

Summary of Court Reporter Minutes
Preventive Health and Health Services Block Grant
Advisory Committee Teleconference
Monday, February 8, 2016, 3:00 -4:00 p.m.
Kings River Conference Room, Sacramento, CA 95814

Document #3

Advisory Committee (AC) Members Present

Wes Alles, Ph.D., Co-Chair
Caroline Peck, MD, Co-Chair
Christy Adams, RN, BSN, MPH
Paul Glassman, DDS, MA, MBA
Stephen McCurdy, MD, MPH
Vicki Pinette, Regional Executive Director
Sierra-Sacramento Valley EMS Agency
Dan Spiess, EMS Administrator
Samuel Stratton, MD, MPH
Wilma Wooten, MD, MPH

AC members not present:

Manal J. Aboelata, M.P.H.
Ira Lubell, M.D., M.P.H.
Nathan Wong, PhD.

California Department of Public Health (CDPH) Attendees Present

Anita Butler, Chief, Chronic Disease Control Branch (CDCB), Business Operations Section
Hector Garcia, PHHSBG Coordinator
Mary Rodgers, BGMIS Coordinator
Jennifer Bale, CDCB – Preventive Medicine Residency (PMR)
Kelly Bertenthal, Fusion Center
Rosanna Jackson, CDCB – Oral Health (OH)
Esther Jones, CDCB – Preventive Medicine Residency (PMR)
Jay Kumar, CDCB – OH
Alexandra Simpson, CDCB – Cardiovascular Disease Prevention
Kathy Spencer, Emergency Medical Services Authority (EMSA)

The meeting opened at 3:04 p.m.

Welcome and Introductions

Dr. Alles welcomed those in attendance and thanked them for their participation in the call and for their commitment to public health. Hector Garcia conducted the roll call; eight of the eleven voting Advisory Committee (AC) members were present, constituting a quorum.

Approval of June 3, 2015 Minutes

Dr. Alles announced the first order of business was to approve the minutes from the June 3, 2015 AC Meeting. He indicated the minutes were distributed in advance of the meeting and the AC typically discusses issues that are raised by individuals who attended the last meeting. He stated a Court Reporter always transcribes the minutes to ensure accuracy. He then opened the discussion by asking for comments or questions related to the minutes. Dr. McCurdy suggested one minor revision, changing “health disease” on page 11, item 4, to “heart disease.” Ms. Butler agreed to make the revision. Dr. Alles requested additional comments. Hearing none, he asked for comments from members of the public. Hearing none, he requested a motion and a second to approve the minutes.

AC member Dr. Steve McCurdy’s move to approve the minutes was seconded by Christy Adams. The motion passed with no nays and one abstention from Dan Spiess, who did not attend the June 3, 2015 meeting.

Federal Fiscal Years 2016 and 2017 Budget Update

Dr. Alles introduced Dr. Caroline Peck, who gave the Federal Fiscal Year (FY) 2016 and 2017 budget update, starting with the news that Congressional funding levels for both FY16 and FY17 are higher than the FY 2015 level. The PHHSBG which is in the Prevention and Public Health Fund, was flat funded at \$160 million nationwide for FY 2016—the same as in FY 2015. FY 2017 funding is expected to remain at that level.

The California allocation had not yet been posted on the CDC website, but CDPH expected to receive the same \$10.3 million allocation awarded in FY 2016.

Dr. Alles asked for questions or comments from Committee members and the public. There were none, and no members of the public were present; thus, Dr. Alles stated that he would not ask for public comments during the remainder of the meeting.

PHHSBG Block Grant Selection Criteria

Dr. Alles introduced PHHSBG Coordinator Hector Garcia, who discussed Block Grant selection criteria, which determines the principles for allocation. Mr. Garcia thanked the AC members for contributing to the success of the selection criteria document, last revised in 2014.

Mr. Garcia reported that the selection criteria document is divided into three sections:

- The first section by the PHHSBG Advisory Committee emphasizes primary and secondary prevention programs. Primary prevention includes prevention of future injury among the injured population. The AC recommended funding each program for at least three years, that monies not be transferred out of the PHHSBG program, and to prioritize using these criteria:
 - Condition severity,
 - Size of the problem or condition,
 - Equity in health status,

- Community concern,
 - Programs engage communities at the local level,
 - Cost of the condition,
 - Cost effectiveness of interventions,
 - Concordance with Healthy People objectives,
 - Resources available to address the conditions,
 - Performance on program metrics,
 - Consider the needs of the EMSA,
 - Innovations in areas for which there are few proven interventions,
 - Ability to cross sectors and disciplines,
 - Leverage of other funds,
 - Impact of terminating programs,
 - Appropriate balance between infrastructure versus program services,
 - History/longevity of programs, and
 - Reconfiguration/modification of program.
- The second section is from the Association of State and Territorial Health Officers (ASTHO):
 - Maintain flexibility for use of funds,
 - Encourage funds to be used for evidence-based programs,
 - Ensure adequate reporting and accountability for use of funds,
 - Link with strategic goals of the State and Healthy People 2020,
 - Support capacity such as development of quality improvement and performance management, and
 - Ensure that health equity cuts across funded programs.
- The third section is from the California Department of Public Health (CDPH):
 - Rank priorities provided by Centers,
 - Public health reinvestment perspective,
 - Previous federal or general fund cuts sustained,
 - Marginal utility, in other words, more bang for the buck,
 - Availability of alternate funding sources,
 - Potential to fund internally, year-end general fund savings for one-time costs, and incorporate in distributed overhead,
 - Outcome of budget revision process,
 - Input from AC and public hearing,
 - Ease of implementation in requiring time frame, and
 - Scalability.

Mr. Garcia turned the proceedings over to Ms. Butler. She asked if Dr. Alles wanted to make a comment. Dr. Alles brought up the issue of the difficulty the CDPH Director would have in making decisions about things that evolve during the year. Circumstances happen, and it may be necessary for the Director to make decisions that would shift money to create the greatest amount of leverage for funds received.

The AC also recognized that the Department is much more aware of the kinds of contingencies that may benefit a department if it had a little more money and would not harm the Department, for instance, if it was receiving a little bit less. This was not a request of the Director or the Department, but recognition of the difficulty of doing business in a fluid society and a fluid economy.

Anticipated FY 2016 Funding

Hearing no comments on this point, Dr. Alles asked Ms. Butler to report on business relative to the anticipated funding. Ms. Butler referred to Document #5, an overview of the total grant funding, sent in advance to AC members. With flat funding, CDPH anticipates receiving about \$10.3 million, of which \$832,969 is a set-aside for the Rape Prevention Program, housed within CDPH.

The remaining balance is \$9.5 million; 10 percent of which is used for administering the grant. The difference, \$8.5 million, is split between CDPH (70%) and EMSA (30%).

For SFY 2016–17, the CDPH Director’s Office (DO) proposed flat funding existing programs and not including any new programs in this year’s grant. Ms. Butler referred to Document #6, a chart identifying the current allocation (for FFY 2015) proposed for FFY 2016 by the DO:

- **Accountable Communities for Health** pilot program: \$224,000
- **California Active Communities**, including Senior Falls: \$590,841
- **California Health Alert Network**: \$356,747
- **California Wellness Plan Implementation (CWPI) Program A**: \$379,200
- **CWPI Program B (Health Economist)**: \$109,300
- **Cardiovascular Disease Prevention Program**: \$524,819
- **Commodity Specific Food Surveillance**: \$150,000
- **Community Water Fluoridation**: \$260,560
- **HIV Care and Partner Services using HIV Surveillance Data**: \$375,000
- **Let’s Get Healthy California Website and Dashboard**: \$280,000
- **Nutrition Education and Obesity Prevention Branch**: \$468,039
- **Office of Health Equity**, which includes the Health Equity Assessment: \$491,688
- **Office of Quality Performance and Accreditation**: \$187,500
- **Prescription Drug Overdose Workgroup**: \$140,000
- **Preventive Medicine Residency Program**: \$528,464
- **Receptor Binding Assay**: \$206,250
- **Safe and Active Communities Branch**: \$244,919
- **Select Agent and Biosafety**: \$150,000
- **Valley Fever and Other Emerging Diseases**: \$319,500

The total for CDPH, with the exception of the Rape Prevention set-aside and administration costs is \$5,986,827.

The remaining funds support EMSA's nine programs:

- **Emergency Medical Dispatch Program/EMS Communications:** \$90,711
- **Emergency Medical Services (EMS) for Children:** \$123,800
- **EMS Health Information Exchange:** \$389,580
- **EMS Partnership for Injury Prevention and Public Education:** \$78,515
- **EMS Poison Control System:** \$108,691
- **EMS Pre-Hospital Data and Information Services and QI:** \$595,573
- **EMS STEMI and Stroke Systems:** \$269,178
- **EMS Systems Planning and Development:** \$651,198
- **EMS Trauma Care Systems:** \$258,537

The combined total for EMSA is \$2,565,783.

Ms. Butler stated the proposed funding aligns with the PHHSBG Selection Criteria. Dr. Alles requested comments or questions. Dr. Glassman pointed out that regarding water fluoridation, money allocated is not going nearly as far as it used to, not just because of increasing costs, but because CDPH consultants now spend a lot of time educating policymakers in roll-back campaigns, in communities where people are trying to take away water fluoridation already in place and fought hard for.

It's taking more effort for CDPH staff, community, and consultants to deal with these roll-back campaigns—something to consider in years when additional funding might be available. Dr. Alles then requested additional comments. Hearing none, he moved to the next agenda item.

Recommend Flat Funding to Department

As there were no further comments, Dr. Alles moved to the next agenda item, recommending that the Department provide the same funding as in FY 2015 to each funded program, and that programs each be funded for three years. Dr. Alles noted that inflation may make it more difficult for some programs to get by on the same level of funding.

Vote to Approve Director's Funding Recommendation

As there were no comments, Dr. Alles asked for a vote on accepting the Director's recommendation to fund the identified Block Grant programs. Dr. Wooten made the motion, which was seconded by Dr. Glassman. The motion was unanimously approved.

FY 2016 State Plan Process

Mr. Garcia announced that preparation of the writing of the State Plan would begin after the AC meeting, based on \$10.3 million flat funding. The staff intended to share the State Plan with the AC as soon as possible, at the next AC meeting, hopefully as soon as May 2016.

A training session will be offered to all funded programs, and templates for submitting the State Plan will be distributed online through the CDCB SharePoint site.

A Public Hearing will be scheduled for May 2016.

CDC Compliance Review

Ms. Butler announced that the Centers for Disease Control and Prevention (CDC), federal administrator of the PHHSBG will conduct a three-day, on-site Compliance Review/Site Visit of the 2013 and 2014 PHHSBG during spring 2016 (late April or early May). The last site visit took place in 2009. CDC has requested that CDPH Director and State Health Officer Dr. Karen Smith be present during the first and last days of the site visit.

The Compliance Review will start with an overview of FFY 2013 and 2014 Block Grant activities, followed by individual program presentations and fiscal meetings designed to demonstrate successful implementation of the PHHSBG and assure that correct management of funds took place.

CDC will conduct an exit interview on the final day, in which they will share their findings and engage us in discussion. They will send a letter to the Governor with a description of the results of their Compliance Review, which can be shared with the AC.

Dr. Alles asked if one to three AC members could attend the Compliance Review. Ms. Butler agreed and will provide plenty of notice to AC members. Dr. Alles suggested that AC members could participate by attending in person in Sacramento or by phone. Ms. Butler recommended tailoring participation down to a specific section, unless AC members would want to be involved in the entire process.

Program Outcomes Document

Dr. Peck announced that Mr. Garcia had compiled an outcomes document showing progress on program objectives, to be shared with the AC in the next couple of months. She reported that in general the programs are doing very well, and CDPH wants the AC to know what each program achieved during the funding year.

Prioritization Process

Dr. Peck announced that CDPH will embark on a funding prioritization process for FFY 2017 to evaluate current programs, except EMSA and the Rape Prevention set-aside. Funding for existing programs may change. There may be an opportunity for greater AC input next year.

Administrative Staff

Dr. Peck thanked the administrative staff, Ms. Anita Butler, Mr. Hector Garcia, and Ms. Mary Rodgers, and several who were not present at the meeting, for the huge amount of work that goes into administering the PHHSBG, including providing support and technical assistance to programs for submission all of the CDC deliverables. She also thanked the programs for the wonderful work they've been doing with these federal funds—timely responses, submitting required documents, and work being done in the community.

Advisory Committee Proposals for Future Funding

Dr. Glassman asked Dr. Peck if there will be an opportunity to consider new programs for funding. For example, California is significantly out of compliance with a CDC requirement for a third grade oral health surveillance; the Department hasn't conducted one in over 10 years. The last one, almost 10 years ago, was conducted with private funding. The ability to have information about the level of dental use, which is critical for planning policy and for advocating for funding, is difficult without that information. Is there a process for proposing new programs such as this example?

Dr. Peck responded that yes, the intent of the CDPH Directorate is to think about where public health should strategically be in 2035, and how PHHSBG funds can help achieve that vision. The AC will have a chance to add its input. She further commented that if new programs are funded in FY 17 it might involve de-funding or decreasing funding for current programs.

Adjournment

Dr. Alles called for questions and comments. Hearing none, he called for a motion to adjourn. The motion was called by Dr. Glassman, seconded by Dr. Alles, and unanimously approved. The meeting was adjourned at 3:39 p.m.