

Preventive Health and Health Services Block Grant (PHHSBG)

Advisory Committee Meeting

Thursday, March 23, 2017

1:00 P.M. – 3:00 P.M.

Minutes

Members Present

Ann Ashley-Gilbert, Medical Doctor, Altamonte Women's Center, P.A.
Janiece Davis, Health Educator Consultant/Tobacco Prevention Specialist, Palm Beach County Health Department
Emily Mitchem, Refuge House Assistant Director, Refuge House

Department of Health (Central Office Staff) Present

Shannon Hughes, Director, Division of Community Health Promotion Director,
Shay Chapman, Chief, Bureau of Family Health Services
Shamarial Roberson, Chief, Chronic Disease Prevention
Sadé Collins, PHHSBG Coordinator, Bureau of Chronic Disease Prevention
Christina Vracar, Program Administrator, Public Health Dental Program
Abigail Holicky, Oral Health Epidemiologist, Public Health Dental Program
Lorraine Elder, Program Administrator, Violence and Injury Prevention Program
Keondra Lester, Environmental Approaches Liaison, Bureau of Chronic Disease Prevention
Luke Barnhill, Environmental Approaches Section Administrator, Bureau of Chronic Disease Prevention
Kathryn Williams, Program Manager, Healthiest Weight Florida
Andrea Owens, Early Care and Education Coordinator, Bureau of Chronic Disease Prevention
Steven Chapman, Director, Division of Public Health Statistics and Performance Management
Daphane Holden, Chief, Bureau of Community Health Assessment

Members and Staff Absent

Lisa Portelli, Program Director, Winter Park Health Foundation
Michele Mulé, Section Administrator, Prevention Services and Quality Management
Jamie Forrest, Epidemiology and Evaluation Administrator, Bureau of Chronic Disease Prevention
Lilli Copp, Director, Florida Head Start Collaboration Office
Arturo Lopez, Executive Director, Coalition of Florida Farmworker Organizations
Michael Gervasi, CEO, Florida Community Health Centers, Inc.
Tami Miller, Executive Director, Florida Dental Hygiene Association
Fatima Zayas, Health Educator Consultant, Florida Department of Health - Indian River
Karen Weller, Assistant Community Health Nursing Director, Florida Department of Health Dade County
Emily Mitchem, Assistant Director, Refuge House
Sean Isaac, Florida Fluoridation Program Administrator, Public Health Dental Program
Jennifer Elmore, Health Programs Administrator, Florida Department of Health
Belinda Johnson-Cornett, Administrator, Florida Department of Health Osceola County
Elvira Hanson Contract Manager, Florida Department of Health

Sadé Collins called the meeting to order and the group made brief introductions. She then provided an agenda for the meeting which included program updates for the three programs funded through the Preventive Health and Health Services Block Grant (PHHSBG). The meeting's presenters included Christina Vracar from the Public Health Dental Program, Lorraine Elder from the Violence and Injury and Prevention Program (VIPPP), formerly the Sexual Violence and Prevention Program (SVPP), and Sade Collins from the Bureau of Chronic Disease Prevention Supporting Healthy Communities Program.

Ms. Collins gave a brief background description of the PHHSBG and reiterated the alignment to Healthy People 2020 objectives. She also shared that the public hearing provides the opportunity for public input regarding the direction, planning, program content and funding decisions made by the advisory committee prior to work plan submission. Ms. Collins reminded the committee members of the importance of their roles and their input for the development and implementation of the work plan, or application.

Public Health Dental Program

Christina Vracar began with the background the Public Health Dental Program Water Fluoridation Project. She shared dental diseases are chronic, progressive bacterial infections that affect all ages, races and ethnicities. The National Institute of Dental and Craniofacial Research (NIDCR) found for children ages two to eight, 36.7% have experienced dental caries (or experienced a cavity) and for children ages six to eleven, 21.3% experienced dental caries. Untreated tooth decay is higher for racial and ethnic minorities and children who reside in low-income family households. Dental diseases impact an individual's overall health across the life span can consume considerable health care resources. Tooth decay can also cause unnecessary pain and discomfort keeping children out of school and adults from work.

The Florida Department of Health provides a limited amount of funding to entities like the University of Florida which provides direct services to dental care for those who qualify, as well as funds to initiate school-based dental sealant programs throughout the state. However, one of the most cost-effective measures for preventing dental caries is community water fluoridation. The PHHSBG provides funding to assist communities throughout Florida purchase fluoridation equipment and supplies. The Public Health Dental Program provides funding to communities to initiate fluoridation and help existing communities upgrade or replace equipment. Through this process, communities are able to implement and maintain water fluoridation.

After giving a background of the program, Ms. Vracar demonstrated the functions of the Florida's Linked Oral Status System (FLOSS). FLOSS is intended to function as a data warehouse to collect oral health related data, automate business processes of the Public Health Dental Program, and share up-to-date information statewide. Current modules include:

- County Health Department Dental Program Inventory for all County Health Departments providing an oral health component
- Community Water Systems Inventory for all Public Water Systems which add, have naturally occurring fluoride, or are a consecutive system in which recipients obtain fluoride at an optimal level to prevent tooth decay.
- Fluoridation Monthly Operation Reports (MORs) for Public Water Systems adding fluoride at an optimal level to effectively prevent tooth decay.
- School-Based Sealant Program for all agencies and programs providing an oral health component in a school setting.

- Oral Health Surveillance for statewide active oral health surveillance of priority populations.

Access to these modules varies depending on need.

Shannon Hughes posed a question in reference to monitoring water systems, “What measures compel operators to log data?” Her question was answered by Christina, “The operators chose to monitor the water systems electronically because it is easier than keeping a paper data log, the state doesn’t have a formal agreement requiring them to do so.”

After demonstrating the FLOSS, Ms. Vracar listed current successes. They were as follows:

- A total of 24 of the largest non-fluoridated communities received information on water fluoridation.
- A total of 252 individuals from a diverse background, including dental health professionals and public health professionals, received training and guidance on water fluoridation.
- More than 25 communities received information on the benefits of fluoridation and information on how to obtain Grant funding.
- 32 communities recognized for providing optimal year levels of water fluoridation.
- The most recent data analyzed by the Department indicates more than 14 million Floridians have access to a fluoridated community water system.

Violence and Injury Prevention Program

Lorraine Elder provided an update of the Violence and Injury Prevention Program, formerly the Sexual Violence and Prevention Program. Ms. Elder shared that the program would like to increase the use of evidence based interventions. While the program surpassed their goals in all four impact areas, moving forward the goal is for continuous improvement.

PHHSBG funds are allocated to support prevention using the Green Dot strategy. Through a competitive process, four programs have been funded: Florida State University, DOH in Washington County, DOH in Alachua County, and Peace River Center. Funded sites will increase the number of individuals exposed to a Green Dot focus group, social marketing campaign or bystander training. Data from these sites are analyzed and entered in the Sexual Violence Data Registry.

After sharing plans for the year, Ms. Elder listed current successes. They were as follows:

- Staff conducted at least one programmatic contract monitoring site visit per funded site per year.
- Funded sites increased the number of individuals exposed to a Green Dot focus group, social marketing campaign, overview speech or bystander training. 2,757 individuals were exposed to Green Dot

No questions from committee members nor the public were posed.

Supporting Healthy Communities

Sadé Collins then discussed the “Healthy Places” approach to target Florida’s population across the lifespan. Ms. Collins shared the Supporting Healthy Communities Program builds on the evidence-based infrastructure established through other Centers for Disease Control and Prevention (CDC) funding streams while leaving flexibility for county health departments to develop and implement innovative strategies that meet the needs of their communities. Ten national health objectives have been identified as the focus of this program. Those objectives, outlined by CDC’s Healthy People 2020 objectives fall under two strategies: state health office support to county health departments (CHD) and promotion of “Healthy Places”. “Healthy Places” is carried out as part of the Department’s flagship prevention initiative Healthiest Weight Florida. The six “Healthy Places” seeks to make the healthy choice the easy choice across the lifespan. These places are birthing facilities, early care & education centers, schools, communities, worksites and health care settings.

Ms. Collins first presented the objectives that relate to CHD support. The first health objective is centered on aligning activities around the state health Improvement plan and the community health improvement plan. This objective captures the work that goes into developing the statewide local work plan, collection and review of monthly reports, and the development of the local successes into stories that meet the CDC standards. The Division of Community Health Promotion teamed with the Bureau of Community Health Assessment in the Division of Public Health Statistics and Performance Management to provide funding, resources, training and technical assistance to every CHD for community health promotion. Each of the 67 CHDs have completed an extensive Community Health Improvement Plan. The plans were developed in collaboration with local partners and through examination of local needs assessments and county level data.

Ms. Collins then shared the objectives and work of “Healthy Places” starting with breastfeeding. Florida transitioned this year to focus on Baby Friendly Hospitals as oppose to the previous year where Florida worked to track hospital progress through the Florida Breastfeeding Coalition’s Quest for Quality Maternity Care Award. Through the Baby Steps to Baby Friendly project, Florida is working with CHDs to provide funding to hospitals to improve their maternity care practices related to breastfeeding, achieve the World Health Organization’s Ten Steps to Successful Breastfeeding, and ultimately achieve Baby Friendly designation. There are currently 62 hospitals in 31 counties participating in the 2017 project. As a result of this project, Florida should see a rapid increase in the number of Baby Friendly Hospitals.

Florida has placed a great importance on providing education and technical assistance to the Early Care & Education Centers (ECEs) around the state. The goal is to increase the number of ECEs recognized for improving practices and policies related to physical activity and nutrition. The ECE centers that have adopted the policies to date can be seen on the Nemours Lets Move Childcare map. Florida is seen as a leader in this regard compared to other states. There is a need for counties to either use the Nemours’s Child Care Centers or 5210 (5 fruits and vegetables, 2 recreational screen time to 2 hours or less every day, 1 include at least 1 hour or more active play every day, 0 skip sugar sweetened beverages, drink more water every day). Feedback from the CHDs will be taken into consideration.

Ms. Collins then shared the objectives for schools. Florida created two impact objectives in partnership with the Florida Department of Education and the Florida Department of

Agriculture and Consumer Services. The goal is to help increase the proportion of adolescents who meet the guidelines for physical activity. The Comprehensive School Physical Activity Program (CSPAP) is a toolkit used to help administrators at schools develop programs that meet the necessary requirements for daily activity. This year the objective is to maintain the number of schools establishing, implementing, and/or evaluating a CSPAP.

Additionally, Ms. Collins explained using PHHSBG funds, Florida intends to increase the proportion of worksites that offer employee health promotion programs. Furthermore, there are two national health objectives centered on communities: increase access to physical activity opportunities through active transportation (walking) and promoting strategies to improve access to foods recommended by the Dietary Guidelines for Americans in underserved areas. The goal is to increase an awareness about the health and economic benefits of Complete Streets and active transportation policies and practices. Complete streets focus on safe access for all users that make it easy for individuals to cross the street, walk to shops or bike to work. This year Florida is working with cities and counties to increase the number policies from 68 to 72. Healthy food access includes working to eliminate food deserts across Florida and allowing individuals the opportunity to purchase foods recommended by the Dietary Guidelines for Americans. This year Florida wants to establish 4 projects to increase access to foods recommended by the Dietary Guidelines for Americans in at least 1 underserved community. We will build on this success in additional communities in future years.

The last "Healthy Place" Ms. Collins discussed was Heath Care Settings. Florida is committed to reducing the percentage of individuals with diabetes in Florida and that begins with preventing high-risk individuals from getting diabetes. Florida works closely with public and private partners across the state to increase the number of patients referred to CDC-recognized Diabetes Prevention Programs. This year the first objective is to increase the number of adults with diagnosed diabetes who have at least one encounter at an American Diabetes Association (ADA)-recognized or American Association of Diabetes Educators (AADE)-accredited DSME programs from 37,807 to 39,697. The next objective is increase the number of referrals to CDC-recognized Diabetes Prevention Program from 4,340 to 7,000.

After sharing plans for the year, Ms. Collins listed current successes. They were as follows:

- Florida increased the number of benchmarks achieved by birthing facilities working to fully implement the Ten Steps to Successful Breastfeeding.
- Florida increased the number of Early Care and Education Centers recognized through Let's Move Child Care for improving practices and policies related to physical activity and nutrition.
- Florida increased the number of schools establishing, implementing, and/or evaluating a Comprehensive School Physical Activity Program.
- Florida increased the number of worksites using the online CDC Worksite Health Score Card.
- Florida established projects to increase access to foods recommended by the Dietary Guidelines for Americans.
- Florida increased the number of cities and counties with complete streets policies.
- Florida increased the number of referrals to CDC recognized Diabetes Prevention Programs.

No questions from committee members nor the public were posed.

There was an opportunity for questions and comments to be made by the advisory committee and the public. Sadé thanked everyone for their participation then concluded the meeting.

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