

Summary of Court Reporter Minutes – D9
Preventive Health and Health Services Block Grant
(PHHSBG)
Advisory Committee (AC) Teleconference
Wednesday, May 4, 2018 - 10:00 A.M. PST

Advisory Committee Members Present:

Wes Alles, PhD, Chairperson (via teleconference)
Stephen McCurdy, MD, MPH (via teleconference)
Caroline Peck, MD, MPH, Co-Chairperson
Dan Spiess, EMS - Chief Executive Officer (via teleconference)
Wilma Wooten, MD, MPH (via teleconference)

Advisory Committee Members Not Present:

Christy Adams, RN, BSN, MPH
Paul Glassman, DDS, MA, MBA
Vicky Pinette, Regional Executive Director
Sierra-Sacramento Valley EMS Agency
Sam Stratton, MD, MPH
Nathan Wong, PhD

California Department of Public Health (CDPH) Attendees Present:

PHHSBG Team:

Anita Butler, PHHSBG Coordinator
Hector Garcia, PHHSBG Administrator
Matthew Herreid, PHHSBG Fiscal Lead

Members of the Public:

None

Court Reporter:

Phyllis Mank, Diamond Court Reporters

The meeting was called to order at 10:00 a.m.

Welcome and Introductions: Advisory Committee (AC) – Co-Chair Dr. Alles welcomed the attendees. He also took roll call. He had a brief discussion in which he confirmed the AC is an advisory role. Therefore, a quorum is not required. Dr. Alles then reviewed the agenda.

The PHHSBG Team shared several documents with the AC in advance of the meeting. Dr. Alles referred to each Document (D), so the AC could easily find them:

- ❖ D1 – AC Members List
- ❖ D2 – AC Meeting Agenda

Summary of Court Reporter Minutes – D9
Preventive Health and Health Services Block Grant
(PHHSBG)
Advisory Committee (AC) Teleconference
Wednesday, May 4, 2018 - 10:00 A.M. PST

- ❖ D3 – Court Reporter Minutes from the May 10, 2017 AC Meeting
- ❖ D4 – Program Outcomes Report
- ❖ D5 – AC Principles for Allocation/Funding Criteria
- ❖ D6 – Program Descriptions, including each program’s funding

Dr. Alles transitioned to the Review and Discussion of the May 10, 2017 AC Meeting Minutes. He summarized the Minutes and indicated Dr. Peck provided a summary of the last CDC Site Visit. He reminded attendees that CDC conducts grantee Site Visits on a rotating basis. He briefed the attendees on Dr. Peck’s discussion regarding PHHSBG Evaluations, as CDC wanted to identify the value of the PHHSBG and communicate it to Congress. This approach is imperative as the PHHSBG impacts public health and the welfare and well-being of Americans.

Dr. Alles’ reminded attendees that Dr. Peck discussed the Evaluation Logic Models that the AC needs to focus on as they make recommendations. The first one was to decrease health disparities, the second was to improve health equity, the third was to improve capacity of the public health system and its ability to respond to health threats, and the last one was to improve the performance and accountability of public health agencies. During the Site Visit, CDC Evaluator, Garry Lowry asked if California utilized any specific models to determine the metrics. Dr. Alles and Dr. Peck responded. In essence, we collect data and look at it in order to be true to the objectives we set. Dr. Alles stated we look at the data primarily around the priorities we established. Dr. Alles pointed out that as we get closer into the communication, the need may shift a little bit to look more directly at how the data pertains to people in the local areas that are being served as opposed to statewide data that are collected.

Additionally, there are three objectives: decrease gaps in funding for critical public health programs, increase efficiency and effectiveness of public health programs, services and activities; and reduce preventable risk factors.

Dr. Alles also reminded everyone of Dr. Peck’s discussion regarding funding priorities. Some included conditions of severity, engaging communities at the local level, health equity, size and condition of the problem, etc. He stated there was a broader list on Document 5, which is the AC Principles for Allocation; and if there was time, the AC could discuss them and whether to add new ones, change existing ones, or remove them.

Summary of Court Reporter Minutes – D9
Preventive Health and Health Services Block Grant
(PHHSBG)
Advisory Committee (AC) Teleconference
Wednesday, May 4, 2018 - 10:00 A.M. PST

Dr. said that Dr. Peck reminded him that the CDC had wonderful things to say about the AC. Dr. Alles attended the Site Visit by phone and recalled hearing CDC say they wished every grantee had an AC like California's PHHSBG AC.

Dr. Peck said a couple AC Members attended the Site Visit by teleconference and spoke to CDC, which was something that had not ever happened before. She told the AC Members that CDC really appreciated the engagement; and when CDC heard about the composition of the AC, level of engagement, and how the AC is so thoughtful about where the funding should go and advise the California Department of Public Health.

Dr. Peck indicated she and Anita Butler recently had an opportunity to attend CDC's Annual PHHSBG Meeting in Atlanta. All of the 61 grantees (50 states, District of Columbia, 2 American Indian Tribes, and 8 US Territories) attended the meeting, including people from Guam and Puerto Rico. Ms. Butler presented at this meeting, along with Vicky Rayle (our CDC Project Officer). Ms. Rayle said CDC staff was very impressed with the Site Visit and the AC, as CDC really appreciated the AC participation at the Site Visit. Dr. Peck wrapped up her summary by saying she was happy to hear CDC comments. She wanted to pass this information along to ensure the AC realized that CDC highly regards them and is impressed with their level of participation and support.

Dr. Alles extended accolades to the Department and everyone who works hard every day for the people of California, whether it is in the PHHSBG or in any other program. He said CDC's comments were really a reflection of the combination of CDPH employees, the AC, and the CDPH Director, who has responded very favorably to the AC's recommendations.

Approval of Minutes of May 10, 2017, Advisory Committee Meeting:

Dr. Alles asked the other AC Members if they wanted to comment or had questions before they voted on the Minutes. AC Member, Dr. McCurdy moved to approve the Minutes. Dr. Alles seconded and asked for public comment. We did not receive any comments. The AC unanimously approved the May 10, 2017 minutes.

Program Outcomes Report:

PHHSBG Administrator, Hector Garcia indicated the State Plan identifies the Programs' Objectives and Activities; and the Program Outcomes Report identifies how the programs performed. He reported that the 2016 Program Outcomes Report shows that Programs did very well in reaching the majority of

Summary of Court Reporter Minutes – D9
Preventive Health and Health Services Block Grant
(PHHSBG)
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Wednesday, May 4, 2018 - 10:00 A.M. PST

their Objectives under the 2016 State Plan. Programs met or exceeded the majority of the Objectives by June 30, 2017. The Programs partially met only six *Objectives* and they did not meet only 5 out of 71 Objectives. Programs did not meet only 14 *Activities*. All programs completed an impact statement for each Objective and a Success Story. The PHHSBG Team will post the 2016 Outcome Report and Success Stories on the CDPH PHHSBG website.

As to the 2017 Program Outcomes Report, Programs submitted their progress for the first six months of the funding period (State Fiscal Year 17/18). They will submit their final Outcomes Report in July 2018. The Programs met at least 50% of the Objectives and Activities. The PHHSBG Team will post the 2017 Final Program Outcomes Report on the CDPH website by September 2018.

Mr. Garcia stated that the PHHSBG Program Lead and Evaluator will be starting May 31, 2018, and will work on the quality improvement activities first.

Dr. Wooten asked if Mr. Garcia could summarize and distribute to the AC, the FFY 2016 and FFY 2017 Program Outcomes Reports Talking Points. He agreed to provide them.

Dr. Alles asked, what would account for a Program not achieving its goals? Mr. Garcia responded that they have diverse State Plans. Several factors might affect the Programs not reaching an Objective or not completing an Activity. There is not a common or general reason. Sometimes programs are so optimistic in setting their goals, that they miss it by just a few points. Dr. Wooten pointed out a great example of that on Page 3 of the Program Outcomes Report (Food & Drug Branch). She indicated the Objective was to collect 850 specimen samples, but that Program only collected 775 samples. Therefore, the Program did not meet that Objective. Dr. Wooten asked the impact of that, because that is the greater question. Dr. Alles said Dr. Wooten's point was a good one.

Dan Spiess asked if Programs have an opportunity to complete their work in subsequent years. Mr. Garcia responded that Programs have the option of including unfinished work in their subsequent Work Plans. They evaluate their performance in the previous year and build upon all or some of those Activities. This explains why the Program Outcomes Report is so important, as it gives the Programs an opportunity to review and potentially improve their performance.

Dr. Alles mentioned the Program Outcomes indicated there would be an accounting for each objective, in the first quarter. He wondered if there would be a benefit to identifying the outcomes in the third quarter or perhaps quarterly. This approach would ensure programs are aware of their performance on a continuous basis. He wondered if CDPH was interested in a more structured evaluation quarterly.

Summary of Court Reporter Minutes – D9
Preventive Health and Health Services Block Grant
(PHHSBG)
Advisory Committee (AC) Teleconference
Wednesday, May 4, 2018 - 10:00 A.M. PST

Dr. Wooten recommended that in the case(s) where programs have not met their Objectives that those programs provide additional information such as a reason why it was not met, the impact of not meeting it, indicate if it would be developed or completed in the next cycle, and indicate if the Objective and/or Activity will be removed or revised. She cited as an example an educational messaging campaign that was supposed to be developed. The Program Outcomes Report indicated the campaign was not developed. However, the Program did not provide a reason for not completing that Objective.

Mr. Garcia stated the AC's ideas and suggestions were excellent. He indicated the PHHSBG Team planned to assign the Program Outcomes tasks to the Program Lead and Evaluator. He stated we would share the Court Reporter's Transcript with her, so she is aware of this conversation and can implement the suggested revisions.

Dr. Alles was happy with Mr. Garcia's response. He asked the AC if they had any additional comments, requested public comments, and asked Dr. Peck if she wanted to add any additional information on the topic. The public did not comment.

Dr. Peck stated the AC's comments were very helpful. She also commended Mr. Garcia on completing the Program Outcomes Reports. He works with and collects data from 27 PHHSBG Programs. Dr. Wooten thanked Mr. Garcia as well.

Fiscal Year Updates for 2018:

Anita Butler reported that CDC has not released the 2018 Funding Allocations, nor has CDPH received the Notice of Award (NOA). However, CDC recently indicated that the total Allocation for next year would be \$160 million, which is flat funding. CDC plans to release the Allocations and NOA as soon as possible. They encouraged all grantees to move forward with the assumption that they will receive flat funding.

The PHHSBG Team based California's FFY 2018 State Plan on the assumption that we will receive \$10,600,069. Ms. Butler requested the AC's recommendation as to how we should increase the budgets of existing programs should California receive an increase. She stated this approach eliminates the need to have an additional AC Meeting to discuss the dispersal of additional funds.

Dr. Alles asked if the recommendation provided any additional detail, like should the funds remain within the PHHSBG and CDPH utilize it for the intended purpose.

Summary of Court Reporter Minutes – D9
Preventive Health and Health Services Block Grant
(PHHSBG)
Advisory Committee (AC) Teleconference
Wednesday, May 4, 2018 - 10:00 A.M. PST

Ms. Butler responded yes. We are not adding any new programs in SFY 18/19. Therefore, CDPH and the Emergency Medical Services Authority (EMSA) would allocate the increase to existing programs. If we receive a small increase, we would split it between CDPH and EMSA, with CDPH receiving 70 percent and EMSA receiving 30 percent.

Dr. Wooten asked if the above-described practice is written anywhere. Ms. Butler responded that she did not know if we have a written policy. However, we have this discussion at every AC Meeting, since the award is typically \$50,000 more or less, than we anticipate receiving.

Dr. Wooten requested a one page written policy, if there was not any objection. Ms. Butler stated she would draft the requested policy, share it with the AC Members at the next AC Meeting, and solicit feedback. .

Dr. Alles wondered if there was more AC feedback and if it was positive information (like the 70/30 split), should we take an Action Item on this issue now or at the next AC Meeting.

Ms. Butler responded that CDPH prefers to have the Action Item now, as we are developing the State Plan and expect or hope to receive our Allocation any day. However, we will definitely have it before we submit the State Plan.

Mr. Spiess asked how CDPH would allocate its 70 percent, proportionately to the PHHSBG Programs or some other method. Ms. Butler indicated CDPH would allocate the increased funds proportionately.

Dr. Alles requested Public Comment. The public did not comment.

Dr. Alles motioned that the Committee make a recommendation to CDPH that, if there are additional funds, they will be distributed 70/30 for CDPH and EMSA; and CDPH will distribute the 70 percent proportionately to each program's current budget. He stated the reason for making the motion is that we are the State Plan and it would be helpful for the Programs to know what their budgets will be. Dan Spiess seconded the motion. All of the AC Members were in favor of the recommendation. However, Dr. McCurdy expressed a desire to build a little more flexibility so that CDPH has the discretion to do otherwise, if appropriate. This approach would ensure the Department could allocate the increased funds if there were circumstances that made it wisest to do a distribution that was not quite proportional.

Dr. Peck indicated the AC is a recommending body and that there should be flexibility. We are hoping CDPH would honor the AC recommendations in spirit.

Summary of Court Reporter Minutes – D9
Preventive Health and Health Services Block Grant
(PHHSBG)
Advisory Committee (AC) Teleconference
Wednesday, May 4, 2018 - 10:00 A.M. PST

She stated Dr. McCurdy made a very good point. There could be some amount of funding that would not make a big difference to a Program and the proportion of the match coming to a different Program would not matter that much. CDPH should have the flexibility to make that determination. Dr. Peck thanked Dr. Alles and Dr. McCurdy for their comments. She stated she wanted EMSA to have some discretion as to how they allocate their additional funds. Conversely, EMSA should have the flexibility to manage their budget if we decrease or increase their Allocation. The same is true for CDPH. Dr. Peck stated the only requirement we must adhere to is we must describe all funded activities in the State Plan.

Dr. Alles stated the AC should vote again since they modified their recommendation. The AC voted to acknowledge their approval of the modified recommendation.

The last agenda item was the FFY 2018 Proposed PHHSBG programs.

Dr. Alles stated, many years ago, the AC developed the AC Principles for Allocation. Periodically, the AC changes the priorities or at least discusses changing them. It is likely the AC has added a few over the years and removed a few. Essentially, the AC utilizes a structure that serves as the basis for their recommendations. He referenced Document 5 and indicated the PHHSBG Priorities are consistent with the priorities discussed by CDC during the Site Visit. The ones CDC mentioned were condition severity, cost of the condition and engaging communities at the local level, equity in health status, and size of the problem or condition.

Dr. Alles asked the AC if they wanted to discuss adding, removing, or revising any Principle. He asked Co-Chair Peck if she had any thoughts on how well the existing Principles served the purpose of the AC. Dr. Peck responded: she believed the Principles served the AC well and she did not have any recommended changes.

Dr. Alles indicated this topic was not an Action Item, unless there was a recommended change.

Dr. Alles transitioned the discussion to the presentation of the FFY 2018 Proposed PHHSBG Programs. He asked Ms. Butler to present this information. She stated CDC anticipates awarding California the PHHSBG to support public health infrastructure, address emerging health issues, maintain emergency medical services, and optimize the health and well-being of the people in California. All grant activities align with the Healthy People 2020 objectives.

Summary of Court Reporter Minutes – D9
Preventive Health and Health Services Block Grant
(PHHSBG)
Advisory Committee (AC) Teleconference
Wednesday, May 4, 2018 - 10:00 A.M. PST

California's anticipated FY 2018 award is \$10,600,069. The grant term and Project Period is October 1, 2017 through September 30, 2019. California will expend these funds in SFY 18/19, which is July 1, 2018 through June 30, 2019. California will utilize these funds for the following programs:

- Rape Prevention Set-Aside - \$832,969
- Behavioral Risk Factor Surveillance System - \$400,000
- The California Wellness Plan Implementation - \$440,000
- Cardiovascular Disease Prevention - \$424,654
- Commodity Specific Food Surveillance Sampling - \$200,000
- Ecosystem of Data Sharing - \$214,291
- Health in All Policies- \$592,748
- HIV Care and Partner Services - \$500,000
- Nutrition Education and Obesity Prevention - \$300,000
- Healthy People 2020 - \$667,000
- Partnering to Reduce Preventable Non-Fatal Work Related Injuries - \$170,000
- Preventive Medicine Residency Program - \$565,278
- Public Health 2035 - \$776,370
- Public Health Accreditation - \$30,000
- Receptor Binding Assay - \$275,000
- Safe and Active Communities: Intentional and Unintentional Injury Prevention, \$884,629
- Tuberculosis Free California - \$600,000

The Emergency Medical Services Authority will utilize their \$2,727,130 to fund the following nine programs:

- Emergency Medical Dispatch/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
- EMS STEMI and Stroke Systems
- EMS Systems Planning and Development and
- EMS Trauma Care Systems

Ms. Butler stated the Program Descriptions as well as the funding levels are in Document 6, which the PHHSBG Team posted on the CDPH Internet.

Summary of Court Reporter Minutes – D9
Preventive Health and Health Services Block Grant
(PHHSBG)
Advisory Committee (AC) Teleconference
Wednesday, May 4, 2018 - 10:00 A.M. PST

Dr. Alles asked if/how CDPH linked the funding allocations to the AC recommendations. He asked if CDPH considers the Committee's recommendations and if the funding levels closely relate to the AC's recommendations. Ms. Butler responded by stating that the CDPH Director would like to fund existing programs in this new year, which is consistent with the AC's recommendation to fund programs for at least three years. She said it typically takes Programs that amount of time to start the work, complete it, and see the results.

Dr. Alles asked the AC to comment. Dr. McCurdy asked if someone could remind him of how some of these programs got onto the PHHSBG program, as opposed to elsewhere. For example, the Commodity Specific Food Surveillance Program obviously relates to public health. However, he wondered if the California Department of Food and Agriculture might in fact, be the agency typically responsible for these activities. He stated it seemed like such an important program that it is worrisome to him that some of the PHHSBG funding may decrease from one year to the next.

Dr. Peck responded. CDPH Director, Dr. Karen Smith had a new vision for the PHHSBG, which is consistent with CDC's new vision for the PHHSBG. Traditionally, the PHHSBG was in the CDC Chronic Disease and Injury. CDC recently transferred it closer to the CDC Directorate, as it now resides in the Office for State, Tribal, Local and Territorial Support. Dr. Peck believed Dr. Smith's vision was to utilize the funds for chronic disease and expanded areas within CDPH, such as Environmental Health and Infectious Disease. The internal process recently changed when the funding level doubled. Dr. Smith currently convenes the CDPH Deputy Directors from all Centers (Administration, Audits, Environmental Health, Healthy Equity, Infectious Disease, Office of Legal Services, etc.). Several people weighed in a couple of years ago when CDPH ranked these Programs for importance and funding levels. The PHHSBG Team led that process and shared the AC Principles for Allocation and the Association of State and Territorial Health Officials Recommended Criteria with the CDPH Directorate and Deputy Directors. They wanted to take a broader approach to how California utilized the PHHSBG. As a result, the Directorate allowed programs across the Department to submit funding proposals. It is an internal Request for Proposal Process. Each program presented their proposals to each other and voted on the allocated funding as a group. Dr. Smith approved the decisions of that group. In particular, the lab test for poisoning was an existing activity that did not receive PHHSBG funding. However, that test uses a mouse model. The Program wanted to use a different model and Dr. Peck did not think there was any money elsewhere to develop and test this new way of toxin assessment. The use of this PHHSBG allowed the Program to validate this new

Summary of Court Reporter Minutes – D9
Preventive Health and Health Services Block Grant
(PHHSBG)
Advisory Committee (AC) Teleconference
Wednesday, May 4, 2018 - 10:00 A.M. PST

test, which is part of the Public Health 2035 approach, where the Department looks for the best way to fund necessary activities.

Dr. Wooten stated she did not remember CDPH communicating the aforementioned process to the AC before. She asked CDPH to share new processes with the AC, when they occur as we are operating in the spirit of transparency and the AC can make recommendations based on the new process.

Dr. Peck responded by saying she was under the impression we did share it, but maybe not in as much detail as she just described. Dr. Wooten asked if CDPH shared the information a year ago.

Dr. Peck responded yes, she believed the Department shared it. She summarized the process and timeline by saying CDPH typically starts the process in the fall. We would have AC Meetings to obtain the AC's feedback and obtain approval of the State Plan or requested edits. We did not undergo the Funding Proposal Process this year. However, we completed it last year (2016). It was a long and involved process and Dr. Peck anticipated we might go through it in the fall of 2018 for the FFY 2019 Allocation. However, it is the Directorate's decision as to whether we go through the Funding Proposal Process.

Dr. Wooten stated she was not questioning the Process. She just wanted to remind CDPH to share the revised Process or remind the AC of it, in advance of the AC making its recommendations. Dr. Peck agreed to do that.

Dr. Alles requested additional AC comments and public comments. There were no additional AC Comments. The public did not comment.

Dr. Alles raised the issue of AC member representation. We have an opening on the Committee, as one AC Member is not going to serve any longer. Dr. Alles asked the AC to recommend someone that is exceptional and could contribute to the AC, as some areas of expertise may be missing. Dr. Alles told the AC to let Ms. Butler or Mr. Garcia know if they had a recommendation for the new member. Co-Chair Alles asked Co-Chair Peck to provide input. Dr. Peck stated the Department welcomed the AC's input if they know of someone who has a voice that we would benefit from hearing from on the AC.

Dr. Wooten wanted to know which person had left the Committee. Ms. Butler responded that the person was Rebekah Kharrazi. She believed Ms. Kharrazi was from the Public Health Institute.

Summary of Court Reporter Minutes – D9
Preventive Health and Health Services Block Grant
(PHHSBG)
Advisory Committee (AC) Teleconference
Wednesday, May 4, 2018 - 10:00 A.M. PST

Dr. Wooten wondered if we should fill the void left by the prior AC Member. She asked if the AC must be comprised of different people that are required to be on the AC. Dr. Peck responded by saying there are no requirements as to who is on the AC, which is helpful. Mr. Garcia reminded the group that there is another vacancy, as AC Member Ira Lubell passed away last year.

Dr. Peck indicated we love having Dr. Wooten represent the local health departments' perspective, Dr. Alles and Dr. McCurdy from academia, Dr. Paul Glassman from oral health, and Dan Spiess from Emergency Medical Services. She said the idea is that we really want representation for some of the important programs that we fund as well as from the different groups of stakeholders that we work with, just so that we are hearing from everyone.

Dr. Wooten inquired into the existence of bylaws or guidance providing information as to who should be on the committee.

Dr. Peck responded yes. She said that we would share that information with the AC. We would also update the AC Members List to include each member's area of expertise, as that might be helpful as we try to identify gaps and who might be best able to fill them. Dr. Wooten thanked Dr. Peck.

Fiscal Year Updates for 2019 - Anita Butler provided updates on 2019. We anticipate receiving flat funding as Congress has already decided the 2019 spending maximums. Congress anticipates passing the bills in August; and if that does not happen, they may pass a Continuing Resolution. As usual, the President's Budget proposes to eliminate the PHHSBG. However, the good news is there is congressional bipartisan support of the PHHSBG.

It is in the House Budget and we are optimistic it will included in the Senate's Budget.

Ms. Butler identified the next steps. The PHHSBG Programs have written their State Plans. The PHHSBG Team is reviewing and revising them. We will share them with the AC ASAP.

The next AC Meeting will be on Tuesday, June 5, 2018 from 1:00 – 3:00 PM PST. The purpose of that meeting will be to obtain AC feedback on the State Plan, as well as the AC's recommendation to approve it. We will briefly follow up on the items the AC requested during the May 4, 2018 AC Meeting.

Dr. Alles motioned to adjourn the meeting. Dr. Wooten so moved. Dr. Peck seconded. Dr. Alles adjourned the meeting at 11:00 a.m.