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PUBLIC HEARING  
STATE OF CALIFORNIA  
PREVENTIVE HEALTH AND HEALTH SERVICES  
BLOCK GRANT -- FUNDED PROGRAMS  
FEDERAL FISCAL YEAR (FFY) 2017

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REPORTER'S TRANSCRIPT OF PROCEEDINGS

WEDNESDAY, APRIL 26, 2017

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Held at:  
1616 Capitol Avenue  
Sacramento, California

Reported By: ANGIE M. MATERAZZI, CSR NO. 13116

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APPEARANCES

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BECCA PARKS, Acting Public Hearing Officer  
ANITA BUTLER, CDPH Business Operations Section Chief  
HECTOR GARCIA, CDPH Block Grant Administrator  
MARY RODGERS, BGMIS Coordinator  
MATTHEW HERREID, Block Grant Fiscal  
CAROLINE PECK, Principal Investigator for the Grant

1 SACRAMENTO, CALIFORNIA

2 WEDNESDAY, APRIL 26, 2017

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4 MS. PARKS: Good afternoon, ladies and  
5 gentlemen. Welcome to the public hearing for the  
6 Preventive Health and Health Services Block Grant.

7 On the screen for our webinar attendees, you  
8 will see Document #3, which is our agenda. Our agenda  
9 items are to go over the Federal Fiscal Year 2017 Block  
10 Grant State Plan for the Block Grant funded programs,  
11 and then to invite public comment.

12 I am Becca Parks of the California Department  
13 of Public Health, hereby referred to as CDPH. I will be  
14 acting as the public hearing officer for the Preventive  
15 Health and Health Services Block Grant, hereby referred  
16 to as Block Grant.

17 Welcome to the Block Grant Public Hearing.  
18 Please remember to mute all cell phones and if you are  
19 joining us via phone or webinar, please mute your line  
20 until you're ready to speak.

21 In 1981, Congress authorized the Block Grant  
22 to its 61 grantees, including all 50 states, the  
23 District of Columbia, two American Indian tribes and  
24 eight U.S. territories.

25 The Centers for Disease Control and

1 Prevention, (CDC), allocates funds to states to address  
2 their unique public health needs in innovative and  
3 locally defined ways. California will utilize its award  
4 to address Healthy People 2020 Objectives and emerging  
5 health issues; provide leadership in developing and  
6 implementing Emergency Medical Systems throughout  
7 California; and optimize the health and well-being of  
8 the people in California. CDPH and the Emergency  
9 Medical Services Authority conduct programs and  
10 activities in California.

11 CDC awarded Federal Fiscal Year, (FFY), 2017  
12 Block Grant funds to CDPH in the amount of \$10,600,069.  
13 The Grant and Project Term is October 1, 2016 through  
14 September 30th, 2018. California plans to expend these  
15 funds in State Fiscal Year 17/18, which is July 1st,  
16 2017 through June 30th, 2018.

17 Under the provision of Public Law, 102-531,  
18 Title XIX, Part A, Block Grant, this is the time and  
19 place set for the presentation of the Block Grant's FFY  
20 2017 State Plan, California's application for Block  
21 Grant funding. After the presentation, CDPH will accept  
22 public statements, arguments and contentions, orally or  
23 in writing, for or against the FFY 2017 State Plan.

24 The State Plan, Program Descriptions, and  
25 supporting documentation, were posted on CDPH's website

1 and a hard copy was placed at the security desk, located  
2 at 1616 Capitol Avenue, Sacramento, California. Notice  
3 of this Public Hearing was published in the California  
4 Register on April 14, 2017.

5 CDPH considers these proceedings to be  
6 quasi-legislative hearings. As such, witnesses  
7 presenting testimony at this hearing will not be sworn  
8 in nor will we engage in cross-examination of witnesses.  
9 We will take under submission all written and oral  
10 statements submitted or made during this hearing.  
11 Additionally, the record for this hearing will be open  
12 until 5:00 p.m. tomorrow, April 27, 2017, in order to  
13 receive additional relevant information or comments in  
14 writing from interested parties. Submit additional  
15 comments to e-mail address, [phhsbg@cdph.ca.gov](mailto:phhsbg@cdph.ca.gov). Anyone  
16 wishing to make a statement, will be given the  
17 opportunity to do so after each program description is  
18 read. Individuals will be allowed five minutes for  
19 their comments and/or questions. Additional time may be  
20 requested, subject to approval by the Public Hearing  
21 Officer. Persons wishing to speak, should have  
22 completed a Public Hearing Registration Card. However,  
23 please raise your hand and wait until I call upon you.  
24 Then, clearly state and spell your name and identify your  
25 organization. A certified shorthand reporter will

1 record the entire proceeding. Remember to speak slowly  
2 to ensure the court reporter obtains accurate  
3 information.

4 Are there any members of the public in  
5 attendance in person, on the phone or on the webinar?  
6 Let the record show, members of the public are not in  
7 attendance.

8 The documents presented in the hearing and the  
9 court reporter transcript will be included in the record  
10 of these proceedings.

11 With me here is Anita Butler, CDPH Business  
12 Operations Section Chief; Hector Garcia, CDPH Block  
13 Grant Administrator; Angie Materazzi, court reporter;  
14 Matthew Herreid, Block Grant Fiscal; and Mary Rodgers,  
15 BGMIS Coordinator.

16 Mr. Garcia will present the FFY 2017 Block  
17 Grant Programs, using Document #6, which we will also show  
18 on the webinar slides. He will request public comments  
19 after he reads each program's description.

20 MR. GARCIA: Good afternoon, ladies and  
21 gentlemen. California's Federal Fiscal Year 2017 Award  
22 is \$10,600,069. CDPH and the Emergency Medical Services  
23 Authority split the award 70/30 respectively after the  
24 Rape Prevention Set-Aside was reduced from the total  
25 award.

1           The following is a list of the Federal Fiscal  
2 Year 2017 Block Grant Programs that are identified in  
3 Document #6, which was posted online prior to this  
4 hearing.

5           The first program is Rape Prevention Program.  
6 This program approaches sexual violence from a public  
7 health perspective, in which norms and community play a  
8 role beyond the traditional role played by police and  
9 the courts.

10           Like California's smoking campaign that has  
11 made smoking unacceptable, it aims to change the norms  
12 that make sexual violence tolerable, by building the  
13 capacity of California's 65 local rape crisis centers to  
14 implement true primary prevention strategies to change  
15 communities, families, and young people through statewide  
16 social marketing campaigns.

17           The funding level is \$832,969. Do any members  
18 of the public have questions or comments concerning the  
19 Rape Prevention Program?

20           Next program, the California Behavioral Risk  
21 Factor Surveillance System Program. The BRFSS is a  
22 California-specific surveillance system that surveys  
23 adults, 18 years and older, on self-reported health  
24 behaviors. Questions in the survey relate to nutrition,  
25 physical activity, tobacco use, hypertension, blood

1 cholesterol, alcohol use, inadequate preventive health  
2 care, and other risk factors. An annual BRFSS report is  
3 published. Because the survey is conducted on an annual  
4 basis, the continuous use of this system allows analysis  
5 of trends over time.

6 The amount of funding is \$400,000. Do any  
7 members of the public have questions about this program?  
8 If not, we'll move on to the next one.

9 The California Wellness Plan Implementation.  
10 CWP is California's chronic disease prevention and  
11 health promotion plan. The overarching goal of CWP is  
12 Equity in Health and Wellbeing, with an emphasis on the  
13 elimination of preventable chronic disease.  
14 Implementation includes state-level monitoring,  
15 communication, policy and coordination capacity, and  
16 development and dissemination of reports and  
17 publications to advance chronic-disease prevention.

18 This program is funded in the amount of  
19 \$440,000. Do we have any questions about this program?  
20 If not, we'll move on to the next one.

21 Cardiovascular Disease Prevention Program.  
22 This program supports a statewide cardiovascular  
23 alliance, Healthy Hearts California, which coordinates  
24 statewide heart disease control and prevention efforts  
25 through decreasing silos, increasing efficiency and



1 effectiveness, addressing health disparities, and  
2 addressing factors that contribute to heart disease and  
3 stroke.

4 This program is funded in the amount of  
5 \$424,654. Any questions by members of the public? If  
6 not, the next program is, Commodity-Specific  
7 Surveillance: Food and Drug Program.

8 The goal of this program is to collect  
9 surveillance samples of high risk food products that are  
10 known to be susceptible to microbial contamination,  
11 evaluate them for microbial contamination, and initiate  
12 interdiction efforts to remove them from the  
13 marketplace, if determined to adulterated, thereby  
14 preventing consumer exposure and reducing the incidences  
15 of foodborne illness.

16 This program is funded in the amount of  
17 \$200,000. Does anybody have any questions about this  
18 program? Well then, let's move on to the next one.

19 The next one is Ecosystem of Data Sharing/CDPH  
20 Interoperability. This program provides the  
21 infrastructure for data sharing within CDPH's  
22 registries, in other data systems and with external  
23 stakeholders, such as local jurisdictions, health care  
24 systems and federal and other stakeholders, to improve  
25 population outcomes for all Californians.

1           This program is funded in the amount of  
2 \$214,291. Do we have any questions about this program?  
3 If not, let's move on to the next one.

4           Emergency Medical Dispatch Program/EMS  
5 Communications. This program will improve statewide  
6 training standards and provide uniformity through  
7 guidelines, improve public care and maximize efficiency  
8 of 911 systems, and improve interoperability  
9 communications among EMS agencies and public safety  
10 responders.

11           Funding for this program is \$102,452. Does  
12 anyone have any questions about this program? If not,  
13 we'll go on to the next one.

14           EMS for Children. This program will implement  
15 fully institutionalized Emergency Medical Services for  
16 Children in California, by continuing to incorporate  
17 statewide compliance with national performance measures  
18 and the collection of statewide data, and continued  
19 development of a comprehensive model for the integration  
20 of family centered care for children into California's  
21 EMS system.

22           It is funded at \$135,541. Do we have any  
23 questions about this program or the activities? Well  
24 then, let's move on to the next one.

25           The next program is EMS Health Information

1 Exchange. This program will improve access to rapid,  
2 specialized prehospital Emergency Medical Services  
3 statewide, to improve patient outcomes and reduce the  
4 morbidity and mortality rates of patients in California.

5 It is funded at \$401,321. Do we have any  
6 questions? Then let's move on to the next one.

7 The next one is EMS Partnership for Injury  
8 Prevention and Public Education. This program will  
9 maintain continuous Emergency Medical Services  
10 participation in statewide injury prevention and public  
11 education initiatives, programs and policies by  
12 collaborating with local EMS agencies and stakeholders,  
13 in the development and continued maintenance of  
14 EMS-related injury-prevention strategies.

15 It is funded at \$90,256. Questions? Well,  
16 let's go on to EMS Poison Control System.

17 This program supports California's Poison  
18 Control System, one of the largest single providers of  
19 poison-control services in the United States and the  
20 sole provider of poison-control services for California.

21 \$120,432. Do we have any questions from the  
22 members of the public? Well, then, let's move on to EMS  
23 Prehospital Data and Information Services and Quality  
24 Improvement Program.

25 This program increases specialized prehospital

1 EMS data submissions into the state EMS database system  
2 and unites components under a single data warehouse,  
3 fostering analyses on patient care outcomes, public  
4 health system services, and compliance with California  
5 state and federal EMS service laws and improves  
6 pre-hospital EMS services and public health systems  
7 statewide, by providing measurable quality improvement  
8 oversight, resources and technical assistance.

9           This is a program that is funded in the amount  
10 of \$662,996. Does anybody have any questions about this  
11 program or its funding?

12           Well, the next program is EMS STEMI and Stroke  
13 Systems. This program reduces premature death and  
14 disabilities from heart disease and stroke, through  
15 improved cardiovascular health detection and treatment  
16 during medical emergencies.

17           And it is funded in the amount of \$340,918.  
18 Do we have any questions about this program?

19           Well, the next program is EMS Systems Planning  
20 and Development. This program increases quality  
21 patient-care outcomes through 33 local Emergency Medical  
22 Service agencies throughout California and it is funded  
23 in the amount of \$662,938.

24           Any questions by members of the public? Well,  
25 then, we'll go on to the next program, which is EMS

1 Trauma Care Systems.

2 This program reduces morbidity and mortality  
3 resulting from injury in California, by providing  
4 continued oversight of the statewide Trauma System in  
5 accordance with the California Health and Safety Code  
6 and California Code of Regulations.

7 It is funded in the amount of \$210,276. Any  
8 questions?

9 Our next program, Health in All Policies.  
10 This program facilitates the California Health in All  
11 Policies Task Force, provides consultation to non-health  
12 agencies to integrate health and equity into their  
13 policies, programs, and procedures, and builds CDPH and  
14 Local Health Department capacity to promote health  
15 equity and implement Health in All Policies approaches  
16 through collaboration and integration of health and  
17 equity considerations statewide.

18 And it is funded in the amount of \$592,748.  
19 Do we have any questions from members of the public?  
20 Well, then, we'll move on to Healthy People 2020  
21 Program.

22 This program supports the overall efforts of  
23 the Block Grant, by enhancing the accountability and  
24 transparency of the Block Grant through measuring  
25 progress and impact of funded programs through quality

1 improvement initiatives, as well as communicating  
2 current accomplishments.

3           This program is funded in the amount of  
4 \$667,000. Do I have any questions about this program?  
5 Well, then, we'll move on to the Intentional and  
6 Unintentional Injury Prevention.

7           This program seeks to maintain injury  
8 prevention and control as a core public health function,  
9 and ensure flexibility and capacity to address emerging  
10 cross-sector issues, such as the opioid overdose  
11 epidemic, marijuana impaired driving, e-cigarette  
12 poisoning or gun-related homicides and suicides.

13           It is funded in the amount of \$884,629. Does  
14 anybody have any questions about this program? Well,  
15 then, let's move on to the next one.

16           The next program is Obesity Prevention for  
17 Californians. This program fosters the development of  
18 healthy communities through the creation, adoption  
19 and/or implementation of evidence-based policies,  
20 practices and/or resources that support and advance  
21 community changes at both the state and local levels.

22           This program is funded in the amount of  
23 \$300,000. Does anyone have any questions or comments  
24 about this program? Well, let's move on to the next  
25 program, and that's Partnering to Reduce Preventable

1 Nonfatal Work-Related Injuries.

2 This program establishes a new, ongoing core  
3 capacity, to reduce the medical, social, and economic  
4 impacts of preventable nonfatal work-related injuries  
5 through public awareness campaigns, education/outreach  
6 projects and other interventions tailored to specific  
7 worker populations and high injury risk jobs/industries.

8 It is funded in the amount of \$170,000. Does  
9 anyone have any questions about this program? Well,  
10 then, let's move on to the next one, which is Preventive  
11 Medicine Residency Program/Cal EIS.

12 PMR and Cal-EIS programs are the key workforce  
13 pipeline for hard-to-fill epidemiology positions in  
14 California state and local public health agencies.  
15 Trainees perform data and policy analyses, provide  
16 disease outbreak and emergency preparedness response,  
17 community needs assessments and planning, clinic  
18 preventive medicine, systems quality improvement,  
19 et cetera.

20 It is funded at \$565,278. Do we have any  
21 questions about this program? Then let's move on to the  
22 next program, which is the Public Health Accreditation.

23 On December 9th, 2014, the California  
24 Department of Public Health (CDPH), was awarded national  
25 accreditation, via the Public Health Accreditation

1 Board. To maintain the Department's accreditation  
2 status, this program will make accreditation-related  
3 technical assistance available to California's local and  
4 tribal public health agencies and oversee internal  
5 Departmental efforts to maintain compliance with  
6 accreditation requirements.

7 It is funded in the amount of \$30,000. Do we  
8 have any questions or comments? If not, let's move on  
9 to the next program.

10 The next program is Public Health 2035  
11 Capacity-Building Activities. This program builds  
12 cross-sectoral external relations, strategic development  
13 and community engagement that move forward CDPH's State  
14 Health Improvement Plan by enhancing CDPH capacity in  
15 cross-cutting departmental collaboration and proactive  
16 response to changing conditions in support of the Public  
17 Health 2035 Framework.

18 It is funded in the amount of \$776,370. Does  
19 any member of the public have any questions or comments  
20 concerning Public Health 2035? If not, we'll move on to  
21 Receptor Binding Assay for Paralytic Shellfish Poisoning  
22 Control.

23 This program will reduce the incidences of  
24 paralytic shellfish poisoning illness in consumers  
25 through laboratory detection monitoring, by using the



1 receptor binding assay to monitor PSP toxins in  
2 shellfish from California shellfish-growing areas and  
3 coastal waters.

4 It is a program that will be funded in the  
5 amount of \$275,000. Do we have any questions? If not,  
6 we'll move on to the next program, which is TB Free  
7 California.

8 This program promotes prevention strategies to  
9 reduce tuberculosis disease among high-risk populations in  
10 California, through the most current evidence-based TB  
11 testing and treatment strategies, including screening all  
12 foreign-born residents for TB and for those who test  
13 positive, ensuring treatment.

14 It is funded in the amount of \$600,000. Do we  
15 have any questions?

16 Well, then, finally we have Using HIV  
17 Surveillance Data to Prevent HIV transmission. This  
18 program matches people living with HIV with their  
19 reported labs, to determine if they are receiving timely  
20 HIV care and treatment that will suppress their viral  
21 load to undetectable and therefore make them 96% less  
22 likely to transmit HIV to their sex or needle-sharing  
23 partners.

24 And it is funded in the amount of \$500,000.  
25 Do we have any questions by members of the public?

1           Okay. That ends our presentation on the  
2 various programs that are being funded this year.

3           MS. PARKS: Thank you, Mr. Garcia. The Block  
4 Grant Advisory Committee meeting will be held on  
5 May 10th, 2017, from 1:00 to 3:00 p.m., at 1616 Capitol  
6 Avenue. Members of the public are invited to attend in  
7 person, by phone or webinar. The meeting materials are  
8 posted on the CDPH website.

9           This concludes the Block Grant Public Hearing.  
10 Are there any final comments or questions from the  
11 public before we adjourn? Thank you.

12           Please be reminded to submit written comments  
13 to [phhsbg@cdph.ca.gov](mailto:phhsbg@cdph.ca.gov) by 5:00 p.m., tomorrow, April 27,  
14 2017.

15           This meeting is now adjourned.

16           (Proceedings concluded at 1:34 p.m.)

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CERTIFICATE OF REPORTER

I, ANGIE MATERAZZI, CSR, hereby certify that I was duly appointed and qualified to take the foregoing matter;

That acting as such reporter, I took down in stenotype notes the testimony given and proceedings had;

That I thereafter transcribed said shorthand notes into typewritten longhand, the above and foregoing pages being a full, true and correct transcription of the testimony given and proceedings had.

DATED: May 8, 2017

Angie M. Materazzi

ANGIE M. MATERAZZI  
CSR No. 13116