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PUBLIC HEARING  
STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF PUBLIC HEALTH  
PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
COSUMNES RIVER CONFERENCE ROOM  
1616 CAPITOL AVENUE  
SACRAMENTO, CALIFORNIA

THURSDAY, JUNE 4, 2015  
9:00 A.M.

JAMES F. PETERS, CSR  
CERTIFIED SHORTHAND REPORTER  
LICENSE NUMBER 10063

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A P P E A R A N C E S

STAFF:

Ms. Anita Butler, Acting Public Hearing Officer

Mr. Hector Garcia, Block Grant Coordinator

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1 P R O C E E D I N G S

2 ACTING PUBLIC HEARING OFFICER BUTLER: Good  
3 morning, ladies and gentlemen. I am Anita Butler of the  
4 California Department of Public Health, hereby referred to  
5 as CDPH.

6 I will be the Acting Public Hearing Officer for  
7 the for the Preventive Health and Health Services Block  
8 Grant, hereby referred to as block grant. Welcome to the  
9 block grant public hearing. Please remember to mute your  
10 phone until you're ready to speak.

11 In 1981, Congress authorized the block grant to  
12 its 61 grantees, including all 50 states, the District of  
13 Columbia, two American Indian tribes, and eight U.S.  
14 territories. CDPH and the Emergency Medical Services  
15 Authority conduct the programs and activities within  
16 California. The Centers for Disease Control and  
17 Prevention awarded federal fiscal year 2015 block grant  
18 funds to CDPH for the development and implementation of  
19 programs and activities to decrease the morbidity and  
20 mortality that results from preventable diseases and  
21 injury and to increase healthy years of life for all  
22 Californians.

23 Under the provision of Public Law 102 through  
24 531, Title 19, Part A, Block Grant, this is the time and  
25 place set for the presentation of the block grant's

1 federal fiscal year 2015 State plan, which is California's  
2 application for block grant funding. California plans to  
3 expend these funds in State fiscal year 15-16, which is  
4 July 1, 2015 through June 30th, 2016. After the  
5 presentation, CDPH will accept public statements,  
6 arguments and contentions, orally or in writing, for or  
7 against the federal fiscal year 2015 State plan.

8 The State plan was posted on CDPH's website, and  
9 a hard copy was placed at the security desk located at  
10 1616 Capitol Avenue, Sacramento, California.

11 Notice of this public hearing has been previously  
12 published in the California Register on May 15th, 2015.  
13 CDPH considers these proceedings to be quasi-legislative  
14 hearings. As such, witnesses presenting testimony at this  
15 hearing will not be sworn in nor will we engage in  
16 cross-examination of witnesses. We will take under  
17 submission all written and oral statements submitted or  
18 made during this hearing.

19 Additionally, the record for this hearing will be  
20 open until 5:00 p.m. tomorrow June 5th, 2015 in order to  
21 receive additional relevant information or comments in  
22 writing from interested parties. Submit additional  
23 comments to [cdcb@cdph.ca.gov](mailto:cdcb@cdph.ca.gov). Again, that address is  
24 [cdcb@cdph.ca.gov](mailto:cdcb@cdph.ca.gov).

25 Everyone wishing to make a statement will be

1 given the opportunity to do so after each program  
2 description is read. Individuals will be allowed five  
3 minutes for their comments and/or questions. Additional  
4 time may be requested subject to approval by the Public  
5 Hearing Officer. Persons wishing to speak should have  
6 completed a public hearing registration card. However,  
7 please raise your hand and wait until I call upon you.  
8 Then, clearly state and spell your name and identify your  
9 organization.

10 A Certified Shorthand Reporter will be record the  
11 entire proceeding. Remember to speak slowly to ensure the  
12 court reporter obtains accurate information.

13 Are there any members of the public in  
14 attendance?

15 (No hands raised.)

16 ACTING PUBLIC HEARING OFFICER BUTLER: The  
17 transcript and all exhibits and evidence presented in the  
18 hearing will be included in the recording -- in the record  
19 of these proceedings. With me here is Hector Garcia,  
20 Block Grant Coordinator and James Peters, court reporter.

21 Mr. Garcia will now present the federal fiscal  
22 year 2015 block grant programs. He will request public  
23 comments after he reads each program's description.

24 PHHSBG COORDINATOR GARCIA: Okay. Document  
25 number 6.

1           Number 1, California Active Communities: Older  
2 Adult Falls Prevention Program. \$612,788 to fund  
3 activities that increase the ability of local health  
4 departments to implement two evidence-based fall  
5 prevention programs that promote physical activity,  
6 strength and balance among adults age 65 and older;  
7 promote universal design and mobility in community  
8 planning efforts; and, prepare a return on investment  
9 report that will inform policymakers and stakeholders  
10 about the cost benefit of implementing fall prevention  
11 programs in California.

12           Do I have any questions? And if I do, remember  
13 to speak slowly and clearly for the court reporter.

14           Since I've not received any questions, I will  
15 move on to the next program.

16           Number 2, California Health Alert Network  
17 Support, CAHAN, C-A-H-A-N. \$358,550 to fund the official  
18 alerting and notification system for State and local  
19 health and funds 75 percent of programs and systems costs.  
20 The hallmark of CAHAN is the ability to direct specific  
21 and targeted alerts around the clock to those who can act  
22 on the information. Over 37,000 State, county and local  
23 partners participate in this system, enabling them to  
24 receive targeted alerts on urgent public health  
25 situations.

1 Now, do we have any questions about CAHAN?

2 Remember to speak loudly and slowly for the  
3 convenience of the court reporter?

4 Since we have no questions, I will start number  
5 3.

6 Number 3, California Wellness Plan  
7 Implementation, CWPI, including CDPH commitments made at  
8 the quote, "P21, Advancing Prevention in the 21st  
9 Century", unquote. \$712,500 to fund State level  
10 monitoring, communication, policy and coordination  
11 capacity, including continued facilitated meetings with  
12 partners to advance the chronic disease prevention agenda  
13 in all California Wellness Plan goal areas in order to  
14 make California the healthiest State in the nation by  
15 2022.

16 CWPI will therefore support the Accountable  
17 Communities for Health Pilot and health economic analysis  
18 capacity in the Department, as well as the Adverse  
19 Childhood Experiences module surveillance questions of the  
20 2015 California Behavioral Risk Factor Surveillance  
21 Survey.

22 Do we have any questions concerning the third  
23 program?

24 Since we do not have any questions, we will move  
25 on to Program number 4.



1           Program number 4 is the Cardiovascular Health  
2 Prevention Program. \$524,819 funds measures to reduce  
3 premature death and disability from health disease, the  
4 leading cause of death in California. CDPD interventions  
5 directly address health objectives for health disease  
6 prevention, and an emphasis on hypertension. CDPD  
7 interventions include efforts to reduce sodium intake by  
8 providing education on the health benefits of lowering  
9 sodium consumption and efforts to include identifying  
10 current interventions and best practices to improve blood  
11 pressure control.

12           Do we have any questions as far as this program  
13 is concerned?

14           Since we have no questions, I will move on to  
15 number 5.

16           Number 5, Commodity-Specific Surveillance: Food  
17 and Drug Program. \$140,000 to reinstitute the  
18 surveillance sampling of ready-to-eat foods, such as  
19 sprouts, leafy greens, sesame seeds, nut butters, and  
20 other such foods that could be potentially contaminated  
21 with bacterial pathogens. Reimplementing the surveillance  
22 sampling will facilitate the identification of  
23 contaminated food items before they can cause an outbreak  
24 and reduce the incidence of foodborne illnesses.  
25 According to CDC, one in six Americans, or 48 million

1 people, get sick, 128,000 are hospitalized, and 3,000 die  
2 of foodborne diseases each year. FDB proposes collecting  
3 400 to 450 ready-to-eat samples per year for the next  
4 three years and submitting them to FDLB for microbial  
5 evaluation. Contaminated foods that are identified  
6 through the lab evaluation will be embargoed and FDB will  
7 work with the responsible firms to recall the products  
8 from the marketplace and work with the impacted firms to  
9 ensure corrective actions are taken to prevent future  
10 contamination.

11 Do we have any questions for this program or its  
12 activities?

13 Since we do not, I will move on to the next one.

14 Number 6, Community Water Fluoridation  
15 Initiative. \$260,560 to fund activities to increase the  
16 number of California citizens with access to fluoridated  
17 drinking water. For many years, California ranked near  
18 the bottom of the nation in terms of State populations  
19 with access to fluoridation. This initiative aims to  
20 reduce oral health disparities among Californians.

21 Do we have any questions?

22 Since we don't have any questions, I will move on  
23 to the next.

24 Number 7. The Emergency Medical Services  
25 Authority, EMSA, E-M-S-A receives 30 percent or \$2,565,783

1 of California's block grant allocation annually after the  
2 rape prevention set-aside block grant administration are  
3 reduced from the total award. It currently funds  
4 California's Emergency Medical Services Authority. EMSA  
5 conducts emergency medical services for children, trauma  
6 and quality improvement programs in California. EMSA's  
7 programs include: The Emergency Medical Dispatch  
8 Program/Emergency Medical Services Communications, EMSA  
9 for Children, EMSA Health Information Exchange, EMS  
10 Partnership for Injury Prevention and Public Education,  
11 EMS Poison Control System, EMS Pre-Hospital Data and  
12 Information Services and Quality Improvement Program, EMS  
13 STEMI S-T-E-M-I and Stroke Systems, EMS Systems Planning  
14 and Development, and EMS Trauma Care Systems.

15 Do we have any questions from members of the  
16 public?

17 Since we do not, I will move on to the next one.

18 Number 8, Let's Get Healthy Website and  
19 Dashboard. \$280,000 to lead the development and  
20 maintenance of the Let's Get Healthy California Website  
21 and Dashboard on behalf of the California Health and Human  
22 Services Agency. This project involves coordinating with  
23 multiple departments under CHHS, including gathering  
24 external data and working with innovative partners.

25 Do we have any questions from the public?

1           Since it appears that we do not, I will move on  
2 to the next one.

3           Number 9, Microbial Diseases Laboratory  
4 Branch/Select Agents and Biosafety Program. \$150,000 to  
5 fund State level capacity to maintain the only California  
6 high containment tier 1 public health laboratory for  
7 comprehensive testing of biothreat agents, such as those  
8 that cause anthrax, botulism, and plague.

9           Do we have any questions?

10           Since it does not appear that anyone has any  
11 questions, I will move on to the next one.

12           Number 10, Microbial Diseases Laboratory Branch  
13 Valley Fever. The enhanced laboratory capacity to address  
14 Valley Fever program. \$319,500 to fund State-level  
15 capacity to restore reference testing for fungal  
16 infections such as Valley Fever, address drug resistance  
17 and assist local communicable diseases response to the  
18 outbreaks.

19           Any questions?

20           Since we don't have any questions, I'll move on  
21 to the next.

22           Number 11, The Nutrition, Education and Obesity  
23 Prevention Branch. \$468,039 to advance evidence-based and  
24 evidence-informed obesity prevention across the State.  
25 Projects include support for improved nutrition, such as

1 increased fruit, vegetable and healthy beverage  
2 consumption, and increased physical activity in local  
3 communities, schools, and early care and education sites.

4 Do we have any questions from the public?

5 Since we do not have any questions, I will move  
6 on to the next.

7 Number 12, Office of Aids: Reenactment(sic) of  
8 HIV Care and Partner Services using HIV Surveillance Data.  
9 \$375,000 to fund the third to fifth highest prevalence  
10 counties, San Diego, Alameda and Orange, and replicate the  
11 Los Angeles and San Francisco County programs. These  
12 programs use HIV surveillance data to offer partner  
13 services to all persons newly diagnosed with HIV and  
14 assist people with HIV who have fallen out of care to  
15 reengage in HIV care.

16 Is there anyone here with a question or a comment  
17 concerning this program?

18 If not, we'll move on to the next.

19 Number 13, Office of Health Equity, including the  
20 Health Equity Assessment. \$491,688 is used to provide the  
21 key leadership role to reduce health and mental health  
22 disparities in California and conduct a Health Equity  
23 Assessment to fund State level capacity to assess health  
24 equity within CDPH programs.

25 Do we have any questions by any member of the

1 public?

2 If not, we'll move on to the next program.

3 Office of Quality Performance and Accreditation.  
4 \$187,500 to fund State-level provision of accreditation  
5 technical assistance to local and tribal health agencies.  
6 Support interventions, seek to increase local and tribal  
7 readiness and capacity to apply for and achieve national  
8 public health accreditation.

9 Are there any questions from the public?

10 Since the public does not have any questions or  
11 comments, we will move on to the next.

12 Number 15, The Prescription Drug Overdose  
13 Surveillance Program. \$140,000 to support a multi-agency  
14 coalition to address the opioid overdose problem; build  
15 and sustained the necessary surveillance infrastructure to  
16 compile, prepare and analyze internal data sources on the  
17 health consequences of prescription drug use, misuse and  
18 overdose; work with external data partners to link data  
19 sources, e.g. California Department of Justice's  
20 Prescription Drug Monitoring Program, CURES; and, prepare  
21 actionable information for our State agency partners and  
22 local health departments.

23 Do we have any questions?

24 If not, we'll move on to the next program.

25 Number 16, Preventive Medicine Residency Program,

1 PMRP/California Epidemiologic Investigative  
2 Service(Cal-EIS), Fellowship Program funds training of  
3 physicians in California placement sites at the State or  
4 local level. Upon completion of this two year accredited  
5 program, physicians are eligible to become board certified  
6 as public health physicians. This program achieves this  
7 through recruiting promising residents and providing them  
8 with appropriate training and skills directly within local  
9 health departments or State public health programs.

10 The Cal-EIS fellowship is a post-graduate  
11 training program for MPH or other similar professionals  
12 that provides hands-on experience working with an  
13 epidemiologist preceptor in either local or State health  
14 departments in California. Fellows receive one to two  
15 years of training in applied epidemiology. \$528,464.

16 Any questions?

17 Okay. We'll move on to the next program.

18 Number 17, Rape Prevention Program receives  
19 \$832,969 as a set-aside allocation. The allocation for  
20 federal fiscal year 2015 will be used to, number one,  
21 provide funding to local rape crisis centers, RCCs, that  
22 directly serve victims and potential victims and  
23 perpetrators to deliver sex offense rape prevention  
24 programs; and, number 2, fund RCCs to implement MyStrength  
25 Clubs.

1 Any questions about this program?

2 Since we have no questions, we will move on to  
3 the next program.

4 Number 18, Receptor Bind Assay, RBA, for  
5 Paralytic Shellfish Poison, PSP, Control. \$192,500 to  
6 develop the RBA as a more sensitive and efficient, and  
7 therefore more protective of shellfish consumers, test for  
8 detection of PSP toxins than the current mouse bioassay  
9 MBA. Funding will support a three-year pilot study to,  
10 number 1, achieve regulatory cognizance and approval with  
11 the Interstate Shellfish Sanitation Conference, ISSC, for  
12 the application of the RBA to shellfish grown or collected  
13 in California, and 2, establish the effectiveness of the  
14 RBA in California's Preharvest Shellfish Program by  
15 conducting comparative side-by-side testing with the MBA.  
16 The RBA will also be a humane alternative to the MBA for  
17 detection of PSP toxins.

18 Do we have any questions from the public?

19 Since we do not, we will move on to the next and  
20 final program.

21 Number 19, The Safe and Active Communities  
22 Branch. \$244,919 to fund data enhancements of its  
23 web-based injury data query system, EpiCenter. California  
24 Injury Data Online, which can be located at  
25 [epicenter.cdph.ca.gov](http://epicenter.cdph.ca.gov) conduct web-based testings for local



1 health departments and other prevention partners to  
2 demonstrate EpiCenter's many functions, highlight injury  
3 trends or emerging issues, and suggest evidence-based  
4 interventions, provide technical assistance sessions to  
5 policymakers and stakeholders, and number 4, develop data  
6 program briefs tailored to the needs of California injury  
7 constituency.

8 Do we have any other questions?

9 Any comments from members of the public?

10 Well then, since it appears as we have no  
11 questions and I've completed my presentation of the  
12 programs, I would like to turn this back to Anita Butler  
13 for her closing remarks.

14 ACTING PUBLIC HEARING OFFICER BUTLER: Thank you  
15 Mr. Garcia. This concludes the block grant public  
16 hearing. I'd like to remind you that you can submit  
17 written comments by 5:00 p.m. tomorrow June 5th, 2015.  
18 Comments should be sent to cdc@cdph.ca.gov. Again, that  
19 email address cdc@cdph.ca.gov.

20 Are there any questions before we adjourn?

21 Hearing none. We are adjourned.

22 (Thereupon the hearing adjourned  
23 at 9:25 a.m.)

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C E R T I F I C A T E O F R E P O R T E R

I, JAMES F. PETERS, a Certified Shorthand Reporter of the State of California, do hereby certify:

That I am a disinterested person herein; that the foregoing California Department of Public Health Preventive Health and Health Services Block Grant public hearing was reported in shorthand by me, James F. Peters, a Certified Shorthand Reporter of the State of California, and was thereafter transcribed, under my direction, by computer-assisted transcription;

I further certify that I am not of counsel or attorney for any of the parties to said hearing nor in any way interested in the outcome of said hearing.

IN WITNESS WHEREOF, I have hereunto set my hand this 4th day of June, 2015.



JAMES F. PETERS, CSR  
Certified Shorthand Reporter  
License No. 10063