

Preventive Health and Health Services Block Grant (PHHSBG)

Advisory Committee Teleconference

Tuesday, May 20, 2014 - 2:00 P.M. – 3:00 P.M.

1616 Capitol Avenue, Suite 74.463

Kings River Conference Room, Sacramento, CA 95814

Summary of Court Reporter Minutes

DOCUMENT #3

Advisory Committee Members Present

Wes Alles, Ph.D., Co-Chair

Caroline Peck, MD, MPH, Co-Chair

Manal J. Aboelata, MPH

Christy Adams, R.N.

Ira Lubell, MD, MPH

Steve McCurdy, MD, MPH

Dr. Robert Ogilvie

Wilma Wooten, MD, MPH

Additional Attendees

Anita Butler, Block Grant Coordinator

Dr. Ron Chapman, Director, CDPH

Robert Berger, CA for Healthy Transformation Grant

Teri Harness, Emergency Medical Services Authority

Stacy Alamo-Mixon, CDPH

Majel Arnold

LoriAnn DeMartini

Susan Fanelli

Teri Harness

Amy Kile-Puente

Caroline Kurtz

Karen Ramstrom

Mary Rodgers

Pam Shipley

Cyndi Walter

James Watts

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The meeting opened at 2:00 p.m.

Welcome and Introductions – Dr. Peck and Dr. Alles

Dr. Peck took a roll call of the advisory committee members present. Hearing 50% of the advisory committee members were present, there was a quorum.

Dr. Alles pointed out that the purpose of the meeting was to give updates on and have a conversation about the State Plan; and to discuss the recommendation to approve it.

Approval of the March 20, 2014 Minutes

Dr. Alles asked for comments from the committee and the public. Hearing none, Dr. Lubell moved to approve the Minutes as submitted, and Dr. Ogilvie seconded the motion. The Minutes were approved as submitted.

Federal Fiscal Year 2014 and 2015 Update

Dr. Peck presented the following updates:

California has not received the preliminary Notice of Grant Award from CDC yet for Federal Fiscal Year (FFY) 2014, but it should be coming in the next few weeks; this will be the money for the first, second, and third quarter; we will get the fourth quarter award once we have submitted the State Plan by July 1, 2014.

Block Grant oversight at the CDC will be changing as of June 1, 2014 to the Office of State Tribal Local & Territorial Support. This office also oversees public health accreditation efforts, as well as some workforce development efforts. California's Project Officer will be the same, so we will continue to have the same helpful relationship.

The President's Budget for FFY 2015 is zero for the Block Grant. Nongovernmental organizations such as NACDD and ASTHO in Washington, D.C. are very supportive in maintaining the Block Grant at its funding level and will be lobbying on behalf of all the states.

FFY 2014 PHHSBG Programs, Anita Butler

Ms. Butler referred to Document 7 listing the FFY 2014 funded programs for State Fiscal Year 13/14.

1. The Rape Prevention Program receives \$832,969 as a set-aside allocation. These programs prevent sexual violence at California's 63 rape crisis centers, including 12 My Strength Clubs in local high schools. These clubs address the social norms that tolerate

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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 of California's Block Grant allocation annually after the rape prevention set-aside is allocated, and currently funds California's Emergency Medical Services Authority. EMSA conducts emergency medical services for children, trauma and quality improvement programs in California. The additional allocation will fund the EMSA Health Information Exchange (HIE) which is the electronic movement of health-related information among organizations. HIE will facilitate access to and retrieval of clinical data to provide safer, timelier, efficient, effective, and equitable patient-centered care.
3. The Black Infant Health Program allocation will fund state and local-level capacity to develop and implement a strategic communication plan to increase enrollment and retention in local black infant health programs, including audience-specific message development. This program aims to reduce the race/ethnic disparities in maternal and infant health.
4. The California Active Communities Program currently 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.
5. The Cardiovascular Disease Prevention Program (CDPP) 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.
6. The California Community Water Fluoridation Initiative (CCWFI) 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) is the official alerting and notification system for state and local public health and funds 50 percent of CAHAN system costs. This system allows information sharing about urgent public health

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incidents with federal, state, and local officials, practitioners, clinicians, and other public health and medical stakeholders.

8. California Wellness Plan Implementation Program, including CDPH commitments made at "P21, Advancing Prevention in the 21st Century", funds 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. Re-engagement in HIV Care and Partner Services Using HIV Surveillance data. Program funds 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.
10. The Local Health Department/Tribal Accreditation Readiness Assistance Program funds state-level capacity to provide technical assistance with local and tribal health department accreditation and to improve the California Performance Improvement (CalPIM) Network website.
11. The Nutrition Education and Obesity Prevention Branch advances 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.
12. The Office of Health Equity provides the key leadership role to reduce health and mental health disparities in California.
13. The Office of Health Equity Program – Health Equity Assessment funds state-level capacity to assess health equity within CDPH programs.
14. The Preventive Medicine Residency Program (PMRP)/Cal EIS Fellowship funds training of California-trained, board certified public health physicians. PMRP achieves this through recruiting promising residents and providing them with appropriate training and

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skills directly within local health departments or state public health programs. It also trains entry level epidemiologists within local and state public health programs.

15. The Safe and Active Communities Branch funds: (i) programs that promote prevention of domestic violence, vehicle occupancy safety and safe routes to school, and (ii) injury surveillance and epidemiology. The Senior Injury Prevention Project funds evidence-based strategies to prevent senior falls, including project evaluation, in collaboration with other state entities.
16. The Select Agent and Biosafety Program funds 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.
17. The Enhanced Laboratory Capacity to address Valley Fever Program funds 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.

After Ms. Butler's presentation, Dr. Alles opened the floor for questions.

Dr. Lubell asked what fluoridation has accomplished. Dr. Peck responded that in the past year, the Oral Health Program has been providing training and technical assistance to local health jurisdictions and water districts to help them implement fluoridation. Current statute state that counties should fluoridate as long as they have at least 10,000 water customers, as long as funding is available. This program has a contract with University of California San Francisco, School of Dentistry represented by Dr. Pollick and Dr. Silverstein; they have developed continuing medical education on fluoridation that will be recorded and available on the UCSF and CDPH websites.

Mr. Berger asked why the tobacco policy model which supports, through direct funding, the local health departments and Non-Governmental Organizations were absent in the recommended plan. Dr. Peck responded that 1) CDPH had a number of ongoing programs that were proposed to fund, based on the input from the legislative hearings about what the members of the public thought were important 2) There was guidance given from the legislature about what programs should be considered 3) Many programs, both current and new, are statewide and have a statewide impact and 4) There are new funding streams, such as, cardiovascular disease and diabetes prevention, that should be coming in the next couple of months that CDPH plans to fund entities at the local level.

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Dr. Wooten asked how the allocations were made across the recommended programs. Ms. Butler pointed to Attachment 5 in the handout posted online for the public and distributed to the Advisory Committee. Ms. Butler read the **proposed dollar** allocations as follows:

EMSA	\$1,398,705
Black Infant Health	\$ 300,000
CAHAN	\$ 500,000
California Wellness Plan Implementation	\$ 600,000
Health Equity Assessment	\$ 200,000
Re-engagement in HIV Care	\$ 500,000
Local Health Department/Tribal Accreditation	\$ 250,000
Senior Injury Prevention Project	\$ 300,000
Select Agent and Biosafety	\$ 200,000
Valley Fever	\$ 426,000

Ms. Aboelata asked what mechanism, if any, was used to communicate back to the funded program the criteria that were used to select them. Dr. Peck responded that all of the program managers are represented in this call and the public hearing as well.

Approval of the State Plan

Dr. Alles suggested the word disparities be changed to inequities in the State Plan. He then asked if there were any questions. Hearing none, he asked for a motion to approve the State Plan. Dr. Ogilvie moved to approve it. Dr. Lubell seconded the motion. The State Plan was approved. Dr. Peck indicated that CDPH would revise the word disparities prior to submitting the State Plan to CDC for approval.

Adjourn

The meeting was adjourned at 3:00 p.m.