California Department of Public Health CDPH

Preventive Health & Health Services Block Grant

FFY 2015 Program Descriptions and Proposed Funding - Document 9

1. The Rape Prevention Program receives **$832,969** as a set-aside allocation. These programs prevent sexual violence at California's 63 rape crisis centers, including 12 My Strength Clubs in local high schools. These clubs address the social norms that tolerate negative behaviors toward women and encourage young men to be leaders in the movement to prevent sexual violence.

2. The Emergency Medical Services Authority (EMSA) receives 30 percent (or **$2,609,861**) of California's Block Grant allocation annually after the rape prevention set-aside and the Block Grant Administration are reduced from the total award. It currently funds California's Emergency Medical Services Authority. EMSA conducts emergency medical services for children, trauma and quality improvement programs in California. EMSA implemented its Health Information Exchange Program in SFY 14/15.

3. The California Active Communities (CAC) Program - *$387,788* to fund activities that address physical inactivity and its associated injuries, chronic diseases and disabilities, including mobility and fall prevention programs for older Californians and that foster environmental and policy change strategies that increase opportunities for safe everyday physical activity. CAC implemented its Senior Falls Project in SFY 14/15 with an allocation of *$300,000* to provide funding and technical assistance to eight local health departments so they may conduct Tai Chi: Moving for Better Balance and Stepping On Program workshops in their high risk communities; 2) Produce a Return on Investment Report to inform state and local policy makers and health plans about the cost-benefit of implementing these fall prevention programs in California; and, 3) conduct training on universal design and older adult mobility issues among local public health and government staff. **The CAC total budget is $687,788.**

4. The Cardiovascular Disease Prevention Program (CDPP) - **$524,819** to fund measures to reduce premature death and disability from the most deadly and costly healthcare problems, heart disease and stroke. CDPP program interventions directly address public health objectives for heart disease, stroke, heart failure, high blood pressure, high cholesterol, and other vascular-related disorders.

5. The California Community Water Fluoridation Initiative (CCWFI) - **$215,007** to fund activities to increase the number of California citizens with access to fluoridated drinking water. For many years, California ranked near the bottom in the nation in terms of state populations with access to fluoridation. This initiative aims to reduce oral health disparities among Californians.

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6. The California Health Alert Network Support (CAHAN) - **$500,000** to fund the official alerting and notification system for state and local public health and funds 50 percent of CAHAN system costs. This system allows information sharing about urgent public health incidents with federal, state, and local officials, practitioners, clinicians, and other public health and medical stakeholders.

7. California Wellness Plan Implementation (CWPI) Program, including CDPH commitments made at "P21, Advancing Prevention in the 21st Century" - **$655,000** to fund state level coordination capacity, including continued facilitated meetings with partners to advance the chronic disease prevention agenda. These funds will also support economic analysis capacity in the department and surveillance questions associated with the California Wellness Plan. This program received $600,000 in SFY 14/15 and was augmented by $55,000 in SFY 15/16.

8. Re-engagement in HIV Care and Partner Services Using HIV Surveillance data. **$500,000** to fund the third to fifth highest prevalence counties (San Diego, Alameda and Orange) and replicate the Los Angeles and San Francisco County Programs. These programs use HIV surveillance data to offer partner services to all persons newly diagnosed with HIV and assist people with HIV who have fallen out of care to re-engage in HIV care.

9. The Local Health Department/Tribal Accreditation Readiness Assistance Program - **$250,000** to fund state-level capacity to provide technical assistance with local and tribal health department accreditation and to improve the California Performance Improvement (CalPIM) Network website.

10. The Nutrition Education and Obesity Prevention Branch - **$468,039** to advance evidence-based and evidence-informed obesity prevention across the state. Projects include support for improved nutrition such as increased fruit and vegetable consumption and reduced sodium intake, and increased physical activity in local communities, schools, early care and education sites, work sites and at CDPH. The program's FFY 2015 allocation was decreased by $117,010.

11. The Office of Health Equity (OHE) - $188,508 to provide the key leadership role to reduce health and mental health disparities in California. In SFY 14/15 OHE received *$404,240* to conduct a Health Equity Assessment to fund state level capacity to assess health equity within CDPH Programs. The OHE's total budget is **$592,748**.

12. The Preventive Medicine Residency Program (PMRP)/Cal EIS Fellowship – **565,279** funds training of California-trained, board certified public health physicians. PMRP achieves this through recruiting promising residents and providing them with appropriate training and skills directly within local health departments or state public health programs. It also trains entry level epidemiologists within local and state public health programs. This program received $442,564 in SFY 14/15 and was augmented by $122,715 in SFY 15/16.

13. The Safe and Active Communities Branch - **$244,919** to fund: (i) programs that promote prevention of domestic violence, vehicle occupancy safety and safe routes to school, and (ii) injury surveillance and epidemiology. The Senior Injury Prevention Project funds evidence-based strategies to prevent senior falls, including project evaluation, in collaboration with other state entities.

14. The Select Agent and Biosafety Program - **$200,000** to fund state-level capacity to maintain the only California Tier 1 public health laboratory that handles bio-threat agents, such as those that cause anthrax, botulism, and plague.

15. The Enhanced Laboratory Capacity to address Valley Fever Program - $426,000 to fund state-level capacity to address drug resistance, assist local communicable disease response to the outbreaks, and restore testing for fungal infections such as Valley Fever.

New Programs

16. Accountable Communities for Health Pilot Program - **$320,000** to support the development of an assessment tool to evaluate the current landscape and identify Accountable Communities for Health (ACH) or similar types of projects that support the nexus of population health, health insurance coverage and clinical health care in California. The evaluation would focus on the structure and functioning of an ACH "Backbone Organization" and the funding mechanisms of a Wellness Trust that supports population health innovations (and is also a key concept in the California Wellness Plan). The data gathered from the evaluation would be used to: 1) develop toolkits for ACH sites and Wellness Trusts, 2) support scaling up of existing or establishing new ACH sites and 3) development of a Health Care Cooperative Extension Service "Regional Hub". The toolkit focusing on the Wellness Trusts could also be leveraged for the development of a State level wellness Trust that supports a network of County level Wellness Trusts. All toolkits and best practices would be shared at a public health focused convening during year two of the funding period.

17. Build the Let's Get Healthy Website and Dashboard - **$400,000** to lead the development and maintenance of the Let's Get Healthy California Website and Dashboard on behalf

of the California Health and Human Services Agency (CHHS).This project involves coordinating with multiple departments under CHHS including gathering external data and working with innovative partners.

18. The Food and Drug Branch (FDB) - **$200,000** to reinstitute the surveillance sampling of ready to eat foods such as sprouts, leafy greens, sesame seeds, nut butters and other such foods that could be potentially contaminated with bacterial pathogens. Over the last decade, there have been numerous outbreaks and product recalls due to bacterial contamination in these types of products. Re-implementing the surveillance sampling, especially with today's advanced lab testing technology, will facilitate the identification of contaminated food items before they cause an outbreak and reduce the incidence of food borne illnesses. According to CDC, 1 in 6 Americans (or 48 million people) get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases each year. FDB proposes collecting 500 - 1,000 ready to eat samples per year for the next three years and submitting them to FDLB for microbial evaluation. Contaminated foods that are identified through lab evaluation will be embargoed and FDB will work with the responsible firms including out of state food processors; to recall the products from the marketplace and work with the impacted firms to ensure corrective actions are taken to prevent future contamination.

19. Drinking Water and Radiation Laboratory Branch (DWRLB) - **$275,000** to develop the Receptor Binding Assay (RBA) as a humane alternative to the Mouse Bioassay (MBA) for detection of paralytic shellfish poisoning (PSP) toxins. Funding will be used to conduct a 3-year pilot study of RBA implementation for PSP toxin testing in California shellfish. This pilot study will include systematic validation work and submission of application(s) to the Interstate Shellfish Sanitation Conference (ISSC) to achieve regulatory cognizance and approval of the RBA.

20. The CDPH Director's Opioid Prescription Drug Overdose Workgroup has provided strong leadership, developed a multi-agency coalition and created a road map for intervention to address the opioid overdose problem. This **$200,000** will allow CDPH to create the programmatic infrastructure to implement the proposed strategies to impact prescribing policies and practices of health plans, health care systems and physicians. Having a strong CDPH commitment to supporting a sustainable infrastructure will position us well to be successful with external funding requests (e.g., CDC FOA) to support implementation of these strategies at the state and local levels. SACB will take the lead in developing the programmatic and surveillance infrastructure to address the opioid prescription drug overdose problem by building upon the existing efforts of the Director's Work Group.