

## Preventive Health & Health Services Block Grant – Funded Programs Federal Fiscal Year (FFY) 2016

### Document #6

1. **The Rape Prevention Program** receives **\$832,969** as a set-aside allocation. This program supports local sexual violence prevention projects being implemented by 33 of California's rape crisis centers, including eight My Strength Clubs in local high schools. These clubs address the social norms that tolerate negative behaviors toward women and encourage young men to be leaders in the movement to prevent sexual violence.
2. **The Emergency Medical Services Authority (EMSA)** receives 30 percent (or **\$2,621,465**) of California's Block Grant allocation annually after the rape prevention set-aside and the Block Grant Administration are reduced from the total award. It currently funds California's Emergency Medical Services Authority. EMSA conducts emergency medical services for children, trauma and quality improvement programs in California. EMSA's programs include: the Emergency Medical Dispatch Program/ Emergency Medical Services (EMS) Communications, EMS for Children, EMS Health Information Exchange, EMS Partnership for Injury Prevention and Public Education, EMS Poison Control System, EMS Prehospital Data and Information services and Quality Improvement Program, EMS STEMI (ST-segment Elevation Myocardial Infarction) and Stroke Systems, EMS Systems Planning and Development, and EMS Trauma Care Systems.
3. **Accountable Communities for Health Pilot Program – \$240,000** to support the development of an assessment tool to evaluate the current landscape and identify Accountable Communities for *Health (ACH)* or similar types of projects that support the nexus of population health, health insurance coverage and clinical health care in California. The evaluation would focus on the structure and functioning of an ACH "Backbone Organization" and the funding mechanisms of a Wellness Trust that supports population health innovations (and is also a key concept in the California Wellness Plan). The data gathered from the evaluation would be used to: (1) develop toolkits for ACH sites and Wellness Trusts, (2) support scaling up of existing or establishing new ACH sites and (3) development of a Health Care Cooperative Extension Service "Regional Hub". The toolkit focusing on the Wellness Trusts could also be leveraged for the development of a State level wellness Trust that supports a network of County level Wellness Trusts. All toolkits and best practices would be shared at a public health focused convening during year two of the funding period.
4. **Let's Get Healthy California Website and Dashboard – \$300,000** to lead the development and maintenance of the Let's Get Healthy California Website and Dashboard on behalf of the California Health and Human Services Agency (CHHS). This project involves coordinating with multiple departments under CHHS including gathering external data and working with innovative partners. Let's Get Healthy California is the State Health Improvement Plan towards making California the healthiest state in the nation by 2022.

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5. **The CA Active Communities (CAC) Program & the CAC Senior Falls Project – \$590,841** funds activities that address physical inactivity and its associated injuries, chronic diseases and disabilities, including mobility and fall prevention programs for older Californians and that foster environmental and policy change strategies that increase opportunities for safe everyday physical activity. The Senior Injury Prevention Project funds evidence-based strategies to prevent senior falls, including project evaluation, in collaboration with other state entities.
6. **The CA Community Water Fluoridation Initiative (CCWFI) – \$263,813** funds activities to increase the number of California citizens with access to fluoridated drinking water. For many years, California ranked near the bottom in the nation in terms of state populations with access to fluoridation. This initiative aims to reduce oral health disparities among Californians.
7. **The California Health Alert Network Support (CAHAN) – \$375,000** to fund the official alerting and notification system for state and local public health and funds 100 percent of CAHAN system costs. This system allows information sharing about urgent public health incidents with federal, state, and local officials, practitioners, clinicians, and other public health and medical stakeholders.
8. **California Wellness Plan Implementation (CWPI) Program**, including CDPH commitments made at “P21, Advancing Prevention in the 21<sup>st</sup> Century” – **\$330,000** to fund state level coordination capacity, including continued facilitated meetings with partners to advance the chronic disease prevention agenda. These funds will also support economic analysis capacity in the department and surveillance questions associated with the California Wellness Plan.
9. **The Cardiovascular Disease Prevention Program (CDPP) – \$524,819** funds measures to reduce premature death and disability from the most deadly and costly healthcare problems, heart disease and stroke. CDPP program interventions directly address public health objectives for heart disease, stroke, heart failure, high blood pressure, high cholesterol, and other vascular-related disorders.
10. **Commodity-Specific Surveillance: Food and Drug Branch – \$160,000** to reinstitute the surveillance sampling of high- risk foods that could be potentially contaminated with bacterial pathogens. Over the last decade, there have been numerous outbreaks and product recalls due to bacterial contamination in high-risk food commodities. Re-implementing the surveillance sampling, especially with today’s advanced lab testing technology, will facilitate the identification of contaminated food items before they cause an outbreak and reduce the incidence of food borne illnesses. According to CDC, one in six Americans (or 48 million people) get sick, 128,000 are hospitalized, and 3,000 die of food-borne diseases each year. FDB proposes collecting approximately 600 high-risk

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food items per year for the next three years and submitting them to FDLB for microbial evaluation. Contaminated foods that are identified through lab evaluation will be embargoed and FDB will work with the responsible firms including out of state food processors; to recall the products from the marketplace and work with the impacted firms to ensure corrective actions are taken to prevent future contamination.

11. **HIV - Re-engagement in HIV Care and Partner Services Using HIV Surveillance data – \$375,000** to fund the third to fifth highest prevalence counties (San Diego, Alameda and Orange) and replicate the Los Angeles and San Francisco County programs. These programs use HIV surveillance data to offer partner services to all persons newly diagnosed with HIV and assist people with HIV who have fallen out of care to re-engage in HIV care.
12. **The Office of Quality Performance and Accreditation – \$193,483** to local and/or tribal public health agencies accreditation readiness technical assistance to increase agency capacity to apply for and achieve national public health accreditation.
13. **The Nutrition Education and Obesity Prevention Branch – \$468,039** to advance evidence-based and evidence-informed obesity prevention across the state. Projects include support for improved nutrition such as increased fruit and vegetable consumption and reduced sodium intake, and increased physical activity in local communities, schools, early care and education sites, work sites and at CDPH.
14. **The Office of Health Equity (OHE), including the Health Equity Assessment – \$491,689** is used to provide the key leadership role to reduce health and mental health disparities in California and conduct a Health Equity Assessment to fund state level capacity to assess health equity within CDPH Programs.
15. **The Prescription Drug Surveillance Program** has provided strong leadership, developed a multi-agency coalition and created a road map for intervention to address the opioid overdose problem. The **\$150,000** allocation will allow CDPH build and sustain the necessary surveillance infrastructure to compile, prepare and analyze our internal data sources on the health consequences of prescription drug use, misuse and overdoses, to work with our external data partners to link data sources (e.g., California Department of Justice's Prescription Drug Monitoring Program - CURES), and prepare actionable information for our state agency partners and local health departments.
16. **The Preventive Medicine Residency Program (PMRP)/Cal EIS Fellowship – \$534,600** funds training of California-trained, board certified public health physicians. PMRP achieves this through recruiting promising residents and providing them with appropriate training and skills directly within local health departments or state public

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health programs. It also trains entry level epidemiologists within local and state public health programs.

17. **Receptor Binding Assay (RBA) Monitoring – \$206,250** to develop the RBA as a humane alternative to the Mouse Bioassay (MBA) for detection of paralytic shellfish poisoning (PSP) toxins. Funding will be used to conduct a 3-year pilot study of RBA implementation for PSP toxin testing in California shellfish. This pilot study will include systematic validation work and submission of application(s) to the Interstate Shellfish Sanitation Conference (ISSC) to achieve regulatory cognizance and approval of the RBA.
18. **The Safe and Active Communities Branch – \$309,919** to fund programs that:  
(1) support data enhancements of its web-based data query system, EpiCenter: [California Injury Data Online \(http://epicenter.cdph.ca.gov\)](http://epicenter.cdph.ca.gov) and provide technical assistance sessions to delve further into community-level injury data, link to program development guidance materials, and refer to potential funding sources; (2) increase local access to data on traffic-related injuries from the Crash Medical Outcomes Data (CMOD) Project; (3) increase access to child passenger safety seat misuse data; and (4) analyze the prevalence and impact of Adverse Childhood Experiences (ACE).
19. **The Select Agent and Biosafety Program – \$150,000** to fund state-level capacity to maintain the only California Tier 1 public health laboratory that handles bio-threat agents, such as those that cause anthrax, botulism, and plague.
20. The Enhanced Laboratory Capacity to address **Valley Fever Program – \$340,800** to fund state-level capacity to address drug resistance, assist local communicable disease response to the outbreaks, and restore testing for fungal infections such as Valley Fever.
21. **Building Health Economics Capacity – \$112,500** funds activities to increase the capacity of economic assessment of public health interventions at the California Department of Public Health. This includes identifying methods and tools and conducting an economic evaluation of public health interventions to determine effective ways to prevent and reduce disease in California.