

**Preventive Health & Health Services Block Grant (PHHSBG)
Public Hearing
Tuesday, June 4, 2015 – 9:00 A.M. – 9:30 A.M.
1616 Capitol Avenue
Cosumnes River Conference Room, Sacramento, CA 95814
Summary of Court Reporter Minutes**

California Department of Public Health (CDPH) Attendees

Anita Butler, Acting Public Hearing Officer
Hector Garcia, Block Grant Coordinator

Introduction

The meeting opened at 9:00 a.m.

Opening remarks were presented by Hearing Officer Anita Butler. Ms. Butler gave a brief summary of the Preventive Health and Health Services Block Grant (PHHSBG); and explained that the purpose of the Public Hearing is to present the PHHSBG State Plan for Federal Fiscal Year (FFY) 2015 and to take public comments on the FFY 2015 State Plan.

Public Hearing

Ms. Anita Butler called the Public Hearing for the PHHSBG to order.

Ms. Butler opened the Public Hearing and introduced the presentation of the FFY 2015 State Plan, which is California's application for PHHSBG funding. California plans to expend these funds in State Fiscal Year 15/16, which is July 1, 2015 – June 30, 2016.

Ms. Butler stated the Public Hearing was noticed in the California Register on May 15, 2015. The Public Notice and FFY 2015 State Plan were posted on the CDPH Internet and a hard copy was available at the CDPH guard's desk located at 1616 Capitol Avenue, Sacramento, CA 95814.

Ms. Butler indicated CDPH considered the proceedings to be quasi-legislative hearings. As such, witnesses presenting testimony at the hearing would not be sworn in nor would we engage in cross-examination of witnesses. We will take under submission all written and oral statements submitted or made during this hearing. Additionally, the record for this hearing will be open until 5:00p.m., June 5, 2015 in order to receive additional relevant information or comments in writing from interested parties. Submit comments to cddb@cdph.ca.gov Ms. Butler asked if members of the public were in attendance. None responded. She indicated everyone wishing to make a statement would be given the opportunity to do so after the Department staff presentation. Ms. Butler reminded everyone to speak slowly to ensure the court reporter obtained accurate information. The transcript and all exhibits presented in the hearing will be included in the record of these proceedings.

Ms. Butler introduced Hector Garcia, Block Grant Coordinator and Jim Peters, Court Reporter.

Ms. Butler indicated Coordinator Garcia would present the FFY 2015 State Plan, which includes the FFY 2015 Block Grant programs.

FFY 2015 PHHSBG Programs

Mr. Garcia presented the Federal Fiscal Year 2015 PHHSBG programs included in the FFY 2015 State Plan; he requested public comments after each program description were read.

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1. **The California Active Communities:** Older Adult Falls Prevention Program **\$612,788** to fund activities that address physical inactivity and its associated injuries, chronic disease 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.
2. **California Health Alert Network Support (CAHAN)** - **\$358,550** to fund the official alerting and notification system for State and local public health and funds 75 percent of programs and systems costs. The hallmark of CAHAN is the ability to direct specific and targeted alerts around the clock to those who can act on the information. Over 37,000 State, county, and local partners participate in the system, enabling them to receive targeted alerts on urgent public health situations.
3. **California Wellness Plan Implementation (CWPI)** Program, including CDPH commitments made at “P21, Advancing Prevention in the 21st Century” – (\$503,900) to fund state-level monitoring, communication, policy and coordination capacity, including continued facilitated meetings with partners to advance the chronic disease prevention agenda in all California Wellness Plan goal areas in order to make California the healthiest state in the nation by 2022. CWPI will therefore support the Accountable Communities for Health Pilot (\$208,600) and health economic analysis capacity in the Department, as well as the Adverse Childhood Experiences module surveillance questions of the 2015 California Behavioral Risk Factor Surveillance Survey. Total funding **\$712,500**.
4. **Cardiovascular Disease Prevention Program (CDPP)** - **\$524,819** funds measures to reduce premature death and disability from heart disease, the leading cause of death in California. CDPP interventions directly address health objectives for heart disease prevention, with an emphasis on hypertension. CDPP interventions include efforts to reduce sodium intake by providing education on the health benefits of lowering sodium consumption and efforts to include identifying current interventions and best practices to improve blood pressure control.
5. **Commodity-Specific Surveillance: Food and Drug Branch (FDB)** - **\$140,000** to reinstitute the surveillance sampling of ready-to-eat foods such as sprouts, leafy greens, sesame seeds, nut butters and other such foods that could be potentially contaminated with bacterial pathogens. Re-implementing the surveillance sampling will facilitate the identification of contaminated food items before they cause an outbreak and reduce the incidence of food borne illnesses. According to CDC, 1 in 6 Americans (or 48 million people) get sick, 128,000 are hospitalized, and 3,000 die of foodborne diseases each year. FDB proposes collecting 400 – 450 ready-to-eat samples per year for the next three years and submitting them to Food and Drug Laboratory Branch for microbial evaluation. Contaminated foods that are identified through lab evaluation will be embargoed and FDB will work with the responsible firms to recall the products from the marketplace and work with the impacted firms to ensure corrective actions are taken to prevent future contamination.

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6. **Community Water Fluoridation Initiative (CCWFI) - \$260,560** to fund 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. **Let's Get Healthy Website and Dashboard - \$280,000** to lead the development and maintenance of the Let's Get Healthy California Website and Dashboard on behalf of the California Health and Human Services Agency. This involves coordinating with multiple departments including gathering external data and working with innovative partners.
8. **Microbial Diseases Laboratory Branch/Select Agents and Biosafety Program - \$150,000** to fund state-level capacity to maintain the only California high containment Tier 1, public health laboratory for comprehensive testing of bio-threat agents, such as those that cause anthrax, botulism, and plague.
9. **Microbial Diseases Laboratory Branch Valley Fever:** The Enhanced Laboratory Capacity to address *Valley Fever Program* - \$319,500 to fund state-level capacity to restore reference testing for fungal infections such as Valley Fever, address drug resistance and, assist local communicable disease response to the outbreaks.
10. **The Nutrition Education and Obesity Prevention Branch - \$468,039** to advance evidence-based and evidence-informed obesity prevention across the state. Projects include support for improved nutrition such as increased fruit, vegetable, and healthy beverage consumption and increased physical activity in local communities, schools, and early care and education sites.
11. **Office of Aids: Re-engagement in HIV Care and Partner Services Using HIV Surveillance Data: \$375,000** to fund 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.
12. **Office of Health Equity (OHE), including the Health Equity Assessment - \$491,688** is used to provide the key leadership role to reduce health and mental health disparities in California and conduct a Health Equity Assessment to fund state level capacity to assess health equity within CDPH Programs.
13. **Office of Quality Performance and Accreditation - \$187,500** to fund State-level provision of accreditation technical assistance to local and tribal public health agencies. Support interventions seek to increase local and tribal readiness and capacity to apply for and achieve national public health accreditation.
14. **The Prescription Drug Overdose Surveillance Program - \$140,000** to support a multi-agency coalition to address the opioid overdose problem; build and sustain the necessary surveillance infrastructure to compile, prepare, and analyze internal data sources on the health consequences of prescription drug use, misuse and overdoses; work with external data partners to link data sources

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(e.g., California Department of Justice's Prescription Drug Monitoring Program - CURES); and, prepare actionable information for our state agency partners and local health departments.

15. **Preventive Medicine Residency Program (PMRP)/California Epidemiologic Investigation Service (Cal-EIS) Fellowship Program** **\$528,464** funds training of physicians in California placement sites at the State or local level. Upon completion of this two-year accredited program, physicians are eligible to become board-certified as public health physicians. This program achieves this through recruiting promising residents and providing them with appropriate training and skills directly with in local health departments or state public health programs. The Cal-EIS Fellowship is a post-graduate training program for MPH or other similar professionals that provides hands-on experience working with an epidemiologist preceptor in either local or state health departments in California. Fellows receive one to two years of training in applied epidemiology.
16. **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 men to be leaders in the movement to prevent sexual violence.
17. **Receptor Binding Assay (RBA) for Paralytic Shellfish Poisoning (PSP) Control** - **\$192,500** to develop the RBA as a more sensitive and efficient (and therefore more protective of shellfish consumers) test for detection of PSP toxins than the current mouse bioassay (MBA). Funding will support a 3-year pilot study to 1) achieve regulatory cognizance and approval with the Interstate Shellfish Sanitation Conference (ISSC) for the application of the RBA to shellfish grown or collected in California, and 2) establish the effectiveness of the RBA in California's Preharvest Shellfish program by conducting comparative side-by-side testing with the MBA. The RBA will also be a humane alternative to the MBA for detection of PSP toxins.
18. **The Safe and Active Communities Branch** - **\$244,919** to fund data enhancements of its web-based injury data query system, EpiCenter: California Injury Data Online (<http://epicenter.cdph.ca.gov>); conduct web-based trainings for local health departments and other prevention partners to demonstrate EpiCenter's many functions, highlight injury trends or emerging issues, and suggest evidence-based interventions; provide technical assistance sessions to policy-makers and stakeholders; and, 4) develop data/program briefs tailored to the needs of California's injury constituency.

Emergency Medical Services Authority

19. **The Emergency Medical Services Authority (EMSA)** receives **\$2,565,783** (or 30 percent) of California's Block Grant allocation annually, after the rape prevention set-aside is allocated. It currently funds California's Emergency Medical Services (EMS) Authority. EMSA conducts emergency medical services for children, trauma and quality improvement programs in California. EMSA's Programs include:

- ✓ Emergency Medical Dispatch Program/EMS Communications
- ✓ EMS for Children

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- ✓ 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 Program
- ✓ EMS STEMI and Stroke Systems
- ✓ EMS Systems Planning and Development
- ✓ EMS Trauma Care Systems

Public Comments

The public did not comment.

Adjourn

Ms. Butler asked if there were additional comments. Hearing none, she reiterated that further comments would be accepted by email (at cdcb@cdph.ca.gov) until 5:00 p.m. on June 5, 2015.

The meeting was adjourned.