

**Preventive Health & Health Services Block Grant
Funded Programs Federal Fiscal Year (FFY) 2017**

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1. Rape Prevention Program – \$832,969 (set-aside allocation)

This program supports local sexual violence prevention projects being implemented by 33 of California's rape crisis centers, including eight MyStrength 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. California Behavioral Risk Factor Surveillance System Program (CA BRFSS) – \$400,000

The CA BRFSS program is an ongoing surveillance system that collects information on many health topics, including obesity, immunization, AIDS, tobacco use, diabetes, physical activity, diet, handgun safety, cancer screening, and emerging health issues that have significant impacts on society. CA BRFSS is the main source of data for at least half of the Leading Health Indicators established as a result of the Healthy People 2020 Objectives and for State Health Objectives. PHHSBG funding allows for increased analytic capability, including small-area analyses to meet future needs, and allow for the per-question cost to remain stable.

3. California Wellness Plan Implementation (CWPI) – \$440,000

CWPI is California's chronic disease prevention and health promotion plan. The overarching goal of CWPI is Equity in Health and Well Being, with an emphasis on the elimination of preventable chronic disease. PHHSBG funds will support staff salary, state-level monitoring, communication, policy and coordination capacity, including trainings, meetings, and conferences; and development and dissemination of reports and publications to advance chronic disease prevention.

4. Cardiovascular Disease Prevention Program (CDPP) – \$424,654

The Cardiovascular Disease Prevention Program (CDPP) aims to reduce death and disability from cardiovascular disease (CVD), a leading cause of death in California. CDPP goals support Healthy People 2020 objectives to prevent and reduce heart disease and stroke; reduce coronary heart disease deaths; and reduce the proportion of adults with hypertension. In addition, CDPP priorities align with State goals and initiatives, including California's "Let's Get Healthy California" and the "Public Health 2035" initiative. CDPP implemented and supports a statewide CVD alliance: Healthy Hearts California (HHC). HHC fulfills its role by decreasing silos, increasing efficiency and effectiveness, addressing health disparities, and addressing factors that contribute to heart disease and stroke. PHHSBG funds will be used to support salaries of two staff members.

5. Commodity-Specific Surveillance: Food and Drug Program (CSS) – \$200,000

The goal of the CSS program is to collect surveillance samples of high-risk food products known to be susceptible to microbial contamination, evaluate them for microbial contamination, and initiate interdiction efforts to remove them from the marketplace if determined to be adulterated, thereby preventing consumer exposure and reducing the incidence of food-borne illness. Identification and removal of foods

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contaminated with pathogenic bacteria from the food supply will prevent and reduce the incidence of food-borne illness, injury, and death of consumers. PHHSBG funds will be used to support salaries and operational costs of personnel conducting field work, such as sampling and removal of adulterated foods. An additional staff person will be conducting the microbial analyses of the samples at the Food and Drug Laboratory Branch (FDLB) in Richmond.

6. Ecosystem of Data Sharing/CDPH Interoperability Initiative (EODS) – \$214,291

Public health informatics is the systematic application of information and computer science and technology to public health practices, research, and learning. EODS is CDPH's interoperability of the infrastructure for data sharing within CDPH's registries, other data systems, stakeholders, health care systems, and the people of California. EODS sets the stage for all CDPH Centers' and Offices' strategic use of data toward the goal of improving population public health outcomes for all Californians. PHHSBG funds will support the planning and coordination efforts and enterprise initiatives in Health Information Technology and Health Information Exchange adoption; the development of enterprise and statewide policy related to informatics and data sharing; enhance programs, services, and communications with current and emerging technology; and, identify opportunities to consolidate, coordinate, and integrate informatics-related programs and services.

7. Emergency Medical Services Authority (EMSA) – \$2,727,130

EMSA conducts emergency medical services for children, and trauma and quality improvement programs in California. EMSA's programs include: 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. After the rape set-aside and PHHS Block administration; 30% of the remaining PHHSBG funding is allocated to EMSA programs.

8. Health in All Policies (HiAP) – \$592,748

The HiAP program has three primary responsibilities: (1) facilitate the California Health in All Policies Task Force; (2) provide consultation to non-health agencies to integrate health and equity into their policies, programs, and procedures; and (3) build CDPH and local health department capacity to promote health equity and implement health in all policies approaches. PHHSBG funding is the sole funding source for CDPH's HiAP initiative and will be used to embed health equity into California programs, policies, and processes that impact the social determinants of health, including land use, active transportation, transit-oriented affordable housing development, school facility siting and design, and access to parks and green spaces. The Office of Health Equity will partner with state-level departments and agencies to achieve these objectives.

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9. Healthy People 2020 Program (HP 2020) – \$667,000

The Healthy People 2020 Program (HP 2020) will improve the accountability and transparency of the Preventive Health and Health Services Block Grant (PHHSBG) programs. Public health has entered a new era: one that acknowledges the need for cross-sector collaboration and data-driven innovations to address emerging issues, health system transformation, and health equity. PHHSBG funds support salaries of staff who coordinate and facilitate meetings with partners and stakeholders; conduct policy analysis; pilot innovative ways to support local agencies; prepare and disseminate reports, data, and tools; and conduct annual evaluations on PHHSBG programs.

10. Intentional and Unintentional Injury Prevention (IUIP) – \$884,629

The Safe and Active Communities Branch (SACB) is the focal point for CDPH's injury prevention epidemiological investigations and implementation of prevention programs aimed at reducing intentional and unintentional injuries. Prevention efforts include epidemiological surveillance, planning and consensus building, interventions, policy development, professional education and training, and public information. SACB seeks to establish administrative and programmatic infrastructure sufficient to maintain injury prevention and control as a core public health function in preventing the most serious and life-threatening injuries, and ensure flexibility and capacity to address emerging cross-sector issues, such as the opioid overdose epidemic, marijuana-impaired driving, e-cigarette poisonings, and/or gun-related homicides and suicides. PHHSBG funding will fund activities that support data enhancements to CDPH's web-based data query system, EpiCenter: California Injury Data Online (<http://epicenter.cdph.ca.gov>) and provide technical assistance sessions to delve further into community-level injury data that address physical inactivity and its associated injuries, chronic diseases, and disabilities, to include mobility and fall prevention programs for older Californians, and activities that foster environmental and policy change strategies to increase opportunities for safe everyday physical activity.

11. Obesity Prevention for Californians – \$300,000

The Nutrition Education and Obesity Prevention Branch (NEOPB) works 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, reduced sodium intake, and increased physical activity in local communities, schools, early care and education sites, work sites, and at CDPH. Programs foster the development of healthy communities through the creation, adoption, and/or implementation of evidence-based policies, practices, and/or resources that support and advance community changes at state and local levels. PHHSBG funds the following program components: BRFSS Questions Purchase; Workplace Wellness Program Expansion; Career Pathways Pilot Project; Policy Inventory; Childhood Obesity Conference; Partnerships with Retail, Oral Health, Social Media, and HiAP.

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12. Partnering to Reduce Preventable Nonfatal Work-Related Injuries – \$170,000

The Occupational Health Branch (OHB) will utilize PHHSBG funds to establish a new, ongoing core capacity to reduce the medical, social, and economic impacts of preventable nonfatal work-related injuries. OHB will work with community partners to design and implement awareness campaigns, education/outreach projects, and other interventions tailored to specific worker populations and high injury risk jobs/industries.

13. Preventive Medicine Residency Program (PMRP) and California Epidemiology Investigation Service (Cal-EIS) Fellowship – \$565,278

PMRP is a two-year, post-graduate, American College of Preventive Medicine (ACGME)-accredited residency program that uses general preventive medicine and public health competencies from ACGME. Cal-EIS is a one- or two-year epidemiology post-graduate training program that uses epidemiology competencies from the Council of State and Territorial Epidemiologists. PMRP and Cal-EIS programs are the key workforce pipeline for hard-to-fill classifications in California state and local public health agencies. After completing these programs, trainees are qualified for appointment to civil service positions. People from diverse backgrounds are mentored in a supportive public health setting prior to joining the public health workforce. Trainees execute the following types of activities: data/policy analyses; presentations and reports; disease outbreak response (e.g., opioid, Zika) and emergency preparedness response (e.g., KASPER, earthquake); community needs assessments and planning; and other various public health program activities, including serving as surge capacity. Residents additionally perform clinical preventive medicine, occupational /environmental health, and health care systems quality improvement. Very few other programs exist for this purpose. These programs are vital, and have a history of success. PHHSBG funding supports the administrative infrastructure and stipends for trainees.

14. Public Health Accreditation – \$30,000

CDPH was awarded national accreditation via the Public Health Accreditation Board (PHAB). To maintain the Department's accreditation status, PHAB's Standards and Measures require CDPH to make accreditation-related technical assistance available to California's local and tribal public health agencies. Previous PHHSBG funding allocations supported the development and implementation of CDPH's Office of Quality Performance and Accreditation External Relations, dedicated to meeting the State's ongoing obligation to provide local and tribal accreditation technical assistance. PHHSBG funds will continue to support external accreditation technical assistance activities and will also fund a CDPH Accreditation Coordinator (PHAB requirement) to oversee Departmental efforts to maintain compliance with accreditation requirements.

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15. Public Health 2035 Capacity-Building Activities – \$776,370

Identification of tools and data will include an assessment of, and focus on, “place-based” programs and impact. This framework will then be used by staff specializing in economics and actuarial analysis to conduct analyses such as Cost Benefit, Cost Effective, Contingent Valuation, Return on Investment, Cost Utility, Productivity Loss, and Opportunity Costs to inform incidence-based or longitudinal analyses that are essential for calculating the value of prevention. The Health Econometrics Evaluation Initiative will continue to increase the workforce capacity for economic public health system assessment across and within programs at the Department, providing a framework for identifying and using economic and epidemiologic evidence and other objective-based metrics to inform policy and program decision-makings. Economics will become a valued indicator throughout CDPH and considered in all policy and program decision making and resource allocations. PHHSBG funds support salaries of staff and contractors who coordinate and facilitate meetings with partners and stakeholders; conduct policy analysis; pilot innovative ways to support local agencies; prepare and disseminate reports, data, and tools; and deliver workforce trainings and workshops. Ultimately, these activities: (1) ensure an agile and nimble workforce; and (2) increase innovative approaches to addressing the priorities in the State Health Improvement Plan.

16. Receptor Binding Assay (RBA) for Paralytic Shellfish Poisoning Control – \$275,000

This program is designed to reduce the incidence of Paralytic Shellfish Poisoning (PSP) illness in consumers by implementing more-sensitive PSP-detection monitoring at the Drinking Water and Radiation Laboratory Branch (DWRLB) within CDPH. DWRLB's PSP Surveillance Program could more effectively detect PSP toxins by replacing the standard mouse bioassay (MBA) currently in use with the more-sensitive receptor binding assay (RBA) (an assay that relies on a biological-receptor protein for specific detection of biologically active molecules) to monitor PSP toxins in shellfish from California shellfish-growing areas and coastal waters. PHHSBG funding will be used to conduct a 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.

17. Tuberculosis Free California – \$600,000

This program will promote prevention strategies to reduce tuberculosis (TB) disease in California. The approach will be focused on populations at highest risk and apply the most current evidence-based TB testing and treatment strategies. CDPH will design and implement procedures for local health jurisdictions to identify populations at risk for TB infection and ensure testing and treatment of all high-risk individuals throughout California. Program staff will work with local health departments and health care providers to implement a testing and treatment initiative to reach the Healthy People 2020 goal of one case of TB per 100,000 population. PHHSBG funds will establish a tracking system for TB infection detection and treatment, and a system for generating performance feedback to health care providers will be created.

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18. Using HIV Surveillance Data to Prevent HIV Transmission – \$500,000

By matching people living with HIV (PLWH) with their reported labs, CDPH's Office of AIDS and local health departments can determine if PLWH are receiving timely HIV care and treatment that will suppress their viral load to undetectable. When PLWH's HIV viral load is suppressed, they enjoy a better quality of life, have better health outcomes, and are 96% less likely to transmit HIV to their sex or needle-sharing partners. HIV Data to Care activities strategies are to: (1) improve pre-exposure prophylaxis (PrEP) utilization; (2) increase and improve HIV testing; (3) expand partner services; (4) improve linkage to care; (5) improve retention in care; (6) improve integration of HIV services with sexually transmitted disease, tuberculosis, dental and other health services; and (7) improve usability of collected data. PHHSBG funds will support this important endeavor of ensuring that PLWH remain in care.