



# Population Health Updates

CCLHO Board of Directors Meeting

Dr. Rita Nguyen, Assistant Public Health Officer of California

March 7, 2024



# Overview

- Occupational Lead Poisoning Prevention Program
- Responding to Tianeptine and Kratom Overdose
- California's Opioid Response Website Launch
- Alzheimer's Media Campaign
- MCAH Updates
- Job opportunities at CDPH!

# Occupational Lead Poisoning Prevention Program (OLPPP)

- On February 15<sup>th</sup> the 7-member Cal/OSHA Standards Board voted 5-2 to approve proposed amendments to the lead regulations!
- Regulations will be effective January 1, 2025.
- This was a longstanding OHB priority dating back to more than a decade ago, when our Occupational Lead Poisoning Prevention Program recommended that Cal/OSHA revise its outdated regulations.
- We are thrilled that California's workers will be far better protected from lead exposures moving forward.

For more info: <https://www.dir.ca.gov/OSHSB/Lead.html>

Questions? Contact OLPPP: [Jacqueline.Chan@cdph.ca.gov](mailto:Jacqueline.Chan@cdph.ca.gov)

# Lead Standards Changes - Highlights

- Changes affect General Industry Safety Orders §5155, §5198, and Construction Safety Orders §1532.1.
- Lowered blood lead levels for action and/or increased action required
  - Permissible Exposure Limit (PEL): Lowered from 50  $\mu\text{g}/\text{m}^3$  to 10 (80% drop)
  - Action Level (AL): Lowered from 30  $\mu\text{g}/\text{m}^3$  to 2 (93% drop)
  - Frequency of BLL testing is increased when BLL is  $\geq 10$   $\mu\text{g}/\text{dl}$ . An elevated BLL response plan is now required when a worker's BLL is  $\geq 10$   $\mu\text{g}/\text{dl}$
  - Medical Removal Protection (MRP) criteria for removal of a worker from lead work is lowered
    - The BLL allowing workers to return from MRP to lead work is decreased from 40  $\mu\text{g}/\text{dl}$  to 15  $\mu\text{g}/\text{dl}$
- Stricter hygiene requirements regardless of air lead levels
- Zinc protoporphyrin (ZPP) testing on a routine basis when doing blood lead testing is no longer required
- More stringent training requirements including an expanded list of mandatory training topics

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# Responding to Tianeptine and Kratom Overdose

- Both tianeptine and kratom can be abused, lead to dependence, addiction, and overdose.
- Case reports indicate that tianeptine and kratom overdose is responsive to naloxone.
- Opioid overdose reversal medications, such as naloxone, can be used to respond to tianeptine or kratom overdose.

## Local Health Department Authority

- Products containing tianeptine or kratom are not approved dietary supplements and they are not food, therefore products containing the chemical are considered adulterated.
- Under local authority, the local health department can ask for an adulterated product to be voluntarily discarded or impound a product if the operator refuses.
  - Each jurisdiction may have differing standards for how to take this type of action.
- Educational information about the related significant public health issue can also be provided to retailers and other partners.



## California's Opioid Response

spread awareness • save lives

[Home](#)[About](#)[Prevention](#)[Data & Information](#)[Treatment & Support](#)[CA Actions](#)

## California's Response to the Opioid Crisis

Opioids are the leading cause of drug overdose deaths in the United States. This website provides updates and information on opioids and how you can protect yourself and loved ones.

[Get help now](#)[Learn how to reverse an overdose](#)

# Alzheimer's Media Campaign

California's first Alzheimer's Disease public awareness media campaign "***This is What it Takes***", launched and will run through June 2024.

## Campaign Goals

- Increase awareness of Alzheimer's Disease prevention measures, risk factors, and signs/symptoms
- Shift public perceptions and reduce social stigma

## Target Audiences

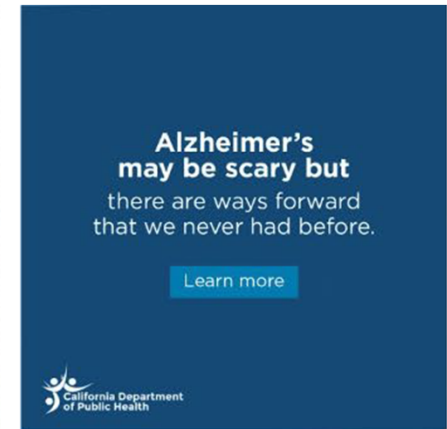
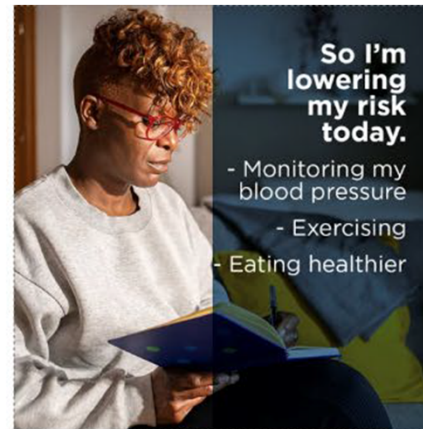
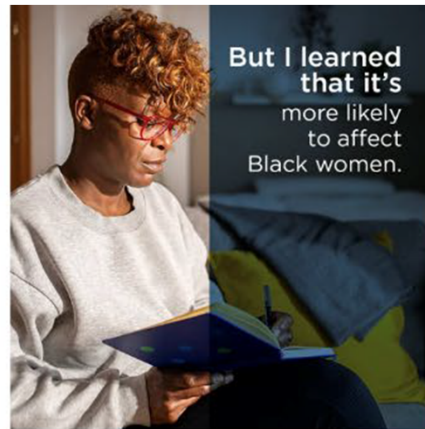
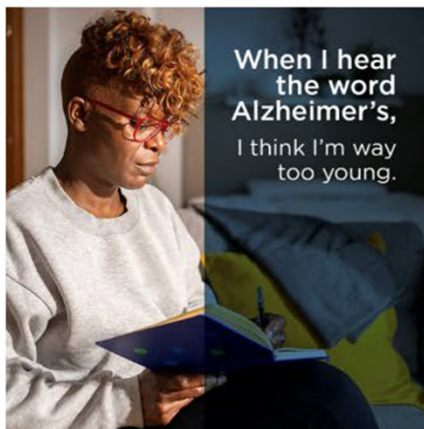
- Pre-symptomatic individuals, and persons living with the disease
- Focus on populations disproportionately affected by Alzheimer's: women, communities of color (including Black/African American, Hispanic/Latino, and Asian American, Native Hawaiian, and Pacific Islander), and (LGBTQ)+ communities.
- Includes English and Spanish-language messaging



# Alzheimer's Media Campaign

## Spread awareness

- Visit [TakeonAlz.com](https://TakeonAlz.com) to learn more about the campaign and ways you can help #TakeOnAlz.
- [This is what it takes to take on Alzheimer's. - YouTube](#)
- [Esto es lo que se necesita para enfrentar el Alzheimer. \(youtube.com\)](#)



## Maternal Health Innovation Grant (HRSA) – *New!*

- Collaboration with California Maternal Quality Care Collaborative (CMQCC) to improve maternal health outcomes – especially those that face the biggest disparities.
- \$2 million per year for 5 years
- Program Requirements
  - Establish a State-Focused Maternal Health Task Force
  - Improve State-Level Maternal Health Data and Surveillance
  - Promote and Execute Innovation in Maternal Health Service Delivery
- Creation of the Maternal Health Task Force (MHTF)
  - Optimize translation of data into action, ensure coordination and integration of the innovative work that is already happening and authentically engage impacted communities to identify solutions to remedy the persistent gaps and disparities.
  - Comprised of public health, health care, and community partners that span governmental, non-governmental and academic sectors.

## MCAH Mental Health Initiative (MMHI): Need for Life Course, Primary Prevention Approaches

- ▶ The pandemic emphasized the need to support MCAH populations with mental health needs during times of stress
- ▶ A life course approach to mental health looks holistically at social and biological factors beginning in the preconception/prenatal period
- ▶ Primary prevention approaches focus on increasing protective factors and decreasing disruptive factors across the population



## Local Key Informant Interviews

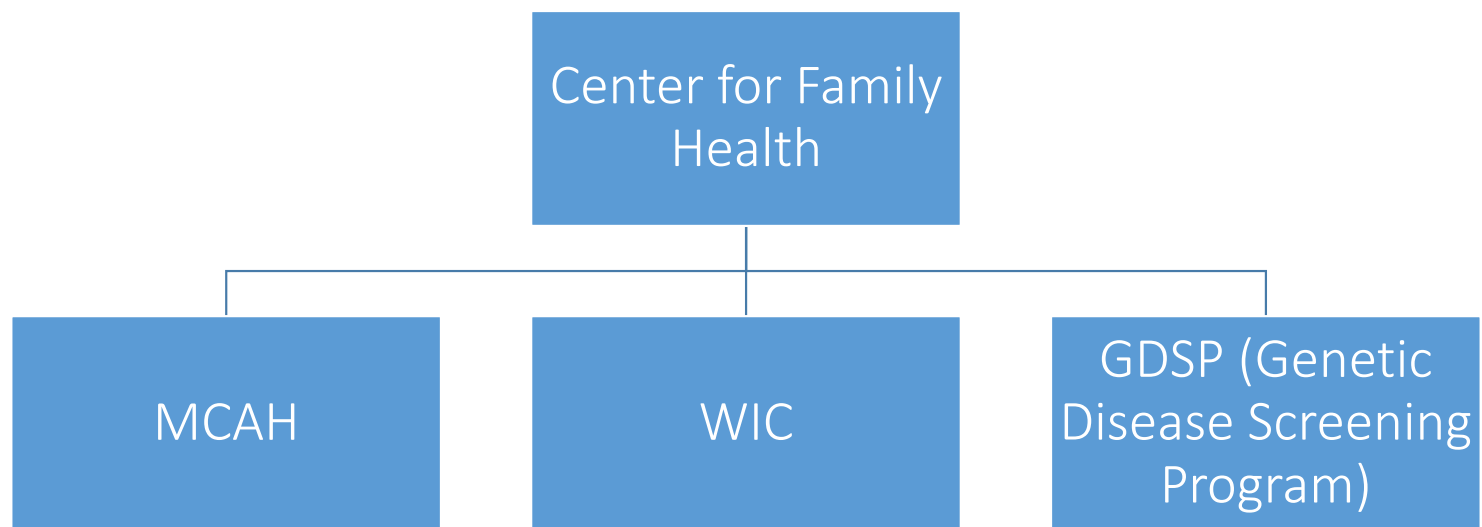


- ▶ CDPH/MCAH conducted 36 LHJs interviews
- ▶ Written feedback provided by an additional 12 LHJs
- ▶ Total of nearly 80% of LHJs providing their ideas and insights (Thank you!)
- ▶ Summary of early impressions (will share complete findings in April/May 2024):
  - Most prevalent mental health concerns relate to a shortage of providers
  - Support enhancing the PH workforce: i.e., skill building trainings, mental health trainings, strategies to recruit and retain staff
  - Need to identify ongoing funding sources and want a better understanding of CalAIM
  - Interest in collaborative workgroups based on region or shared challenges – share best practices
  - Rural counties have very limited resources and staff and may be a priority group

# California Home Visiting Program (CHVP)– Policy Change and Added Flexibilities

- CDPH/CHVP is exploring and implementing strategies, in collaboration with LHJs, to build more flexibility into the program to better serve diverse families across the state, including:
  - Funding 6 additional [Innovation Projects](#) for a total of 13 CHVP Innovation Projects as of SFY 24/25
  - Exploring and supporting adaptations to existing evidence-based models to support expanded eligibility of participants, mental health, tribal adaptations, strategies to better serve fathers and unhoused, and more
  - Continuing support for use of funds for: emergency supplies, technology, hazard pay and other staff costs, and expanded training
  - *New Policy Decision:* Option for Mental Health Consultant position in CHVP ([Interim Guidance](#), *final guidance coming soon*)
  - *New Policy Decision:* Adding two evidence-based home visiting (EBHV) model options starting in SFY 24/25, for a total of 5 EBHV options:
    - [Family Connects](#) (new)
    - [HIPPY](#) - Home Instruction for Parents and Preschool Youngsters (new)
    - Parents as Teachers
    - Health Families America
    - Nurse-Family Partnership

# Center for Family Health Leadership Positions



## Center for Family Health Leadership Positions

1) CA WIC Director - 1 in 6 WIC recipients in the nation are on CA WIC. Half of babies born in CA are on WIC. Oversee a budget of \$1.4 billion and ~240 staff with 5 direct reports. It's an exciting time for WIC with comprehensive modernization efforts nationally. **DUE 3/18:**

<https://calcareers.ca.gov/CalHrPublic/Jobs/JobPosting.aspx?JobControlId=417268>

2) Director of the Genetic Disease Screening Program – **MD/DO**. plans, organizes, coordinates, directs, and supervises one of the world's largest screening programs. Administers the Newborn and Prenatal Screening Programs, oversees the California Birth Defects Monitoring Program and the California Biobank Program, and oversees the rollout of screening for new disorders at CDPH's Richmond lab as well as five regional screening labs around the state. **DUE 3/31:**

<https://calcareers.ca.gov/CalHrPublic/Jobs/JobPosting.aspx?JobControlId=416362>

3) CA MCAH Director – provides management, oversight, and policy direction for MCAH. Serves as CA's Title V MCAH Director and fosters collaborative relationships with LHJs to implement MCAH programs and policies. Oversees a budget of ~\$270 million and ~200 staff. **Coming imminently! Likely due ~April 8**