

**D8**

TELECONFERENCE MEETING

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

ADVISORY COMMITTEE

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

KINGS RIVER CONFERENCE ROOM

1616 CAPITOL AVENUE

SACRAMENTO, CALIFORNIA

TUESDAY, JUNE 5, 2018

1:04 P.M.

JAMES F. PETERS, CSR

CERTIFIED SHORTHAND REPORTER

LICENSE NUMBER 10063

## **APPEARANCES**

### **ADVISORY COMMITTEE MEMBERS:**

Caroline Peck, M.D., Chair

Wes Alles, Ph.D., Co-Chair

Christy Adams, R.N., B.S.N., M.P.H.

Paul Glassman, D.D.S., M.A., M.B.A.

Dan Spiess

Nathan Wong, Ph.D.

Wilma Wooten, M.D., M.P.H.

### **STAFF:**

Anita Butler, PHHSBG Coordinator

Hector Garcia, PHHSBG Administrator

Matthew Herreid, PHHSBG Fiscal Lead

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## Welcome and introductions

PHHSBG COORDINATOR BUTLER: Good afternoon, everyone. Welcome to the Preventive Health and Health

Services Black Grant Advisory Committee Meeting. It sounds like the majority of our Advisory Committee members are on the line. But I would like to start by taking roll.

Christy Adams?

ADVISORY COMMITTEE MEMBER ADAMS: Present

PHHSBG COORDINATOR BUTLER: Wes Alles?

CO-CHAIRPERSON ALLES: Here.

PHHSBG COORDINATOR BUTLER: Paul Glassman?

ADVISORY COMMITTEE MEMBER GLASSMAN: Here.

PHHSBG COORDINATOR BUTLER: Hi, Paul.

Stephen McCurdy?

Caroline Peck?

CHAIRPERSON PECK: Here.

PHHSBG COORDINATOR BUTLER: Vicki Pinette?

Dan Spiess?

ADVISORY COMMITTEE MEMBER SPIESS: I'm here. I'm on a cell phone, and I'm in a car, so I hope there's not too much background noise.

PHHSBG COORDINATOR BUTLER: Thank you so much for letting us know.

ADVISORY COMMITTEE MEMBER SPIESS: You bet.

PHHSBG COORDINATOR BUTLER: Samuel Stratton?

Wilma Wooten?

ADVISORY COMMITTEE MEMBER WOOTEN: I'm here.

PHHSBG COORDINATOR BUTLER: Hi, Wilma. And Nathan Wong? Thank you all so much for joining us for this particular Advisory Committee meeting. There are people in the room as well as people on the phone, so I would like to go around and have everyone introduce themselves, so that we can ensure all of the attendees are on record. I will start with...

MS. ROHDE-BUDZ: Jen Rohde-Budz, Office of AIDS.

MR. CARNE: Chelsey Carne, Office of AIDS.

MS. PAMPLONA: Christina Pamplona, Center for Infectious Diseases.

MR. DaROSA: Damien DaRosa, Food and Drug Branch.

MR. NEEDHAM: Mike Needham, Food and Drug Branch.

MS. SISSON: Aimee Sisson, Preventive Medicine Residency Program in Cal-EIS.

MS. JONES: Esther Jones, Preventive Medicine Residency Program Cal-EIS.

MR. MONTOYA: David Montoya, Office of Quality Performance and Accreditation.

MS. BERNACKI: Kate Bernacki, Safe and Active Communities Branch.

MR. MICHEL: Francisco Michel, Safe and Active Communities Branch.

MS. SHIPLEY: Pam Shipley, Safe and Active Communities Branch.

PHHSBG FISCAL LEAD HERREID: Matt Herreid, Block Grant Fiscal Lead.

PHHSBG ADMINISTRATOR GARCIA: Hector Garcia, the Administrator for the Block Grant Program.

PHHSBG COORDINATOR BUTLER: Anita Butler, Block Grant Coordinator.

CHAIRPERSON PECK: And Caroline Peck, Block Grant PI.

MS. HORNE: Rebecca Horne, very new to the Block Grant Program doing evaluation and eventually the lead on the project.

MS. TAYLOR: Catrina Taylor, Research Scientist, Chronic Disease Control Branch.

MS. CHINN: Sheila Chinn, Nutrition Education and Obesity Prevention.

PHHSBG COORDINATOR BUTLER: Thank you. And since there are several people on the phone, I would just -- I will announce your name and have you let me know if you

are present or on mute. So if you present please say here or present. Amanda Lawrence?

MS. LAWRENCE: Here.

PHHSBG COORDINATOR BUTLER: Angela Wise.

MS. WISE: Here.

PHHSBG COORDINATOR BUTLER: Dana Moore?

MS. MOORE: Here.

PHHSBG COORDINATOR BUTLER: Elizabeth Stoller? James Regan? Jeffrey Rosenhall?

MR. ROSENHALL: Here.

PHHSBG COORDINATOR BUTLER: Julie Nagasako?

MS. NAGASAKO: Here.

PHHSBG COORDINATOR BUTLER: Leslie Stribling?

MS. STRIBLING: Here.

PHHSBG COORDINATOR BUTLER: Linda Lee-Gutierrez?

MS. LEE-GUTIERREZ: Here.

PHHSBG COORDINATOR BUTLER: Meredith Lee?

MS. LEE: Here.

PHHSBG COORDINATOR BUTLER: Monet Parham-Lee?

Neha Shah?

MS. SHAH: Here.

PHHSBG COORDINATOR BUTLER: Richard Votava?

MS. VOTAVA: Here with Barbara Materna.

PHHSBG COORDINATOR BUTLER: Rick Trussell?

MR. TRUSSELL: Here.

PHHSBG COORDINATOR BUTLER: Sandy Kwong?

MS. KWONG: Here.

PHHSBG COORDINATOR BUTLER: Wonderful. Welcome. It sounded like a few additional people arrived. If I did not announce your name, please introduce yourself.

MR. HAQ: Alex Haq, Sensible Statistics.

MR. VOTAVA: Anita, this is Rick Votava and Barbara Materna. I wasn't sure you heard us when we introduced ourselves.

PHHSBG COORDINATOR BUTLER: We did. Hi, Rick and Barbara.

MR. VOTAVA: Thank you.

PHHSBG COORDINATOR BUTLER: Is there anyone else that I missed? All right. Are there any members of the public on the phone? Okay. So, Dr. Alles, I will turn it over to you and Dr. Peck at this time.

CO-CHAIRPERSON ALLES: Okay. Thank you very much. Anita, you did that very efficiency. I want to welcome everybody. And particularly, I want to say thank you to the Department staff for all of the work that you've done to bring us to this point in time to be able to discuss and approve the State plan. I also want to thank the Advisory Committee for the work that you have done to get us to this place as well. Our work is not quite done. We have three action items scheduled on the agenda today. The first is to discuss the work plan and to seek approval for the work as it's stated. The second is to discuss and to revote again on the decision that we made during our previous call, where we discussed the policy for allocating increased funding should that occur. So we will -- I will summarize that briefly. And then we will take another vote and make that official. And the third thing is to approve the minutes of the May 4th, 2018 Advisory Committee. And I will summarize some of those briefly, so that members of the public and members of the Department would be able to get a sense of some of the conversation that took place in that meeting. So it's an important agenda that we have today. It's hard to estimate time. Often, we don't take as much time as is allocated. This year, we may -- it's conceivable that it could take the full two hours, depending on what comes up from the Advisory Committee. But I want to draw your attention to the workplan itself, which is document 3, and also to document 12, which is a funding comparison between fiscal year 17-18 and fiscal year 18-19. And what you will notice is that in document 12, the programs that are being funded and the amount of the allocation are exactly the same. And so there may or may not be a lot of discussion on those items. They would have been discussed previously, but certainly it's -- any

member of the Advisory Committee has a question or wants to -- the purpose for having the staff there, there's at least one person I believe from every program, is that they will be able to answer questions to the Advisory Committee. So Caroline, do you want to make some introductory remarks?

CHAIRPERSON PECK: Yes. I just would like to welcome all of the Advisory Committee members, including you Wes, and to say that we have a wonderful State plan that we've -- that the programs have prepared. And we look forward to sharing with you what the group has been up to since the last Advisory Committee meeting.

## State Plan Approval

CO-CHAIRPERSON ALLES: Okay. Thank you. And so the first order of business then is the presentation of the programs. And to do that, is Hector Garcia. And these are all described in more detail in the fiscal -- federal fiscal year 2018 workplan and State plan. So Hector -- and if I'm not mistaken, I believe this is the D2 is what you're referencing, correct?

PHHSBG ADMINISTRATOR GARCIA: That's right. Okay, Wes. It's good to hear from you. And I'm going to give a brief overview of where the programs are this year, and the amount of money they will be receiving. The Rape Prevention Program will be involved in building the capacity of California's 65 local rape crisis centers to implement true primary prevention strategies to change communities, families, and young people through statewide social marketing campaigns. And they will receive \$832,969. Any questions? Well, then the California Behavioral Risk Factor Surveillance System Program, also known as BRFSS. The BRFSS is a California specific surveillance system that surveys adults 18 years and older on self-reported health behaviors. They will be funded in the amount of \$400,000. Any questions? California Wellness Plan Implementation. This is California's chronic disease prevention and health promotion plan, and is funded in the amount of \$440,000. Next, we have California Disease Prevention Programs, efforts which will support a statewide cardiovascular disease alliance Healthy Hearts California. And it will be funded in the amount of \$424,654. Any questions? Well, then we move on to Commodity-Specific Surveillance: Food and Drug Program. It will use funding to collect surveillance samples of high-risk food products that are known to be susceptible to microbial contamination. And it is funded in the amount of \$200,000. Next we have Ecosystem of Data Sharing/CDPH Interoperability Initiative will be providing the infrastructure for data sharing within CDPH's registries. And it will be funded in the amount of \$214,291. Any questions? We then move on to Emergency Medical Dispatch Program/EMS Communications, which will improve statewide training standards, interoperability communications among EMS agencies and public safety responders. It will receive \$130,935. Any questions? Then we move on to EMS for Children. It intends to incorporate statewide compliance with national performance measures, and the collection of statewide data. And it will do so with funding in the amount of \$172,689. Any questions? We then move on to EMS Health Information Exchange, which will improve access to rapid specialized pre-hospital emergency medical services statewide and will do so with \$451,602. Any questions? We then move on to EMS Partnership for Injury Prevention and Public Education, which will maintain continuous emergency medical services participation in

statewide injury prevention and public education initiatives, and will do so with \$150,329. Any questions? Well then, we go on to EMS Poison Control System, which supports California's Poison Control System at \$136,719. Any questions? We move on to EMS Pre-Hospital Data and Information Services and Quality Improvement Program, which increases specialized pre-hospital EMS data submissions into the State EMS database system providing measurable quality improvement oversight, and will do so with funding in the amount of \$436,361. Any questions? We then move on to EMS STEMI and Stroke Systems, which will improve cardiovascular health detection and treatment during medical emergencies in the amount of \$258,478. If I have no questions, I will then move on to EMS Systems Planning and Development, which increases quality patient care outcomes through 33 local emergency medical service agencies. It will receive funding in the amount of \$727,274. Do we have any questions? Then let's move on to EMS Trauma Care Systems. This program reduces morbidity and mortality resulting from injury in California by providing continued oversight in the statewide trauma system. It will do so with 262 thousand 743 thousand dollars [SIC]. Next, we have Health in All Policies. This program facilitates the California Health in all Policies Task Force, and will use funds in the amount of \$592,748. Any questions? Healthy People 2020 Program is our next program. And this program supports the overall efforts of the Block Grant Program by enhancing the accountability and transparency of the block grant through measuring progress and impact of funded programs, and does so with \$667,000. Any questions? Well, then let's go on to Intentional and Unintentional Injury Prevention. Here, the program will ensure flexibility and capacity to address emerging cross-sector issues, such as the opioid overdose epidemic, gun-related homicides and suicides, and is receiving \$884,629. Any questions? Well, we have the next program is Obesity Prevention for California. And it will be involved in advanced community changes at -- meant to address obesity at both the State and local levels, and will receive \$300,000. Next, we have Partnering to Reduce Preventable Nonfatal Work-Related Injuries. It will work to reduce the medical, social, and economic impacts of preventable nonfatal work-related injuries. And it will receive \$170,000. Any questions? That takes us to Preventive Medicine Residency Program, Cal-EIS. The key workforce pipeline for a hard-to-fill epidemiology and physician positions in California, State, and local public health agencies is the work that will be done with \$565,278. The next program is Public Health Accreditation, and it will work to maintain the Department's accreditation status and will receive \$30,000. We then come on to Public Health 2035 Capacity-Building Activities, which builds cross-sectoral external relations, strategic development, and community engagement that move forward CDPH's State Health Improvement Plan. And it will receive \$776,370. Any questions? Receptor Binding Assay for Paralytic Shellfish Poisoning Control. With its plan, it will reduce the incidence of paralytic shellfish poisoning, PSP illness in

consumers, and will receive \$275,000 to engage in its work. Any questions? Then we move on to TB Free California, which will be promoting prevention strategies to reduce tuberculosis disease among high-risk populations in California and will spend \$600,000 in those efforts. If we have no questions, I will move on to the final program, which is Using HIV Surveillance Data to prevent HIV Transmission. This program will match people living with HIV with their reported labs to determine if they are receiving timely HIV care and treatment. And they will do so with a grant award of \$500,000. Any questions? If not, I will return the discussion to Wes.

CO-CHAIRPERSON ALLES: Thank you very much Hector. I want to point out to the Advisory Committee and to the members who are present in the room or on the phone, there is a reason for reading all of those programs and the amounts of money, which is to document the basis for the State Plan. And that will be recorded and reported in the minutes. There is a court reporter who's present at all of the meetings that the Advisory Committee has. And sometimes we need to state things, so that they do appear in the minutes, and that they could be checked by a member of the public, or by a member of the government. So thank you for that great work, Hector, I really appreciate it. I also wanted to say that there's a little bit of information that might be helpful to some of the members of the public, or some of the staff, and that is that the CDC allocates funds to states to address unique public health problems, and it comes in the form of the block grant, which is really, I think, a wonderful thing. It allows the -- it allows California to make a determination as to how those chronic disease funds will be spent. And I'm pretty certain that the way California spends its money will be quite different from any other state in the country. And each of those states will be different from others. There are unique needs in public health from state to state. California will utilize the award to address Healthy People 20 objectives, and emerging health issues to provide leadership in developing and implementing emergency medical systems throughout California, and optimize the health and well-being of the people in California. Also, the Department anticipates that CDC will award for the federal fiscal year '18 block grant funds in the amount of \$10,600,000. This amount is based on the prior year allocation. And at the point in time when the plan needed to be prepared. We -- there needed to be an amount. And that amount typically is given before Congress allocates a specific number. And so sometimes funds are -- a greater amount of funds are awarded. And we -- in one of the documents and then a brief conversation a little bit later we'll talk about if there are additional funds, how we -- the Advisory Committee would recommend to the Department that those be distributed. It's also important to understand that the Emergency Medical Services Authority will split the award that the Department of Public Health is 70 percent and EMS -- EMSA is 30 percent, but that's after the Rape Prevention set-aside, which is included in the block grant, and which --

by which we must abide. And so I did want to also take just a moment to -- I'm not quite sure how to frame this, but it's a moment to give you some perspective. First of all, I want to say we are very grateful for the block grant, 10.6 million, and we're also very grateful that it comes in the block grant format. However, as a matter of perspective, I think the California budget, which is the largest amount for the block grant that comes to any state, we get roughly 10 percent of the total block grant funds, that -- to put it in perspective, any of these programs that were just mentioned, the amount of money that they will get for -- is -- could be less than a single hospital bill for a single person --

(Laughter.)

CO-CHAIRPERSON ALLES: -- single visit who has a chronic disease. Or looked at a little bit differently, it's less money perhaps than a single individual will get throughout their lifetime for the medical costs associated with their possibly prevented chronic disease, or the rape that occurred, or the inability to provide adequate emergency medical services. Now, California has roughly 40 million people. And so if you'll indulge me just for a quick minute, this is the perspective I wanted to create. If you take the amount of money for the programs - and I didn't do it for all of them, but for some - and you divide that by 40 million people who live in California, the Rape Prevention Program is less than \$0.02 per capita; Cardiovascular Disease Prevention Program is less than a penny per capita; EMS for Children is less than a penny; EMS Poison Control Center is less than a penny; Healthy People 2020 is less than a penny; the Intentional/Unintentional Injury Prevention is the less than \$0.02; and Obesity Prevention for Californians is less than a penny. The point that I wanted to make is that the departments that are reflected in the three divisions of the funding from the block grant are incredibly efficient. To serve 40 million people in the areas that Hector just read has to be the best return on investment bargain of any budget in the country. So for that, I want to stay thank you to the people who work so hard to bring the State plan to life. Caroline, do you want to say anything -- Caroline, do you want to say anything relative to that?

CHAIRPERSON PECK: Yeah, I would just echo your comments, Wes. I truly do appreciate all of the work that our program staff goes into to run the programs with the small amount of funding that they have. I think they all do excellent work. And, you know, and that's shown out by our Program Outcomes Report, when we see how people are able to achieve what they set out to do on a yearly basis. And I am very grateful to Congress that they keep feeling that this type of money that's fungible is allocated to states, because it would be very easy for them to eliminate it, but it really does mean quite a bit to California and to the programs that are funded. And I do really appreciate the Advisory Committee as well, because that's -- you know, the guidance

that we're given, the time that each of the Advisory Committee members give to this allows us to keep that money flowing to California. So I -- we need more money for prevention, and this is a drop in the bucket, but it's a very important drop in the bucket --

(Laughter.)

CHAIRPERSON PECK: -- from the federal government.

CO-CHAIRPERSON ALLES: Yeah. Thank you.

ADVISORY COMMITTEE MEMBER WOOTEN: Question, Dr. Alles?

CO-CHAIRPERSON ALLES: Yes, go ahead.

ADVISORY COMMITTEE MEMBER WOOTEN: Yeah. Is this list different than the list that we reviewed in early May?

CO-CHAIRPERSON ALLES: No, if you -- it's exactly the same. And if you look at document 12, that's the same that was sent in the most recent set of documents by Hector. And it has two columns. The one column is fiscal '17 and the other is fiscal '18. And you'll notice that the programs are identical, and the amount of funding is identical. So I just want to make sure, Caroline, the point that -- the question is to determine if materials that were received from the Advisory Committee meeting were the same. And I'm indicating that's correct. Were there any changes?

CHAIRPERSON PECK: No, that is absolutely correct, Wes. And, Wilma, to answer your question, the reason the funding amounts are the same is that the Director decided that we would not go through the funding proposal process for the -- for the funding for next fiscal year. She decided to keep it flat. And if she would like to do a funding proposal process that's different from the above, she'll be letting us know this fall.

ADVISORY COMMITTEE MEMBER WOOTEN: I was just wanting to understand if we were voting on anything different? If there was a reason why we were voting again? That was my rationale for asking that.

CHAIRPERSON PECK: Oh, okay. Anita will speak to that.

PHHSBG COORDINATOR BUTLER: Yes. So that's a great question, Dr. Wooten. The issue is CDC requires us to have two separate Advisory Committee meetings annually. The -- at least two. The first is to discuss the draft funding allocations, and that was the meeting that we all -- we had on May 4th. And from there, we used your recommendation and the Director's request to fund programs at the same level to then

draft the State plan. And we have to have a separate Advisory Committee meeting to obtain State plan approval from the Advisory Committee.

ADVISORY COMMITTEE MEMBER WOOTEN: Thank you for that clarification.

PHHSBG COORDINATOR BUTLER: You're welcome.

CO-CHAIRPERSON ALLES: Other members of the Advisory Committee want to make a comment or ask a question at this point? Okay. Let me ask, is there any member of the public who joined us by phone? Okay. So I think we should move on. The first item here really is the key thing that we want to spend time on, and we put that first, so that we would be sure to have us much time as necessary to have discussion. And the documents that I would refer you to -- refer you to would be document 2, which Hector just read, which lists all of the amounts, and it gives a brief description. Document 12, that I referenced a moment ago shows all of the programs by name and the amount of funding. And that funding is flat for this year from last. And the third one would be document 3. There is much more detail in the plan itself. That was 118 pages. My assumption is that most of you didn't print that.

(Laughter.)

CO-CHAIRPERSON ALLES: And you probably have it on your screen, so that you can use the electronic version to raise the questions that you might have. So, Advisory Committee members, the floor is open for you to raise an issue or to make a statement. I think the meeting that we had on May 4th must have done really well in terms of the discussion part. And I do have some statements that I would make from the minutes when we get to that, because we do need to approve the minutes from our last meeting. But we did discuss. And I think because the funding is exactly the same, and we also have a principle within the Advisory Committee that we would like fund -- we would like programs to be funded for at least three years, so that it gives programs a chance to get off the ground, and to be able to complete some work to be able to determine if that's a program that will thrive, or if it's not thriving, then to replace it with another program perhaps, where we distribute the funds in any case. So we have talked about these issues before. I'm going to give it one more time. I feel a little awkward not having any conversation but if that's the case, then if nobody wants to comment, we'll move on.

ADVISORY COMMITTEE MEMBER GLASSMAN: No questions, here, Wes.

CO-CHAIRPERSON ALLES: Okay. Thank you.

MS. STRIBLING: I have a question. I'm Leslie Stribling with Office of Quality Performance and Accreditation. Is it an opportunity to -- for me to ask a question at this time?

CO-CHAIRPERSON ALLES: I'll leave that to Caroline. Are you with the Department itself?

MS. STRIBLING: I am with Department.

CO-CHAIRPERSON ALLES: Yeah, usually, we don't permit that. But, Caroline, is that correct, that you would like to have that be a question internal?

CHAIRPERSON PECK: Well, Leslie, is it a question to do with the approval of the State plan, because I think we're just about to ask for someone to move and approve the State plan.

MS. STRIBLING: Well, in -- with regard to the public health accreditation section, the amount that's being allocated is inaccurate.

CHAIRPERSON PECK: Oh, okay.

CO-CHAIRPERSON ALLES: Well, that's important.

CHAIRPERSON PECK: Yeah, that is. Is there --

MS. STRIBLING: Well, that is --

CHAIRPERSON PECK: Is 30 thousand.

MS. STRIBLING: For the total current year fund allocated it indicates its 27,000, but it should be 30,000. And that would match the prior funding year allocation of 30,000.

CHAIRPERSON PECK: Is this within the State plan, Leslie that you're looking at?

MS. STRIBLING: It's within the workplan. Public health accreditation begins on page 94, and then you go to 95. When you go to page 96, then it talks about funds allocated for block grant role in addressing the health objectives, that's where the error is.

CHAIRPERSON PECK: Oh, well, thank you for bringing this up Leslie.

MS. STRIBLING: Okay. So that --

ADVISORY COMMITTEE MEMBER WOOTEN: In the table it did say 30,000 because I noticed that.

MS. STRIBLING: That 27,000 should be moved to 30,000.

ADVISORY COMMITTEE MEMBER WONG: This is Nathan Wong. I just joined as long as I can here. I'm sorry. I'm in between two meetings here.

CO-CHAIRPERSON ALLES: Thank you for joining us Nathan.

ADVISORY COMMITTEE MEMBER WONG: You're welcome, Chair.

CO-CHAIRPERSON ALLES: So you'll make that change. I presume that the funding amount that is listed, it's only \$3,000 difference.

PHHSBG COORDINATOR BUTLER: Yes.

CO-CHAIRPERSON ALLES: But nevertheless, we want this to be accurate. That the total amount then will still come up to the 10.6 million?

PHHSBG COORDINATOR BUTLER: That is correct, and we will definitely make that change.

MS. STRIBLING: Thank you.

PHHSBG COORDINATOR BUTLER: Thank you, Leslie.

## AC Decision Regarding Work Plan Approval

CO-CHAIRPERSON ALLES: Okay. Well, if there are no other questions, one thing that I -- that I would also want to call out as a reason that there may not be any questions is the format for the workplan. As I said, it's 118 pages. And one of the things that makes it easy for everyone to read, including the Advisory Committee, is the format which used throughout that is that every project follows the same format. And so the titles are -- it's the name of the program. It's the strategy, which would include goal, health priority, role of block grant funds, evaluation methodology, the State program setting, FTEs, national health objectives, State health objectives, baseline and then the data source, state health problem, the target population and the disparate population, evidence based guidelines and best practices, funds allocated and block grant role in addressing the objectives, and the annual activities. Each one of those programs that Hector went through followed exactly the same format. It makes it very easy for someone to look at that. And there will be things that they will key in on. And if they have questions, it's easy to identify comparing something in one program to something in another program. So I don't know if that's something provided by the CDC, or if that's California's methodology or tool, but it's a good -- it's a good tool. So if there are no further conversations then on this, what I will do is call for -- it's an action item -- call for a motion and a second. And we will have the Advisory Committee vote to approve the State workplan. So I would ask somebody to make a motion and someone else to make a second.

ADVISORY COMMITTEE MEMBER SPIESS: This is Dan. I'll make that motion.

CO-CHAIRPERSON ALLES: Thank you, Dan.

ADVISORY COMMITTEE MEMBER ADAMS: This is Christy Adams. I'll second.

CO-CHAIRPERSON ALLES: Thank you, Christy. Is there any further conversation before we go to vote? Let me ask, is there anybody on the phone from the public who would like to make a comment before we vote? Okay. All in favor of the Advisory Committee approving the State workplan signify by saying aye?

(Ayes.)

CO-CHAIRPERSON ALLES: Are there any nays? Any abstentions? Okay. So the Advisory Committee has approved the state workplan. The next item on the agenda then is the workplan itself. And, Anita, you're scheduled to say some things. And I not sure if that's still relevant. If so, you've got the floor.

## Work Plan/State Plan Next Steps

PHHSBG COORDINATOR BUTLER: Thank you so much, Wes. So in terms of the next steps, first of all, thank you to the Advisory Committee members for attending this meeting and approving the workplan. And in terms of next steps, the Block Grant Administration team will copy and paste the State plan data into CDC's Electronic Application Submission System. The deadline is typically June 30th annually. However, we will submit it by June 29th, 2018, because the 30th falls on a Saturday. Our project officer at CDC will review and approve the State plan or identify necessary edits. Once approved, we -- CDPH anticipates receiving the notice of award in approximately August of 2018. Are there any questions from the Advisory Committee? Are there any questions from the public? That concludes that particular agenda item.

## Items Requested during the May 4, 2018 AC Meeting

CO-CHAIRPERSON ALLES: Thank you, Anita. And then you're also listed for the next agenda item, which is the materials that were requested during the May 4th Advisory Committee meeting. And I'll let you go ahead and indicate what it was that we requested, and will validate that you sent all the materials that we did request.

PHHSBG COORDINATOR BUTLER: Thank you so much, Wes. You are correct, at the May 4th Advisory Committee meeting, we notified the Advisory Committee of two vacancies. And as a result, the Advisory Committee asked us to provide some additional information. The first document that was requested is document number 4. And this particular document is a list of all the Advisory Committee members. And it looks very similar to a version that we've had in the past. The only difference is now, there's a caveat that identifies the Advisory Committee's area of expertise. So, for example, Christy Adams' area of expertise the academic and trauma. Dr. Alles's area of expertise is cardiovascular and academic. And basically, this is the revised list that we will use from now on. I would ask that the Advisory Committee members take a look at it. And if there are any revisions, we will make them off-line.

CO-CHAIRPERSON ALLES: Before you move off of that, I want to indicate that we do have two -- I believe, it's two openings for the Advisory Committee. We mentioned this and discussed it briefly during our May meeting. And one of the questions that came up was whether there are any qualifications that an Advisory Committee member would have? And the answer is no, not really. But we do want it to be representative and reflective of the people of California. And certainly for the areas that public health, EMSA, and the rape set aside, we would want to make sure that we had people on the Committee who could speak to those issues. And so given that we are -- will be asking if the Committee members would like to nominate someone, that you can do that by contacting Anita, and be mindful of the area of expertise that they bring. The more breadth we have, the stronger we'll be as a Committee. So, Anita, do you want to talk about the -- excuse me, the other items that are listed there.

PHHSBG COORDINATOR BUTLER: Yes. Thank you, Wes. So that's a great segue, because one of the other requests that were made was that we provide Advisory Committee guidelines. And if you refer to the document that's labeled D5, it's about a five-page document that describes the block grant, as well as the role of the Advisory Committee. And if the Advisory Committee recommends someone for the -- to participate on the Committee, I would highly recommend you share this document with them, so that they can be aware of all the requirements that we -- that we would ask.

And this is not necessarily a new guideline. We've used it over the years. This is just the most current version. Okay. And then the next item is the Interim Program Outcomes Report talking points. I'd like to have you look at document number 7. And again, at the May 4th meeting, Hector Garcia provided program outcomes report, an overview of the interim as to where we are as of -- I believe it was as of December. So it's midway through the year. And I believe Dr. Wooten asked for a copy of those talking points. And basically, document 7 are the talking points.

ADVISORY COMMITTEE MEMBER WOOTEN: Thank you.

PHHSBG COORDINATOR BUTLER: You're welcome. And then the last item that was requested refers to the policy for allocating increased funding. Should the notice of award be greater than the amount that we've talked about today? So the amount we've talked about today is 10.6 million. But as CDC releases the allocations and the notice of award a little late into the fiscal year, it is important that we talk about a policy for determining how those increased funds would be allocated. And I believe Dr. Wooten asked for a written policy. We drafted one and shared it with you all in advance of this meeting. It is document number 5.

CHAIRPERSON PECK: No.

PHHSBG COORDINATOR BUTLER: Oh, sorry. I take that back. Its document number 6. Thank you. So let me just pull that up. Okay. And what CDPH wants is the Advisory Committee's recommendation on this particular policy. And I would like to read it just so that we can get it on record. CDPH will allocate additional funds or decrease allocations if California's Block Grant award increases or decreases. This policy recognizes that CDC issues the notice of award after Advisory Committee approval of the State plan. The formula funding will remain 70/30 for CDPH and EMSA with CDPH receiving 70 percent and EMSA receiving 30 percent. The increase, or reduced funding, will support activities that comply with CDC's Healthy People 2020 objectives, and are included in the Advisory Committee approved State plan. CDPH and EMSA have the discretion to allocate their funds to programs that in their assessment should receive the funds without the need to hold a formal Advisory Committee meeting. The policy will work as follows: If an additional \$100,000 is awarded, CDPH will have the discretion of awarding \$70,000 to CDPH and \$30,000 to EMSA. Under this policy, each department has the discretion within the approved State plan to allocate additional funding as the department believes is appropriate under the circumstances. Wes, I will turn it over to you. Please lead the discussion regarding this topic, accept public comments, and open the issue to a vote.

CO-CHAIRPERSON ALLES: Okay. Thank you very much. That was great. I did want to make one observation. You mentioned, and it's written this way, that the formula is for 70 percent CDPH, and 30 percent for EMSA. But in this particular document, unlike other documents, it includes the statement after funding distributions for the rape prevention. So I just want to -- I wanted to -- I raise the issue that the Rape Prevention Program will not receive -- if there's another hundred thousand, let's say, they will not get an additional amount.

PHHSBG COORDINATOR BUTLER: That is correct, because their funding is a set-aside, which is identified by CDC.

CO-CHAIRPERSON ALLES: Okay. Very good. I would say that the Committee did talk about this. And I'll kind of frame some things. But at the end, I would like any member of the Advisory Committee to comment on this. We felt that it was important to give the Director of EMSA and the Director of the Department maximum flexibility that there are things that -- well, first of all, you're looking at probably no more than \$50,000. Unless it's a wind-fall year, it could maybe go to \$100,000 in increase perhaps. But, generally speaking, it's not funded much beyond what the -- we were told of that 10.6 million. And so there are programs that may benefit from a larger proportion. Some programs may actually need a larger portion in order to be effective. And there are decisions -- there are -- there's information that's known by the Department that would make better use of that funds, if it was felt that -- if the Director determined that they needed to be distributed, mostly proportionately, but to be able to make exceptions. And that the EMSA director would have the same ability to do that. I also want to say that that's consistent with the philosophy that the Advisory Committee has had pretty much since year one, which is that we are an Advisory Committee. We do make recommendations. And the importance of that is that we recognize that we don't have all the information. And as things happen, the Department can make its decision based on best information. So our recommendation during the meeting, we did actually do -- have a straw vote during the meeting. And those were the primary concepts that were presented. And it's reflected in the document that Anita read. Other members of the Advisory Committee do you want to weigh-in on this?

ADVISORY COMMITTEE MEMBER SPIESS: This is Dan. Just that it sounds consistent with our discussion at the May meeting.

CO-CHAIRPERSON ALLES: Thank you, Dan.

ADVISORY COMMITTEE MEMBER WOOTEN: Ditto. Wilma.

ADVISORY COMMITTEE MEMBER ADAMS: This is Christy Adams. Unfortunately, I was not able to make that May meeting, but I concur with everything you said. These -- yes, they've done an excellent job and managing the funds, and incredibly efficient, so I support it.

CO-CHAIRPERSON ALLES: Is there another Advisory Board member on? Nathan, perhaps?

ADVISORY COMMITTEE MEMBER WONG: Yeah. This is Nathan. Yeah, I think, you know, it's appropriate what you suggested and reviewed.

CO-CHAIRPERSON ALLES: Okay. Anybody else on the Advisory Committee? Okay. Caroline, would you -- oh, I guess I get -- let me ask, first of all, is there any member of the public who's on the phone who would like to comment?

(GPS Voice Directions.)

(Laughter.)

CO-CHAIRPERSON ALLES: That sounds like directions for somebody.

ADVISORY COMMITTEE MEMBER SPIESS: I apologize. We're winding our way through Ketchum, Idaho at the moment.

(Laughter.)

ADVISORY COMMITTEE MEMBER SPIESS: I will need to sign off shortly, but thank you for your patience.

CO-CHAIRPERSON ALLES: Thank you for your dedication. So anybody else on the Committee? Okay. Caroline, anything you want to say before we vote for that?

CHAIRPERSON PECK: No, I concur with what the other Advisory Committee members recommend.

CO-CHAIRPERSON ALLES: Okay. So I will frame it that Anita read the information that was sent to the Advisory Committee. It is listed as a document that was sent to us. And the call for the vote is to approve the document that we received. I'll ask all the Advisory Committee members to signify by saying aye, if they approve?

(Ayes.)

CO-CHAIRPERSON ALLES: Any nays? Any abstentions? Okay. So the recommendation for the Advisory Committee is to follow the guidelines that were provided to us in that document. The next item on the agenda is the meeting minutes.

ADVISORY COMMITTEE MEMBER SPIESS: Wes?

CO-CHAIRPERSON ALLES: Yes.

ADVISORY COMMITTEE MEMBER SPIESS: This is Dan. I need -- I need to sign-off here in a moment, unless there's an important action item that I should hold on to here for the next several minutes.

ADVISORY COMMITTEE MEMBER WONG: I'm in the same situation. This is Nathan.

## AC Discussion May 4, 2018 Meeting Minutes

CO-CHAIRPERSON ALLES: Okay. The Advisory Board members then can proceed with the information from the minutes of the May meeting. And I would like to ask, Caroline, is it -- I was going to read some sections of that, so that the public, if there was anybody on the call, would be able to get a sense of what the meeting was about? Is it important for the members of the Department to have me kind of summarize a few of things or may they get that internally if they have a question?

CHAIRPERSON PECK: Yes. I think given the time constraints of some of our members, I think, you know, we can refer them to the meeting materials, and they can read the minutes, if they'd like later.

CO-CHAIRPERSON ALLES: So in that case then, I will ask if there is any discussion from the meeting minutes from the Advisory Committee. Hearing none, are there any comments from the public? Okay. Then I will call for -- ask for somebody to make a motion and a second, and then we will vote.

ADVISORY COMMITTEE MEMBER WOOTEN: This is Wilma Wooten. Move to receive the -- to approve the minutes from the last meeting.

CO-CHAIRPERSON ALLES: Thank you, Wilma. I'll second the motion then. And if you support the recommendation, please signify by saying aye?

(Ayes.)

CO-CHAIRPERSON ALLES: Any nays? Any abstentions? Okay. So the Advisory Committee then voted to approve the minutes from the May 4th 2018 meeting. And so, Dan, have a great vacation if you're up there on vacation.

ADVISORY COMMITTEE MEMBER SPIESS: Well, thank you very much. Thank you for following the directions to our destination here at Ketchum.

(Laughter.)

ADVISORY COMMITTEE MEMBER SPIESS: Enjoy the Remainder of the meeting.

## Other

CO-CHAIRPERSON ALLES: Okay. All right. So let's move on them. We have just several other items. The first one is the State fiscal audit for 16-17. And to present that is Matthew Herreid. Did I pronounce it correctly?

PHHSBG FISCAL LEAD HERREID: That is correct.

PHHSBG COORDINATOR BUTLER: Go for it.

PHHSBG FISCAL LEAD HERREID: All right. I would like to give a little background first. The uniform administrative requirements, cost principles, and audit requirements for federal awards Title 2, Code of Federal Regulation 200.501 requires non-federal entities that expend 750,000 or more in federal awards in a fiscal year to have a single or program-specific audit conducted for that fiscal year. The CDC reminded us of this during the last site visit. And this requirement is confirmed in the annual PHHS Block Grant notice of award issued by the CDC. For fiscal year 2016-17, an external auditor performed the single audit. They identified five findings. The block grant administrative team addressed each finding by agreeing with the findings and providing a corrective action plan. The plan specifically addresses each finding and provides a corrective action and an estimated date of implementation for each correction. To date, the CDPH has addressed each finding. We have implemented actions to ensure compliance by the indicated estimate completion dates. And these actions we have taken should ensure there are no repeat findings. Are there any questions?

CO-CHAIRPERSON ALLES: Any member of the Advisory Committee have a question you would like to ask?

ADVISORY COMMITTEE MEMBER WOOTEN: No question.

PHHSBG FISCAL LEAD HERREID: If not, I'll turn everything back to Wes.

CO-CHAIRPERSON ALLES: Okay. And, Caroline, you want to make an announcement with regard to evaluation?

CHAIRPERSON PECK: Yes, I certainly do. And I'm going to go briefly through the document that I shared with the Advisory Committee about what CDC results are from the first evaluation of the block grant. But before I do that, I want to welcome Ms. Rebecca Horne, who I've known for quite some time actually. She worked at -- for me in the Every Woman Counts Program, which was the Breast and Cervical Cancer Program, and then went and did some

ADVISORY COMMITTEE MEMBER WONG: Hello? Hello?

CHAIRPERSON PECK: Hello?

ADVISORY COMMITTEE MEMBER WONG: Okay. Okay.

CHAIRPERSON PECK: But we absolutely delighted to have --

PHHSBG COORDINATOR BUTLER: Someone is in the background.

CHAIRPERSON PECK: I think so -- to have Rebecca with us, because she brings evaluation --

(Background conversation.)

CO-CHAIRPERSON ALLES: Nathan, you're still on our phone. Go ahead, Caroline.

CHAIRPERSON PECK: Okay. I would recommend --

(Background conversation.)

CHAIRPERSON PECK: Thank you, Nathan for joining.

(Laughter.)

CHAIRPERSON PECK: Okay. So to -- for the fourth time, we are delighted to welcome Rebecca Horne to our Block Grant team. And like I said, she has a long history of working in public health. And I worked with her several years ago. She's been gaining additional experience at the Department of Insurance, and has come back to lead both our evaluation efforts in -- for the State of California plan, as well as liaise with the CDC, and with the eventual idea that she will take over the leadership and management of the program. And so I just, you know, would like to acknowledge that she's here. And it's been a long time that we waited for the right person to do the evaluation and we are just thrilled. So welcome, Rebecca.

MS. HORNE: Thank you very much. Thank you Dr. Peck. And thank you everybody for being here today. And I just want to thank the other members of the Block Grant team for just being so welcoming and helpful. This is my fourth day on the job, but --

(Laughter.)

MS. HORNE: So I'm here to be a sponge at this meeting. And hopefully at this time next year, I'll have much more to contribute. I look forward to working with all of you.

CHAIRPERSON PECK: Wonderful. All right. So I will not spend a whole bunch of time going through this. Anita and I went to the CDC annual meeting -- annual business

meeting in Atlanta about a month ago. And about two years ago, the CDC began to think about evaluation of the block grant. And they've been thinking and doing things over the past two years, and a month ago were able to present their findings to us. I thought that the Advisory Committee would be very interested in hearing how CDC conceptualized the evaluation, and wanted to share the findings that -- from a survey that they did of all of the block grant programs. So -- okay. So the reason that the evaluation of the block grant is done is to show the value of the funds to Congress, as well as to, I think, the states who are participating in this program. What we're evaluating is the use of the block grant funds. And the purpose of the evaluation is really to demonstrate the results, and what states and the territories that are able to achieve with the money. The two questions that the block grant evaluation team was trying to answer were, one, how does the PHHS Block Grant support grantees in addressing their public health priorities; and number two, how does the PHHS Block Grant contribute towards the achievement of organizational systems and health-related outcomes? And these are actually on slide 41, but I just wanted to lay out what the two overarching evaluations questions were before we go through the results. The first thing that the CDC team did was come up with a measurement framework. And they solicited input from all of the programs, and were really interested in what we felt was most valuable about the block grant funds, as opposed to other CDC funds that are specifically tied to disease areas or risk factors. So this data collection the survey they did of all of us, was the first time it had been done. It was in October 2017. It was voluntary, but I think it was more volun-told than voluntary.

(Laughter.)

CHAIRPERSON PECK: And it's the initial stab at the overall evaluation efforts that they will be doing. Okay. Okay. So the measurement framework has three parts the first is the flexibility to address public health needs. This is the only grant I'm aware of from CDC where the states with their Advisory Committee to really decide where the funds are directed. And it's put possibility to change where the funds are directed over time. The second concept was that the use of the funds really is for four reasons. One is to initiate new public health efforts; two is to maintain existing public health efforts; three is to enhance or expand existing public health efforts; or number four is to sustain or restore public health efforts. And that last one can be a little confusing. But really it means if something is going to be eliminated by -- from another funding source such as State funds, then this can actually help close the gap and maintain programs. The results that they determined would be best to look at were what -- has there been improvement in public health infrastructure as a result of the funds, have emerging needs been addressed as a result of the funds, and has evidence-based public health been practiced as the funds are used? They determined three or four framework

measures. And the first one is has information system capacity been improved? As information funds are used, and to look at evaluation of programs and see whether any difference has been made. The second area is really has the quality of programs or policies been improved, or the effectiveness, or efficiency been improved? The third measure addresses emerging public health needs addressed. And the fourth is how many evidence-based public health interventions were implemented? So the performance period for the assessment was July 1st, 2016 to June 30th, 2017. So this evaluation was a discrete time frame. And the questionnaire period was just about over one month in 2017 in the fall. It was administered to the PHHS Block Grant coordinators, and it was an excellent response rate of 93 percent. So the self-reported data represented the Health Department activities only. It -- we didn't really report on any subgrantee activities. And this is the first year of data collection. So there will be some variability in interpretation of the measures and/or survey items by the coordinators when they were responding to the questions. And after looking at the data, there are some informational gaps, but CDC will look to address those. There were outliers that were observed in all the measures, and in some surveys items. So key findings. There's an infographic for each one of the measures. And I'm just going to highlight the main points. They did a very nice graphic. And you can see this is the first one is on the Public Health Infrastructure Information System capacity improved. And 74 percent of grantees reported data, and 164 health departments used block grant money to improve information system capacity. And this included both initiating new systems, as well as maintaining, or expanding, or sustaining these health care systems. The biggest type of system was like a surveillance system, but admin and business was a close second. So the summary of that is -- one other point is that it wasn't just for grantee health systems. Some of the money trickled down to improved systems at the local or tribal or territorial level. So the second measure was public health infrastructure quality improved. And as you can see, 67 percent of the grantees did report data, and 376 total health departments used the funds to achieve efficiency and effectiveness quality improvement. So there was -- looking down at the bottom right, there was quite a large number of new QI efforts that were started. But also, it was -- the money was used to maintain, expand, or sustain existing QI efforts. So -- and, yeah, so I've already covered those issues. So the third performance measure is emerging public health needs addressed. And so 111 emerging public health needs were addressed from 68 percent of grantees that reported data. And I didn't realize there was that many emerging issues, but perhaps some of them were the same issues. You know, for example, the opioid epidemic, I'm sure was something that a number of health departments across the U.S. and its territories addressed. So you can see non-communicable diseases was the largest number, substance abuse as well, and infectious disease, injury prevention, workforce development, environmental health,

mental health, health services, and health equity. So quite a wide variety of areas that were -- that needed some funds to kick-start a program or an effort. Okay. And the fourth performance measure was evidence-based public health interventions implemented. And of the 84 percent of the grantees that reported data, there was 568 interventions that were implemented through the use of block grant funds. And as you can see on the bottom left, there was a lot in the areas of injury and violence, nutrition and weight, physical activity, and tobacco use. And overall, 90 percent were -- of the interventions were evidence based. So for those that weren't evidence based, they were collecting data as well just to make sure that if what -- to make a determination whether or not the intervention that they implemented worked, and then could be -- could add to the literature. CDC is continuing to ask exploratory questions as well as the questions that were -- you know, they wanted a direct response on the survey. And what they determined in these exploratory questions is that for the public health infrastructure, over half of the grantees were to meet or maintain performance against national standards, that -- or almost half hired staff to support accreditation activities, and a few did actually pay for public health accreditation board fees. Also, regarding evidence-based public health practice, 41 percent used the funding to conduct a jurisdictional health assessment, and about a third used the funding to do a jurisdiction health improvement plan, and 57 percent supported local health departments to develop or update a community health improvement plan. So I think the summary of this was the framework and the measures that they developed are relevant to the grantee's work across the nation. And they do strengthen the accountability of the block grant, and especially as we think about our success stories and showing the value of the funding to Congress. This is a nice graphic of -- of the four performance measures. And then the next steps for CDC are really they're going to be finalizing the key message, and further disseminating the findings. There will be some revision of the tools, and we'll be collecting evaluation data in the fall of 2019. So -- and I think what's really nice about this is that Rebecca has come on at a wonderful time. Just once we have our findings, and so we can look at our California programs and using this framework see what additional types of information we may want to add to our program outcome report, and to our evaluation report. But we'll be presenting not just to CDC, but also to the Advisory Committee. So thank you for allowing me the time to give you an overview of where -- what the CDC evaluation efforts are, and how it will benefit us in California.

CO-CHAIRPERSON ALLES: Caroline, one of the things that was nice to see in one of the documents that you sent to us was that I think it was part of the meeting that you went to, that was presented, that there's a bipartisan support for the block grant. And did they say anything more than that relative to the -- what we might predict about the future?

CHAIRPERSON PECK: Well, I think that for '17, we got flat funding. So I think the bipartisan support, the bicameral support in both the House and the Senate is -- just shows how valued this grant is. And I think for federal -- for federal fiscal year 2018, I believe that they're looking at flat funding for the block grant as well. So I am optimistic that -- that we will continue to have flat funding and won't have to sustain any cuts.

CO-CHAIRPERSON ALLES: Great. Thank you. So anybody on the Committee want to ask Caroline a question or comment on her report?

ADVISORY COMMITTEE MEMBER WOOTEN: No questions.

CO-CHAIRPERSON ALLES: All right. So I guess we come to the moment in the agenda that we all look forward to, right?

(Laughter.)

## Adjournment

CO-CHAIRPERSON ALLES: Can I get a motion and a second for adjourning the meeting then?

ADVISORY COMMITTEE MEMBER WOOTEN: So moved.

CHAIRPERSON PECK: Second.

CO-CHAIRPERSON ALLES: All in favor signify by saying aye?

(Ayes.)

CO-CHAIRPERSON ALLES: Any nays?

(Laughter.)

CO-CHAIRPERSON ALLES: Any abstentions? We are adjourned. Thank you, everybody.

(Thereupon the PHHSBG meeting adjourned at 2:20 p.m.)

## Reporter's Certification

### CERTIFICATION OF REPORTER

I, JAMES F. PETERS, a Certified Shorthand of the State of California, do hereby certify:

That I am a disinterested person herein; that the PHHSBG meeting was reported in shorthand by me, James F. Peters, a Certified Shorthand Reporter of the State of California. That the said proceedings was taken before me, in shorthand writing, and was thereafter transcribed, under my direction, by computer-assisted transcription.

I further certify that I am not of counsel or attorney for any of the parties to said meeting nor in any way interested in the outcome of said meeting.

IN WITNESS WHEREOF, I have hereunto set my hand this 11th day of June, 2018.

JAMES F. PETERS, CSR

Certified Shorthand Reporter

License No. 10063