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PREVENTIVE HEALTH & HEALTH SERVICES BLOCK GRANT (PHHSBG)  
Advisory Committee Meeting (Teleconference)

Tuesday, May 20, 2014  
(2:00 p.m. to 3:00 p.m.)

State of California  
Chronic Disease Control Branch  
1616 Capitol Avenue, Suite 74.420  
Sacramento, California 95814

Reported By: ERIC L. THRONE, CSR No. 7855, RPR, RMR, CRR

**DIAMOND COURT REPORTERS**  
1107 Second Street, Suite 210  
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(916) 498-9288

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**MS. KILE-PUENTE:** Amy Kile, K-I-L-E, Puente,  
P-U-E-N-T-E.  
**MS. DEMARTINI:** Lori Anne DeMartini.  
**MS. RODGERS:** Mary Rodgers.  
**MS. SHIPLEY:** Pam Shipley.  
**MS. WALTER:** Cyndi Walter.  
**MS. KURTZ:** Caroline Kurtz.  
**DR. CHAPMAN:** Ron Chapman.  
**DR. PECK:** Thank you. And now we will go to those on  
the phone.  
**MS. ABOELATA:** Manal Aboelata.  
**MS. ADAMS:** Christy Adams.  
**MS. HARNESS:** Teri Harness, EMS Authority.  
**DR. LUBELL:** Ira Lubell.  
**DR. ALLES:** Wes Alles.  
**MR. BERGER:** Robert Berger.  
**DR. OGILVIE:** Robert Ogilvie here.  
**DR. PECK:** Do we have any other advisory committee  
members attending?  
**DR. OGILVIE:** Hi, Robert Ogilvie here. I'm not sure  
if you heard me.  
**DR. PECK:** Yeah. We can hear you. Thank you so much,  
Dr. Ogilvie.  
**DR. OGILVIE:** Okay.  
**MS. BUTLER:** So this is Anita Butler again.

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**TUESDAY, MAY 20, 2014, SACRAMENTO, CALIFORNIA, 2:00 P.M.**

**MS. BUTLER:** Good afternoon. This is Anita Butler of  
the California Department of Public Health. Welcome to our  
Preventive Health & Health Services Block Grant advisory  
committee meeting.  
I ask that you all mute your phones until you are  
ready to speak, and state your name and speak clearly so that  
the court reporter can transcribe the information correctly.  
I'll turn it over to Dr. Alles.  
**DR. PECK:** This is Dr. Peck, and we will go forth. We  
know Dr. Alles is on the call, but maybe is having trouble  
logging into the phone at this point.  
So I would like to welcome you to our advisory  
committee. The purpose of this advisory committee is to give  
you updates and accept comments for the state plan and  
hopefully approve the state plan.  
We'll start with introductions, and we'll first take  
the people who are in the room in Sacramento.  
This is Dr. Caroline Peck.  
**MS. BUTLER:** Anita Butler.  
**MS. RAMSTROM:** Karen Ramstrom.  
**MS. FINELLI:** Susan Finelli.  
**MS. ARNOLD:** Michelle Arnold.  
**MR. WAST:** James Wast (sic).  
**MS. ALAMO-MIXON:** Stacy Alamo-Mixon.

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Dr. Paul Glassman and Dan Spiess both had scheduling  
conflicts, and so they extended their apologies for not being  
in attendance.  
There are a couple of additional advisory committee  
members that we were expecting, is Stephen McCurdy on the  
phone.  
**DR. ALLES:** Stephen?  
**MS. BUTLER:** I show that he signed in, so maybe he's  
having some issues getting on to the phone call, though. So  
we'll try.  
**DR. MCCURDY:** This is Steve McCurdy. Are you talking  
about me?  
**MS. BUTLER:** Yes.  
**DR. PECK:** Thank you.  
**MS. BUTLER:** Hi, Steve.  
(Off-the-record discussion.)  
**MS. BUTLER:** Okay. Is Vicki Pinette on the line?  
Samuel Stratton, Wilma Wooten, or someone from San Diego  
County Health Department? Nathan Wong?  
**DR. PECK:** Okay. Thank you so much. We will then  
take roll call at the end in case other people do end up  
joining us. So I will now turn the mic over to Dr. Wes  
Alles.  
**DR. ALLES:** Do we have a quorum?  
**DR. PECK:** Yes. We as we discussed at the previous

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1 meeting, we decided that all we needed -- that we would have  
2 a quorum if we had 50 percent approving the plan of those who  
3 attended the meeting. So at this point we have --  
4 **DR. ALLES:** Seven, I think.  
5 **DR. PECK:** Yeah, we have seven attendees. So to  
6 approve the state plan, we would need four people who approve  
7 it. Does that answer your question?  
8 **DR. ALLES:** Very good.  
9 **DR. LUBELL:** It answers it, but I question that  
10 response. That's not usually the way committees work. So I  
11 don't quite understand it.  
12 **DR. ALLES:** I think one of the other aspects, Ira,  
13 that we talked about was because it's an advisory committee  
14 it isn't necessary to define a quorum by some number of  
15 people who are possible in attendance, compared to the number  
16 of people who are in attendance. So typically it's 50  
17 percent or something like that of the members, but it's an  
18 advisory committee only.  
19 **DR. LUBELL:** Okay. All right.  
20 **DR. ALLES:** Okay. Thank you for the question, and  
21 let's go ahead and move on then.  
22 This is Wes. I want to remind you that the purpose of  
23 today's meeting is to have conversation about the state plan  
24 hopefully being able to, at the end of the conversation,  
25 recommend the state plan.

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1 And if we are not able to do that, if we don't come to  
2 consensus, that we would then identify things that need to be  
3 taken care of and that would be from discussion and, if  
4 necessary, we would vote on a particular item in order to be  
5 able to get consensus if it came down to that, and we would  
6 expect that the recommendation would follow a change that the  
7 administration would implement to take care of the issues.  
8 They would take care of that, they would send it out  
9 to us and then that would constitute our approval through the  
10 process of responding to our request.  
11 Somebody just joined?  
12 **DR. MCCURDY:** Yes, Stephen McCurdy. I finally managed  
13 to figure my way through this.  
14 **DR. CHAPMAN:** Very good, Steve. I was going to joke  
15 earlier with you that when you asked if we were talking about  
16 you, I was going to say that just because you're paranoid  
17 doesn't mean that people don't talk about you.  
18 **DR. MCCURDY:** Very good.  
19 **DR. ALLES:** I hope you appreciate that.  
20 So we do have that purpose, we have the agenda that  
21 was sent to us, and I'm going to let you know that when we  
22 get down to the section of the agenda where it talks about  
23 advisory committee discussion, that I will ask you to comment  
24 in two ways.  
25 You don't have to answer in both of these, but one

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1 would be at the macro level relative to things that are broad  
2 in scope and a comment may be that the administration head of  
3 the department seems to have done a good job of reflecting  
4 the priorities that we established or it could be that they  
5 didn't, but I give you that as an example.  
6 And then there'd be another kind of comment that I  
7 would ask you to also make, that would relate to concerns or  
8 interests or affirmations about funding for specific  
9 programs.  
10 And I'm going to do that as opposed to just opening it  
11 up for conversation in a broad way, because the flow of the  
12 conversation may not cover all of the needs or questions that  
13 people want to ask.  
14 It also says that you may choose to answer just in one  
15 of those ways, you may choose just to answer at the macro  
16 level or you may choose only to say something related to  
17 funding for a particular program: It was great, you gave  
18 them too much, you should take money from this program or  
19 whatever. You could certainly do both, but I want to say  
20 that either of those kinds of comments are welcome.  
21 The public, you'll notice, is included in this and  
22 there are a number of places on the agenda where I'll ask for  
23 public comments.  
24 And I wonder if there are members of public who have  
25 joined us on the phone. If so, would you let us know of your

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1 presence? You would not be required to say your name, you  
2 just say that I am a member of the public, if you prefer.  
3 **DR. WOOTEN:** This is Wilma Wooten, I just joined, a  
4 member of the committee.  
5 **DR. ALLES:** Thank you and we're glad you're here.  
6 **DR. WOOTEN:** Thank you.  
7 **DR. ALLES:** And are there any members of the public in  
8 the room where you are Caroline?  
9 **DR. PECK:** No. But I know that, for example, one  
10 individual who identified himself is -- would be considered  
11 as a member of the public as he's not on the advisory  
12 committee. So I would ask for public comment at the times  
13 that says on the agenda.  
14 **DR. ALLES:** Okay. I will do that.  
15 I also want to remind you that typically -- and we  
16 have a court reporter who is recording the comments that we  
17 make. Is that the case today as well?  
18 **MS. BUTLER:** Yes.  
19 **DR. ALLES:** Okay. And so with that in mind, it's  
20 helpful to the court reporter if you would, when you have a  
21 comment to make, indicate your name at the beginning of that.  
22 And so our first topic on the agenda is review and  
23 discussion of the minutes. This is Document 3 in the  
24 materials that you received, and these are the March 20th  
25 minutes.

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1 I wonder if anybody had any specific comments or  
 2 corrections that you would like to make relative to the  
 3 minutes.  
 4 **DR. LUBELL:** I move their acceptance.  
 5 **DR. ALLES:** All right. That was Ira Lubell who moved  
 6 that. Is there a second?  
 7 **DR. OGILVIE:** I'll second.  
 8 **DR. ALLES:** And who was that?  
 9 **DR. OGILVIE:** Robert Ogilvie.  
 10 **DR. ALLES:** Robert, okay.  
 11 Before I call the question, is there any comment from  
 12 the public?  
 13 Okay. Then all in favor of accepting the minutes for  
 14 the March 20th meeting, signify by saying aye.  
 15 **DR. ALLES:** Any opposition? Any abstain? Okay.  
 16 The next item then is the Fiscal 2014 and '15  
 17 department update. And following the update by Caroline  
 18 there will be opportunity for questions and comments from the  
 19 committee and then from the public. So, Caroline?  
 20 **DR. PECK:** Thank you, Wes.  
 21 Yes, just a few brief updates. We have not received  
 22 our preliminary notice of grant award from CDC yet for  
 23 Federal Fiscal Year 2014, but they say it should be coming in  
 24 the next few weeks, and this will be the money for the first,  
 25 second and third quarter; and we will get the fourth quarter

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1 award once we have turned in the plan by July 1st.  
 2 The second point is that the block grant oversight at  
 3 the CDC will be changing as of June 1st, to the office of  
 4 State Tribal Local & Territorial Support. So this office  
 5 also oversees public health accreditation efforts, as well as  
 6 some workforce development efforts.  
 7 We, in California, are very lucky because our project  
 8 officer will be the same. So she will be moving from the  
 9 Chronic Disease Center to this new office, so we will  
 10 continue to have the same relationship which will be helpful.  
 11 The President's Budget for Federal Fiscal Year 2015 is  
 12 zero for the block grant. And I just wanted to let you know  
 13 that the nongovernmental organization such as NACDD and ASTHO  
 14 in Washington, DC, are of course again very supportive  
 15 maintaining the block grant at its funding level and will be  
 16 lobbying on behalf of all the states.  
 17 Well I expect that the block grant will be restored,  
 18 as it has been for the past eight years, when it was zeroed  
 19 out by the president as it does have the bipartisan and  
 20 bicameral support, so we will keep you informed.  
 21 That's all that I have. And if anyone has any  
 22 questions, please feel free to ask them now.  
 23 **DR. ALLES:** Okay. And for reference, it would be  
 24 Document 6.  
 25 **DR. PECK:** Uh-huh.

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1 **DR. ALLES:** Oh -- excuse me, I'm sorry -- I got a  
 2 little ahead of myself there. Let me ask, any member of the  
 3 committee want to comment or ask a question of Caroline?  
 4 Public? Okay.  
 5 This is not an action item, so it was for  
 6 informational purposes. Caroline, you represent the  
 7 Department in ASTHO; is that correct?  
 8 **DR. PECK:** No, that is Dr. Ron Chapman, who is also  
 9 with us today.  
 10 **DR. ALLES:** Okay.  
 11 **DR. PECK:** I represent the department at the National  
 12 Association of Chronic Disease Directors or NACDD.  
 13 **DR. ALLES:** Okay. So to both of you, I will say that  
 14 our committee is greatly appreciative on behalf of the people  
 15 of California for the effort that you made in both of those  
 16 organizations to restore the funding, and you said it was  
 17 bicameral support --  
 18 **DR. PECK:** Uh-huh.  
 19 **DR. ALLES:** -- and bipartisan support of that, so  
 20 those organizations did a fine job.  
 21 Let me then move to the next item which is the  
 22 presentation of the programs, the specific programs. And  
 23 this is Document 6, and Anita Butler will make that  
 24 presentation.  
 25 **DR. LUBELL:** Could the screen show that document as

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1 we're talking, please?  
 2 **MS. BUTLER:** Sure, no problem. And it's actually  
 3 Document 7; Document 6 is the entire state plan.  
 4 **DR. ALLES:** Okay.  
 5 **MS. BUTLER:** So this document is basically describing  
 6 all of our current and new programs.  
 7 The Federal Preventive Health & Health Services Block  
 8 Grant gives California the opportunity to develop and  
 9 implement programs to decrease the morbidity and mortality  
 10 that results from preventable disease and injury and that  
 11 increase healthy years of life for all Californians.  
 12 The CDPH Rape Prevention Program receives \$832,969 of  
 13 set-aside funding and the remaining balance is split between  
 14 CDPH and the Emergency Medical Services Authority, known as  
 15 EMSA, with CDPH receiving 70 percent and EMSA receiving 30  
 16 percent.  
 17 Below is a listing of the funded programs for Federal  
 18 Fiscal Year 2014. The California Rape Prevention Program, or  
 19 CRPP. The \$832,969 Rape Prevention set-aside allocation  
 20 currently funds CRPP, which supports programs to prevent  
 21 sexual violence at California's 63 rape crisis centers.  
 22 CRPP also supports 12 My Strength Clubs in local high  
 23 schools. These clubs address the social norms that tolerate  
 24 negative behaviors toward women and encourage young men to be  
 25 leaders in the movement to prevent sexual violence.

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1 The next program is EMSA. EMSA receives 30 percent of  
 2 California's block grant allocation annually after the rape  
 3 prevention set-aside is reduced, and currently funds  
 4 California's Emergency Medical Services Authority.  
 5 Using block grant funds, EMSA has supported the  
 6 development of EMS for children, trauma and quality  
 7 improvement programs in California counties. The additional  
 8 allocation will fund the EMSA Health Information Exchange, or  
 9 HIE, in California's EMS program.  
 10 HIE is the electronic movement of health-related  
 11 information among organizations according to nationally  
 12 recognized standards. HIE will facilitate access to and  
 13 retrieval of clinical data to provide safer, timelier,  
 14 efficient, effective, and equitable patient-centered care.  
 15 The next program is within our Black Infant Health  
 16 program. Reduce the race, ethnic disparities in maternal and  
 17 infant health. The allocation will fund state and local  
 18 level capacity to development and implement a strategic  
 19 communications plan to increase enrollment and retention in  
 20 local Black Infant Health programs, including  
 21 audience-specific message development.  
 22 The next one is the California Active Communities.  
 23 This program currently funds activities that address physical  
 24 inactivity and its associated injuries, chronic diseases and  
 25 disabilities, including mobility and fall-prevention programs

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1 for older Californians, and that foster environmental and  
 2 policy change strategies that increase opportunities for safe  
 3 everyday physical activity.  
 4 The next program is the Cardiovascular Disease  
 5 Prevention Program, or CCDP. This program currently funds  
 6 measures to reduce premature death and disability from the  
 7 most deadly and costly health care problems, heart disease  
 8 and stroke. CCDP program interventions directly address  
 9 public health objectives for heart disease, stroke, heart  
 10 failure, high blood pressure, high cholesterol, and other  
 11 vascular-related disorders.  
 12 The California Community Water Fluoridation Initiative  
 13 or CCWFI. This initiative currently funds activities to  
 14 increase the number of California citizens with access to  
 15 fluoridated drinking water. For many years, California  
 16 ranked near the bottom in the nation in terms of state  
 17 populations with access to fluoridation. This initiative  
 18 aims to reduce oral health disparities among Californians.  
 19 The California Health Alert Network or CAHAN support.  
 20 This allocation will fund 50 percent of CAHAN system costs.  
 21 CAHAN is the official alerting and notification system for  
 22 state and local public health. This system allows  
 23 information sharing about urgent public health incidents with  
 24 federal, state, and local officials, practitioners,  
 25 clinicians and other public health and medical stakeholders.

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1 Implement the California Wellness Plan and CDPH  
 2 commitments made at "P21, Advancing Prevention in the 21st  
 3 Century." This allocation will fund state level coordination  
 4 capacity, including continued facilitated meetings with  
 5 partners to advance the chronic disease prevention agenda.  
 6 These funds will also support economic analysis capacity in  
 7 the department and surveillance questions associated with the  
 8 California Wellness Plan.  
 9 Health Equity Assessment. This allocation will fund  
 10 state level capacity to assess health equity within CDPH  
 11 programs.  
 12 Reengagement in HIV Care and Partner Services Using  
 13 HIV Surveillance Data. This allocation will fund the third-  
 14 to fifth-highest prevalence counties, which are San Diego,  
 15 Alameda and Orange, to replicate Los Angeles and  
 16 San Francisco County programs. These programs use HIV  
 17 surveillance data to offer partner services to all persons  
 18 newly diagnosed with HIV and assist people with HIV who have  
 19 fallen out of care to reengage in HIV care.  
 20 Local Health Department/Tribal Accreditation Readiness  
 21 Assistance. This allocation will fund state-level capacity  
 22 to provide technical assistance with local and triable health  
 23 department accreditation, and improve the California  
 24 Performance Improvement Network Web site, otherwise known as  
 25 CalPIM.

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1 Nutrition Education and Obesity Prevention Branch.  
 2 This program currently advances evidence-based and  
 3 evidence-informed obesity prevention across the state.  
 4 Projects include support for improved nutrition such as  
 5 increased fruit and vegetable consumption and reduced sodium  
 6 intake, and increased physical activity in local communities,  
 7 schools, early care and education sites, work sites and at  
 8 CDPH.  
 9 The Office of Health Equity is the next program. This  
 10 office provides a key leadership role to reduce health and  
 11 mental health disparities to vulnerable communities.  
 12 Preventive Medicine Residency Program, or PMRP. This  
 13 program currently funds training of California-trained,  
 14 board-certified public health physicians. PMRP achieves this  
 15 through recruiting promising residents and providing them  
 16 with appropriate training and skills directly within local  
 17 health departments or state public health programs.  
 18 Safe and Active Communities Branch. This program  
 19 currently funds two sections: State and local injury  
 20 control, which oversees programs that promote prevention,  
 21 such as domestic violence, vehicle occupancy safety, and safe  
 22 routes to school, and injury surveillance in epidemiology.  
 23 SACB received an additional allocation to fund the  
 24 Senior Injury Prevention Project, evidence-based strategies  
 25 in additional counties, including project evaluation, in

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1 collaboration with other state entities.  
 2 Select Agent and Biosafety. This allocation will fund  
 3 state-level capacity to maintain the only California Tier 1  
 4 public health laboratory that handles bio-threat agents such  
 5 as those that cause anthrax, botulism and plague.  
 6 The final program is Enhanced Laboratory Capacity to  
 7 Address Valley Fever and Other Emerging Diseases. This  
 8 allocation will fund state-level capacity to address drug  
 9 resistance, assist local communicable disease response to  
 10 outbreaks, and restore testing for fungal infections such as  
 11 Valley Fever.  
 12 This concludes the presentation of the Federal Fiscal  
 13 Year 2014 Block Grant Programs. Program representatives are  
 14 available to answer specific questions. And, Wes, I'll turn  
 15 it back over to you.  
 16 **DR. ALLES:** Okay. Thank you very much for that,  
 17 Anita. I'm glad we were able to get that information into  
 18 the record. It's clear from your presentation that each and  
 19 every program that you read plays a significant role in the  
 20 public health and health improvement for the residents of  
 21 California, and so that is a matter of record now that you  
 22 went through that.  
 23 Let me ask -- this is in an open form -- does anybody  
 24 have any questions that you would like to ask Anita and  
 25 Caroline?

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1 **DR. LUBELL:** Is this the place to ask about what the  
 2 individuals programs have been doing the past few years.  
 3 **DR. ALLES:** It would be a place to ask that, yes.  
 4 **DR. LUBELL:** I'd love to hear a little more about what  
 5 fluoridation has accomplished.  
 6 **DR. PECK:** Can you identify yourself, please?  
 7 **DR. LUBELL:** Ira Lubell.  
 8 **DR. PECK:** Oh, Ira. Wonderful.  
 9 So we have actually a handout, but I don't know that  
 10 we sent it out to the advisory committee.  
 11 **MS. BUTLER:** We have.  
 12 **DR. PECK:** It talks about the outcomes of all of the  
 13 programs, and we'd be happy to send that out again. And the  
 14 programs set out objectives in each state plan and then we  
 15 reported on whether or not they met the objectives and how  
 16 they did that.  
 17 So the main thing, though, the oral health program has  
 18 been doing over the past year is really providing training  
 19 and technical assistance to local health jurisdictions and  
 20 water districts to help them implement fluoridation.  
 21 There is a statute that people should fluoridate as  
 22 long as they have at least 10,000 water customers, as long as  
 23 money is available. And we have one individual who is funded  
 24 by this program and she provides that assistance.  
 25 Often it's talking points, collecting data. People at

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1 the local level will often go before county board of  
 2 supervisors or a city council to abdicate for fluoridation to  
 3 be implemented, of course if funding is available.  
 4 So this program also has a contract with the  
 5 University of California San Francisco, School of Dentistry,  
 6 and there's two very notable fluoride experts there,  
 7 Dr. Pollock and Dr. Silverstein. So any questions that our  
 8 staff member Rosanna Jackson isn't able to answer, she will  
 9 refer those questions to them.  
 10 Dr. Silverstein and Dr. Pollock, over the past year,  
 11 have been putting together continuing medical education on  
 12 fluoridation that will be recorded and available on the  
 13 Web site.  
 14 So that's what we're planning on having in the future  
 15 from this fluoridation money is additional training that's  
 16 available on-line for individuals or, you know, for dentists  
 17 or communities.  
 18 The most notable achievement of the Oral Health  
 19 Program, I think, has been getting up to, I believe it's 69,  
 20 67 percent of the population of the State of California, is  
 21 getting fluoride in their water to some extent.  
 22 It may not be to the actual recommended levels of CDC,  
 23 but they will have access to some level of fluoridation that  
 24 is not quite at the national goal, and so that's why we  
 25 considered that we still have some work to do on fluoridation

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1 in the State of California. But with the coming onboard of a  
 2 water district in Southern California that feeds the LA area,  
 3 we had an huge increase in the population that was served.  
 4 **DR. ALLES:** Thank you.  
 5 **DR. PECK:** Is that enough?  
 6 **DR. ALLES:** That's plenty.  
 7 **DR. PECK:** Okay.  
 8 **DR. ALLES:** Let me ask Dr. Glassman if there's  
 9 anything that you would like to add in response.  
 10 **MS. BUTLER:** So Dr. Glassman regrettably was unable to  
 11 join us today.  
 12 **DR. ALLES:** Huh, okay.  
 13 **MS. BUTLER:** He had a scheduling conflict.  
 14 **DR. ALLES:** Other questions about any of the programs?  
 15 **MR. BERGER:** This is Robert Berger. I have a question  
 16 that's fairly broad, but I could get more specific.  
 17 I was pleased to provide some public comments in  
 18 March at your public hearing, wherein wearing kind of my hat  
 19 as the Director for CA for Healthy Statewide Transformation  
 20 Grant, in which CDPH is a partner, in emphasizing the value  
 21 and need to support through funding local health departments.  
 22 And NGO's, that we've seen in the tobacco policy model  
 23 and elsewhere, really enhance all the great things that are  
 24 done at CDPH. And a couple of our counties also reinforce  
 25 the value of funding local efforts that support these

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1 important statewide goals.  
 2 And in reading through the plan itself, I didn't see  
 3 that reflected in the programs that are focusing on policy  
 4 systems and environmental changes. There was a lot of  
 5 reference to supporting local efforts and technical  
 6 assistance and training.  
 7 But with this additional funding the hope would have  
 8 been that tobacco policy model could really be put in place  
 9 to some extent, supporting through direct funding the local  
 10 health departments and NGO's that really have been proven to  
 11 successfully implement and enhance local PFC efforts.  
 12 So I guess broadly I'd like to know, you know, how was  
 13 that feedback considered, was that approach looked at, and  
 14 why is it seemingly so absent in the recommended plan?  
 15 **DR. PECK:** Thank you so much, Robert. This is  
 16 Caroline. I think that comment was very, you know, was  
 17 considered and thought through by CDPH as the allocations  
 18 were determined, and I think there was several things why  
 19 it's not coming out looking just like the tobacco, and even  
 20 the NEOPB obesity model that we have with money going  
 21 directly to the local health departments.  
 22 I think the first reason is that we had a number of  
 23 ongoing programs that we wanted to continue to fund, and we  
 24 also got a lot of input from the legislative hearings about  
 25 what the members of the public felt were really important for

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1 the California Department of Health to be doing or to restore  
 2 funding for public health. And so there was some guidance  
 3 given from the legislature about what programs we might want  
 4 to consider, if any money came around that we would continue  
 5 those.  
 6 And then I think the third thing is a lot of programs,  
 7 both current and new programs are statewide, have a statewide  
 8 impact, for example, CAHAN. That's one that you don't  
 9 traditionally think of as a chronic disease related program,  
 10 but this block grant money can be used for anything within  
 11 the Healthy People 2020 objectives, and CDPH felt that this  
 12 was a really critical service that needed to be maintained at  
 13 the local level.  
 14 So I think that type of consideration also went into  
 15 the decision making, that maybe it wasn't exactly going --  
 16 the money wasn't following directly down to the local health  
 17 department, but it was going to have impacts at the local  
 18 level in a statewide manner.  
 19 The other consideration, I think, was that this was a  
 20 fairly, you know, in the overall scheme of things, a smaller  
 21 increase in the tobacco model, and the NEOPB model was quite  
 22 a bit more money that can be sent out to the local level on  
 23 sort of a population based, you know, equitable type basis to  
 24 do various different activities. So this really wasn't a  
 25 whole lot of extra money.

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1 And we know that there are other funding streams  
 2 coming down, most notably the diabetes and cardiovascular  
 3 disease money, and we still have not received an FOA or any  
 4 direction or guidance from CDC on that, but we anticipate it  
 5 should be coming in the next couple of months.  
 6 So we hope to -- and I think the department feels very  
 7 strongly to the extent we are able, given CDC guidance and  
 8 the amount of money we're allowed to apply for to really help  
 9 support efforts for diabetes and heart disease prevention at  
 10 the local level.  
 11 I don't know, Ron, if you want to add anything.  
 12 **DR. CHAPMAN:** That's perfect. Thank you.  
 13 **DR. PECK:** Does that answer your question?  
 14 **DR. ALLES:** Well, I appreciate your response. Thank  
 15 you very much.  
 16 **DR. PECK:** You're welcome.  
 17 **DR. ALLES:** Are there other members of the committee  
 18 who would like to ask a question before we get into the  
 19 comment section and discussion? Other members of the public?  
 20 **DR. WOOTEN:** This is Wilma Wooten, member of the  
 21 committee. Maybe the information is on other documents that  
 22 have been sent out, I haven't had the opportunity to review  
 23 them all.  
 24 But do we have the amounts or is there a grid that has  
 25 the dollar amounts dedicated to each of the additional CDPH

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1 programs listed?  
 2 **MS. BUTLER:** Yes. That would be a document that's  
 3 listed here. Did you want to go through each of them,  
 4 Dr. Wooten, or are you interested in one in particular?  
 5 **DR. WOOTEN:** No. I just wanted to know how the  
 6 allocations were made across the recommended programs --  
 7 **MS. BUTLER:** Okay.  
 8 **DR. WOOTEN:** -- just in general.  
 9 **MS. BUTLER:** And so the other thing is this particular  
 10 document was put on-line for both the public, and I also sent  
 11 it to the advisory committee because we wanted you all to be  
 12 aware of the funding allocations.  
 13 And then there's another document that basically  
 14 identifies -- it's Attachment 5 in your handout -- and it  
 15 actually identifies all of the funding.  
 16 **DR. WOOTEN:** Okay.  
 17 **MS. BUTLER:** So that's the one that's up right now.  
 18 **DR. WOOTEN:** Got it.  
 19 **MS. BUTLER:** Okay.  
 20 **DR. PECK:** Do you want to go through and --  
 21 **MS. BUTLER:** Sure.  
 22 **DR. PECK:** -- read off of the new one and I'll scroll  
 23 for you?  
 24 **MS. BUTLER:** Sure.  
 25 So in going through the new ones, EMSA will receive an

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1 additional 1,398,705, so that's 1,398,705; Black Infant  
 2 Health will receive 300,000, CAHAN will receive 500,000, the  
 3 Wellness Plan Implementation will receive 600,000, the Health  
 4 Equity Assessment through the Office of Health Equity will  
 5 receive 200,000, HIV will receive 500,000, Local Health  
 6 Department/Triable Accreditation Readiness Assistance will  
 7 get 250, 250,000; the senior falls, senior injury prevention  
 8 project, that will be 300,000; Select Agent and Biosafety  
 9 will get 200,000, and Valley Fever will receive 426,000.

10 **DR. WOOTEN:** Thank you so much.  
 11 **MS. BUTLER:** Sure.  
 12 **DR. ALLES:** Other questions?  
 13 Okay. I'd like to move on then to the next section,  
 14 the bullet point having to do with the advisory committee  
 15 discussion.  
 16 As I indicated in the beginning, I'll go through the  
 17 members of the committee who are present and ask each of you  
 18 to comment either in a generic way or a macro level and/or to  
 19 comment on specific funding for projects, the specific  
 20 funding that any of the projects may have received with a  
 21 comment directed back to the department. And while that's  
 22 taking place, Anita will keep track of the issues.  
 23 One side of the ledger would be all of the issues that  
 24 are raised relative to macro level comment and we'll have  
 25 discussion on each of those, and that will be more free-flow

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1 conversation, and then on the other side of the ledger would  
 2 be those comments that relate to funding for a particular  
 3 program and we'll have a conversation about that.  
 4 The purpose is to be able to talk about these  
 5 programs, the funding for them, and whether or not they  
 6 reflect the recommendations that we made as priorities in our  
 7 previous meeting.  
 8 And so let me begin. I'll just go alphabetically down  
 9 the list and ask Manal to go first with comments.  
 10 **MS. ABOELATA:** Hi, everyone. I first just wanted to  
 11 acknowledge this is a very complex process with a lot of  
 12 moving parts and a number of laudable programs that have  
 13 proven the ability to make outcomes and impacts in  
 14 California.  
 15 And so at this point, I'm comfortable with what I've  
 16 heard and do feel that we had a lot of criteria and it's sort  
 17 of challenging, I think, to balance every single criteria for  
 18 each individual projects and for the package as a whole.  
 19 And from that standpoint, I think that what's being  
 20 proposed is, you know, is really something we can move  
 21 forward with.  
 22 **DR. ALLES:** Okay. Thank you, Manal.  
 23 Chrjsty?  
 24 **MS. ADAMS:** Yeah. I have to say my background and my  
 25 expertise is just specifically around injury prevention.

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1 So in terms of all the other programs I could just  
 2 generally kind of confirm that it looks like a great plan  
 3 overall. But specifically with the injury prevention piece,  
 4 I thought it was a fantastic addition to bring in the senior  
 5 fall-prevention components added on to the Safe and Active  
 6 Communities branch.  
 7 I think that is a much needed injury prevention  
 8 initiative here in California, so I think that will go a long  
 9 way to reducing injuries.  
 10 **DR. ALLES:** Ira?  
 11 **DR. LUBELL:** No, no comment.  
 12 **DR. ALLES:** All right. Stephen?  
 13 **DR. MCCURDY:** Yeah. Sorry, it was on mute for a  
 14 moment. Again I'm satisfied with the process and with what  
 15 we have chosen is a reasonable way to go forward.  
 16 **DR. ALLES:** Okay. Robert?  
 17 **DR. OGILVIE:** Robert, here. Again I second, third,  
 18 fourth, or whatever number I am, what everyone else said. I  
 19 have no objection and I think we should move forward as is.  
 20 **DR. ALLES:** Okay. Wilma?  
 21 **DR. WOOTEN:** Sorry. Also on mute.  
 22 Yeah, I agree also that there's a number of programs,  
 23 many of which are focused on core public health programmatic  
 24 areas as well as workforce and infrastructure components. So  
 25 I support the recommendations that are being made.

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1 **DR. ALLES:** Okay. I'll hold mine just for a moment.  
 2 Are there members of the public who would like to make  
 3 comment relative to the report or the state plan? Okay.  
 4 So my comments are very similar. I maybe have a  
 5 little bit more detail, but not too much.  
 6 On program number three, the word used is  
 7 "disparities." And I think in our last meeting we preferred  
 8 to use the word "inequities," unless there's a reason because  
 9 the name requires disparities or it is disparities. I would  
 10 just like to suggest that wherever possible the word  
 11 "inequity" be used as opposed to "disparity."  
 12 I felt like all of the programs are vital, important,  
 13 successful, creative, efficient, and that on top of all of  
 14 that the requirement that is being imposed on these programs  
 15 is to provide metrics to demonstrate accomplishment, that  
 16 that will go a long way in demonstrating that both the  
 17 committee -- well that the committee, the public and the  
 18 department have done a good job of using the monies that come  
 19 from CDC in judicious ways that will make a difference to the  
 20 people.  
 21 The 18 funded programs do reflect -- as was indicated  
 22 by, I think, every member of the committee -- do reflect our  
 23 priorities and there is kind of a balance between delivery to  
 24 the end-users, through a strong infrastructure.  
 25 So the two points that I wanted to make, the end-users

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1 are receiving a lot of services; but there also needs to be  
 2 an infrastructure within CDPH to deliver that, to develop,  
 3 deliver, implement, evaluate the programs, and the proportion  
 4 going as direct service versus infrastructure is reasonable.  
 5 I also felt like there was a focus across these 18  
 6 programs on prevention and particularly as it related to  
 7 inequities, there was a focus on the Healthy People 2020  
 8 objectives, although I don't believe that term was used.  
 9 Many of these programs focused directly on the CDC's Healthy  
 10 People 2020 initiatives.  
 11 There was clearly a focus on the highest impact and  
 12 highest impact would be defined in many ways, but in my  
 13 interpretation morbidity, mortality, and health care costs.  
 14 There also was evidence of using best practice. I  
 15 thought a good example of that was when you talked about the  
 16 programs number -- I think it was -- two, three, and four,  
 17 emulating the best practices from Los Angeles and  
 18 San Francisco --  
 19 **DR. PECK:** Uh-huh.  
 20 **DR. ALLES:** -- as a way of taking advantage of  
 21 creative programs and implementing them into three other  
 22 counties.  
 23 And so I believe what I heard from the committee is a  
 24 strong endorsement for approval of the state plan, but I also  
 25 want to give one last chance again for committee members to

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1 make one more comment and then I'll ask the members of the  
 2 public.  
 3 **MS. ABOELATA:** This is Manal. And your comments,  
 4 Dr. Alles, made me think about a question I have, which was  
 5 what is a mechanism, if any, to communicate back to the  
 6 funded program the criteria that were used to select them,  
 7 and are there any mechanisms during the period in which they  
 8 are receiving these public grant funds, public health block  
 9 grant funds, for them to understand kind of their connection  
 10 to other grantees and the important criteria that sort of  
 11 guided our decision and should guide the spirit in which they  
 12 carry forward the work?  
 13 **DR. PECK:** Manal, this is Caroline, and great  
 14 question. I wanted to let you know that all of the program  
 15 managers are represented on the call today, and we will be  
 16 inviting them to -- and they were here for the public hearing  
 17 as well.  
 18 So I appreciate you bringing that up, because I think  
 19 as we move forward we do adhere to the criteria that you, as  
 20 a group, so thoughtfully came up with. And so they are all  
 21 here and I'm speaking on behalf of everyone in the room.  
 22 **DR. ALLES:** Caroline, I might also mention that  
 23 Manal's point, since you have all of the --  
 24 **DR. PECK:** Uh-huh.  
 25 **DR. ALLES:** -- programs represented, one of the

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1 priorities that we identified was that program managers  
 2 should seek, whenever possible, to use the money efficiently  
 3 by crossing over department boundaries --  
 4 **DR. PECK:** Uh-huh.  
 5 **DR. ALLES:** -- to work with other programs in ways  
 6 that make sense --  
 7 **DR. PECK:** Uh-huh.  
 8 **DR. ALLES:** -- and that deliver greater  
 9 cost-effectiveness.  
 10 **DR. PECK:** Yes. And I think that is a huge push, not  
 11 only of this grant, but also our department. And I think  
 12 with things like the active communities, they also do a lot  
 13 of work with transportation.  
 14 I know some of our chronic disease programs have  
 15 really been working, and MCH programs, have been working a  
 16 lot with Department of Health Care Services in Coverage  
 17 California.  
 18 And so this idea of really thinking about public  
 19 health in a more global way, health policies is something  
 20 that not everyone here is nodding their head "yes" to. So,  
 21 yes, we will take that to heart and try to work across silos  
 22 and across departments.  
 23 **DR. ALLES:** Okay. Other members of the committee?  
 24 Okay. Any members of the public wish to make comment?  
 25 And I don't know, Rodney, if you are still on the

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1 phone, if would you like to make comment, you are welcome to  
 2 do that.  
 3 Okay. So at this time then, I would like to receive a  
 4 recommendation to approve the state plan, I'd like to receive  
 5 a second, and then we will have a vote on that.  
 6 Do I hear a motion?  
 7 **DR. OGILVIE:** A motion here from Robert Ogilvie.  
 8 **DR. ALLES:** Thank you, Robert.  
 9 **DR. LUBELL:** A second, Ira Lubell.  
 10 **DR. ALLES:** Thank you, Ira. Any further discussion?  
 11 All in favor of recommending approval of the state plan  
 12 signify by saying aye.  
 13 Any opposition? Any abstention? Okay.  
 14 I'm going to reserve then the last comments for this  
 15 meeting to Caroline, I'm going to turn it over to her in just  
 16 a second.  
 17 But I do want to say that what this committee serves  
 18 is a hugely important role in the health of the people of  
 19 California, and I think we do that in a very transparent way,  
 20 and I want to say thank you for the time and the knowledge  
 21 and the wisdom that you bring to this process.  
 22 So, Caroline, I'll turn it over to you.  
 23 **DR. PECK:** Okay. Thank you very much, Dr. Alles.  
 24 So in terms of our next steps, we will take your  
 25 approval for the state plan, thank you so much, we will

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1 submit the plan to CDC, and we will anticipate getting our  
2 full award for this year. We will, as Wes requested, go  
3 through and change "disparities" to "inequities" in the plan  
4 that we submit to CDC.

5 And I just want to express again my sincere thank-you  
6 to all of the advisory committee members for their time and  
7 your contributions and your thoughtful comments. Really, we  
8 are very lucky to have all of you as part of the group that  
9 helps guide what we do with these federal funds.

10 So unless you have something else, no. So other than  
11 that, I think we are done, and we will adjourn the meeting.  
12 So thank you, all.

13 **DR. ALLES:** Thank you.

14 **MS. BUTLER:** Thank you.

15 (Proceedings concluded.)

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1 COURT REPORTER'S CERTIFICATE

2  
3 State of California )  
4 County of Sacramento ) ss.

5  
6 I, ERIC L. THRONE, hereby certify that I am a  
7 Certified Shorthand Reporter and that I recorded verbatim in  
8 shorthand the proceedings; that I thereafter caused my  
9 shorthand writing to be reduced to typewriting, and that  
10 pages 1 through 33, inclusive, constitute a complete, true,  
11 and correct record of said proceedings:

12  
13 IN WITNESS WHEREOF, I have subscribed this certificate  
14 at Sacramento, California, on the 20th day of May, 2014.

15  
16 ERIC L. THRONE, CSR No. 7855, RPR, RMR, CRR

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