

WEBINAR MEETING
STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH
PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
ADVISORY COMMITTEE

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9:31 A.M.

Reported by: ANN R. LEITZ, CSR
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APPEARANCES

ADVISORY COMMITTEE MEMBERS:

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PHHSBG Principal Investigator, AC Co-Chair

WES ALLES, PhD, AC Co-Chair

STEPHEN MCCURDY, M.D., M.P.H.

CHRISTY ADAMS, R.N., M.P.H., Ph.D.

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STACY ALAMO MIXSON, SUSAN OSFELT, TRACY BARREAU, ANGELA WISE,
SANDY KWONG, NORDIA WILLIAMS

PROCEEDINGS

PHHSBG COORDINATOR HORNE: Hello, everyone. Welcome to the Preventive Health and Health Services Block Grant Advisory Committee Meeting. This is Rebecca Horne. I want to say that Dr. Wes Alles and Dr. Jessica Núñez de Ybarra are the Co-Chairs of the Advisory Committee and will be leading this meeting.

Before we begin, I want to refer everyone, especially the Advisory Committee, to D1, which is the Advisory Committee Member List that is on the screen right now. We also sent it to you via email. If any updates are needed on this list, please be sure to email me or Amy Yan with respect to the meeting materials, as we want to make sure all those addresses and phone numbers are correct. Before getting started, I want to turn it over to Matt Herreid, and he's going to take a roll call of the Advisory Committee Members who are able to participate. Matt, go ahead.

PHHSBG FISCAL ANALYST HERREID: Ready? I would like to acknowledge the representatives of the PHSS Block Grant Program Staff participating in today's meeting. Actually, we'll do the AC roll member call first. Christy Adams?

ADVISORY COMMITTEE MEMBER ADAMS: Present, thank you.

PHHSBG FISCAL ANALYST HERREID: Wes Alles?

CO-CHAIRPERSON WES ALLES: Yes, I'm here.

PHHSBG FISCAL ANALYST HERREID: Stephen McCurdy. Jessica is here. Vickie Pinette? Dan Spiess?

ADVISORY COMMITTEE MEMBER SPIESS: I'm here.

PHHSBG FISCAL ANALYST HERREID: Samuel Stratton? Wilma Wooten? Nathan Wong?

ADVISORY COMMITTEE MEMBER WONG: Here.

PHHSBG FISCAL ANALYST HERREID: Amber Cordola?

ADVISORY COMMITTEE MEMBER CORDOLA HSU: Here.

PHHSBG FISCAL ANALYST HERREID: Leah Northrop?

ADVISORY COMMITTEE MEMBER NORTHROP: Here.

PHHSBG FISCAL ANALYST HERREID: That's the list as I have it. Then, I would like to acknowledge the representatives of the Block Grant Program Staff participating in today's meeting. I am Matt Herreid, Fiscal Lead.

PHHSBG PROGRAM SPECIALIST YAN: Amy Yan, Program Specialist.

PHHSBG COORDINATOR HORNE: This is Rebecca Horne, Block Grant Coordinator. I think, at this time, I also just want to acknowledge the fact that many of our Program Staff are on the call; those programs were funded by the Block Grant. We have Amy McGinnis, Christine Murto, Elizabeth Stoller, Jami Chan, Kelly Kelley, Linda Lee Gutierrez, Lori OBrien, Meredith Milet, Mike Needham, Sharon Tafolla, Sheila Chinn, Shereen Katrak, Stacy Alamo Mixson, Susan Osfeld, Tracy Barreau. Thank you all for joining us and for being available during questions.

ANGELA WISE: Rebecca, this is Angela. I just wanted to clarify that it's Tom McGinnis who is Chief EMSA for Program Staff, and my name is Angela and my last name is Wise.

PHHSBG COORDINATOR HORNE: Thank you so much.

NORDIA WILLIAMS: Hi. This is Nordia Williams. I'd also like to acknowledge that I'm on the call as well.

SANDY KWONG: Hi. This is Sandy Kwong; I'm from California BRFSS program. I'm on, too. Thank you.

PHHSBG COORDINATOR HORNE: Great. Thank you, all. With those introductions out of the way, I think I'm going to turn it over to Jessica, who is the Co-Chair for this meeting. Dr. Jessica Núñez de Ybarra is the PI for the Preventive Health and Health Services Block Grant. Dr. Núñez de Ybarra, take it away.

CO-CHAIRPERSON JESSICA NÚÑEZ DE YBARRA: Thank you. Good morning. Again, I want to thank everyone on this call for participating in this very important and final meeting of the fiscal year with the California Department of Public Health Preventive Health and Health Services Block Grant, our Advisory Committee, who could not be as successful in California as we are without. I want to thank each of you on the phone who have taken time out of your schedules to be here. We understand the State of California is responding to an unprecedented pandemic. Again, we applaud your time and attention to this work and we will do our best to be concise in this meeting. I want to start with referring everyone to document D2 in the agenda. We have it up on the screen now and we'll stick to this outline. I want to thank everybody that we just introduced through the roll call and I want to thank again Rebecca, Amy, Matt, Cha, Fatima, all of you that have made our program so successful. I also want to thank Leah Northrop, who is the newest member of the Advisory Committee. She is the current Public Health Branch Director for Sutter County Health & Human Services. This is a tremendous coup for us to have Ms. Northrop. Finally, I want to thank the Advisory for their ongoing support and their provision of guidance. They have made excellent recommendations throughout the history of this funding, and we really acknowledge their expertise and commitment to public health in California. We do have a court reporter transcribing this meeting and would request that each of you, prior to making comments, state your name so that we have a record. The record will be made available for public review and will be submitted to the Centers for Disease Control and Prevention, our generous funder.

I am going to say a few words that our Deputy Director Monica Morales would have been able to make should she be available this morning, but it turns out she has been pulled away. She may, however, join us later this morning, and so, I will just share the following: We are very

fortunate in California to have this federal funding from the Centers for Disease Control and Prevention. This Preventive Health and Health Services Block Grant award of \$10,738,724 for the incoming state fiscal year 2020 through 2021 will make an impact on the health of the people in California. Twenty-two programs are being funded in this coming fiscal year. These include 14 for the California Department of Public Health plus the federal set-aside rape prevention program, for a total of 15 California Department of Public Health programs. The Emergency Medical Services Authority is funding seven programs. Also, I want to share with you that the process, to date, has been very robust and it goes by various guidance from our funder and has had the input of all center deputy directors in the California Department of Public Health and the Director of our department, Sonia Angell. We appreciate again the dedication.

Also, I want to share that we are very much interested in today's meeting to do the following: The purpose, again, of this meeting is to review and approve the April 2nd, 2020 Advisory Committee Meeting Minutes, to discuss the 2020 State Plan, and to obtain the Advisory Committee approval of the State Plan. Without further ado, again, sticking to our timeline, I would like to thank Dr. Wes Alles, a longtime member of the Advisory Committee and Co-Chair. We appreciate that, despite his recent retirement, he has agreed to continue in this important role. He has recently retired, but spent 30 years at the Stanford Prevention Research Center and has had a 43-year career in health promotion and disease prevention. Dr. Alles, would you like to speak and carry forward?

CO-CHAIRPERSON WES ALLES: Thank you very much, Jessica. That was a nice presentation that you made. I, too, would like to offer a warm welcome to everyone who is on the call today, committee members, department staff, and members of the public. And members of the public, if you are on the phone, I want you to know that there will be times throughout our agenda when I will ask if you want to make a comment or raise a question. Also, I want to thank the CDC for continuing to support the funding for the Preventive Health and Health Services Block Grant and for supporting the work of the California Department of Public Health in its goals related to health improvement for more than 30 million people. This expression of appreciation is on behalf of everyone who lives 25 in California.

I want to also make a note -- the timing is ironic -- that the pandemic is a good reminder of the inter-connectedness between communicable and chronic disease. Much of the news over the last two-and-a-half months related to Covid focused on the population that 65 and older. Frequently reported information noted that seniors were more susceptible or more likely to have serious health consequences or more likely to be hospitalized and more likely to die from the virus. More recently, as public health data became more precise, it was reported that underlying chronic conditions, many of which are related to lifestyle and social demographics, were an even greater risk factor than age itself. The block grant funds are being used to prevent and control underlying risk factors and chronic diseases in the first place, thereby impacting both the risk and the level of consequence experienced by seniors. And the benefit extends beyond the senior population, because if there are fewer infected seniors, fewer of them will need to be hospitalized with more critical symptoms that place health care providers and other patients at great risk of exposure and the costs of treating them will be reduced significantly. A healthy population also impacts the date by which America gets back to a normal state of society which will enable people to go back to work and enjoy the pleasures of life in community. Public and community health efforts play a major role in helping to control

health care costs, helping to restore the economy, and helping people to feel better physically, emotionally, socially and spiritually. Now, recognizing that everyone on this call has a strong commitment to the health of California and to the health of the nation, I encourage each of you to think about the importance of your professional contribution. It makes a difference. So I want to move to the action items. As mentioned, there are three. And we are on the first action item, which is to approve the April 2nd --

PHHSBG COORDINATOR HORNE: Wes, this is Rebecca. Thank you so much for the kind words. I just wanted to pause for a second and acknowledge that an additional Advisory Meeting Member has joined us just a few minutes after roll call. Vickie Pinette is on the call. So I wanted to make sure that we all recognize that she is the additional member. Please proceed.

CO-CHAIRPERSON WES ALLES: Thank you, Rebecca and welcome, Vickie. So we're on Action Item 1, which is to approve the April 2nd, 2020 Minutes. And part of my responsibility is to go through the Minutes and try to present the highlights which will give you a good recollection of the meeting. Before I begin to do that, I also want to thank Dr. McCurdy for serving as the Co-Chair of the committee during this particular meeting. And, Stephen, you did a great job.

So the Summary of the Minutes -- this is document D4 that you would have received last week -- the meeting opened at 10:03; there were five members of the Advisory Committee present, five members were present from CDPH and EMSA and there was one member of the public present. Dr. Núñez de Ybarra began with Welcome and Introductions. The second item on that particular agenda was that the Advisory Committee reviewed and discussed the June 4, 2019 Meeting Minutes, and they were approved. And in that conversation, there was a question asked about whether there was a quorum and whether a quorum was necessary to vote on action items. Since this is an Advisory Committee, a quorum is not required. Agenda Item 3, during that meeting, Jessica and Monica provided a background and overview of the CDPH funding proposal process for federal fiscal year 2020, which started in August of 2019, including the engagement of Dr. Sonia Angell, the new CDPH Director and State Health Officer. EMSA has its own internal process for determining which programs will be funded each year. The next section of importance was that there was reference to the amount of funding and to the set-aside and to EMSA. I won't repeat that because Jessica has already presented that information. The only thing that I will repeat is that the expected funding was \$10,738,724.

During the meeting, Amy Yan provided a short description of the 22 participating programs, including their proposed funding allocations. Then there were discussions and comments. And in that particular section there was a discussion among committee members about whether the Principles for Allocation that were developed by the Committee -- that was probably 15 years ago -- but they were revised, had some things added to the list over time. The question was whether those principles were used during the funding process this year. And Dr. Núñez de Ybarra explained that the AC Principles for Allocation were used very much as a criteria throughout the funding proposal process.

The Agenda Item No. 4 of that meeting, Dr. McCurdy noted for the record that since the Advisory Committee is advisory, that in the event there was an unanticipated change that

needed to be made to the individual program or program allocation that the Advisory Committee would defer at that point to CDPH and allow those changes to be made, that we did not need to hold another meeting to approve those changes. The State Fiscal Year 20-21 Funding Allocation was approved unanimously and the meeting was adjourned at 11:01. Jessica, I wonder, is there anything from that meeting that you might want to come back to at this time?

CO-CHAIRPERSON JESSICA NÚÑEZ DE YBARRA: No, not at this time. You did a tremendous job in the high points of the Meeting Minutes that were previously shared in the Advisory Committee and are available in the meeting materials on this webinar for anyone on the line who wants to refer to those. Thank you.

CO-CHAIRPERSON WES ALLES: Thank you. I now invite comment from any of the Members of the Committee. And I want to remind you that if you choose to make a comment, please state your name first. Hearing none, I want to ask if there are any members of the public who are present and, if so, if you would tell us your name, please. Okay, so we are ready to vote on action item to approve the April 2nd, 2020 Minutes. May I have a motion to approve those minutes?

ADVISORY COMMITTEE MEMBER WONG: I'll make a motion to approve it. This is Nathan Wong.

CO-CHAIRPERSON WES ALLES: Thank you, Nathan. A second?

ADVISORY COMMITTEE MEMBER SPIESS: This is Dan Spiess. I second.

CO-CHAIRPERSON WES ALLES: Thanks, Dan. At this time, I would ask, all in favor please respond by saying "Aye."

ADVISORY COMMITTEE: Aye.

CO-CHAIRPERSON WES ALLES: Are there any opposed? Any abstain? So the motion is carried unanimously and the Minutes are approved.

Our next item, and this is to discuss the approval of the Federal Fiscal Year 2020 Work Plan, also referred to as the "State Plan." I want to begin with having commenced from the Co-Chair, Jessica.

CO-CHAIRPERSON JESSICA NÚÑEZ DE YBARRA: Yes. Thank you so much. As an overview, I want to alert people that in the current fiscal year that began July 1st, 2019, the Centers for Disease Control and Prevention awarded California \$10,615,610 for our Preventive Health and Health Services Block Grant. For the upcoming fiscal year in 2020, CDC notified us that the anticipated award amount will be \$10,738,724, for an increase of \$123,114. This is an increase of one percent from the current fiscal year of 2019. The allocations for each program were approved at the last Advisory Committee Meeting, as Dr. Alles has just reviewed with all of us. Today, we can now move forward to review what programs are proposing to do with the funds in this comprehensive, multiple-page Work Plan. Thank you. Dr. Alles, you can take it from here. Thank you.

CO-CHAIRPERSON WES ALLES: Thank you, Jessica. So now is the time for the Committee to discuss the second action item, which is to approve the Work Plan. And I want to indicate that the Work Plan is really the primary reason and purpose for this Advisory Committee Meeting. We welcome members of the public to comment. And the meetings of the CDPH staff took place in the Fall of 2019. They began in the Fall of 2019. CDPH had three major meetings in order to review program requests for approval and funding. And this means that a lot of work on the grant proposal on the Work Plan was done at the same time as many people in Public Health were starting to learn about the virus, and so, I'm sure that there were distractions and issues at that time, but, nevertheless, they prepared this wonderful document, and I'll comment on that at the end of the meeting. But on April 2nd, Advisory Committee met by way of GoToMeeting to discuss the draft. And the purpose was to review the draft, to ask questions and comment on the proposal so that CDPH could prepare the Work Plan.

Our purpose at this time is to have the Department receive comments from the Block Grant Advisory Committee and for members of the public who are in attendance. And I would like to ask, whom among the committee members would like to be the first to comment on the plan and/or ask one or more questions about the Work Plan or about a specific program within it? So I'm looking for a volunteer? We'll come back. I'll give you another chance. Because some of our committee members -- I'm going to ask a couple of questions. Because some of our committee members are not as familiar with EMSA as they are with CDPH, I would like to ask if someone from EMSA is on the phone and will be able to provide a summary, a brief information response on two questions that will help the committee and the public better understand your mission. Is there someone here who's prepared to do that? Okay.

PHHSBG COORDINATOR HORNE: This is Rebecca. Yes, go ahead. You were probably on mute.

ANGELA WISE: Thank you, Rebecca. This is Angela Wise with EMS Authority. I had thought that Tom was on the phone, so I was giving him a chance, but I'm available to answer any questions, Dr. Alles.

CO-CHAIRPERSON WES ALLES: I actually think Tom and another person from your group are on their way to be doing some work for Covid. They're on the call and they are listening, but I don't know that they are in a place where they can comment. So thank you very much for volunteering.

ANGELA WISE: You're welcome.

CO-CHAIRPERSON WES ALLES: Again, I want to make emphasis that the summary should be brief. We've moved through pretty quickly and we'll move as efficiently as we go on, so I'm thinking, you know, five, seven minutes, something like that, for the two questions total. The first question is to tell us a little bit more about your organization and about the impact that some of your block grant funded programs have had on the safety and health of Californians.

ANGELA WISE: Okay, so EMSA funds seven different programs using the federal block grant. We have California Poison Control Center, Emergency Medical Services for Children. We have specialty care, which is strokes, STEMI and trauma. We have The Maddy Fund, I believe

is under the block grant. Regardless, EMSA's mission -- I just lost my place; forgive me. I'm sorry. I'm trying to navigate multiple areas. But EMSA's mission is to prevent injury, reduce suffering and save lives by developing a standard for administering an effective statewide coordinated system of quality emergency medical care and disaster medical response that integrates public health, public safety and health care. EMSA is a regulatory agency that is charged with upholding the EMS Act within statutes of California, and we oversee LEMSAs throughout the state. California is different than other states throughout the nation, where many other states control EMS systems throughout the state. California is so diverse and large, so there's 33 LEMSAs that control their own EMS system, but follow state statute and regulations and report to EMSA through what is called an EMS Plan and other different policies and through data through our data system called CEMSIS. But the local agencies run their own EMS system to meet their own diverse, unique needs. They run it as they see fit. And EMSA is simply there to provide technical assistance and oversight in health process. We also have seven regional LEMSAs that have multiple counties within their system. Those seven regional LEMSAs also receive general funds for local assistance. EMSA basically is an oversight for emergency medicine throughout the state. We license paramedics. We also have an Enforcement Division for discipline for a paramedic. We have the Central Registry. It's truly a melting pot of emergency medicine.

I'd be happy to answer specific questions. I know that's a lot and it's very broad, but if there's a committee member that has a specific question, if there's something they're unsure of with EMSA, then I would be happy to answer.

ADVISORY COMMITTEE MEMBER SPIESS: Wes, this is Dan Spiess.

CO-CHAIRPERSON WES ALLES: Hi, Dan.

ANGELA WISE: Hi, Dan.

ADVISORY COMMITTEE MEMBER SPIESS: Hi, Angela. How are you today?

ANGELA WISE: I'm fine. How are you?

ADVISORY COMMITTEE MEMBER SPIESS: So far okay. I think Angela presented a very good summary of the programs that are assisted through the block grant. And as a committee member who is affiliated with one of the regional agencies, you know, I can just underscore some of the things that Angela was saying. For instance, in the area of trauma that they're involved in or stroke and STEMI or Emergency Medical Services for Children, they will develop regulations. And then, as we implement programs in that particular area, then we are obligated to follow the guidelines of those regulations and then we submit our plan to the state. Let's say it's a trauma plan; they will review it, they might have questions about it. We might modify our plan and submit it to them and then they would approve it on an annual basis. The same goes for the broader Emergency Medical Services plan that is submitted to them on an annual basis that addresses prehospital care, hospital care, gives information on numbers of patients, types of patients, where the ambulance services or non-transport fire departments are located, the locations and other data regarding hospitals. We submit that to EMSA. And then, on an annual basis, they have questions. We might modify the plans and then it's approved and then we update the plan then on an annual basis. So each of the regional

agencies, as Angela said, we're accountable to the state Emergency Medical Services Authority and we work very, very closely with them on a variety of topics. So that is sort of an oversimplified perspective. But I just wanted to reinforce what Angela -- how she was describing the relationship between the programs that they undertake under the terms of the block grant and how that relates to the day-to-day activities that the local EMSA agencies are responsible for overseeing.

CO-CHAIRPERSON WES ALLES: That was really great information from both of you. And, Angela, I would like to ask the second question; what's the process that you use to determine which programs receive funding from the block grant?

ANGELA WISE: So, to be perfectly honest, that decision predates me. However, I do think EMSA is unique compared to other fundees through CDPH because EMSA has an internal process, and funding for the programs that we do fund, it's dependent on how many PUIs we have in each program and if there is an additional funding source for a certain program. For example, Emergency Medical Services for Children, that program also receives assistance from the HRSA Grant, and years ago, we used to have additional funding, which we lost. So that also changed how we had to fund programs. So it's dependent upon the fiscal year and funding that EMSA is able to find outside of the block grant. But it's really based upon backing and the State Plan that we're able to develop and submit to CDPH.

CO-CHAIRPERSON WES ALLES: Dan, do you want to add anything to that?

ADVISORY COMMITTEE MEMBER SPIESS: Well, I have a perspective on it, and that is -- here's one perspective. As new regulations are required to be developed, like stroke and STEMI or Emergency Medical Services for Children, that responsibility would go to the Emergency Medical Services Authority, but not necessarily any financial means to undertake those activities. So this is an opportunity to be able to take on those responsibilities and meet the will of the Emergency Medical Services community in putting together those regulations. I hope I'm not too much out of line in saying that to Angela, but that's one perspective I have.

ANGELA WISE: Yeah, no, you're not out of line, Dan. It's true. So EMSA -- another example would be legislation. If a bill arises and legislation is passed, that's more than likely not already in the State Plan and EMSA doesn't have funding for implementation of the legislation. But the next go around and the next State Plan, that would be an item that would show up that would require funding and would impact the distribution of the block grant fund. So regulation and legislation is a perfect example of our internal process of how we determine where funds go.

CO-CHAIRPERSON WES ALLES: Thank you very much to both of you. That was informative. And I would say that if members of the Advisory Committee are interested in knowing more about EMSA that you would feel comfortable, perhaps, emailing or being in contact with somebody from EMSA and maybe Dan would be able to make a referral and know the best person to be able to answer that question for you. I want to move now to the second set of questions. Some members of the committee also know less about the rape prevention set-aside requirement and the programs developed on rape prevention. So I have two questions. And I wonder if there's somebody on the meeting right now who could respond to those questions?

STACY ALAMO MIXSON: Yes, Dr. Alles. Stacy Alamo Mixson here from the Injury and Violence Prevention branch. I'm happy to answer your question.

CO-CHAIRPERSON WES ALLES: Can you tell us more about the set-aside requirement and about the impact of some of the rape prevention block grant funded programs that you have had for safety and health of Californians?

STACY ALAMO MIXSON: Yes, happy to address that. Thank you for giving me the opportunity. So, as most of you know, the rape set-aside is a set-aside allocation of the block grant. It has been for many years and it's legislatively mandated. That piece of funding comes to the Injury and Violence Prevention branch within the California Department of Public Health as we administer programs for various forms of violence. We have programs within the branch that address child maltreatment, we look at homicides and suicide data, teen dating violence, domestic violence and also sexual violence, but our main programs we get funded for by CDC is the Rape Prevention Education Program. So we use this rape set-aside allocation to run alongside the Rape Prevention Education Program, and this pot of money funds local rape crisis centers, leveraging the funding from our existing Rape Prevention Education Program. In eight of those rape crisis centers, we support community-based projects, and in four of those we support school-based projects, all for the greater prevention of sexual violence, meaning to stop sexual violence before it ever happens as opposed to providing victim services. The community-based projects are implementing a promising community mobilization strategy called "Close To Home," and that project engages whole communities to design solutions and lead social change for sexual violence prevention. Local rape crisis centers form youth and adult organizing teams to build community leaders to serve in capacity for change at the community and societal level. We have documents and positive outcomes on youth leadership, community engagement, community connectedness and institutional change within the rape crisis centers.

The school-based projects which are implemented in four of the rape crisis centers are implemented using a comprehensive strategy to promote positive school climate. So the essential elements of these projects include sexual harassment, sexual violence prevention, policy, campaign, youth leadership teams, trainings for school staff and administration and specific curricula for students. And those programs teach healthy relationships, it informs consent, how to intervene with witnessing violence and gender norms that contribute to violence. And the curricula implemented as part of that strategy are guided by CDC's Stop Sexual Violence Technical Package, which is a compilation of strategies to achieve reduction of sexual violence in communities based on best-available evidence.

So all of these projects funded through the block grant incorporate process and outcome evaluation activities. We administer pre and post tests to participants. We have data collection on community level outcomes and implementation data, and the outcomes that we track include increases in knowledge, changes in attitudes and beliefs and behaviors, an increase in youth leadership, social connectedness, community engagement in connectedness and, of course, decreases in incidences of sexual violence. So this is what we have been using the block grant rape set-aside for and exactly what we have proposed to use for the next year of block grant funding.

CO-CHAIRPERSON WES ALLES: Thank you.

STACY ALAMO MIXSON: Happy to answer questions.

CO-CHAIRPERSON WES ALLES: Let me hold on the question and we can take -- I think I would like to ask you the question and then the Committee could ask questions about either of the points that you raise. But what's the process you use to determine which programs receive funding from the block grant?

STACY ALAMO MIXSON: So, as I mentioned, we run this right alongside our Rape Prevention Education Program. So the rape crisis centers are actually selected through competitive request for application process, and we usually engage them in contracts that are two to three years in duration. So every two or three years, we conduct a competitive process that really looks at rape crisis centers that have the capacity to implement and evaluate these kinds of programs. We ask them to specify their target population. We ask them to talk to us about their relationships with their community-based organizations and their schools and we run a selection process. So, all told, we fund about 24 rape crisis centers and 12 of those are funded using the block grant funding.

CO-CHAIRPERSON WES ALLES: Thank you. Does any member of the Committee have a question that you would like to ask her? That was a really terrific explanation, response. Thank you so much for being on the call and for agreeing to provide that information.

STACY ALAMO MIXSON: Thank you.

CO-CHAIRPERSON WES ALLES: Is there a member of the public on the phone? Okay. Before we come to the vote -- I guess I should come back. I said I would give you a second chance, Committee. Has anybody come up with a question that you would like to have answered or maybe make a comment about the plan?

ADVISORY COMMITTEE MEMBER ADAMS: This is Christy Adams. I would like to make a comment, more than a question, in regards to the Injury Prevention Program.

CO-CHAIRPERSON WES ALLES: Sure, go ahead, Christy.

ADVISORY COMMITTEE MEMBER ADAMS: So in looking at -- excellent plan and I think it's, you know, well-addressing the -- particularly across the age continuum, and then having the data pieces is incredibly important. One of the things that I am, I guess, wondering about is the focus specifically on unintentional childhood injuries. And I understand, working in the prevention field, that, you know, addressing unintentional injuries can sometimes be a little more straightforward because there's less of the social determinants of health and socioeconomic sort of global issues that need to be addressed with the intentional childhood injuries. But, in my work, I often see intersectionalities between intentional and unintentional injuries, and when I find education opportunities, webinars, conferences, et cetera, like the ones proposed in the plan that focus specifically on unintentional injury, I feel that it can sometimes be limiting to prevention professionals who are working sort of with their feet planted firmly in both areas, if we will, with intentional and unintentional injury. So I'm wondering, I guess, idea of a question in that, moving forward, has there been consideration in moving forward with a future plan, perhaps, of addressing intentional childhood injury, also

understanding the intersectionalities between those two areas?

CO-CHAIRPERSON WES ALLES: Is there somebody on the call who can respond to that?

STACY ALAMO MIXSON: Hi. This is Stacy again from the Injury and Violence Prevention Branch. So we do use a portion of our block grant allocation to help support our Kids' Pet Place program. We do have some local assistance that are derived from the selling of license plates and we fund some local coalitions to work on unintentional childhood injuries, the ones that are popping up most prevalent in their areas. So we do use that to support webinars and other educational activities to support unintentional childhood injury. Your point is well-taken, Christy, about that we also work on violence-related injuries that I mentioned earlier that we do have some funding from CDC called Essential for Childhood Initiative that we look at child maltreatment and we also in our Violence Prevention Initiative look across the span to look at risk and protective factors in all forms of violence. Coming forward in the next year, we're looking at unintentional injuries, we're looking at older adults injuries, traffic-related injuries. And this next year, we will be funding some questions on VRFF that look at firearms, and we do look at that as a crossover injury as well. Children are injured in unintentional firearm injuries every year, so we'll be tracking that and making a close report on that as well.

ADVISORY COMMITTEE MEMBER ADAMS: Thank you, Stacy. I appreciate that response.

CO-CHAIRPERSON WES ALLES: Someone else on the Committee? Okay. I'm going to give you one more opportunity in a minute. I would like to provide some personal thoughts about the California Work Plan for the Chronic Disease block grant, and we'll invite others to comment before we vote on approving the plan that would be sent to the CDC. These are my thoughts. The Work Plan is well written and it supplies all of the information that is required by CDC. The plan is based on proven effective principles of Public Health, the social and behavioral sciences, the data collection, analysis of presentation and effective strategies for building community and collaboration. I believe that every one of these 22 programs will achieve their goals, thereby improving the health and quality of life for 39 million Californians. In the California Work Plan, the 22 CDC-funded programs often use the word "equity." This reflects a California value that diversity is a strength. Public Health programs are intended to serve the people of the state and especially those who do not have the wherewithal to pay for preventive services, health promotion programs or health care services. Our Work Plan accepts all 39 million people, and we encourage them to participate and to be a part of these wonderful programs that are being offered. The block grant model recognizes that state needs vary based on a wide variety of issues and, therefore, federal funding enables the states to define their priorities. The federal requirement for the Chronic Disease Block Grant requires an advisory board such as this one. Why? Because diverse people from diverse communities ensure broad conversation, diverse perceptions and services for a broad constituency. Our responsibilities as committee members are to participate as engaged nonpartisan advisers who are well-informed, who ask questions and who, as a committee composed of expert professionals, make recommendations to the state health officer as good stewards of tax dollars. Centers for Disease Control and Prevention, the American Public Health Association, the Health Enhancement Research Association, the National Business Group on Health and many other organizations, professional and nonprofit organizations, indicate that the cost of prevention is not only less than the cost of cure or remediation, but that prevention is an asset that returns at least four dollars for every dollar invested. I say thank you to the CDC for

decades of standing up to the pressures from the legislative branch of government when the sentiment is to eliminate or severely cut the funds for prevention and health promotion. Partnerships both within and outside CDPH are referenced frequently in the plan. Because the subsidy from CDC has remained essentially flat in the vicinity of \$10 million for the past 15 years, collaboration is a necessity. Collaboration then benefits the quality of the program because of the broad, yet unique perceptions that are held across public health, community health, government at federal, state, and local levels, nonprofits and community stakeholders. We receive nearly \$11 million for the California Public Health and Health Services Block Grant. If we are able to turn this investment into a four-to-one return on investment, we are delivering more than \$30 million of savings.

Thank you CDPH and EMSA, meaning all of the employees who provide outstanding service to the people of California. Thank you to the partners of CDPH and EMSA. Thank you to those who work in the local health districts. Because of you, public health is alive and well in California. Would anybody else like to make a statement about the essence of the State Plan? And, if so, again state your name ahead of time. Okay. So now we are ready for a vote on this action item. I should also -- I'm sorry; is there a member of the public who has joined us on the phone? Okay. We are now ready to take a vote on this action item. I would like a motion to approve the Federal Fiscal Year 2020 Work Plan, and would someone please make a motion?

ADVISORY COMMITTEE MEMBER ADAMS: This is Christy --

ADVISORY COMMITTEE MEMBER SPIESS: This is Dan. I'll make a motion or second it, whichever is most appropriate. I'll make a motion to approve the plan.

ADVISORY COMMITTEE MEMBER ADAMS: This is Christy Adams. I will second that.

CO-CHAIRPERSON WES ALLES: Thank you both. So we have a motion and a second. All in favor of approval of the Work Plan please respond by saying "Aye."

ADVISORY COMMITTEE: Aye.

CO-CHAIRPERSON WES ALLES: All opposed, say "Nay"? Anyone abstaining? The Federal Fiscal Year 2020 Work Plan then has been approved unanimously by the Public Health and Health Service Block Grant Advisory Committee. Rebecca, would you discuss the next steps? Where do we go from here?

PHHSBG COORDINATOR HORNE: Certainly. Thank you all for those thoughtful comments. For the next step, now that the plan is approved, our team will send it to the CDPH Director's office for approval. If the Director has any comments for any of the 22 programs, we will let those programs know. So please stay tuned. Once the Director approves the plan, we will submit it to CDC. The deadline is July 1st. The plan is subject to CDC approval, so if our CDC project officer has any comments or questions, we will work with individual funded programs to address those as well. If there are no comments from CDC when they approve the plan, we will let everyone know via email the good news. So, Wes, I'll turn it back to you.

CO-CHAIRPERSON WES ALLES: Thank you very much. Jessica, I would like to give you an

opportunity as the Co-Chair to say anything that you would like to the Committee, to the public and to all the people who are on the phone from CDPH and EMSA.

CO-CHAIRPERSON JESSICA NÚÑEZ DE YBARRA: Dr. Alles, I just want to thank you again for a tremendous job today, this morning. We are deeply indebted to your stewardship in this work. Thank you.

CO-CHAIRPERSON WES ALLES: You are very welcome. I would like to take a motion to adjourn the meeting, unless someone has something that they would like to indicate before we make that motion? I would entertain a motion and a second, then. Someone?

ADVISORY COMMITTEE MEMBER ADAMS: This is Christy Adams. I will move to end the meeting.

ADVISORY COMMITTEE MEMBER SPIESS: I will second it. This is Dan. I second it. This is Dan Spiess.

CO-CHAIRPERSON WES ALLES: Thank you, Dan. So in favor of adjournment of the meeting, if so, please say "Aye."

ADVISORY COMMITTEE: Aye.

CO-CHAIRPERSON WES ALLES: Any opposition? Any abstain? In that case, then, this meeting is adjourned and the time is eleven o'clock. I thank everybody for your participation, for your interest, for your service, and, again, that's on behalf of 39 million people who we call members.

(Meeting adjourned at 11:00 a.m.)

REPORTER'S CERTIFICATE

STATE OF CALIFORNIA))ss. COUNTY OF SACRAMENTO)

I, Ann R. Leitz, Certified Shorthand Reporter in the State of California, hereby certify that I was duly appointed and qualified to take the foregoing matter:

That acting as such reporter, I took down in stenotype notes the testimony given and audio proceedings had;

That I thereafter transcribed said shorthand notes into typewritten longhand, the above and foregoing pages being a full, true and correct transcription of the testimony given and proceedings had.

/s/Ann R. Leitz

ANN R. LEITZ, CSR NO. 9149

DATED: JUNE 3, 2020