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**PREVENTIVE HEALTH & HEALTH SERVICES BLOCK GRANT (PHHSBG)  
Public Hearing**

**Monday, May 19, 2014  
(1:00 p.m. to 1:20 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  
Sacramento, California 95814  
(916) 498-9288

1 presentation of Block Grant's Fiscal Year 2014 Revised State  
2 Plan.  
3 After the presentation CDPH will accept public  
4 statements, arguments, and contentions orally or in writing,  
5 for or against the Federal Fiscal Year 2014 Revised State  
6 Plan. The Revised State Plan was posted on CDPH's Web site  
7 and a hard copy was placed at the security desk, located at  
8 1616 Capitol Ave., Sacramento, California.  
9 Notice of this public hearing has been previously  
10 published in the California Register on May 9, 2014. CDPH  
11 considers these proceedings to be quasi-legislative hearings.  
12 As such, witnesses presenting testimony at this hearing will  
13 not be sworn in, nor will we engage in cross-examination of  
14 witnesses. We will take under submission all written and  
15 oral statements submitted or made during this hearing.  
16 Additionally, the record for this hearing will be open  
17 until 5:00 p.m. today, May 19, 2014, in order to receive  
18 additional relevant information comments in writing from  
19 interested parties. Submit additional comments to  
20 CDCB@cdph.ca.gov.  
21 Everyone wishing to make a statement will be given the  
22 opportunity to do so after each program description is read.  
23 Individuals will be allowed five minutes for their comments  
24 and/or questions. Additional time may be requested, subject  
25 to approval by the public hearing officer.

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1 **MONDAY, MAY 19, 2014, SACRAMENTO, CALIFORNIA, 1:00 P.M.**  
2 **MS. BUTLER:** Good afternoon. This is Anita Butler  
3 from the Department of Public Health. I wanted to welcome  
4 you to the Preventative Health and Health Services Block  
5 Grant public hearing, and I'd like to turn it over to Thea  
6 Perrino, our public hearing officer.  
7 **MS. PERRINO:** Good afternoon, ladies and gentlemen. I  
8 am Thea Perrino of the California Department of Public Health  
9 hereby referred to as CDPH. I will be acting as the public  
10 hearing officer for the Preventative Health and Health  
11 Services Block Grant, hereby referred to as Block Grant.  
12 Welcome to the Block Grant public hearing. Please  
13 remember to mute your phone until you are ready to speak.  
14 In 1981, Congress authorized the Block Grant to its 61  
15 grantees, including all 50 states, the District of Columbia,  
16 two American Indian tribes, and eight US Territories.  
17 CDPH and the Emergency Medical Services Authority  
18 conduct the programs and activities. The centers for Disease  
19 Control and Prevention awarded Federal Fiscal Year 2014 Block  
20 Grant funds to CDPH for the development and implementation of  
21 programs and activities to decrease the morbidity and  
22 mortality that results from preventible disease and injury  
23 and to increase healthy years of life for all Californians.  
24 Under the provision of Public Law 102-531, Title IX,  
25 Part A, Block Grant, this is the time and place set for the

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1 Persons wishing to speak shall have completed a public  
2 hearing registration card. However, please raise your hand  
3 and wait until I call upon you. Then clearly state and spell  
4 your name and identify your organization.  
5 A certified shorthand reporter will record the entire  
6 proceeding. Remember to speak slowly to ensure the court  
7 reporter obtains accurate information. The transcript and  
8 all exhibits and evidence presented in the hearing will be  
9 included in the record of these proceedings.  
10 With me here is Dr. Ronald Chapman, CDPH Director;  
11 Dr. Caroline Peck, Chronic Disease Control Branch Chief;  
12 Anita Butler, Block Grant Coordinator; and Eric Throne, court  
13 reporter.  
14 I will now present the Federal Fiscal Year 2014 PHHSBG  
15 programs. I will request public comments after I read each  
16 program's description.  
17 The Federal Preventative Health and Health Services  
18 Block Grant gives California the opportunity to develop and  
19 implement programs to decrease the morbidity and mortality  
20 that results from preventible disease and injury and to  
21 increase healthy years of life for all Californians.  
22 The CDPH Rape Prevention Program receives \$8,032,969  
23 set-aside funding and the remaining balance is split between  
24 CDPH and the Emergency Medical Services, with CDPH receiving  
25 70 percent and Emergency Medical Services receiving --

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1 **DR. PECK:** 30 percent.  
 2 **MS. PERRINO:** -- 30 percent.  
 3 Here is the listing of funded programs for Federal  
 4 Fiscal Year 2014.  
 5 California Rape Prevention Program, CDPH. The  
 6 \$8,032,969 rape prevention set-aside allocation currently  
 7 funds the California Rape Prevention Program which supports  
 8 programs to prevent sexual violence at California's 63 rape  
 9 crisis centers.  
 10 CRPP also supports 12 My Strength Clubs in local high  
 11 schools. These clubs address the social norms that tolerate  
 12 negative behaviors towards women, and encourage young men to  
 13 be leaders in the movement to prevent sexual violence.  
 14 I will now take questions.  
 15 And I will just correct that the amount is \$832,969.  
 16 Are there any questions?  
 17 The next program is EMSA. EMSA receives 30 percent of  
 18 California's Block Grant allocation yearly, after the rape  
 19 prevention set-aside is reduced, and currently funds  
 20 California's Emergency Medical Services Authority. Using  
 21 PHHSBG funds, EMSA has supported the development of emergency  
 22 medical services for children, trauma and quality improvement  
 23 programs in California counties.  
 24 The additional allocation will fund the EMSA Health  
 25 Information Exchange in California's EMS program. Health

5

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1 Information Exchange is the electronic movement of  
 2 health-related information among organizations, according to  
 3 nationally recognized standards.  
 4 Health Information Exchange will facilitate access to  
 5 and retrieval of clinical data to provide safer, timelier,  
 6 efficient, effective, equitable patient-centered care.  
 7 I will now take questions.  
 8 The next program is Reduce the Rates/Ethnic  
 9 Disparities in Maternal and Infant (Black Infant Health  
 10 Program).  
 11 The allocation will fund state- and local-level  
 12 capacity to develop and implement a strategic communication  
 13 plan to increase enrollment and retention in local black  
 14 infant health programs, including audience-specific message  
 15 development. I will now take questions.  
 16 Next is the California Active Communities. This  
 17 program currently funds activities that address physical  
 18 inactivity and its associated injuries, chronic diseases and  
 19 disabilities, including mobility and fall prevention programs  
 20 for older Californians, and that foster environmental and  
 21 policy changed strategies that increase opportunities for  
 22 safe everyday physical activity. Are there any questions?  
 23 Next is the California Cardiovascular Disease  
 24 Prevention Program. This program currently funds measures to  
 25 reduce premature death and disability from the most deadly

6

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1 and costly health care problems, heart disease and stroke.  
 2 CCDP prevention program interventions directly address  
 3 public health objectives for heart disease, stroke, heart  
 4 failure, high blood pressure, high cholesterol, and other  
 5 vascular-related disorders. Do I have any questions?  
 6 Next is the California Community Water Fluoridation  
 7 Initiative or CCWFI.  
 8 CCWFI currently funds activities to increase the  
 9 number of California citizens with access to fluoridated  
 10 drinking water. For many years, California ranked near the  
 11 bottom in the nation in terms of state populations with  
 12 access to fluoridation. This initiative aims to reduce oral  
 13 health disparities among Californians.  
 14 Are there any questions?  
 15 Next is the California Health Alert Network Support,  
 16 CAHAN. This allocation will fund 50 percent of CAHAN system  
 17 costs. CAHAN is the official alerting and notification  
 18 system for state and local public health.  
 19 This system allows information sharing about urgent  
 20 public health incidents with federal, state, and local  
 21 officials, practitioners, clinicians, and other public health  
 22 and medical stakeholders. Are there any questions?  
 23 Next is Implement the California Wellness Plan and  
 24 CDPH Commitments made at "P21, Advancing Prevention in the  
 25 21st Century."

7

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1 This allocation will fund state level coordination  
 2 capacity, including continued facilitated meetings with  
 3 partners to advance the chronic disease prevention agenda.  
 4 These funds will also support economic analysis capacity in  
 5 the department and surveillance questions associated with the  
 6 California Wellness Plan. Are there any questions?  
 7 Next is Health Equity Assessment. This allocation  
 8 will fund state-level capacity to assess health equity within  
 9 CDPH programs. Are there any questions?  
 10 Next is Reengagement in HIV Care and Partner Services  
 11 Using HIV Surveillance Data. This allocation will fund the  
 12 third- to fifth-highest prevalence counties (San Diego,  
 13 Alameda and Orange) to replicate Los Angeles and  
 14 San Francisco County programs.  
 15 These programs use HIV surveillance data to offer  
 16 partner services to all persons newly diagnosed with HIV, and  
 17 assist people with HIV who have fallen out of care to  
 18 reengage in HIV care. Are there any questions?  
 19 Okay. Next is the Local Health Department/Tribal  
 20 Accreditation Readiness Assistance. This allocation will  
 21 fund state-level capacity to provide technical assistance  
 22 with local and tribal health department accreditation and to  
 23 improve the California Performance and Improvement (CALPIM)  
 24 network Web site. Do I have any questions?  
 25 Next is the Nutrition Education and Obesity Prevention

8

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1 Branch. This program currently advances evidence-based and  
2 evidence-informed obesity prevention across the state.  
3 Projects include support for improved nutrition, for example,  
4 increase fruit and vegetable consumption, reduce sodium  
5 intake, and increase physical activity in local communities,  
6 schools, early care and education sites, work sites, and at  
7 CDPH. Are there any questions?  
8 Next is the --  
9 **MR. MARSON:** I'm sorry. What was the funding for  
10 that, what specifically would be provided? You said sodium.  
11 What was the other one?  
12 **MS. PERRINO:** Increased fruit and vegetable  
13 consumption, reduce sodium intake were the ones under  
14 nutrition, were examples.  
15 **MS. BUTLER:** And, I'm sorry, who was that speaking,  
16 please?  
17 **MR. MARSON:** I'm sorry. Hello, can you hear me?  
18 **MS. BUTLER:** Yes.  
19 **MR. MARSON:** Yes, this is Matthew Marson with Public  
20 Health Institute.  
21 **MS. BUTLER:** Okay. Thank you.  
22 **MS. PERRINO.** Okay. Next is the Office of Health  
23 Equity. This office provides the key leadership role to  
24 reduce health and mental health disparities to vulnerable  
25 communities. Are there any questions?

9

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1 Next is the Preventative Medicine Residency Program,  
2 PMRP. This program currently funds training of  
3 California-trained, board certified public health physicians.  
4 PMRP achieves this through recruiting promising residents and  
5 providing them with appropriate training and skills directly  
6 within local health departments or state public health  
7 programs. Are there any questions?  
8 Next is the Safe and Active Community's Branch. This  
9 program currently funds two sections: The State and Local  
10 Injury Control, which oversees programs that promote  
11 prevention such as domestic violence, vehicle occupancy  
12 safety and safe routes to school, and injury surveillance and  
13 epidemiology. Are there any questions?  
14 Next is the Safe and Active Community's Branch. This  
15 allocation will fund the senior injury prevention project,  
16 evidence-based strategies in additional counties, including  
17 project evaluation and collaboration with other state  
18 entities. Are there any questions?  
19 Next is Select Agent and Biosafety. This allocation  
20 will fund state-level capacity to maintain the only  
21 California Tier 1 public health laboratory that handles  
22 bio-threat agents, such as those that cause anthrax,  
23 botulism, and plague. Are there any questions?  
24 And finally Enhanced Laboratory Capacity to Address  
25 Valley Fever and Other Emerging Diseases. This allocation

10

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1 will fund state-level capacity to address drug resistance,  
2 assist local communicable disease response to the outbreaks,  
3 and restore testing for fungal infections such as Valley  
4 Fever. Are there any questions?  
5 **MS. BUTLER:** So we just wanted to allow the public to  
6 make comments on any of the programs that were mentioned.  
7 And if you are unready or not ready to make comments right  
8 now, you can feel free to do that via e-mail at CDCB at  
9 CDCB@cdph.ca.gov, and we will accept those public comments  
10 until 5:00 p.m. today.  
11 Would anyone like to make a public comment at this  
12 time?  
13 **MR. MARSON:** I have -- yes, I'd like to make a  
14 comment. This is Matthew Marson of Public Health Institute.  
15 **MS. BUTLER:** Thank you. Go ahead.  
16 **MR. MARSON:** Do you want us to go ahead?  
17 **MS. BUTLER:** Sure.  
18 **MR. MARSON:** So, first of all, thank you for that  
19 overview, I greatly appreciate that.  
20 And you did mention that this is also on the Web site;  
21 correct?  
22 **MS. BUTLER:** Yes.  
23 **MR. MARSON:** My comment is, first, that I welcome the  
24 examples where there is funding that is actually in addition  
25 to being provided important state support which is essential.

11

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1 There are also funds that are being provided to communities,  
2 county health departments, and others which is essential.  
3 However, unless I missed it -- and I appreciate the  
4 clarification -- I didn't hear whether there's an example of  
5 funding that's being provided to county health departments or  
6 others to support chronic disease prevention activities.  
7 Obviously, I heard about how equity assessment and  
8 other items; but a lot of that is state support. And while  
9 that's essential, I think really critical that there are  
10 these funds which are so limited, I understand at the federal  
11 level, but some of these funds be provided to local health  
12 departments and also to nongovernmental organizations to the  
13 support chronic disease prevention efforts at a local level.  
14 And so we have already submitted the written comment  
15 previously and we instead of repeating those comments already  
16 you have those in writing from us, and we can resubmit them  
17 if necessary.  
18 But I think that as a general overreaching statement  
19 we want to make, that in addition to that state support that  
20 the Prevention Block Grant funds be used to support county  
21 efforts.  
22 And we urge the department to look at its sister  
23 agency, the California Department of Food and Agriculture, in  
24 the way that is administered there the Special Block Grant,  
25 which is in many respects very similar to the Prevention

12

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1 Block Grant that the state agency uses those funds both to  
2 support internal state-level activities and then they issue a  
3 competitive transparent process to issue small grants and  
4 others through local governments, other state agencies and  
5 nonprofit and nongovernmental organization, and that's  
6 another great example of a sister state agency in the way  
7 that they administer their block grant.  
8 So those types of efforts could really help support  
9 programs like at local health departments and others that are  
10 innovative in addressing chronic disease. So that's my  
11 comment and thank you very much for the opportunity.  
12 **DR. PECK:** Thank you very much, Matthew, for your  
13 comments.  
14 **MS. PERRINO:** Are there any additional comments?  
15 Hearing none, we will adjourn the meeting. Thank you for  
16 your participation.  
17 (Proceedings concluded.)  
18 ---oOo---

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 13, 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 19th day of May, 2014.  
15  
16 ERIC L. THRONE, CSR No. 7855, RPR, RMR, CRR  
17  
18 ---oOo---