



Preventive Health & Health Services Block Grant Funded Programs Federal Fiscal Year (FFY) 2014

DOCUMENT #7

The federal Preventive Health & Health Services Block Grant (PHHSBG) gives California the opportunity to develop and implement programs to decrease the morbidity and mortality that results from preventable disease and injury and to increase healthy years of life for all Californians.

The CDPH Rape Prevention Program receives \$832,969 Set-Aside Funding and the remaining balance is split between CDPH and the Emergency Medical Services (EMSA), with CDPH receiving 70 percent and EMSA receiving percent.

Below is a listing of the funded programs for Federal Fiscal Year 2014:

1. CDPH - California Rape Prevention Program (CRPP): The \$832,969 Rape Prevention Set-Aside allocation currently funds CRPP, which supports programs to prevent sexual violence at California's 63 rape crisis centers. CRPP also supports twelve *MyStrength* 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. EMSA: Receives 30 percent of California's PHHSBG allocation yearly after the Rape Prevention Set-Aside is reduced and currently funds California's **Emergency Medical Services Authority**. Using PHHSBG funds, EMSA has supported the development of EMS for Children, trauma, and Quality Improvement programs in California counties.

The additional allocation will fund the **EMSA Health Information Exchange (HIE)** in California's EMS program. HIE is the electronic movement of health-related information among organizations according to nationally recognized standards. HIE will facilitate access to and retrieval of clinical data to provide safer, timelier, efficient, effective, equitable, patient-centered care.

Additional CDPH Programs:

3. Reduce the Race/Ethnic Disparities in Maternal and Infant Health (Black Infant Health {BIH} Program): The allocation will fund state- and local-level capacity to develop and implement a strategic communications plan to increase enrollment and retention in local BIH programs, including audience-specific message development.

Preventive Health & Health Services Block Grant Funded Programs

Federal Fiscal Year (FFY) 2014

DOCUMENT #7

4. California Active Communities (CAC): This program currently funds 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.

5. Cardiovascular Disease Prevention (CCDP) Program: This program currently funds measures to reduce premature death and disability from the most deadly and costly health care problems—heart disease and stroke. CCDP Program Interventions directly address public health objectives for heart disease, stroke, heart failure, high blood pressure, high cholesterol, and other vascular-related disorders.

6. California Community Water Fluoridation Initiative (CCWFI): CCWFI currently funds 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.

7. California Health Alert Network (CAHAN) Support: This allocation will fund 50 percent of CAHAN system costs. CAHAN is the official alerting and notification system for state and local public health. 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.

8. Implement the California Wellness Plan and CDPH Commitments made at “P21, Advancing Prevention in the 21st Century”: This allocation will 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.

9. Health Equity Assessment: This allocation will fund state-level capacity to assess health equity within CDPH programs.



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Federal Fiscal Year (FFY) 2014

DOCUMENT #7

10. Re-engagement in HIV Care and Partner Services Using HIV Surveillance Data:

This allocation will fund the third- to fifth-highest prevalence counties (San Diego, Alameda, and Orange) to replicate 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.

11. Local Health Department/Tribal Accreditation Readiness Assistance: This allocation will fund state-level capacity to provide technical assistance with local and tribal health department accreditation and improve the California Performance Improvement (CalPIM) Network website.

12. Nutrition Education and Obesity Prevention Branch (NEOPB). This program currently advances evidence-based and evidenced-informed obesity prevention across the state. Projects include support for improved nutrition (e.g., increased fruit and vegetable consumption, reduced sodium intake) and increased physical activity in local communities, schools, early care and education sites, work sites, and at CDPH.

13. Office of Health Equity: This office provides a key leadership role to reduce health and mental health disparities to vulnerable communities.

14. Preventive Medicine Residency Program (PMRP): This program currently 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.

15. Safe and Active Communities Branch (SACB): This program currently funds two sections: State and Local Injury Control (SLIC), which oversees programs that promote prevention (e.g., Domestic Violence, Vehicle Occupancy Safety, Safe Routes to School), and Injury Surveillance and Epidemiology (ISE).

16. SACB: This allocation will fund the Senior Injury Prevention Project evidence-based strategies in additional counties, including project evaluation, in collaboration with other state entities.



Preventive Health & Health Services Block Grant Funded Programs

Federal Fiscal Year (FFY) 2014

DOCUMENT #7

17. Select Agent and Biosafety: This allocation will 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.

18. Enhance Laboratory Capacity to Address Valley Fever and Other Emerging Diseases: This allocation will fund state-level capacity to address drug resistance, assist local communicable disease response to outbreaks, and restore testing for fungal infections such as Valley Fever.