

Preventive Health and Health Services Block Grant (PHHSBG) - Public Hearing

Monday, May 19, 2014 - 1:00 p.m. – 1:20 p.m.

1616 Capitol Avenue, Suite 74.463

Kings River Conference Room, Sacramento, CA 95814

Summary of Court Reporter Minutes

DOCUMENT #5

California Department of Public Health Attendees

Thea Perrino, Public Hearing Officer

Dr. Ronald Chapman, CDPH Director

Dr. Caroline Peck, Chronic Disease Control Branch Chief

Anita Butler, Block Grant Coordinator

Introduction

The meeting opened at 1:00 p.m.

Anita Butler welcomed attendees and introduced Thea Perrino, Public Hearing Officer from the California Department of Public Health (CDPH).

Public Hearing

Thea Perrino called the Public Hearing for the Preventive Health and Health Service Block Grant (Block Grant) to order.

Ms. Perrino opened the Public Hearing, stated the Public Hearing was noticed in the California Register on May 9, 2014; introduced the presentation of the FFY 2014 State Plan, a certified shorthand reporter would record the entire proceedings; oral comments would be accepted during the meeting and written comments would be accepted until 5:00 pm PDT, May 19, 2014.

Ms. Perrino summarized the history of the Block Grant; and introduced Dr. Ronald Chapman, CDPH Director, Dr. Caroline Peck, Chronic Disease Control Branch Chief and Anita Butler, Block Grant Coordinator.

Ms. Perrino presented the Federal Fiscal Year 2014 PHHSBG programs included in the FFY 2014 State Plan; she requested public comments after each program description were read.

FFY 2014 PHHSBG Programs

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 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

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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 inequities in maternal and infant health.
4. The California Active Communities 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 changed 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 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 population with access to fluoridation. This initiative aims to reduce oral health inequities among Californians.
7. The California Health Alert Network Support (CAHAN) is the official alerting and notification system for state and local public health. The allocation will fund 50 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 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.

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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) to replicate Los Angeles and San Francisco County Programs. These programs use the HIV Surveillance to offer partner services to all persons recently diagnosed with HIV, and assist people with HIV who have fallen out of care to reengage 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 and Improvement (CALPIM) network website.
11. The Nutrition Education and Obesity Prevention Branch currently advance evidence-based and evidence-informed obesity prevention across the state. Projects include support for improved intervention, for example, increase fruit and vegetable consumption, reduce sodium intake; and increase physical activity in local communities, schools, early care and education sites, and at CDPH.
12. The Office of Health Equity provides the key leadership role to reduce health and mental health inequities in California.
13. The Office of Health Equity – 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 skills directly within local health departments or state public health departments. 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 and 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.

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17. The Enhanced Laboratory Capacity to address Valley Fever Program funds state-level capacity to address drug resistance, assist local communicable disease response to outbreaks, and restore testing for fungal infections such as Valley Fever.

Public Comments

Matthew Marson of Public Health Institute (PHI) made the following comments: he did not hear whether there was an example of funding that was being provided to county health departments or others to support chronic disease prevention activities. It is critical that these funds be also provided to local health departments and also to nongovernmental organizations to support chronic disease prevention at the local level. PHI urges CDPH to look at its sister agency, the California Department of Food and Agriculture, in the way they administered their Special Block Grant, which is very similar to the Block Grant: the state agency uses those funds to support internal state-level activities; then, they issue a competitive transparent process to issue small grants and others through local governments, other state agencies, and nonprofit and non-governmental organizations.

Dr. Peck thanked Mr. Mason for his comments.

Adjourn

Ms. Perrino asked if there were any additional comments. Hearing none, the meeting was adjourned.