

**Summary of Court Reporter Minutes**  
Preventive Health and Health Services Block Grant (PHHSBG)  
Advisory Committee Teleconference  
Wednesday, June 22, 2016, 11:00 a.m.–12:00 p.m.  
Kings River Conference Room, Sacramento, CA 95814

**Document 8**

**Advisory Committee (AC) Members Present**

Wes Alles, Ph.D., Co-Chairperson  
Caroline Peck, M.D., Chairperson  
Paul Glassman, D.D.S., M.A., M.B.A.  
Stephen McCurdy, M.D., M.P.H.  
Dan Spiess, EMS Administrator  
Nathan Wong, Ph.D.

**AC members not present:**

Christy Adams, RN, BSN, MPH  
Vicki Pinette, Regional Executive Director  
Samuel Stratton, MD, MPH  
Wilma Wooten, MD, MPH  
Manal Aboelata, Managing Director, Prevention Institute

**California Department of Public Health (CDPH) Attendees Present**

Anita Butler, Chief, Business Operations Section Chief  
Hector Garcia, Block Grant Coordinator  
Mary Rodgers, BGMIS Coordinator  
Stephanie Abromaitis, Drinking Water and Radiation Laboratory Branch  
Leslie Stribling, Office of Quality Performance and Accreditation  
Mike Needham, Food and Drug Branch  
Stacy Alamo Mixson, Safe and Active Communities Branch  
Pam Shipley, Safe and Active Communities Branch  
Matt Millsbaugh, Office of AIDS  
Esther Jones, Preventive Medicine Residency Program  
Sheila Chinn, Nutrition Education and Obesity Prevention Branch  
Shelley DuTeaux, Emergency Preparedness Office  
Kala Haley, Emergency Preparedness Office  
Deborah Holmes, Emergency Preparedness Office  
Thea Perrino, Chronic Disease Control Branch  
Latesa Stone, Fusion Center  
Dana Moore, Fusion Center  
Jessie Thomas, Fusion Center  
Caroline Kurtz, Nutrition Education and Obesity Prevention Branch  
Meredith Lee, Office of Health Equity  
Linda Lee Gutierrez, Nutrition Education and Obesity Prevention Branch  
Hannah Strom-Martin, Emergency Preparedness Office  
Karissa Anderson, Safe and Active Communities Branch  
Connie Walker, Drinking Water and Radiation Laboratory Branch  
Alexandria Simpson, Chronic Disease Control Branch

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Greg Oliva, Center for Chronic Disease Prevention and Health Promotion  
Rosanna Jackson, California Department of Public Health  
Kama Brockman, Office of AIDS

**Additional Attendees**

Christina Hildebrand, General Public  
Kathy Bissell, Emergency Medical Services Authority  
Kathy Spencer, Emergency Medical Services Authority

**The meeting opened at 11:02 a.m.**

**Welcome and Introductions**

Ms. Butler welcomed those in attendance; Mr. Garcia conducted the roll call; the six AC members in attendance constituted a quorum. Dr. Alles welcomed attendees and thanked them for their participation and announced that long-time AC member Ira Lubell had stepped off the committee. Dr. Alles expressed appreciation for Dr. Lubell's years of service to the AC and to public health.

Dr. Alles announced that CDC's PHHSBG would fund the same programs as last year and that the funding award for this year was \$200,000 above what was anticipated. Seventy percent of the additional \$200,000 goes to CDPH and 30 percent to the Emergency Medical Services Authority (EMSA). Dr. Alles expressed appreciation for the additional funding and noted that it brings CDPH and EMSA closer to their former level of funding.

Dr. Alles introduced Dr. Peck, who welcomed the AC members and staff from the funded programs and thanked them for their contributions.

**Approval of February 8, 2016 Minutes**

A motion to approve the February 8 minutes was made by Dr. Wong and seconded by Dr. McCurdy. The motion passed unanimously.

**Federal Fiscal Years 2016 and 2017 PHHSBG Update**

**FFY 2016**

Dr. Peck announced that the PHHSBG State Plan being presented to the AC for approval is for Federal Fiscal Year (FFY) 2016 funds that will be used in State Fiscal Year (SFY 16–17).

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FFY 2017

Dr. Peck announced that FFY 2017 funds depend on a federal budget being passed. Senate markup of the bill proposes flat funding the PHHSBG at \$160 million nationally, so flat funding in 2017 for California is anticipated. However, the House markup isn't expected until July. A Conference Committee between the Senate and the House is not expected until after the November election. There may be major ramifications, depending on who becomes President.

Because the PHHSBG is supported by both Houses and by both political parties, Dr. Peck is hopeful for an allocation in the federal 2017 budget. She will share information with the AC as it becomes available.

Christine Hildebrand, in response to a request from Dr. Alles for questions or comments from the public, asked where to find next year's allocation, specifically how the FFY 2016 and FFY 2017 money was being allocated. Dr. Peck responded that the tentative projected FFY 2017 amount is pending on the House recommendation but that California was requesting that the same programs be funded for the same amounts with FFY 2016 funds. She gave Ms. Hildebrand the branch phone number so that CDPH could share a summary document from the National Association of Chronic Disease Directors regarding the proposed FFY 2017 funding level.

Dr. Alles referred to Hector Garcia's upcoming report as including allocation details.

**CDC Site Visit/Compliance Review Update**

Ms. Butler reported on the Centers for Disease Control and Prevention (CDC) compliance review, conducted in May, to ensure California's compliance with federal statutes for the FFY 2013 and 2014 PHHSBG, which CDC administers. Funds received were spent in SFY 2013 and 2014. The last compliance review took place in 2009.

The compliance review consisted of an entrance conference; an inspection of CDPH and EMSA's accounting policies, procedures, and fiscal records; and CDPH, and EMSA program 15-minute presentations followed by question and answer sessions. AC members Dr. Alles and Dr. Glassman attended and gave their perspective on the AC process and the value of the PHHSBG in California.

The compliance review concluded with an exit conference. Although the official report has not been received, CDC determined that California's public health programs are appropriately and effectively applying PHHSBG funds to bring about a positive public health impact. CDPH was found to be compliant with all statutory provisions of the PHHSBG, except for the requirement to complete an annual independent audit of PHHSBG expenditures.

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CDC was pleased that CDPH recognized the audit requirement had not been met, and is working to schedule one for a review of the SFY 14–15 expenditures. During the June 2016 annual PHHSBG meeting, CDC reminded all states of the audit requirement. They plan to reinforce the rule beginning with the FFY 2015 award.

CDPH will ensure an independent audit of PHHSBG expenditures is conducted annually. An audit process for current year expenditures will be funded by the FFY 2015 award. Ms. Butler thanked CDPH and EMSA leadership, AC members, the PHHSBG administration team, and program staff for their collective effort and teamwork prior to and during the compliance review. The CDC compliance team felt welcomed and expressed their gratitude. They were impressed by the passion with which programs described their successes and the value of the PHHSBG in California. They plan to tell CDC leadership about California's innovative work using PHHSBG funding.

Dr. Peck discussed the evaluation component of CDC's PHHSBG compliance review and site visit. A team at CDC will be evaluating block grants more robustly, to enhance reporting and accountability of these funds, as was requested by Congress. The federal Office of Management and Budget recommended that evaluation be more focused, and the advisory committee to the CDC Director requested improved accountability and transparency of funds.

CDC evaluators presented their initial framework at the most recent federal PHHSBG meeting that both Anita and Hector attended. PHHSBG funds can be used for any Healthy People 2020 (HP 2020) objective. Dr. Peck believes CDC would like to have a better way to communicate what PHHSBG funds are being used for and how valuable they are. They've decided that the key value of the PHHSBG is flexibility, allowing each state to target public health needs by maintaining existing public health efforts; initiating new public health efforts, especially emerging issues, enhancing or expanding existing public health efforts; and sustaining or restoring public health efforts, especially post-recession, and after significant past cuts to the PHHSBG.

CDC also wants to focus on meeting emerging needs, using evidence-based public health practices; using PHHSBG funds for public health infrastructure; and reaching as many people as possible.

CDPH PHHSBG staff will continue to monitor programs' performance on meeting PHHSBG objectives; CDC will keep using that framework as well. The evaluation framework around flexibility will be in addition to current CDPH evaluations.

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CDPH wants to determine if PHHSBG funds are being used to their maximum potential in California. The Director's Office decided to flat fund the current programs with FFY 2016 funds, but for FFY 2017 funds, there will be a complete review of where PHHSBG funds are being used. There's no guarantee that the current programs will continue to be funded.

At the September AC meeting, the Director will lay out her vision, including a new initiative at CDPH called "Public Health 2035," where CDPH looks to the future and determines the functions of the Department in 20 years and start planning for that now, a major shift from how things have been done in the past. Dr. Peck emphasized the importance of the AC playing a critical role in helping guide use of PHHSBG funds.

Dr. Peck pointed out that this review is not a reflection on the work of the current programs or how California has allocated money up to this point. She acknowledged the valuable work that's been done and the wonderful staff who have implemented the programs.

**Presentation of the FFY 2016 PHHSBG Programs**

Dr. Alles asked attendees to refer to documents #5 (PHHSBG 2016 State Plan) and #6 (Program Descriptions). He pointed out that the California Wellness Plan (CWP) made one funding change: CWP Plan A includes CDPH commitments to advance prevention in the 21st century. The \$330,000 provided to CDCB funds state-level coordination.

Plan B sends \$150,000 to the Director's Office to pay for a health economist, or support an economic analysis of public health interventions across the Department.

Dr. Alles pointed to the seven documents sent to the AC, the AC conference call, and the invitation to the public as examples of transparency. He also mentioned that the CDC compliance review team was very complimentary of the work of the AC, which should serve as a model for the rest of the country.

Mr. Garcia presented the 2016 State Plan (document #5) and noted that the seven documents referred to had been posted to the CDPH website and were available to the public. He then summarized the State Plan by saying that CDC is funding the PHHSBG to support public health infrastructure and address emerging health issues aligned with HP 2020 objectives.

The California award for FFY 2016 is \$10,542,099. The grant and project term is between October 5, 2015, and September 30, 2017. California will be expending these funds in SFY 16–17, which is July 1, 2016, through June 30, 2017.

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The 20 CDPH programs funded are:

1. Accountable Communities for Health;
2. California Active Communities;
3. California Health Alert Network;
4. California Wellness Plan Implementation, Program A;
5. California Wellness Plan Implementation, Program B;
6. Cardiovascular Disease Prevention,
7. Commodity-Specific Food Surveillance;
8. Community Water Fluoridation Implementation;
9. HIV Care and Partner Services;
10. Let's Get Healthy California Dashboard and Website;
11. Nutrition Education and Obesity Prevention;
12. Office of Health Equity;
13. Office of Quality Performance and Accreditation;
14. Prescription Drug Overdose Surveillance;
15. Preventive Medicine Residency;
16. Rape Prevention;
17. Receptor-Binding Assay;
18. Safe and Active Communities;
19. Select Agent Biosafety, and
20. Valley Fever.

The remaining funds, minus administrative costs, are allocated to nine EMSA programs:

1. Emergency Medical Dispatch EMS communications;
2. EMS for children;
3. EMS Health Information Exchange;
4. EMS Partnership for Injury Prevention and Public Education;
5. EMS Poison Control System;
6. EMS Pre-Hospital Data Information Services and Quality Improvement;
7. EMS STEMI and Stroke Systems;
8. Planning and Development; and
9. EMS Trauma Care Systems.

In response to a question from Dr. Peck, Mr. Garcia said that after the State Plan is shared with the public; it will be submitted to CDC by the deadline of July 1, 2016.

**AC Recommendation of the FFY 2016 State Plan**

Dr. Alles asked the AC to entertain a motion to approve the State Plan. A motion to approve was made by Dan Spiess, seconded by Dr. Wong, and unanimously approved.

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**Other AC Recommendations**

In response to Dr. Wong's question regarding how program compliance with HP 2020 objectives is determined, Dr. Peck responded that the programs choose an objective, which is vetted by CDPH. That information is included in the State Plan but difficult to find because of the length of the document. It is not currently included in the Program Outcomes Report (document #7) but could be from now on.

Dr. Wong explained his concern was how the AC determines if programs are meeting their objectives and which programs get funded.

Dr. Peck suggested that at the September AC meeting, members weigh in on their priorities for funding. The tentative agenda includes the CDPH Director discussing her vision: "Public Health 2035." This will give AC members an opportunity to weigh in on unmet needs, whether to continue funding current programs, and if any programs should no longer receive funding. She noted that for the past two years the AC was in the position of approving the plan as is or foregoing \$10.8M. It would be preferable to solicit AC input at the beginning to guide Department decisions.

Dr. Alles referred to Document #7, the Program Outcomes Report, and requested that for the next meeting, members know whether program objectives were met, and reasons for not meeting objectives, to include in the discussion of which programs to continue.

Dr. Peck agreed to this suggestion and pointed out that the outcomes report is an interim progress report; in the current version, programs reported on their outcomes before the funding cycle was complete.

Ms. Butler reported on the next PHHSBG steps: a public meeting on Thursday, June 23, 2016, where the public will have an opportunity to comment on the State Plan, then submission of the State Plan to CDC by July 1, 2016.

**Adjournment**

Dr. Alles called for motion to adjourn. The motion was called by Dr. Peck, seconded by Dr. Wong, and unanimously approved. The meeting was adjourned at 11:54 a.m.