140 million.

Overall, there is an increase of $146 million for heart disease and diabetes and it is all coming from the prevention and health fund which now includes the Community Transformation Grant funds.

Dr. Peck is not aware how CDC will say how to spend the additional allocation for heart disease and diabetes prevention. She advocated getting the money allocated at the local level because there is a significant amount of money coming to California through that funding source. The Community Transformation Grant is zero for the Federal Fiscal Year 2014 so the money will end this September 2014.

Dr. Peck indicated that there will be increased scrutiny as to how the state spends the PHHSBG funds, the state plan, and the spend rate. CDC plans to post this information on their website and there will be additional reporting requirements for the fiscal and programmatic activities of the Block Grant.

Dr. Peck mentioned the release of the California Wellness Plan: it identifies priorities for chronic disease prevention and it's full of evidenced based objectives. She also mentioned the P21 Conference (**P21** Advancing Prevention in the 21st Century) which was an effort to bring stakeholders together to come up with some strategies and action steps to work collaboratively in the future.

Dr. Peck reported that the CDC due date for the initial FFY 2014 State Plan was February 7, 2014. We had to meet that deadline in order to receive our first and second quarter payments. So, this is the time for the advisory committee to make recommendations; the department takes into account how to use the extra funds, the department will consider the Advisory Committee's Recommendations and the public's comments when making its final decisions. The revised State Plan will be submitted so we can receive the third and fourth quarter payments from CDC.

Approval of the January 31, 2014 Minutes

Dr. Alles asked for comments from the committee and the public. Seeing none, Mr. Aboelata moved to approve the Minutes as submitted, and Dr. Ira Lubell seconded the motion. The Minutes were approved as submitted.

State Fiscal Year 2013/14 and 2014/2015 Update

Dr. Peck referred to Documents 4, 5, and 6.

Document 4 is the preliminary allocation of CDC to California for $4.7 million. We have been told, unofficially in a teleconference, that our total will be approximately double this amount.

Document 5 is the breakdown of the current award, as well as the anticipated award increase. The $4.7 million is the award, with the RPSA being reduced and the remainder being allocated to CDPH (70 percent) and EMSA (30 percent).

The CDPH percent allocation will be allocated to the current programs for this year and for State Fiscal Year 14/15.

The anticipated award increase is $4.7 million. The notice from CDC is anticipated in July. There is no rape set set-aside because that was taken off earlier from the initial award. EMSA will get 30 percent of the increase and CDPH will get 70 percent.

Document Number 6 was provided at the last advisory meeting but was expanded as requested by Dr. Alles. Since the Federal Fiscal Year 2014 budget was not settled, the programs were funded using Federal Fiscal Year 2012 and Fiscal Year 2013 funding. This has been done for the last four to five years because of the delays in the federal budget; a reserve has maintained these programs while waiting for the next year's budget.

The far right column of Document 6 shows the preliminary allocation each program received. There are differences between the federal fiscal year fund allocations and the state fiscal year allocations.

The midyear program allocations will be coming out soon. The Director directed us to spend $1.47 million dollars of reserve since there is so much additional money in Federal Fiscal Year 2014. Dr. Peck explained that there are a lot of reasons for deciding on the particular programs that are funded, such as Cardiovascular Disease Prevention, Oral Health, and Rape Crisis Centers.

Dr. Alles asked the committee members if there are questions relative to the financials and the allocations.

Dr. Lubell asked if the federal government is really going to come through with the money. Dr. Peck responded she believes they will because it was a bipartisan deal with Congressman Ryan.

Dr. Alles asked if there were further questions from the committee or the public. There weren't any questions. The item was an information item and no motion was required.

FFY 2014 Federal Funds Increased Funding – Kathy Billingsley, Anita Butler

Dr. Alles introduced Kathy Billingsley, CDPH, Chief Deputy Director of Policy and Programs to talk about the vision of the department which will impact the discussion around priorities and recommendations for the block grant selection criteria. Ms. Billingsley shared recent activities related to public health, and opportunities for reinvesting funding into public health programs. She looked at impacts of fiscal restraints on public health issues such as emergency preparedness, maternal and child health, and infectious programs. She also suggested that

monies toward preventing heart disease and diabetes lend themselves to working very closely with the local health departments and to move that funding into communities within California.

Dr. Alles then called on Anita Butler to present the criteria to provide a structure of some parameters around the recommendations that the committee will make.

Ms. Butler referred to Document 7 which is the summary of the principles for allocation of the Preventive Health & Health Services Block Grant as accepted by the Advisory Committee in 2012 as follow:

1. Emphasize primary and secondary prevention programs. Primary prevention includes prevention of future injury among the injured population.

2. Fund each program for at least three years.

3. Do not transfer monies out of the block grant.

4. Prioritize, using these criteria:

    - Condition severity, size of the problem/condition
    - Overcoming population disparities in health status
    - Community concern
    - Cost of the condition
    - Cost-effectiveness of interventions
    - Concordance with Healthy People Objectives
    - Other resources available to address the condition
    - Innovation in areas for which there are proven interventions
    - Leverage of other funds
    - Impact of terminating program
    - Infrastructure versus services
    - History/longevity of the program
    - Reconfiguration/modification of program

5. In future years, consider program performance

6. The needs of EMSA should be considered.

Dr. Alles opened the floor for questions and suggestions. Committee members added the following statements.

- Statement about infrastructure: there should be an appropriate balance between infrastructure and delivery at the local level which would include program services and materials.

- Focus thinking about funding so that programs are funded across specific projects like maternal and child health.

- Overcome disparities, closing the equity gap. Change the word "disparity" to "equity to bring it into more current use.

- Engage communities at the local level. Engage communities and reference the community transformation grants so that it is clear that we are looking at its delivery at the community level with local engagement by members of the community.

- Metrics. Each program will be asked to make a report at the end and indicate the goals that they achieved; it could be number of people impacted, disease, or lifestyle metric.

- Programs that have been eliminated because of lack of funds should be recommended, depending on the future impact they could make.

- Injury Prevention mechanism for senior falls. Ms. Duerr indicated that the California Active Communities allocation has a project underway on senior falls.

Dr. Alles requested Anita Butler to send the statements back out to the committee so that they can respond back with the suggested edits.

Mr. Marsom supported the suggested criterion that the local health departments receive funding and that money go into the community; but, also ensure that other community organizations, community based organizations and nonprofits receive funds directly.

Mr. Marsom indicated that the Public Health Institute strongly urges CDPH to provide funds through the block grant to local health departments to ensure that health departments can participate in the regional process currently underway to address the public health impacts of climate change. Currently, there are no resources available either at the state level, federal, or by other means for counties and other stakeholders to be engaged in addressing this issue. Ms. Billingsley indicated that the department does not have funding to direct out to the local health departments.

Dr. Alles asked for a motion and a second.

Mr. Spiess moved the following statement to be included in the block grant selection criteria.

> "We have added to the list of priorities, that we believe in these priorities, every one of them, and that we would like to have them considered by the department as it uses the additional funds to either re-create programs that were eliminated or perhaps even more important to strengthen those programs which have been cut over time, and that we ask them to use the knowledge base that they have and the experienced leadership that they have to be able to honor the priorities that we have established."

Christy Adams seconded the motion. The motion passed unanimously.

Adjourn

Dr. Alles asked for a motion to adjourn the meeting. Mr. Spiess made the motion and Ms. Adams seconded it. The motion to adjourn was passed unanimously.