

**STATE OF CALIFORNIA  
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH**

**PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT  
(PHHSBG)**

**ADVISORY COMMITTEE MEETING**

ONLINE/TELECONFERENCE MEETING

HOSTED BY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
SACRAMENTO, CALIFORNIA

THURSDAY, MAY 25, 2024  
10:00 A.M.

Reported by: Ramona Cota

## **APPEARANCES**

### **ADVISORY COMMITTEE MEMBERS**

Wes Alles, PhD, Co-Chair, Director, Stanford Health Improvement Program

Caroline Peck, MD, MPH, FACOG, Co-Chair, Principal Investigator, Director, Preventive Medicine, Residency and Cal EIS Fellowship, California Department of Public Health

Amber R. Cordola Hsu, PhD, MPH, Department of Medicine, Preventive Cardiology Program

Leah Northrop, MPA, Branch Director, Public Health, Sutter County Health & Human Services

Shira A. Schlesinger, MD, MPH, FACEP, Director, EMS Disaster Preparedness Programs Associate Director, EMS Fellowship Base Medical Director Harbor-UCLA Medical Center

Donna Stone, Northern California EMS, Inc.

Christine Wu, MD, MPH, Health Officer & Deputy Director - Public Health Napa County Health & Human Services Agency

### **PHHSBG PROGRAM STAFF**

Matt Herreid, PHHSBG Fiscal Lead

Phu Hoang, PHHSBG Health Program Specialist II

Amy Yan, PHHSBG Program Specialist

### **ALSO PRESENTING/COMMENTING**

Angela Wise, Assistant Chief of EMS Systems, Emergency Medical Services Authority

Christine Murto, State Refugee Health Coordinator, Office of Refugee Health

Lauren Groves, Chronic Disease Control Branch Chief, California Department of Public Health

Jeffery Rosenhall, MA, Injury Violence and Prevention Program

Lisa Rawson, MA, Cardiovascular Disease Prevention Program

Dharma Bhatta, PhD, MPH, Cardiovascular Disease Prevention Program

PROCEEDINGS

10:02 a.m.

AC CO-CHAIR ALLES: I would like to call to order this meeting of the Block Grant Advisory Committee; and as I look at my clock it is about 11:02 or 11:03. I want to welcome the Advisory Committee and any program staff or members of the public who may be participating randomly. And before beginning the meeting I would like to ask Matt Herreid to take roll call of the Committee Members.

MR. HERREID: Certainly. We want to make sure the AC contact information and affiliations are current in document D1. Please contact us immediately after this meeting if any updates are needed.

First one, Christy Adams. Is Christy Adams here?

(No audible response.)

MR. HERREID: No. Number 2, Wes Alles?

AC CO-CHAIR ALLES: I am here.

MR. HERREID: Very good. Number 3, Amber Cordola Hsu?

AC MEMBER HSU: Here. It's Hsu, thank you.

MR. HERREID: Okay. I looked it up and it said Hsu (pronounced like "shoe"). I'll go with yours.

Leah Northrop.

AC MEMBER NORTHROP: Good morning.

MR. HERREID: Caroline Peck? I know you're there, Dr. Peck.

AC CO-CHAIR PECK: I'm here. Thank you, Matt.

MR. HERREID: Very good.

Shira Schlesinger?

1 AC MEMBER SCHLESINGER: Here.

2 MR. HERREID: Donna Stone?

3 AC MEMBER STONE: Good morning. Here.

4 MR. HERREID: Christine Wu?

5 AC MEMBER WU: Good morning. I'm here.

6 MR. HERREID: All right, that is seven out of eight. Wes, I will turn  
7 it back over to you.

8 AC CO-CHAIR ALLES: Thank you, Matt; and thank you all for  
9 attending.

10 The purpose of the meeting is to review and approve the April 4,  
11 2023 meeting minutes of the Advisory Committee, give an overview of the federal  
12 fiscal year 2023 State Plan, and obtain Advisory Committee's recommendation  
13 on the approval of the State Plan.

14 Want to acknowledge the court reporter and thank that person for  
15 transcribing the meeting. Also want to remind you that when you start to speak,  
16 as we go through the meeting, please do your best to try to remember to give  
17 your name, it makes it easier on the court reporter. And if you -- if that happens I  
18 would advise that the court reporter just stop, just interrupt and say, who is  
19 speaking please, or something to that effect. But it is important that all of the  
20 people get recognized for the comments and that they be identifiable, to see that  
21 person be identifiable to CDC. Not in any single case but we want people to be  
22 acknowledged for the presentations that they make during the meeting.

23 I want to refer everyone to document D2 on the agenda.

24 I have already welcomed the AC members. I would like to welcome  
25 the Block Grant Program staff who do such excellent work that makes our job so

1 much easier with all of the presentations that they put together and all of the  
2 information that is assimilated by them.

3 At this time I would like to ask if there is any member of the public  
4 who would like to make a comment? Is there anybody on the phone or in any  
5 other means of communication who would acknowledge that they are  
6 participating or listening to the meeting?

7 MS. WISE: Wes, this is Angela Wise, Assistant Chief of EMS  
8 systems for EMSA. I am here for any questions.

9 AC CO-CHAIR ALLES: Thank you, thank you, Angela.

10 Anybody else? Okay, well, then I would like to --

11 MS. MURTO: This is -- sorry. This is Christine Murto, I am from  
12 the Office of Refugee Health if there are any questions.

13 AC CO-CHAIR ALLES: Okay. Anybody else?

14 Thank you both for joining us.

15 I want to thank the AC Members for your service to the people of  
16 California and also on behalf of the California Department of Public Health. We  
17 appreciate each other, we appreciate your time in reviewing the State Plan, and  
18 for providing guidance and making recommendations based on your expertise  
19 and commitment to public health in California.

20 I do have an announcement to make at this point, which is that Dr.  
21 Caroline Peck will be stepping down from her role as the Block Grant Principal  
22 Investigator and as the Advisory Committee Co-Chair. And so, Caroline, I would  
23 like to ask if you would say some things about that and make an introduction to  
24 another person from the CDPH.

25 AC CO-CHAIR PECK: Well, thank you, Wes. I am delighted to

1 have had the opportunity to be the Principal Investigator of the Block Grant and  
2 to serve as Co-Chair with you on this Committee.

3 But we have a wonderful new Chronic Disease Control Branch  
4 Chief named Lauren Groves, and traditionally the Branch Chief has been the PI  
5 and the Co-Chair of this Committee. And so I was, you know, interim, but now  
6 Lauren is ready to take on her new role so I will turn it over to her to introduce  
7 herself.

8 But I just want to say, echo Wes' thank you to all of the Advisory  
9 Committee Members and to the Block Grant staff who has done such a  
10 wonderful job in helping guide us and support us, also to the Advisory  
11 Committee. Also to all the programs, I'm sorry, that have just partnered with us  
12 so well and they are doing such great work with the Block Grant.

13 So, Lauren, I turn it over to you.

14 MS. GROVES: Thank you. I just want to say, echo what has been  
15 said already. But thank you all for all of your hard work and being part of this  
16 Committee with us and showing up to our meetings, being interactive in between,  
17 just really appreciate all the hard work.

18 And I do want to, on a very special note thank Caroline, Dr. Peck,  
19 for everything that she has done. She has ensured that the program has kept  
20 moving forward and that we have seen forward progress and continue to have a  
21 strong impact. Her input and her time as both the PI and the Co-Chair has been  
22 invaluable and I can't thank her enough for the role that she has played. And the  
23 really great news is she is still going to be around and we will still be working  
24 together; so just thank you so much for all that you have done and I am excited  
25 to jump into this work a lot more and work with all of you on the Advisory

1 Committee work.

2 I also just want to say as we move forward, my goal is to really  
3 listen and learn from all of you. Figure out what is happening with all of our  
4 programs. I have been working with Caroline and the team for some time now, a  
5 few months, to really understand what we are hoping our impact will be and that  
6 will continue. But I am excited to work with all of you as the Advisory Committee  
7 as well.

8 I also wanted to just announce that we have a new committee  
9 member joining us. Unfortunately, she was unable to join us today but she will  
10 join us at our next meeting. Dr. Rita Nguyen from the Director's Office here at  
11 the Department of Public Health, she is our Assistant Health Officer for the  
12 Department. She will be joining us and will really be bringing the Director's Office  
13 voice to this conversation moving forward. She is really learning a lot about the  
14 Grant Program and what all of the programs are doing as well as reevaluating  
15 and looking at the role of this Advisory Committee. And so there's more to come.  
16 There are no answers just yet. I just want to let you all know that that is  
17 something. She will be joining, she will be bringing the Director's Office voice to  
18 this Committee, and she will also be participating in, you know, really  
19 reevaluating the responsibilities and the roles of this Committee moving forward  
20 and how we can have a bigger impact as an Advisory Committee. I hope she will  
21 be able to join us at our next meeting.

22 So thank you all again. And just one more time, thank you so  
23 much, Caroline, for all that you have done, not just for this Committee, but for the  
24 Block Grant Program as well as to help me get caught up and ready for the PI  
25 role, so thank you very much. And at this time I am going to turn it over to, back

1 to Dr. Alles.

2 AC CO-CHAIR ALLES: Lauren, a very warm welcome to you. And  
3 while I am communicating that message personally, I also want to convey that  
4 our Advisory Committee is composed of a lot of really nice people, and I am sure  
5 if they had the opportunity to say welcome that it would be a nice, warm  
6 welcome. All of them are kind and good people. So I believe you will have a  
7 nice experience as you are serving on this committee.

8 So are there any questions or comments from the Committee to  
9 this point in time? We haven't covered a lot but would anybody like to respond to  
10 Caroline or to Lauren about something?

11 Okay. And let me ask, is there anybody from the public on the  
12 phone?

13 Okay. So with no questions or comments from the Committee  
14 Members then or from the public let's proceed with the agenda.

15 We are going to move to Item number 2, our first point of order is to  
16 review the minutes from our April 4 meeting. I refer everyone to document D3,  
17 which is the court reporter transcript of the April 4 meeting and then there is  
18 another document that is D4, which is the Summary of Minutes that were put  
19 together by the people from CDPH who are on the Block Grant Committee.  
20 Thank you for taking those many pages of word for word narrative and  
21 condensing it down to concepts that are easily understood and that are  
22 supported with some backup information. So what I would like to do is give us as  
23 a Committee about two to three minutes so that you can review the meeting  
24 minutes; and that would be on D4. And that will give you an opportunity if you  
25 had looked at something and you made a note, whether it was a mental note or a



1 written note, that you will be able to retrieve that and be able to speak to that in  
2 just a couple minutes. So we will be on silence as you look through that and I'll  
3 keep time. Perhaps about two minutes, let's say that. Okay.

4 (Pause to review Document D4.)

5 AC CO-CHAIR ALLES: Okay, is there any comment from any  
6 member of the Advisory Committee? As a reminder, when you begin to speak  
7 again, indicate your name first. I will ask again, is there any comment that  
8 someone would like to make relative to the --

9 AC MEMBER WU: Hi, this is Christine Wu. I wanted to just ask, I  
10 don't have concerns about the minutes but I am curious as to whether we had  
11 received a list of the funded special projects that I had inquired about that is  
12 listed on the minutes on page 3?

13 AC CO-CHAIR ALLES: Okay, good question.

14 AC CO-CHAIR PECK: Phu, I believe you sent that out; is that  
15 correct?

16 MR. HOANG: Yes. Let me double-check on when I sent it out and  
17 I will get right back to you.

18 AC CO-CHAIR PECK: Okay. And it's possible that we could  
19 actually put that up on the screen if it wasn't sent out too. Yes, please continue,  
20 Wes.

21 AC CO-CHAIR ALLES: I don't know if we can continue because  
22 the next item is any discussion and a vote.

23 AC CO-CHAIR PECK: You're right.

24 AC CO-CHAIR ALLES: If somebody else has a comment while  
25 we're waiting, we could certainly take that on.

1                   This is Leah Northrop. I just had a quick correction on page 2, it  
2 looks like the third paragraph. It is federal fiscal year 2032; I am guessing that's  
3 2023.

4                   AC CO-CHAIR ALLES: And Phu, will you correct that?

5                   MR. HOANG: Yes.

6                   AC CO-CHAIR ALLES: Okay. And did you put the item, the  
7 previous question, up on the screen? Phu, did you find the document you were  
8 looking for?

9                   AC MEMBER WU: If that would just be sent out after the meeting  
10 that would be fine and we can move forward, if that's okay.

11                  MR. HOANG: Absolutely, Dr. Wu, yes.

12                  AC MEMBER WU: And sorry, yes, this is Christine Wu speaking  
13 again.

14                  AC CO-CHAIR ALLES: Thank you, Christine. All right, hearing no  
15 other questions or comments, this is an action item and the action item is to  
16 approve the April 4, 2023 Meeting Minutes. And in just a moment I will be asking  
17 for a motion, a second, and then we will take a vote in favor, opposed and  
18 abstaining.

19                  So again, the action item is to approve the April 4 Meeting Minutes  
20 from 2023. May I have a motion? Somebody make that motion?

21                  AC CO-CHAIR PECK: I so move, Caroline Peck.

22                  AC CO-CHAIR ALLES: Thank you.

23                  AC MEMBER WU: I second, and Christine Wu seconds.

24                  AC CO-CHAIR ALLES: Thank you, Christine. Thank you,  
25 Caroline.

1 All those in favor of approval of the April 4 meeting please indicate  
2 by saying "aye."

3 (Ayes.)

4 AC CO-CHAIR ALLES: Are there any nays?

5 (No audible response.)

6 AC CO-CHAIR ALLES: Any abstentions?

7 AC MEMBER STONE: Good morning, Wes. This is Donna Stone,  
8 and I will abstain as I was unable to attend that meeting.

9 AC CO-CHAIR ALLES: Okay. Thank you, Donna.

10 AC MEMBER STONE: Thank you.

11 AC CO-CHAIR ALLES: Okay, so that motion was approved  
12 unanimously with one abstention.

13 So Caroline, I am going to turn the meeting over to you to discuss  
14 the items under Agenda number 3.

15 AC CO-CHAIR PECK: Thank you so much, Wes.

16 This is to review the Federal Fiscal Year 2023 Work Plan, or State  
17 Plan, as it is known. If document D6 could be brought up and shown I would  
18 appreciate it. Okay. So, Amy Yan had sent this document to the Advisory  
19 Committee a week in advance so everyone would have ample time to review it.

20 CDC gave us flat funding for FFY 2023 so we will be receiving  
21 \$10,515,205. As the Directorate decided to just fund the same programs this  
22 year as we had last year, the funding allocations to programs were, were the  
23 same.

24 And as you know, part of the money goes to the Rape set-aside,  
25 part of it goes to the Emergency Medical Services Authority and part of it goes to

1 the other CDPH programs.

2               So the Directorate did decide that we will go through a funding  
3 proposal process for the next year of CDC funding, so FFY 2024. This funding  
4 will be used in the state fiscal year '24-25 and we will go into that in more detail in  
5 Agenda Item number 5. But due to COVID we have had the same programs at  
6 approximately the same funding levels for the past four years and for this next  
7 year as well.

8               So at the April 4 Advisory Committee meeting the Committee  
9 recommended to approve the proposed funding program funding allocations for  
10 this year's State Plan. The State Plan includes goals, objectives and activities for  
11 each program.

12              As required by CDC, we held a public hearing on May 23rd of this  
13 year to allow members of the public to comment on the Work Plan. But we didn't  
14 receive any additional public comments or arguments by the deadline, which was  
15 5:00 p.m. on Wednesday, May 24 and that was the close of the written comment  
16 period on the official notice.

17              So at this point I would like to ask if the Advisory Committee  
18 members have any comments they would like to make?

19              AC MEMBER WU: Hi, Caroline, this is Christine Wu. I wanted to  
20 ask, in reviewing this, do we as this Block Grant Advisory Committee have, can  
21 we provide input on the State Plan such as how the race and gender identity  
22 categories are listed out? For example, with the first one?

23              AC CO-CHAIR PECK: Yes. Phu or Amy, if you guys could scroll  
24 down to the part that Christine is talking about.

25              The CDC is very regimented in the information they want us to

1 collect for these different programs. They actually list out the race and ethnicity  
2 categories and the programs have to respond as to how they, how they meet  
3 those categories. So the only way that we would be able to, or the Advisory  
4 Committee could have input into changing it, is if you mention it today and then  
5 the next time we have a meeting with CDC we can share the input from our  
6 Advisory Committee regarding any changes that we would recommend. But as  
7 far as this plan, we don't have any ability to change how they are listed out or  
8 broken down at this point. It would have to be a change at the federal level. But  
9 we can certainly give your input to them.

10 AC MEMBER WU: Okay. And so if you scroll down further you  
11 can see that -- a little bit farther. Okay, right there. So one of the things is just  
12 having the term "Asian" to encompass very large numbers of subsets of Asians  
13 really hides by number of, you know, communities that do have disparities. So I  
14 want to make sure that the CDC hears from us that it is there. Especially at the  
15 end of the Asian and Pacific Islander month. I think that disaggregation of certain  
16 race categories that are really large is beneficial for us to understand where  
17 disparities lie.

18 AC CO-CHAIR PECK: That's an excellent point.

19 AC MEMBER WU: This wouldn't, this wouldn't necessarily be just  
20 for this Plan. You know, I am not sure if the other ones below this have also  
21 included this, but this will be a general recommendation that they consider  
22 disaggregating race categories that are large like that.

23 AC CO-CHAIR PECK: Thank you so much, Christine. That is an  
24 excellent comment and we will pass it along to CDC. I think California is usually  
25 further ahead than the federal government in these types of issues; so thank you

1 so much for bringing that to our attention.

2 Are there any other comments?

3 AC CO-CHAIR ALLES: Would that extend to any other large  
4 minority group that would have subsets that should be recognized?

5 AC CO-CHAIR PECK: Any input from the Committee for Wes'  
6 question? Or if you have any thoughts on it, Wes, please feel free to say.

7 AC CO-CHAIR ALLES: Yes, I think it is important if you are looking  
8 at disparities, and you are looking at a global composite, it is not going to be as  
9 accurate as it should be in order to identify subpopulations of people who may  
10 stand out as an outlier and then public health would be able to look into that. I  
11 assume if it was in California that would be the role of the California Department  
12 of Public Health. But that would then be distributed to all of the people who  
13 typically get the information from CDC as a disparity report.

14 AC MEMBER WU: I had one other thought to add to that, Wes and  
15 that's with one thing that I see is missing is the "Other" category, which often is  
16 just multi-race. And with so many people who are not of necessarily one race  
17 anymore, especially in California, I think it -- I am not sure what the correct  
18 answer is, but I think it would be beneficial if we can have people be listed as  
19 both races somehow and have that data be made available.

20 AC CO-CHAIR PECK: Thank you. And Dr. Schlesinger, you have  
21 your hand up.

22 AC MEMBER SCHLESINGER: Yes. When you talk about, I  
23 guess, other large groups, it is interesting here that kind of everyone who does  
24 not fall into these four categories is, I guess, grouped into the concept of White.  
25 Other is missing. But also White is a misnomer for a large number of groups in

1 our state and throughout the country that are from a variety of different  
2 backgrounds that may be especially, let's say our Middle Eastern population,  
3 don't really what fit well into any of these categories. And I think that is  
4 something also that we could point out to perhaps point the federal government  
5 in the right direction.

6 AC MEMBER HSU: Hi, this is Dr. Amber Cordola Hsu. I definitely  
7 agree. I would definitely like to be marking Middle Eastern versus Other all the  
8 time. I don't feel like I am White, I never have and my family has never  
9 considered themselves. So that would be great if California could get on track as  
10 well as the federal government.

11 AC CO-CHAIR PECK: Excellent points. Thank you both for your  
12 input. And, Christine, for bringing that up in the first place. I think they will  
13 appreciate the feedback from us as well.

14 Okay, are there any other comments people would like to make,  
15 Advisory Committee Members?

16 Hearing none, are there any members of the public who would like  
17 to make a comment?

18 Hearing none, we will go to our next action item, which is to  
19 approve the Federal Fiscal Year 2023 State Plan. And at this point I will ask for a  
20 motion and a second and we will vote after.

21 AC CO-CHAIR ALLES: Are you seeking that now, right now?

22 AC CO-CHAIR PECK: Yes, please. Thank you, Wes.

23 AC CO-CHAIR ALLES: Somebody make a motion and second.

24 AC MEMBER SCHLESINGER: I will motion to approve with  
25 comments as described.

1 AC CO-CHAIR PECK: Thank you so much, Dr. Schlesinger.  
2 Do we have a second?  
3 AC MEMBER NORTHROP: This is Leah Northrop --  
4 AC MEMBER STONE: This is Donna -- whoops.  
5 AC MEMBER NORTHROP: I second.  
6 AC MEMBER STONE: This is Donna Stone, I will second.  
7 AC CO-CHAIR PECK: Thank you so much, Donna. So we will ask  
8 for all those in favor of approving the 2023 State Plan with the comments that  
9 were discussed and we will send that to CDC. All those in favor please say  
10 "aye."  
11 (Ayes.)  
12 AC CO-CHAIR PECK: Are there any opposed?  
13 (No audible response.)  
14 AC CO-CHAIR PECK: Are there any who would like to abstain?  
15 (No audible response.)  
16 AC CO-CHAIR PECK: Thank you so much. The minutes are now  
17 approved (sic). Or the State Plan is now approved.  
18 And we can move on to Agenda Item number 4 and this is for the  
19 California Funding Proposal Process for Federal Fiscal Year 2024. That will start  
20 next July 2024. I think the reason that -- I think we are all very excited about  
21 going through another funding proposal process and so we are so glad the  
22 director gave us that direction because we have been through a lot in the past  
23 four years. There's a lot that has changed throughout the pandemic. There's  
24 new public health responsibilities, there's new priorities, there are new funding  
25 streams, and so it is a good time to reassess how the money is used in



1 California.

2                   So the high level work that we are, the team is currently thinking  
3 about for the funding proposal process, which will take place kind of in the  
4 summer to fall, is that we are developing a process with a timeframe and the  
5 roles and responsibilities of the Department and the Advisory Committee and  
6 then that will be reviewed by the Director's office. And once that is approved and  
7 they have a chance to comment, then we will share that with the Advisory  
8 Committee and discuss with you what dates might be most convenient for you to  
9 be involved in this funding proposal process. I think the priority focus of the  
10 Department is going to align with the priorities of the Director and his vision. And  
11 we want to address unmet public health needs and aim to fund programs that  
12 don't have any other funds but are critical for public health in California.

13                   That is why we are so pleased that we will have the Assistant  
14 Health Officer Dr. Rita Nguyen with us, because she will be able to speak to the  
15 vision of the Department and share her thoughts on the role of the Advisory  
16 Committee and really tapping into all of the expertise that you have and that you  
17 bring to us. So we are ironing out the details and preparing the necessary  
18 documents and as soon as we have something that is approved we will share it  
19 with the Committee.

20                   As we go through this new process so certain things that will be the  
21 same and that is that any programs that are funded have to align with the  
22 Healthy People 2030 objectives and we plan to sort of say that we are going to  
23 do a funding proposal process every four to five years.

24                   And the other part that I am really excited about is that we have  
25 done the survey for all of you to decide, to get your input and decide on what are

1 the principles of allocation that should be used as all of the funding proposals are  
2 considered. And so we have the top six. I think we said, you know, you guys are  
3 all -- we sent it out to you. Everyone had the option to give feedback on the  
4 principles of allocation and the explanations and examples that were given. And  
5 I want to thank both Dr. Schlesinger and Leah Northrop for giving some feedback  
6 on that and we will discuss that a little bit more in Agenda Item number 5.

7 But as far as the funding proposal process, that is as much as I  
8 know right now. But we have some time for questions, comments, discussion  
9 from the Advisory Committee about this process and so I will open the open the  
10 table for that right now.

11 AC CO-CHAIR ALLES: Caroline, I wanted to ask again, I think we  
12 talked about this in our last meeting. But the issue about the proposals that are  
13 put forth by all of the hopeful folks who are wanting funding from the Block Grant  
14 as it relates to goals and objectives. There were other elements that we had built  
15 into. I don't know that it was 100 percent necessity that they needed to do it, but  
16 it was certainly highly recommended that people would provide enough  
17 background information. And an example would be if there was only one person  
18 who was -- if somebody was applying for a grant and they were the sole  
19 employee for that grant and it wasn't, they weren't going to be hiring other  
20 people, that there may be some explanation as to how that person would  
21 manage the workload. And I use that only as an example, there could be lots of  
22 lots of other examples of information that would be important to the Director. And  
23 prior to that, important for the Committee to have a better understanding of some  
24 of the peripherals that are, even though they are peripherals, it would be  
25 important for this Committee that everybody was on the same page and then that

1 we were on the same page with the Directorate as well. But if we don't ask for  
2 that, we won't get it.

3 AC CO-CHAIR PECK: Yes. And I think part of the process, it will  
4 be what will the proposal form look like and what information will be asked for.  
5 And so I think you are right, we will include, like, how many positions do you  
6 envision doing? What are the contracts that you envision, you know, entering  
7 into, to meet the goals and the objectives and the activities that will be required?  
8 What funding level? What will be the breakdown of the funding level, like, you  
9 know, like a budget. So I think it will, it won't just be goals, objectives and  
10 activities, it will be a little bit about the operationalizing, you know.

11 And I am sure a number of our programs will be reapplying for  
12 funds. We were able to fund most of the programs the last time we went through  
13 this process, but we were also able to add additional programs because the  
14 funding roughly doubled. So we don't have that situation now. We have, you  
15 know, like a flat funding level is what we are anticipating. But still, we will be  
16 looking not only at what the application is, but also the past performance of the  
17 current programs, both programmatically and fiscally, to see, you know, to judge  
18 the merits of each application. But great question. And we will make sure, you  
19 know, that we include your comments into, you know, the documents and the  
20 timeline and things that we are, that we are developing right now.

21 And I think we will also -- the Advisory Committee. I am  
22 anticipating the Advisory Committee will also have a chance to weigh in on, kind  
23 of, the applications as it were. But I can't guarantee you that, but that that would  
24 -- often that's what happens in the first meeting. Like, you know, we hear the  
25 vision, we see, we present the process, we present the application, and then

1 there's time for feedback. It may all be done via survey. But I think your input  
2 would be valuable, very valuable.

3 AC CO-CHAIR ALLES: Any other --

4 AC CO-CHAIR PECK: Are there any other comments?

5 Okay. And we will do our best to, you know, to get you information,  
6 you know, when we are looking for dates to have these things happen, just  
7 because we know how busy everyone is and we really want to accommodate  
8 everyone's schedules because we really appreciate the feedback. So with that I  
9 will turn it over to Dr. Alles.

10 AC CO-CHAIR ALLES: Thank you. So Agenda Item number 5 is  
11 to Review and Approve Revised Principles for Allocation. Just a very quick  
12 background. I believe we were the first state to recommend that advisory  
13 committees similarly situated in the other states and territories who receive  
14 funding, that actually stated how we were going to, what kind of data and  
15 information. It could be conceptual as well as in data. But that we wanted to  
16 make sure that we were doing a good job of having kind of a key to move  
17 through the priorities.

18 Many years ago we used to all meet in Sacramento and it had a  
19 very different feel to it. Sometimes we broke into small groups even to discuss  
20 certain things. But the principles would give defense if somebody in an important  
21 position in government had questions on, you know, how come California is  
22 doing this or how come most of the programs are doing that? To have a  
23 defensible response relative to data and concepts and conversations we felt was  
24 very important.

25 We created something like 18, a list of 18. And I don't know that it

1 was intended that we use all 18, in some cases it might not have fit. But then the  
2 state and territorial officers added about another 6, I believe, and so we had a lot  
3 of priorities. And it kind of thins everything out when you, if you are allocating  
4 points, to get to 100 percent. You know, some people would choose, maybe, put  
5 all of those items on the bucket list and it was confusing and it was hard to  
6 conceptualize what was the committee, we have what, what they identified as  
7 their own score sheet. But when you accumulate them all, then it is hard to really  
8 defend.

9                   And so what we decided was to choose a much smaller number  
10 and that number that was chosen was that we would take a look at six. We  
11 certainly could expand it or cut it back. The purpose of the next portion of the  
12 meeting is to get input from the Committee, to get input from you relative to the  
13 allocation of the principles that would define why we are allocating the funds.

14                   And so Dr. Peck sent a survey to us of the top six principles the  
15 Committee felt, that the Committee felt was most important and that we thought  
16 the Directorate would find important. I want to refer everybody to Document D5,  
17 and acknowledge that Amy Yan sent, recently sent out CDPH interpretation of  
18 these top six Principles for Allocations to further clarify to all stakeholders the  
19 importance of each of those six priorities.

20                   AC Members were previously given an opportunity to comment.  
21 That was during our last meeting and we had some comment. But certainly you  
22 have had more time to look at the priorities and I am suspecting and hoping that  
23 there may be people who would like to share thoughts and comments that they  
24 thought about as they went through those six principles. So, Caroline, maybe  
25 you could just give us a recap of the feedback received from the AC Members

1 first and that may seed some good conversation following it.

2 AC CO-CHAIR PECK: Wonderful. Yes. So we did send out the  
3 Survey Monkey, because I came up with kind of an explanation and an example  
4 of the data for evaluation but I wanted everyone else to have a chance to weigh  
5 in and tweak? And so like I said, you know, Leah Northrop and Dr. Schlesinger  
6 both gave some really good feedback which has been incorporated. And I think  
7 the purpose for having the explanation is so that everyone is on the same page,  
8 the Advisory Committee Members, those who are going to be applying for funds,  
9 the programs, they can really kind of make the case why, you know, the program  
10 should be funded.

11 And also to, you know, like for the first problem, size of the -- oh,  
12 for the first principle, the Size of the Problem/Condition. There's a lot of ways  
13 that can be thought of and so we just wanted to make it clear what, you know,  
14 what we were looking for in terms of making the case for funding one program  
15 area versus another, for example.

16 So the survey was open for comments and feedback between May  
17 6 and the 16 and we got a total of six responses from the Committee Members.  
18 Four Members agreed with the explanations as-is and two Members provided  
19 suggested edits.

20 So for Criteria number 2, Cost-effectiveness of Interventions,  
21 Dr. Schlesinger suggested to include an example. And so I did revise that and  
22 we included an example of economic evidence that could be used for really for  
23 justification for programs that are applying for new funding.

24 And for Criteria number 6, the Impact of Termination, Leah  
25 Northrop suggested we add the impact of a program ending if it wasn't re-funded,

1 and also to translate the budget system for a non-CDPH audience. I really  
2 appreciated that feedback because I -- don't know. It didn't make sense when I  
3 looked back and I read it and I'm like, oh yeah, no one would know what this  
4 meant. So very good, Leah, thank you. And she said, you know, she has been  
5 also been in the state working so she -- but that was at the local level so thank  
6 you so much for that perspective.

7               So I did revise that to include the impacts. And, you know, listing  
8 out other funding sources. And then I also gave some links for the California  
9 Department of Finance and CDC data that detail some of the current investments  
10 already in those program areas.

11              And then if we scroll down to the end of the document, which we  
12 also included in the, in the survey so you will have all seen this before, is I just  
13 wanted to provide some data sources for the programs as well as, you know, for  
14 the Advisory Committee Members. You know, as we are thinking about data  
15 sources, you know, these are ones that can be used, just in case people aren't  
16 familiar with all of them.

17              So I will turn it over to Wes to really -- I think the purpose of this  
18 agenda item, because we have gone through the process of identifying the six.  
19 We've included, asked for feedback, included feedback. We really want to  
20 approve this agenda item today just so that it can be set in stone for the funding  
21 proposal process because we are not having another Advisory Committee  
22 meeting before that. But that being said, like Wes said, we are open for other  
23 input and changes and discussion. So thank you. Thank you again for all the  
24 time that that you have spent in thinking about these and giving guidance to the  
25 Department.

1 AC CO-CHAIR ALLES: Thank you, Caroline.  
2 Would somebody like to have the floor?  
3 I guess not. Okay.  
4 Well, Caroline, is there anything more before we move on a vote for  
5 this?  
6 AC CO-CHAIR PECK: Maybe just public comment, Wes.  
7 AC CO-CHAIR ALLES: Yes, yes.  
8 AC CO-CHAIR PECK: Yes, thank you.  
9 AC CO-CHAIR ALLES: All right. So I also want to ask whether  
10 there is any member of the public who is on the telephone line with us?  
11 Okay, hearing no one respond, then; there were no further  
12 comments from the Committee Members or from the public. The action item is to  
13 approve Document D5, which is the Revised Principles for Allocation. And I will  
14 ask for a motion, a second, and then ask all in favor, opposed and abstaining.  
15 And again, when you make the motion, this is the motion to approve the D5  
16 Revised Principles for Allocation. May I have a motion?  
17 AC MEMBER SCHLESINGER: This is Shira Schlesinger.  
18 AC MEMBER WU: Hi, this is -- go ahead.  
19 AC MEMBER SCHLESINGER: I defer.  
20 AC CO-CHAIR ALLES: Somebody else was trying to get in there.  
21 AC MEMBER WU: This is Christine Wu. I move that we approve  
22 Item D5, the Revised Principles for Allocation for the Advisory Committee, the  
23 Block Grant Advisory Committee.  
24 AC CO-CHAIR ALLES: Thank you for articulating that. And is  
25 there a second?



1 AC MEMBER NORTHROP: This is Leah Northrop, I'll second.

2 AC CO-CHAIR ALLES: Thank you, Leah.

3 So I will ask, all in favor please signify by saying "aye."

4 (Ayes.)

5 AC CO-CHAIR ALLES: Any opposition?

6 (No audible response.)

7 AC CO-CHAIR ALLES: Abstaining?

8 (No audible response.)

9 AC CO-CHAIR ALLES: So the motion then is approved.

10 Caroline, I want to turn the agenda to Item number 6. I want to turn

11 that over to you for the Block Grant Program Presentations, kind of some

12 information. We like to have people talk about their programs and it gives us

13 something to talk about that maybe we didn't know about a particular program or

14 two. But we try to get a couple of people to talk about programs and projects.

15 So Caroline.

16 AC CO-CHAIR PECK: Yes. I am so grateful to the programs who

17 have joined us today who are giving their presentations. The work that they are

18 doing is fabulous with these Block Grant funds.

19 The first program to present is the Injury and Violence and

20 Prevention Program that is headed by Jeffery Rosenhall, who I have worked with

21 for many years in CDPH. So, Jeffery, please. And he has, you know, taken on

22 leadership roles in the Department and we are just, we are just so grateful for

23 you, Jeffery, and your leadership and these programs and excited to hear about

24 what your, what you have done with the Block Grant funds. Turn it over to you.

25 MR. ROSENHALL: Great, thank you so much for that warm

1 welcome. It is an honor and privilege to be here to talk to the Advisory  
2 Committee about the work that we do with the Block Grant funds because it is  
3 really essential.

4 Can you hear me okay, Dr. Peck?

5 AC CO-CHAIR PECK: (Gestured two thumbs up.)

6 MR. ROSENHALL: Okay, great. So as Dr. Peck mentioned, I am  
7 Jeffery Rosenhall. I am the Chief of our Injury Prevention Program section within  
8 our Injury and Violence Prevention Branch, which is headed by Stacy Alamo  
9 Mixson. So I will just talk to you a little bit today about our branch and specifically  
10 how Block Grant funds improve the work that we do. Next slide. Thank you.

11 So we are CDPH's premier Injury Prevention Branch and we cover  
12 both intentional and unintentional injuries. So unintentional is typically thought of  
13 as accidents and intentional is our violence prevention work. Domestic violence,  
14 dating violence and suicide prevention.

15 The funding for injury prevention is sparse and hard to come by at  
16 times. So we have federal funding, we have some state funding, very little  
17 General Fund. So the Block Grant funding that we receive is really critical to get  
18 us to be able to do the breadth of what needs to be done in a state the size of  
19 California across the variety of different injury prevention areas.

20 Our mission simply is to save lives, prevent trauma, promote  
21 resiliency, and ensure that all Californians can live free of violence and injury by  
22 supporting behavioral, environmental, systems and social change.

23 So what I tried to do with this slide was to just give you a sense of  
24 the breadth of the programs. I am not going to talk about all of them. But, you  
25 know, there is one part that is our Unintentional Injury area, another part that is

1 our Intentional Injury area, that is both Violence Prevention and Suicide  
2 Prevention, as well as another part that is a critical arm of our branch, which is  
3 the Surveillance and Epidemiology section, which underpins all of the other work  
4 we do to help ensure that we are doing evidence-based programming.

5 I did highlight the programs here in turquoise that do receive some  
6 level of Block Grant funds. And I will take a little deeper dive on Kids' Plates and  
7 Older Adults, Healthy Aging Initiative, as well as our EpiCenter.

8 But just wanted to reiterate, we do get the rape prevention set-  
9 aside funds, that is a census-based formula, and it is used by our branch to  
10 support local rape crisis centers and conduct youth engagement activities that  
11 advocate for primary prevention for sexual violence. And that is with young boys  
12 and men and women as well and everyone in between.

13 Then also just mention our School-Based Health Center Program.  
14 We work closely with the Department of Education as well as the California  
15 School-Based Health Alliance to promote strategies and try and grow the number  
16 of school-based health centers statewide. In a state with 10,000 schools there is  
17 just under 300 school-based health centers. So we provide some webinars,  
18 technical assistance, we convene a workgroup of interested partners, and do  
19 whatever we can to get that done. Next slide, please.

20 So just a little bit about our Healthy Aging Initiative. This is one of  
21 our biggest deliverables, Block Grant funded deliverables every year is our  
22 Healthy Aging Convening. We just had our fourth annual one; it was last Friday,  
23 the 19th. It has been growing in popularity, it was very successful. It was  
24 completely virtual this year, as it was last year. And we had a couple different  
25 topics that we mentioned to the attendees.

1 CDPH recently was awarded our Age-Friendly Public Health  
2 Systems designation by the Trust for America's Health. So that is a big deal for  
3 the Department to be able to point with pride that we are a age-friendly public  
4 health system. So we talked about that. We had speakers from TFAH there.

5 We also talked about emergency preparedness, which is a huge  
6 issue with a rising senior population here in California, especially with the mostly  
7 climate-fueled emergencies that we are seeing whether it is flood, fires, winter  
8 storms. Getting to and preparing for what we need to do to keep our rising senior  
9 population safe is of critical importance. So we had some speakers from OES  
10 and our own Emergency Preparedness Office speak to that.

11 And then finally, we work a lot with the Department of Aging and  
12 their Master Plan for Aging so we had an update on that.

13 So the convening kind of encapsulates the work that we do  
14 throughout the year. We also do supporting local fall prevention programs  
15 around the state and a variety of other activities. But that is just a snapshot of  
16 one of our main deliverables so wanted to mention that. Next slide. Thank you.

17 We also house the Kids' Plates program. These are those license  
18 plates you see with the hand, heart, the plus sign and the star. Monies from  
19 those plates goes to Department of Social Services. We get a sliver of that and  
20 we put it out into the community. We have about seven grantees statewide who  
21 get funded to do grants around child passenger safety, safe sleep, safe routes to  
22 school. And also we put out equipment on the street through local health  
23 departments and partners like car seats, bike helmets, light vests, et cetera.

24 But we don't have any funding to staff that program and we have a  
25 wonderful subject matter expert. She has been with the Department for probably

1 over 20 years and she is the go-to person in the state at CDPH. So Block Grant  
2 funds are critical to keep her funding, it is partially funding for her. She helps us  
3 get out, you know, 11,000 car/booster seats, distributed to over 50 organizations  
4 across the state.

5 We do a lot of Child Passenger Safety messaging to parents and  
6 medical providers wherever kids and parents are together to just reinforce the  
7 message that properly restraining your kid in the car is of critical importance and  
8 could save their life, so I will show you those in a moment. So we do brochures.  
9 We also work with coalitions across the state, CHP as well as the Strategic  
10 Highway Safety Plan team. Why don't we go to the next slide and I can just  
11 show some visuals. Thank you so much.

12 So these are two different visuals. The one on the lower left, that is  
13 our new updated brochure. It folds up together, just unfolded there. So new  
14 graphics, new colors, and this new emphasis on a 5-Step Test. And that is  
15 something that parents themselves can do to assess whether their kids still  
16 needs to be in a car seat or a booster seat. I have got an 11 year old. If you  
17 have got younger kids you know they are eager to get out of those seats as  
18 quickly as possible. So this is just a real simple thing for parents to be able to  
19 say, you know, I know you want to get out of the seat but, you know, maybe your  
20 legs aren't quite hitting in the right way or that shoulder strap isn't hitting you in  
21 the right spot on your clavicle. So really important.

22 And then we love our twins here, Sofia and Alejandro. These are  
23 scrolls that are mounted on a stand-up sign that can go in a pediatrician's office  
24 or a DMV. Again, with more information for parents where they are typically with  
25 their kids about how important it is for them to stay in those car seats for as long

1 as possible to improve their safety should there be a crash or collision. I will  
2 move on to the next slide. Thank you.

3 And lastly, I wanted to just land on our EpiCenter. So that is our  
4 online injury surveillance data source. It has been going on for a decade, it has  
5 been a really important source of injury prevention data in looking at injuries and  
6 deaths and ED visits and hospitalizations. But it needed a refresh so we are  
7 funding a research scientist through our Block Grant. He, along with  
8 stakeholders, were able to completely redesign EpiCenter in the last year.

9 A couple of reasons. Just to make it more interactive and  
10 accessible through the visuals, which I will show in a minute. It is a lot more  
11 grabbing and approachable now. Also, there had been a change in the injury  
12 coding from ICD-9 to ICD-10-CM. And so that really substantively changed the  
13 way that injuries are coded in the medical system, so we needed to really  
14 overhaul the back end of the EpiCenter so that it could track those new injury  
15 classifications and categories.

16 And our research scientist takes this on road shows. He takes his  
17 laptop whenever he goes to an injury prevention conference or meeting. Lets  
18 people use it on their own. I will show in a second you can use it on your own.  
19 And the feedback has been really good so far on this new version. So next slide,  
20 please. Great, thank you.

21 So here you are seeing, the one in the back on the left, that is the  
22 old EpiCenter, that is what it used to look like. Very functional, got the job done.

23 But the new one, which is forward and to the right overlapping, with  
24 the blue banner across the top and the rainbow graph there. It is just a lot more  
25 intuitive. It is easy to use. Users can click on whether they want to look at

1 hospitalizations, ED visits, deaths. They can sort through all sorts of different  
2 information as far as like the mechanism of injury, or even like county or gender.  
3 So just very approachable.

4               There is the URL at the bottom. It is a public, public website  
5 resource available for everyone. Injury preventionists at the county, coalition  
6 level, state level. So we really, you know, wanted to highlight that because it has  
7 been a big win for us and it is a real improvement in the work and it couldn't have  
8 happened without Block Grant, honestly.

9               I also just wanted to mention that, you know, injury prevention,  
10 unintentional injury prevention in particular, is just very under-resourced. But  
11 considering its impact on public health, you know, if you look at the top 10.  
12 Traffic injuries are always number two usually, depending on where we began in  
13 the age range. And we could not do the work that we do without these Block  
14 Grant resources to get it done. So really appreciate, appreciate that. Next slide.

15              I think that's all. I just wanted to acknowledge, I don't think she is  
16 on today, but Christy Adams, the Trauma Prevention Coordinator over UC Davis  
17 Health has been a great partner for us in our injury prevention work.

18              Also, just appreciating all the Advisory Committee Members for all  
19 the time and energy you put into this effort, it really does make a difference.

20              And to the Block Grant team, they support us all tremendously. It is  
21 a lot of work throughout the year and we really appreciate that.

22              So thank you. I will get out of the way to answer questions, or after  
23 the next presentation questions, and Go Kings. Thank you.

24              AC CO-CHAIR PECK: Thank you so much, Jeffery. Such  
25 important work, especially with the rise in, just to pick one thing, you know,

1 mental illness, suicide. Really, this is a huge emerging issue right now and you  
2 are leading the charge for our Department, so thank you.

3 Are there any questions for Jeffery from the Members?

4 AC CO-CHAIR ALLES: Jeffery --

5 AC MEMBER WU: Hi, Jeffery, this is Christine Wu. I'm sorry,  
6 would you like to go first, Wes?

7 AC CO-CHAIR ALLES: No.

8 AC MEMBER WU: Okay. I just wanted to say thank you so much  
9 for this presentation, I really appreciated that. Is it possible for us to get a copy of  
10 the slides?

11 MR. ROSENHALL: Absolutely. Thank you for the comment. And  
12 yes, the Block Grant team has these slides, so we are totally happy to share.  
13 And if you have any other questions about anything in the slides feel free to  
14 reach out to me, my email is there on the screen. And if I can't answer the  
15 question, I will get someone who can for you, okay. Thank you.

16 AC CO-CHAIR ALLES: Others on the Committee?

17 AC MEMBER SCHLESINGER: I just wanted to echo Christine's  
18 comments, this was a really wonderful presentation. I think it is so important for  
19 members of this committee to really understand what the projects are actually  
20 working on and this, you guys are doing some really incredible work.

21 MR. ROSENHALL: Thank you, Dr. Schlesinger.

22 AC CO-CHAIR ALLES: You mentioned that you have been doing  
23 this program for more than a decade. Has there been any spread to other states  
24 or was this -- or perhaps it was started somewhere else and we picked it up? But  
25 are there similar programs like this in other states?



1                   MR. ROSENHALL: That is a great question, Dr. Alles. There are  
2 similar programs. In fact, there is an organization called Safe States Alliance and  
3 they support injury prevention work in other states nationally and they do work  
4 with the CDC. And recently through our partnership with them we were able to  
5 bring, we are part of a western coalition called the Western Pacific Injury  
6 Prevention Network. And we were able to bring folks from about six or seven  
7 states, Safe States did the funding, hosted them here in Sacramento and meet at  
8 the California Endowment meeting rooms and share all of our work. Some of us  
9 are on a similar CDC grant called the Core grant, a statewide injury prevention  
10 grant. But some are unfunded states and we were able to get together in person,  
11 share all of the work that we are doing. Hear about how Alaska is doing some  
12 work that actually maybe we'd like to dovetail on and see what they are doing.  
13 We also had tribal representatives from Washoe in Nevada and Indian Health  
14 Services here in California. So there are other injury prevention practitioners out  
15 there. We don't connect as much as we would love to but that was a good start.  
16 And we do hold monthly webinars with that Safe States Alliance support.

17                   AC CO-CHAIR ALLES: Great, thank you.

18                   Somebody else want to ask a question or comment?

19                   Okay. Well, Jeffery, thank you very much, you did a nice  
20 presentation.

21                   And Caroline, you can introduce our next speaker.

22                   35AC CO-CHAIR PECK: Yes. I am so pleased to be able to  
23 introduce Lisa Rawson and Dharma Bhatta from the Chronic Disease Control  
24 Branch who oversee the Cardiovascular Disease Prevention Program, another  
25 area that is not well funded and very huge in terms of size of the problem and

1 condition in California. Quite, you know, quite important to be addressing. So I  
2 will turn it over to you, Lisa.

3 MS. RAWSON: Thank you so much, Caroline, and thank you for  
4 your service and we wish you well on your path to your next adventure.

5 Esteemed Advisory Council members, Block Grant staff and  
6 Program staff and public attendees. It is a pleasure to be here today.  
7 Dr. Dharma Bhatta and I are excited to present on the Cardiovascular Disease  
8 Prevention Program.

9 In 2020 alone, over 66,000 Californians died of heart disease and  
10 nearly 18,000 died of stroke. Think about it. That is a lot of people. And heart  
11 disease is the leading cause of death in California, in the United States and  
12 globally. So it is urgent that we address heart health.

13 Today, we will review the presentation learning objectives, then will  
14 give a brief overview of the program background, we will describe the data that  
15 drives the program, as well as the goal and the objectives of the Cardiovascular  
16 Disease Prevention Program. Finally, we will have a summary and the closure.

17 The learning objectives today are that after the presentation we  
18 hope that you will recognize the urgency of cardiovascular disease prevention;  
19 and be able to identify the Cardiovascular Disease Prevention Program  
20 objectives to address heart health. And there will be a quiz at the end.  
21 (Laughter.) There is a virtual prize, so be ready.

22 In 2013, it was determined that there were well established  
23 programs within the California Department of Public Health to address the risk  
24 factors of heart disease and stroke, including diabetes, arthritis, tobacco use,  
25 physical inactivity and obesity and poor nutrition. And there was a niche and a

1 need to target Californians at risk for heart disease and stroke. And that is why  
2 the Cardiovascular Disease Prevention Program was started under Block Grant  
3 funding.

4 Most of you are familiar with heart health and disease terminology  
5 so we are just going to throw this up on the screen. So before we launch into the  
6 data that drives the program we just wanted you to see some of the wording that  
7 we are going to be using.

8 And so now I am pleased to present Dr. Dharma Bhatta, our lead  
9 epidemiologist and research scientist on this program; Dharma take it away.

10 DR. BHATTA: Thank you, Lisa; and good morning, everyone. So  
11 next slide, please.

12 So this is the estimated average percentage of persons with  
13 controlled blood pressure in California. As you see that our main objective is to  
14 control high blood pressure in California. So estimated average percentage of  
15 patients with controlled blood pressure was increased from 2016 to 2019. It was  
16 above the Healthy People 2030 targets; but possibly it decreased in 2020 after  
17 the pandemic. Next slide please.

18 So this is the death data for stroke in California. The age-adjusted  
19 death rates for overall stroke declined between 1999 and 2003. But you can see  
20 in the figure, the decline accelerated between 2003 and 2009. Again, the decline  
21 between slowed -- again, decline slowed between the 2009 to 2013 and deaths  
22 decreased between 2013 and 2019. But the death has been increased between  
23 2019 to 2021 after the pandemic. Next slide, please.

24 This is the overall CVD death rate in California between 1999 and  
25 2021. So the adjusted death rate for CVD declined between 1999 and 2003. But

1 the decline accelerated between 2003 and 2009. And the decline slowed again  
2 between 2009 to 2014. And it stayed generally unchanged between 2014 and  
3 2019. But the deaths slightly increased between 2019 and 2021 after the COVID  
4 pandemic. Next slide, please.

5               So you can see that the overall goal, hypertension is the major risk  
6 factor for cardiovascular disease, and that we have to control hypertension in  
7 addition to other risk factors. And our program goal is to help people to better  
8 manage their high blood pressure. So we had planned to control the blood  
9 pressure from 58% because we have baseline 58% in 2021. so we want to  
10 increase by 5 point percentage up to 61%, thereby we can reduce morbidity and  
11 mortality. The ultimate goal is to reduce morbidity and mortality of heart disease  
12 in California. Next slide.

13               Okay, I will pass it to you, Lisa.

14               MS. RAWSON: Thank you, Dharma, so much for the overview of  
15 the data and the goal of the Cardiovascular Disease Prevention Program.

16               The program has three objectives to accomplish the goal and they  
17 are:

18               To improve post-stroke patients' hypertension control through  
19 comprehensive medication management, a clinical team-based model that  
20 includes pharmacists.

21               The second is to communicate cardiovascular health best practices  
22 to Healthy Hearts California members via various methods.

23               And third, to update California's Master Plan for Heart Disease and  
24 Stroke Prevention and Treatment.

25               So again, the goal is to increase hypertension control in adults,

1 thereby reducing morbidity and mortality associated with cardiovascular disease  
2 in California.

3 And now we are going to describe each of those objectives in more  
4 detail.

5 DR. BHATTA: This is our first objective.

6 MS. RAWSON: Back to you, Dharma.

7 DR. BHATTA: Okay, thank you, Lisa.

8 So this is our first job objective. This is a team-based-to-care  
9 approach. We want to control the hypertension through the comprehensive  
10 medication management. We included physician team and pharmacy team,  
11 community health workers team, to control the hypertension. Next slide please.

12 This is our pilot project. The study setting is Riverside County,  
13 California. We have a minimum of 30 samples so we started to recruit the  
14 persons. Next.

15 So data will be collected at baseline hospital visit or discharge time.  
16 It will be considered as baseline and we will follow up after 30, 60 and 90 days  
17 from baseline.

18 So we will measure different outcomes. So the main measure is  
19 the hypertension. So we will measure the demographic and the psychosocial  
20 factors like race, ethnicity, gender, education, occupation and PHQ-2.

21 And then lifestyle related outcomes like stroke events, medication  
22 adherences, smoking status or cessations, lifestyle change program.

23 We will measure a few health measurements like heart rate, blood  
24 glucose rate, statin, LDL or BMI. And we will measure a few post-stroke clinical  
25 measurements as well. Next slide, please.

1                   So in this pilot project we have several partners. The  
2 Cardiovascular Disease Prevention Program is in partnership with the University  
3 of Southern California, School of Pharmacy, Rad-Med Collaboratives (phonetic),  
4 Desert Regional Medical Center. So this is the main partners who recruit, who  
5 recruit the patients and then we collect the data from the person.

6                   Riverside County developed a unified stroke patient recovery pilot  
7 with Inland Empire Health. This is the main insurance partner who planned for  
8 this program. So Inland Empire Health Plan already approved this program for  
9 reimbursement a couple of months ago so we started recruiting the patients at  
10 DRMC Hospital.

11                  So another partner is Visión y Compromiso who supports  
12 community health workers and monitored their role in the pilot model.

13                  And the next partner is Get With the Guideline. We collected data  
14 at DRMC Hospital and they entered the data in the Get With the Guideline  
15 Stroke. This is the registry of the American Heart Association. They partnered  
16 with us for this program. Again, next slide, please.

17                  Again, I would like to pass it to you, Lisa.

18                  MS. RAWSON: Thank you Dharma.

19                  So before I jump into Objective Two I do want to mention that on  
20 June 14 I believe of this year we are going to have a webinar presentation on the  
21 pilot project that Dharma just presented. So if anyone has more interest in that  
22 then we will have our contact information at the end and you are more than  
23 welcome to join us to learn more about that.

24                  Objective Two of the Cardiovascular Disease Prevention Program  
25 is to develop and conduct webinars in collaboration with the Healthy Hearts

1 California Alliance. Next slide, please.

2 So this Alliance was formed in 2017 and it consists of stakeholders  
3 who are committed and dedicated to reducing the risk and prevalence of heart  
4 disease and stroke among all Californians. And American Heart Association is  
5 the Co-Chair with the Cardiovascular Disease Prevention Program of this  
6 alliance.

7 One of the main things we do is host webinars multiple times a  
8 year. So on the screen are a couple of example webinars that we had in the last,  
9 in the last few months. So we have “Improving Women’s Cardiovascular  
10 Disease” and “Addressing Heart Health and Diabetes Disparities” as examples.  
11 And those recordings are available as well as all the other webinars that we  
12 conduct.

13 If you would like to be a Healthy Hearts California member we  
14 would be pleased to have you and there is additional information on the CDPH  
15 website as well.

16 Back to you, Dharma.

17 DR. BHATTA: Thank you, Lisa. This is the most other important  
18 objective of our program so, please, next slide.

19 So this is the comprehensive plan. This is the roadmap for  
20 California to control cardiovascular disease, heart disease, in California. This  
21 plan has been published in 2007 but they used 2004 data, 20 years old, so we  
22 are planning to revise this Plan. And this is the comprehensive guide for local  
23 communities, and it proposed various strategies to address the reduction of  
24 mortality, morbidity and disability resulting from heart disease and stroke.

25 And it has nine goals, but this time we are including one more goal.

1 There will be ten goals in different areas. So there is risk factor, education level,  
2 education for public, education for health professionals, research and then data  
3 acquisition. And the new plan will be the digital or telehealth-related, new digital-  
4 related information. Next, please.

5 So we have several people included in this plan to update. We  
6 have a plan writer. There is a Task Force Chair. There is one Task Force  
7 Committee. And then among the Task Force Committee they serve for the  
8 subcommittee. We have a subcommittee for each goal. There are professors in  
9 the different universities across the California, a health economist,  
10 epidemiologist, some other organizations including public health advocates,  
11 California Chronic Disease Coalition, practical initiatives, American Heart  
12 Association. So the state including Department of Health Care Access and  
13 Information, California Emergency Medical Services Authority, there are several  
14 experts are working on this plan. Next slide please.

15 So, we will already completed -- we have completed the task force  
16 committee inputs and then subcommittee inputs so we are planning to develop a  
17 draft. So, there will be an initial draft in September 2023 and then we are  
18 planning to finalize this report in 2024.

19 And then the new plan will (indiscernible) with a full prevention plan  
20 like the primordial, primary, secondary and tertiary. Next slide, please.

21 Okay, I would like to pass it to you, Lisa.

22 MS. RAWSON: Thank you, Dharma.

23 So, as a reminder, the presentation learning objectives are to  
24 recognize the urgency of cardiovascular disease prevention, and here comes the  
25 quiz part, identify the Cardiovascular Disease Prevention Program objectives to



1 address heart health. So you can use the Chat box, you can unmute and call it  
2 out. But I am going to ask, who can tell me the first objective of the  
3 Cardiovascular Disease Prevention Program?

4 I see Felicia says, hello.

5 I know that was a lot of information in a very short period of time.

6 So for those of you who don't remember, bring the first one up, please. It is the --  
7 comprehensive medication management is our first objective.

8 All right, the second one should be easier. Can you state the date  
9 of the pilot project? Yes, it was launched in January of this year and we have a  
10 minimum of 30 patients. And we were going to do a presentation on the outcome  
11 and the results on June 14, I believe. In a moment we will put up our email  
12 address so you can contact us if you'd like more information about that.

13 So yes, the second objective is Healthy Hearts California and that  
14 is an alliance that you are all invited to join.

15 Now, before Amy shows the third, let's see, does anyone  
16 remember what the third objective is of the Cardiovascular Disease Prevention  
17 Program? Drumroll please. Oh my goodness, is the update of the Master Plan,  
18 which we are now calling the Comprehensive Plan for Cardiovascular Disease  
19 and Stroke Treatments and Prevention.

20 Those are all, those are the activities, objectives of our program,  
21 again, to achieve this very important goal of decreased hypertension across  
22 Californians to prevent mortality and morbidity.

23 That concludes our presentation. On behalf of the whole  
24 cardiovascular disease prevention team we thank you all for your support of  
25 heart health in California.

1 AC CO-CHAIR PECK: Thank you so much, Lisa and Dr. Bhatta.  
2 Wonderful work.

3 Are there any comments or questions from the Advisory  
4 Committee?

5 AC CO-CHAIR ALLES: I would like, I would like to make a  
6 comment. I think it was back in the late '90s that we had a -- through the  
7 Department of Public Health we had a coalition for the prevention of  
8 cardiovascular disease. And it had representatives from every medical school  
9 and from various ethnic groups because heart disease is different in some  
10 ethnicities than in others. And there was one not so good thing that happened  
11 and one very good thing that happened.

12 The not-so-good thing was that I was asked to testify in front of one  
13 of the chambers in California and a couple of people asked some very good  
14 questions. And then a gentleman said, excuse me, Dr. Alles. Isn't it true that  
15 most people who die of heart attacks are over 50? And I am thinking to myself,  
16 where is he going with this? It can't be what I am thinking it is. But it was. He  
17 said, you know, that's what I thought. And people over 50, you know, that's just  
18 the way it is, heart disease comes with the territory. And then he took his  
19 glasses off and sat back in his chair. Well, over the years I have thought of that  
20 guy because I think the conference was -- we had we did a conference, but I kind  
21 of got ahead of myself there. Over these years since 1998 I often wondered, so  
22 now it is 25 years later, how that guy, that congressperson or senator, I am not  
23 sure which house it was. But I wonder if he still has the same point of view that if  
24 you are over 50 you are a throwaway.

25 And the good part that happened, though, from that coalition, was

1 that we competed to host a national prevention of cardiovascular disease. And  
2 we won that and filled a bunch of hotels down in San Francisco. And it was a  
3 really wonderful event because it was the 50th anniversary of NHLBI and so  
4 there was an opportunity for us to honor NHLBI and celebrate their  
5 accomplishments and research. And then also we did a very nice package of  
6 information for the American Heart Association as well. And I don't know how  
7 many members there were, maybe 2000 people or conferees at the meeting.

8 And what our main ask was that we create a database similar to  
9 what the cancer, the oncologists have done, in collecting data relative to cancer.  
10 And unfortunately that was never funded. It wasn't, it wasn't the Department of  
11 Public Health. It was an accumulation of a lot of things that maybe had higher  
12 priorities. But as was pointed out here, it is the leading cause of death in  
13 California and in the nation.

14 So one of the things may be -- I don't know if there is any history of  
15 that in the Department of Public Health but you may want to resurrect. And since  
16 you are an epidemiologist, Dr. Bhatta, maybe data and collecting a really  
17 informative database, you know, do it, do it well, it would seed a lot of other  
18 programs related to cardiovascular disease. So I am going to stop there.

19 Somebody else on the Committee want to comment?

20 Okay. Well, I think you did a wonderful job in your presentation,  
21 loved your slides. It is kind of in the early phases, but it looks to me like it has a  
22 lot of promise. Both of you are engaging speakers so I am sure you are going to  
23 reflect the primary issues to California and Californians.

24 Again, anybody else want to ask a question?

25 Okay. Caroline, do you want to say anything before we move to

1 the adjournment process?

2 AC CO-CHAIR PECK: No. Just thank the programs again, Jeffery,  
3 Lisa, Dr. Bhatta. Wonderful work. Appreciate what you do every day and really  
4 appreciate you sharing all the great work that is going on as a result of Block  
5 Grant dollars. So thank you again.

6 AC CO-CHAIR ALLES: Thank you. Would anybody like to return  
7 to anything that we covered earlier that you would like to bring up before we  
8 close out here?

9 Okay. And let me ask, are there any members of the public who  
10 have joined us?

11 Okay, hearing no comments we will move to the action item, which  
12 is to ask for a motion to adjourn this meeting so I will ask for a motion and a  
13 second. And the motion would be that it is a motion for adjournment of the  
14 meeting. Someone?

15 AC CO-CHAIR PECK: So moved, Wes.

16 AC CO-CHAIR ALLES: Is there a second?

17 AC MEMBER SCHLESINGER: This is Dr. Schlesinger, I'll second  
18 that.

19 AC CO-CHAIR ALLES: Thank you.

20 All in favor signify by saying "aye."

21 (Ayes.)

22 AC CO-CHAIR ALLES: Anybody opposed?

23 (No audible response.)

24 AC CO-CHAIR ALLES: Anybody abstaining?

25 (No audible response.)

1 AC CO-CHAIR ALLES: So the motion for adjournment passed  
2 unanimously. I would like to thank everyone for your time today and for your  
3 expert comments during our meetings. Always be encouraged during these  
4 meetings to speak up because you never know where that conversation will go.  
5 It will usually go to a good place, but you don't know what the specifics of it would  
6 be. So the meeting is adjourned and it is now 11:32.

7 AC CO-CHAIR PECK: Thank you again, Wes, so much for your  
8 commitment to the Committee and being such a wonderful Chair and facilitating  
9 the discussion.

10 Have a wonderful Memorial Day weekend, everyone.

11 AC CO-CHAIR ALLES: Yes.

12 AC CO-CHAIR PECK: And we will be in touch.

13 AC CO-CHAIR ALLES: Bye, everybody.

14 AC MEMBER NORTHROP: Thank you.

15 (Goodbyes.)

16 (The meeting was adjourned at 11:33 a.m.)

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**CERTIFICATE OF REPORTER**

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I, RAMONA COTA, an Electronic Reporter and Transcriber, do

hereby certify:

That I am a disinterested person herein; that the foregoing  
California Department of Public Health, Preventive Health and Health Services  
Block Grant Advisory Committee meeting was electronically reported by me and I  
thereafter transcribed the recording.

I further certify that I am not counsel or attorney for any of the  
parties in this matter, or in any way interested in the outcome of this matter.

IN WITNESS WHEREOF, I have hereunto set my hand this 30th  
day of May, 2023.



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RAMONA COTA, CERT\*478