

**Preventive Health and Health Services Block Grant
Questions from the 6/23/16 Public Hearing to discuss FFY 2016 State Plan**

Accountable Communities for Health:

1. Does the Fusion Center collect immunization information? If so, what kind?
No, the Fusion Center does not collect immunization information. The Immunization Branch in the Center for infectious Diseases, Division of Communicable Disease Control collects this information. DCDC can be reached at (510) 620-3737 or online at <https://www.cdph.ca.gov/programs/immunize/Pages/Default.aspx>
2. Does the Fusion Center share children's IZ information?
No, the Fusion Center does not share immunization information.
3. Is the Santa Barbara IZ Pilot Program associated with or a part of the CDPH Fusion Center?
No. Please check with the Immunization Branch in the Center for Infectious Diseases, Division of Communicable Disease Control collects this information.

CA Wellness Plan Implementation (CWPI) Program A:

1. *Does the CWPI have Immunization objectives?*
The California Wellness Plan 2014 has immunization objectives submitted by the CDPH Immunization Branch:

By 2015, increase the number of sites enrolled with California Immunization Registry (CAIR) by 20 percent from 2,000 to 2,400.

By 2015 increase the number of sites registered at the new Immunization Messaging Portal for data exchange from 0 to 1,000.

By 2015, increase the percentage of all vaccine doses entering CAIR via electronic data exchange from 35 to 60 percent.

By 2015, increase the percentage of children (0-5 years) with two or more vaccine doses in CAIR from 23.6 to 35 to 60 percent.

By 2015, increase the percentage of Californians with two or more vaccine doses in CAIR from 23.6 to 35 percent.

By 2015 increase the percentage of girls 13-17 years that have completed the HPV vaccine three-shot series by 60 percent, from 21.8 n 2009 to 35 percent.

By 2018, have fully consolidated the 7 CAIR regions managed by CDPH, installed and implemented the new CAIR software, and established interoperable connectivity to the three independent immunization registries.

By 2018, have fully implemented real-time HL7 query/response data exchange between CAIR and data partners.

Increase Transparent Information on Cost and Quality of Care.

By 2015, increase the number of health systems that contribute electronic health data to population based health registries (i.e. immunizations, cancer, etc.) (Developmental)

CWPI-Program A has no immunization objectives in the FFY 2016 PHHSBG State Plan.

**Preventive Health and Health Services Block Grant
Questions from the 6/23/16 Public Hearing to discuss FFY 2016 State Plan**

2. *Will funds be used to determine if programs and different facets of our State structure are able to communicate with one another, or not?*

No. No work is underway to determine if State programs are able to communicate with one another. The California Wellness Plan Implementation Program leverages current communication networks within and between State programs to optimize collaborative and coordinated efforts to address chronic disease in California.

CWPI Program B (Health Economic Assessment):

1. *Will IZ be included in the health economic assessment*

All public health programs within CDPH will have the opportunity to be considered in the health data analysis and economic assessment. This includes the immunization program.

Commodity-Specific Surveillance: Food and Drug Branch (FDB):

1. FDB's PHHSBG summary included CDC's statistics on food-borne illnesses. Do we have state statistics for food-borne illnesses? If so, what are they?

The CDC estimates that each year roughly one in six Americans (or 48 million people) get sick, 128,000 are hospitalized, and 3,000 die of food-borne diseases. Based on these national statistics, California's proportionate burden of food-borne illness would result in 5.86 million getting sick, 15,600 being hospitalized, and 366 dying each year.

2. Do PHHSBG or other FDB funds support testing out of country food processors? PHHSBG funds have been used to sample smoked salmon, fresh cut fruits and vegetables, and imitation cheese spreads. These products were collected at retail locations in California and were manufactured in multiple states throughout the U.S. PHHSBG funds did not support the testing of food commodities sourced from countries other than the United States. FDB does periodically use other program funds to complete investigations, including sampling and testing of food products produced outside of the United States that are being offered for sale in California. Any public health issues detected by FDB in foods manufactured in another country are forwarded to the United States Food and Drug Administration for follow-up.

Community Water Fluoridation:

1. Where does fluoridated water come from?

Fluoridated water can come from a variety of sources; it occurs naturally, some public water systems adjust the natural level of fluoride to a level recommended for optimal dental health or they can purchase water that has been fluoridated by a water retailer or wholesaler.

**Preventive Health and Health Services Block Grant
Questions from the 6/23/16 Public Hearing to discuss FFY 2016 State Plan**

- a. Does one company supply it for all counties in CA; or does each county get their own supplier?

Each county is different and not all counties adjust the fluoride. For counties that provide optimally fluoridated water, the public water system may either adjust the level to the recommended level or they may purchase water that has been fluoridated at the recommended level.

2. How much of the budget funds the state position?

Approximately, 40% of the Community Water Fluoridation Program budget funds the state position.

Let's Get Healthy CA Website and Dashboard:

1. What are the external data source(s) for the information that's posted on the LGHC Website and Dashboard (i.e., where did the data come from)?

There are many data sources for the information that is posted on the LGHC website and dashboard. Each of the indicator pages has a section called "metadata" that can be expanded to show not only the data source for the indicators, but also graphs, charts and other facts on the page. Please go to letsgethealthy.ca.gov for more information.

2. Did we submit proper requests and obtain proper approval to post the data?

As far as we are aware at this time we have obtained the proper requests and approval for the data that has been posted on the website.

3. Will the Department of Social Services provide data for the website and/or dashboard?

There is always a possibility for expanded data sources for the website and dashboard based on interest by the data providers as well as from our end users. This could eventually include, but is not limited to, the Department of Social Services.

Office of Quality Improvement and Accreditation:

1. OQPA provides local and/or tribal public health agencies accreditation readiness TA to increase agency capacity to apply for and achieve national public health accreditation. Are these agencies applying for and receiving federal funds once they receive accreditation?

Currently, national public health accreditation status is not required for local and/or tribal public health agencies to apply for or obtain federal funding. At this time, agencies may seek federal funding, in accordance with federal guidelines, regardless of their national public health accreditation status.

**Preventive Health and Health Services Block Grant
Questions from the 6/23/16 Public Hearing to discuss FFY 2016 State Plan**

Select Agent Biosafety:

1. How many Tier 1 laboratories does California have?
The number of Tier 1 select agents laboratories is not disclosed by the Federal Select Agents Program.

CDPH/Microbial Diseases Laboratory (MDL) is the only public health lab in California that has all of the select agents.

There are private, academic, and national labs in the state that may have select agents.

Valley Fever:

1. Are we spending PHHSBG or any other funds to identify the cause of Valley Fever (since it is most prevalent in CA)?
Valley Fever is caused by two soil fungi, *Coccidioides immitis* and *Coccidioides posadasii*. Since 2000, there has been a five-fold increase in the reported cases of coccidioidomycosis in California; more than 4,000 cases were reported in 2012. PHHSBG funds have allowed CDPH/MDL to perform specialized and reference testing and disease outbreak investigation of Valley Fever. No additional non PHHSBG funds are received by MDL for Valley Fever related activities.