Summary of Court Reporter Minutes – D3
Preventive Health and Health Services Block Grant
Advisory Committee Teleconference
Wednesday, May 10, 2017; 1:06 P.M.
Kings River Conference Room, Sacramento, CA 95814

Advisory Committee Members Present:
Christy Adams, RN, BSN, MPH (via teleconference)
Wes Alles, PhD, Chairperson (via teleconference)
Rebekah Kharrazi, MPH, CPH (via teleconference)
Stephen McCurdy, MD, MPH (via teleconference)
Caroline Peck, MD, Co-Chairperson
Wilma Wooten, MD, MPH (via teleconference)

Advisory Committee Members Not Present:
Paul Glassman, DDS, MA, MBA
Vicky Pinette, Sierra-Sacramento Valley EMS Agency
Dan Spiess, EMS Administrator
Sam Stratton, MD, MPH
Nathan Wong, PhD

California Department of Public Health (CDPH) Attendees Present:
Block Grant Team:
Anita Butler, Center for Chronic Disease Prevention and Health Promotion
Becca Parks, Block Grant Coordinator
Hector Garcia, Block Grant Administrator
Mary Rodgers, BGMIS Coordinator
Matthew Herreid, Block Grant Fiscal

Karissa Anderson, Safe and Active Communities Branch
Nancy Bagnato, Safe and Active Communities Branch
Kama Brockman, Office of AIDS
Donald Carter, Information Services Technology Division
Jami Chan, Chronic Disease Control Branch
Laurel Cima-Coates, Chronic Disease Control Branch
Chad Crain, Drinking Water and Safety Laboratory Branch
Claudia Crist, CDPH
Damien DaRosa, Food and Drug Branch
Elizabeth Stoller, STD Control Branch
Jim Greene, Center for Health Statistics and Informatics
Linda Gutierrez, Nutrition Education and Obesity Prevention Branch
Esther Jones, Chronic Disease Control Branch
Sandy Kwong, Chronic Disease Surveillance and Research Branch
Meredith Lee, Office of Health Equity
Barbara Materna, Occupational Health Branch
Tom McGinnis, EMS Authority
Francisco Michel, Rape Prevention and Education Program
Monica Morales, Deputy Director, Chronic Disease Section

Summary of Court Reporter Minutes – D3
Preventive Health and Health Services Block Grant
Advisory Committee Teleconference
Wednesday, May 10, 2017; 1:06 P.M.
Kings River Conference Room, Sacramento, CA 95814

Julie Nagasako, Fusion Center
Mike Needham, Food and Drug Branch
Jessica Nuñez de Ybarra, Chronic Disease Control Branch
Greg Oliva, Center for Chronic Disease Prevention and Health Promotion
James Regan, Center for Health Statistics and Informatics
Pam Shipley, Safe and Active Communities Branch
Aimee Sisson, Chronic Disease Control Branch
Kurt Snipes, Chronic Disease Surveillance and Research Branch
Karen Smith, MD, Director, CDPH
Leslie Stribling, Office of Quality Performance and Accreditation
Connie Walker, Division of Radiation Safety and Environmental Management
Angela Wise, EMSA
Michael Ayala, Food and Drug Branch

Public Attendees:
Josh Byer, Kaiser Permanente
Kathryn S. Swank, Court Reporter, California Reporting, LLC

The meeting was called to order at 1:06 p.m.

Welcome and Introductions: Advisory Committee (AC) Chairman Dr. Alles welcomed attendees and reviewed the agenda; roll call was taken by Becca Parks.

Approval of Minutes of September 12, 2016, Advisory Committee Meeting:
Dr. Alles reviewed the minutes; AC member Adams moved to approve, Co-Chair Dr. Peck seconded, and the AC unanimously approved the September minutes.

Dr. Peck welcomed and thanked the Advisory Committee members, Block Grant program staff, CDPH Director Dr. Smith, and Deputy Director Morales.

Dr. Smith thanked AC members for their continued service, especially important as the Block Grant faces an uncertain fiscal future.

Dr. Peck introduced Deputy Director Morales, who came to CDPH from Nevada, where she was a chronic disease director. Ms. Morales will be in the chain of command that oversees the PHHS Block Grant.

Budget: Dr. Peck went over the federal omnibus budget passed for fiscal year (FY) 2017 and the CDPH Healthy People 2020 program.

Dr. Peck reported the good news that the Block Grant was flat funded for FFY 2017. As in previous years, the President zeroed out the budget, but it was restored by Congress. Because of concern that the Block Grant had been put under the Affordable Care Act,

CDC transferred it back into the regular CDC budget, as they did with other chronic disease programs. Continued support for the Block Grant is encouraging, and this will fund our programs through FY 2017–18.

CDC Site Visit: Dr. Peck reported on the need for an annual audit that came out of the CDC site visit to Sacramento last year. The first PHHS Block Grant audit by the California State Auditor resulted in a few findings, but nothing insurmountable.

Dr. Peck: Block Grant staff were reminded of a 10-percent administrative cost limit; we almost came in under the limit (~$60,000 over). Rather than considering the grants management team as administration, because they manage the Block Grant, that function will be under a new program, the Healthy People 2020 program. This will be our grants management program, with additional quality improvement and evaluation activities incorporated. CDC wants to incorporate evaluation as part of the Block Grant; we want to follow suit in California.

Program Evaluation: CDC wants to incorporate evaluation because they report to Congress, and Congress is interested in Block Grant outcomes; measuring progress and impact and communicating current accomplishments was recommended.

Program evaluation from CDC is meant to determine the value and impact of the Block Grant; they've conducted exploratory analyses and assessment and developed indicators and measures for priority outcomes.

The first step CDC shared with the Block Grant team is a logic model. They are working on their evaluation framework and coming up with four measures. These measures have not been released, but should make it easy for states to describe accomplishments and outcomes that can be shared with Congress.

The logic model goals are to: (1) decrease health disparities, premature death, and disability; (2) improve health equity; (3) improve the capacity of the public health system to respond to emerging public health threats; and (4) improve the performance and accountability of public health agencies.

The objectives are to: (1) decrease gaps in funding for critical public health programs, services, and activities; (2) increase the efficiency and effectiveness of public health programs, services, and activities; and (3) reduce preventable health risk factors. Strategies to achieve these goals and objectives include:

- Identify public health gaps and priorities in collaboration with partners;
- Collaboratively address unfunded or underfunded public health programs, services, and activities;
- Enhance public health agency ability to deliver essential services;

- Institutionalize the use of performance management and quality improvement;
- Invest in evidence-based interventions and promising practices; and
- Support and strengthen linkages across public health systems.

Dr. Peck: (showed a slide of the logic model). Staff already conducts program evaluation, then collates program results into the Program Outcomes Report.

Dr. Smith: I recommend additions to this Outcomes Report, such as an impact statement. Besides SMART objectives, we need statements from programs about what it really means, and those types of statements can communicate the value of the Block Grant.

We are very proud of the program success stories, a number of which were forwarded last year to the National Association of Chronic Disease Directors, and to CDC, to communicate to Congress the value of this Block Grant program.

CDPH Healthy People 2020 Program: The new Healthy People (HP) 2020 program will communicate these outcomes and impacts and develop a multi-level strategy: website and other mechanisms of sharing the value of the Block Grant across California and to people that could help us advocate for the Block Grant.

The health objective selected for the HP 2020 Program is a quality-improvement objective. Staff will use either the Plan-Do-Study-Act or other model, and the Program Outcomes Report will guide the focus for the annual quality-improvement project.

Dr. Alles pointed to Attachment #D9 as containing material that Dr. Peck referred to and encouraged meeting attendees to reflect on quality improvement.

AC member Kharrazi expressed support for evaluation and quality-improvement efforts.

Funding priorities: Block Grant Coordinator Ms. Parks reported on the AC's funding priorities survey (Attachment #D4: "Survey Monkey at a Glance"). Through multimodal analysis, staff determined the top five selections:

- Size of the condition/problem;
- Condition severity;
- Equity in health status;
- Cost of the condition; and
- Engaging communities at the local level.

Ms. Parks referred to the 2014 AC principles of allocation (Attachment #D4, p. 2), which will be kept in mind for future Block Grant decision making.

Dr. Alles, Dr. Peck, and Dr. Smith endorsed the new list of priorities. Ms. Kharrazi stated that the move away from categorical funding to allow for more cross-cutting efforts that the current list encourages is a positive step.

Mr. Carter asked if specific scientific models were being used to determine the metrics associated with the criteria themselves. Is there a federal or scientific model being used to determine the size and severity of the problems and how to contrast that against other program areas?

Dr. Peck responded that traditionally staff looks at published data from an epidemiologic standpoint, at least to evaluate the size of the problem and condition. Dr. Alles stated that it may be a good thing that there isn't a single algorithm, that each state, county, or program may prefer to make decisions based on local social or demographic characteristics—as you get closer to program delivery, there needs to be more sensitivity to the reality of what exists in that community.

Dr. Peck and Dr. Smith agreed with Dr. Alles' statement. Dr. Smith added that there are mundane criteria difficult to put into an algorithm, such as leveraging dollars from one category to another. So there isn't a convenient algorithm that can incorporate important factors (e.g., societal and sometimes business-administration factors).

Ms. Morales added that CDC's Healthy People 2020 priorities have a lot of science behind them.

Ms. Wooten was happy to see equity and engaging communities at the local level were included in the priorities.

Dr. Alles added an addendum to the five criteria: sometimes it is necessary to vary the application in extraordinary circumstances. For instance, if a program was going to be wiped out because of a drastic cut and funds were available, and it wouldn't harm another program, someone within the organization should be empowered with the ability to make decisions that would create flexibility, and through that, better outcomes in the delivery of the programs.

Block-Grant Funded Programs: Block Grant Lead Hector Garcia presented the FFY 2017 Block Grant program descriptions. These descriptions were also shared with the AC and posted on the CDPH website, and a hard copy was placed at the security desk at 1616 Capitol Avenue, Sacramento, California.

Award: California's FFY 2017 award is $10,600,069. CDPH and the Emergency Medical Services Authority split the award 70/30, respectively, after the rape prevention set aside is reduced from the total award. California plans to spend these funds in state fiscal year (SFY) 2017–18 (July 1, 2017, through June 30, 2018).

- **Rape Prevention Program.** This program approaches sexual violence from a public health perspective by building the capacity of California's 65 local rape crisis centers. ***Funding level: $832,969***.

- **California Behavioral Risk Factor Surveillance System Program:** a California-specific surveillance system that surveys adults on self-reported health behaviors. An annual BRFSS report is published, continuous use of which allows analysis of trends over time. ***Funding level: $400,000.***

  Ms. Kharrazi: I see this is new for this cycle. I'm assuming that other funding for this program got eliminated. What happened?

  Mr. Snipes: The cost of telephone surveys has risen dramatically; to keep the cost per question as low as possible, we asked for Block Grant funds. The program is looking at less-costly survey methodologies, but we are bound by CDC's criteria for how surveys are to be conducted, and federal money continues to decline.

  Ms. Kharrazi: BRFSS is incredibly important; it should be funded under traditional funds for CDPH. It's concerning that the Block Grant would need to be used for funding. If the Block Grant doesn't exist in a year or two, it potentially jeopardizes the BRFSS program. I'm thrilled that the Block Grant can offset some of the challenges the program is having.

- **California Wellness Plan Implementation:** California's chronic disease prevention and health promotion plan, with the overarching goal of equity in health and wellbeing. ***Funding level: $440,000.***

- **Cardiovascular Disease Prevention Program:** supports a statewide cardiovascular disease alliance, Healthy Hearts California, which coordinates statewide heart-disease control and prevention efforts. ***Funding level: $424,654.***

- **Commodity-Specific Surveillance: Food and Drug Program:** collects and evaluates samples of food products known to be susceptible to microbial contamination and initiates efforts to remove adulterated items from the marketplace: ***Funding level: $200,000.***

- **Ecosystem of Data Sharing, CDPH Interoperability Initiative:** provides the infrastructure for data sharing within CDPH's registries and other data systems and with external stakeholders. ***Funding level: $214,291.***

- **Emergency Medical Dispatch Program/EMS Communications:** improves statewide training standards and provides uniformity through guidelines, improves public care, and maximizes efficiency of 911 systems. ***Funding level: $102,452.***

- **EMS for Children:** implements fully institutionalized EMS for Children in California by continuing to incorporate statewide compliance with national performance measures and the collection of statewide data. ***Funding level: $135,541***

- **EMS Partnership for Injury Prevention and Public Education:** maintains continuous EMS participation in statewide injury prevention and public education initiatives, programs, and policies. ***Funding level: $90,256.***

- **EMS Poison Control System:** supports California's Poison Control System, one of the largest single providers of poison-control services in the United States, and the sole provider of poison-control services for California. ***Funding level: $120,432.***

- **EMS Prehospital Data and Information Services and Quality Improvement Program:** increases specialized prehospital EMS data submissions into the state EMS database system and unites components under a single data warehouse. ***Funding level: $262,996.***

- **EMS STEMI and Stroke Systems:** reduces premature death and disability from heart disease and stroke through improved cardiovascular health detection and treatment during medical emergencies. ***Funding level: $340,918.***

  Ms. Wooten: This program and the one before it, Prehospital Data and Information Services: How do they trickle down to the local level?

  Mr. McGinnis: When it comes to stroke and STEMI, and especially the data, we engage these programs with our state partners. For stroke and STEMI specifically, partners who engage in this provision of care for cardiac and stroke patients, including stroke centers, prehospital care providers, and local governmental entities, help us operate those programs.

  The data program is one of EMSA's biggest successes. California is the first state in the nation to comply with the new EMS data standard; that gives us better information about the condition of patients and what's happening with them in the field.

  We engage all 1,400 EMS service providers in the state, which comes to about 100,000 EMS practitioners, and we provide information from our data system to local governmental entities and to service providers and practitioners. It helps us look at trends and what is taking place in our system to ensure quality.

  The newer system, which started in January, also gives good pre-surveillance information.

Is this tied to the information given to locals? Absolutely, all the way down to the practitioner level, and we will also open a public-access portal on our website, probably in the next year.

- **EMS Trauma Care Systems:** reduces morbidity and mortality resulting from injury in California by providing continued oversight of the statewide trauma system. ***Funding level: $210,276.***

- **Health in All Policies Task Force:** provides consultation to non-health agencies to integrate health and equity into their policies, programs, and procedures, and builds CDPH and local health department capacity. ***Funding level: $592,748.***

- **Healthy People 2020 Program:** supports the overall efforts of the Block Grant program by enhancing accountability and transparency through measuring progress and impact of funded programs through quality-improvement initiatives and well as communicating current accomplishments. ***Funding level: $676,000.***

- **Intentional and Unintentional Injury Prevention:** maintains injury prevention and control as core public health functions and ensures flexibility and capacity to address emerging cross-sector issues (e.g., opioid overdose epidemic, marijuana-impaired driving, and E-cigarette poisoning).

- **Obesity Prevention for Californians:** fosters 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. ***Funding level: $300,000.***

- **Partnering to Reduce Preventable Nonfatal Work-Related Injuries:** establishes a new ongoing core capacity to reduce the impacts of preventable, nonfatal work-related injuries through public awareness campaigns and other interventions tailored to specific worker populations in high-risk jobs and industries. ***Funding level: $170,000.***

- **Preventive Medicine Residency Program:** Preventive Medicine Residency and Cal-EIS programs are the key workforce pipeline for hard-to-fill epidemiology positions in California state and local public health agencies. Trainees perform data and policy analysis and provide disease outbreak and emergency preparedness response, community needs assessments and planning, clinical prevention medicine, systems quality improvement, etc. ***Funding level: $565,278.***

- **Public Health Accreditation:** as part of the requirements to maintain CDPH's national accreditation, via the Public Health Accreditation Board, makes accreditation-related technical assistance available to California's local and tribal

public health agencies and oversees internal departmental efforts. ***Funding level: $30,000.***

Ms. Wooten: I'm not sure how much technical assistance you can provide for $30,000. I'm not certain that the allocation made here is enough.

Dr. Peck: The program will continue but is also funded with other dollars; and the $30,000 is specific for mini-grants to counties or tribal agencies to help them pay accreditation fees.

Accreditation Coordinator Ms. Stribling: Previously, we were funded at a higher level, much of it going to personnel expenses, but the personnel costs are being moved to another funding source. We will continue technical assistance to local health departments; it will just be funded in a different way.

I'm designing a mini-grant program local health departments will be able to apply for to advance their accreditation ratings.

- **Public Health 2035 Capacity-Building Activities:** builds cross-sectoral external relations, strategic development, and community engagement that move forward CDPH's State Health Improvement Plan in support of the Public Health 2035 framework. ***Funding level: $776,370.***

- **Receptor Binding Assay for Paralytic Shellfish Poisoning Control:** reduces the incidence of paralytic shellfish poisoning illness in consumers through laboratory detection monitoring of shellfish from California shellfish-growing areas and coastal waters. ***Funding level: $275,000.***

- **TB Free California:** promotes prevention strategies to reduce tuberculosis disease among high-risk populations in California, including screening all foreign-born residents for TB, and for those who test positive, ensuring treatment. ***Funding level: $600,000.***

  Ms. Wooten: I suggest including under the program description some type of statewide campaign to promote the LTBI issue, to increase awareness.

  Dr. Peck stated she would pass the information along. She clarified that Block Grant funds cannot be used for clinical services.

  Ms. Wooten: I was looking at treatment and prevention, for advertising and educating providers, the whole LTBI issue, to help with long-term outcomes. I am suggesting a coordinated statewide campaign to educate individuals.

- **Using HIV surveillance data to prevent HIV transmission:** matches people living with HIV with their reported labs, to determine if they are receiving timely HIV care and treatment. ***Funding level: $500,000.***

  Ms. Wooten: I'm very excited this is one of the programs. Thank you.

Dr. Alles: Is there a reason for taking the time to go through program by program, other than giving the AC or the public an opportunity to comment?

Dr. Peck: We want to be as transparent as possible; we want to allow the AC and the public to comment on how money is allocated.

Ms. Kharrazi: I didn't get the opportunity to express my support for the increase of about $100,000 to the Health in All Policies program. It appears from the Outcomes Report that it was particularly successful.

Approval of State Plan
Dr. Peck: I recommend approval of the state plan because it has a broad swath of objectives, and all of these will be good programs for California.

Dr. Alles: If you look at the breadth of programs presented here, that have been given Block Grant money, it has an impact on clinical costs and on people's lives, in not only longevity, but in quality of life. Thank you to people on the call who have devoted their career, or part of it, to public health. It's a worthy mission.

Dr. Alles requested giving AC members who were not present an opportunity to vote on approval of the PHHS Block Grant state plan. Dr. Peck concurred.

Ms. Kharrazi moved to accept the SFY 2017–18 state plan; Ms. Wooten seconded, and the AC members in attendance unanimously approved the motion.

Adjournment
Dr. Alles adjourned the meeting at 2:30 p.m.