California Department of Public Health CDPH

Preventive Health & Health Services Block Grant – Funded Programs

Federal Fiscal Year (FFY) 2016 – At-A-Glance

Document #7

1. **Accountable Communities for Health Pilot –** $224,000 to optimize the health and well-being of the people in California, improve community-wide health outcomes and reduce disparities with regard to particular chronic diseases; reduce costs; and through a Wellness Fund, develop financing mechanisms to sustain Accountable Communities for Health.

2. **California Active Communities, including Older Adult Falls Prevention Program** - *$590,841* to fund activities that increase the ability of local health departments to implement two evidence-based fall prevention programs that promote physical activity, strength and balance among adults age 65 and older; promote universal design and mobility in community planning efforts; and, prepare a Return on Investment Report that will inform policy-makers and stakeholders about the cost-benefit of implementing fall prevention programs in California.

3. **California Health Alert Network Support (CAHAN)** - $356,748 to fund the official alerting and notification system for state and local public health and funds 75 percent of programs and systems costs. The hallmark of CAHAN is the ability to direct specific and targeted alerts around the clock to those who can act on the information. Over 37,000 State, county, and local partners participate in the system, enabling them to receive targeted alerts on urgent public health situations.

4. **California Wellness Plan Implementation** (CWPI) Program, including CDPH commitments made at "P21, Advancing Prevention in the 21st Century" - $379,200 to fund state-level monitoring, communication, policy and coordination capacity, including continued facilitated meetings with partners to advance the chronic disease prevention agenda in all California Wellness Plan goal areas in order to make California the healthiest state in the nation by 2022. CWPI will support the Adverse Childhood Experiences module surveillance questions of the 2015 California Behavioral Risk Factor Surveillance Survey.

5. **Cardiovascular Disease Prevention Program** (CDPP) **-** $524,819 funds measures to reduce premature death and disability from heart disease, the leading cause of death in California. CDPP interventions directly address health objectives for heart disease prevention, with an emphasis on hypertension. CDPP interventions include efforts to reduce sodium intake by providing education on the health benefits of lowering sodium consumption and efforts to include identifying current interventions and best practices to improve blood pressure control.

6. **Commodity-Specific Surveillance: Food and Drug Program** - $150,000 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. Re-implementing the surveillance sampling will facilitate the

identification of contaminated food items before they cause an outbreak and reduce the incidence of food borne illnesses.

7. **Community Water Fluoridation Initiative** (CCWFI) - $260,560 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.

8. **The Emergency Medical Services Authority** (EMSA) receives 30 percent (or $2,565,783) 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's programs include: the Emergency Medical Dispatch Program/Emergency Medical Services (EMS) Communications, EMS for Children, EMS Health Information Exchange, EMS Partnership for Injury Prevention & Public Education, EMS Poison Control System, EMS Prehospital Data and Information services and Quality Improvement Program, EMS STEMI (ST-segment Elevation Myocardial Infarction) and Stroke Systems, EMS Systems Planning and Development, and EMS Trauma Care Systems.

9. **Health Economist -** $109,300 funds a health economic analysis capacity in the Department to guide statewide health policy and provide partners with cost data for their local quality-improvement processes.

10. **Let's Get Healthy Website and Dashboard -** $280,000 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.

11. **Microbial Diseases Laboratory Branch/Select Agents and Biosafety Program** - $150,000 to fund state-level capacity to maintain the only California high containment Tier 1, public health laboratory for comprehensive testing of bio-threat agents, such as those that cause anthrax, botulism, and plague

12. **Microbial Diseases Laboratory Branch Valley Fever**: The Enhanced Laboratory Capacity to address *Valley Fever Program* - $319,500 to fund state-level capacity to restore reference testing for fungal infections such as Valley Fever, address drug resistance and, assist local communicable disease response to the outbreaks.

13. **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, vegetable, and healthy beverage consumption and increased physical activity in local communities, schools, and early care and education sites.

14. **Office of Aids: Re-engagement in HIV Care and Partner Services Using HIV Surveillance Data:** $375,000 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.

15. **Office of Health Equity (OHE), including the Health Equity Assessment -** $491,688 is used to provide the key leadership role to reduce health and mental health disparities in California and conduct a Health Equity Assessment to fund state level capacity to assess health equity within CDPH Programs.

16. **Office of Quality Performance and Accreditation - $187,500** to fund state-level provision of accreditation technical assistance to local and tribal public health agencies. Support interventions seek to increase local and tribal readiness and capacity to apply for and achieve national public health accreditation.

17. **The Prescription Drug Overdose Surveillance Program** - **$140,000** to support a multi-agency coalition to address the opioid overdose problem; build and sustain the necessary surveillance infrastructure to compile, prepare, and analyze internal data sources on the health consequences of prescription drug use, misuse and overdoses; work with external data partners to link data sources (e.g., California Department of Justice's Prescription Drug Monitoring Program - CURES); and, prepare actionable information for our state agency partners and local health departments.

18. **Preventive Medicine Residency Program (PMRP)/California Epidemiologic Investigation Service (Cal-EIS) Fellowship Program -** $528,464 funds training of physicians in California placement sites at the State or local level. Upon completion of this two-year accredited program, physicians are eligible to become board-certified as public health physicians. The Cal-EIS Fellowship is a post-graduate training program for MPH or other similar professionals that provides hands-on experience working with an epidemiologist preceptor in either local or state health departments in California. Fellows receive one to two years of training in applied epidemiology.

19. **Rape Prevention Program** receives $832,969 as a set-aside allocation. The allocation for FFY 2015 will be used to: (1) provide funding to local Rape Crisis Centers (RCCs)

that directly serve victims, and potential victims and perpetrators, to deliver sex offense (rape) prevention programs; and (2) fund RCCs to implement MyStrength Clubs.

20. **Receptor Binding Assay** (RBA) for Paralytic Shellfish Poisoning (PSP) Control - $206,250 to develop the RBA as a more sensitive and efficient (and therefore more protective of shellfish consumers) test for detection of PSP toxins than the current mouse bioassay.

21. **The Safe and Active Communities Branch - $244,919** to fund data enhancements of its web-based injury data query system, EpiCenter: California Injury Data Online (http://epicenter.cdph.ca.gov); conduct web-based trainings for local health departments and other prevention partners to demonstrate EpiCenter's many functions, highlight injury trends or emerging issues, and suggest evidence-based interventions; provide technical assistance sessions to policy-makers and stakeholders; and, 4) develop data/program briefs tailored to the needs of California's injury constituency.