Preventive Health and Health Services Block Grant (PHHSBG) Advisory Committee Meeting & Public Hearing

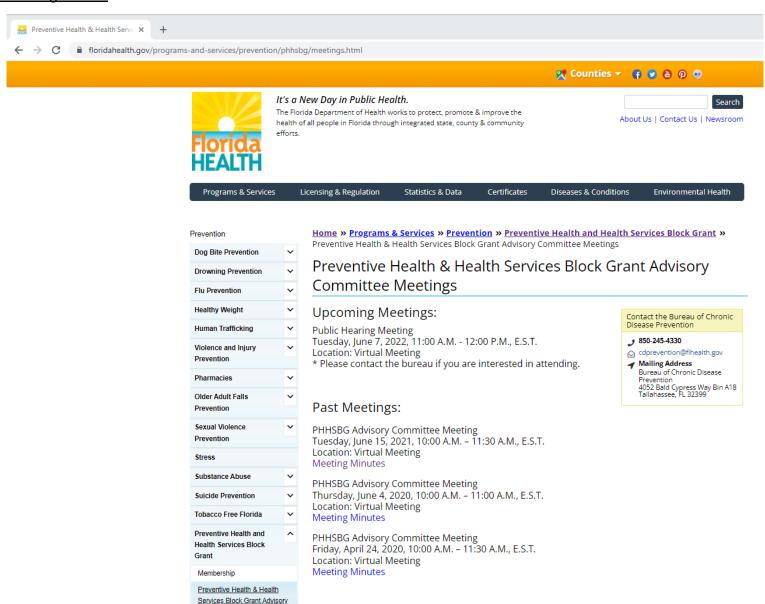
Meeting Minutes Tuesday June 7, 2022

Advisory Committee Member	visory Committee Member Organization / Title	
Alisha Mughal, MPH	Florida Department of Health	Х
Amber Cambridge, MPH	Florida Department of Health	Х
Ann Ashley-Gilbert, MD	Altamonte Women's Center - Medical Doctor	
Arturo Lopez, BA	Coalition of Florida Farmworker Organizations - Executive Director	X
Asma Odeh, MHA	Florida Department of Health	
Britney Moore	Florida Department of Environmental Protection - Regional Coordinator	
Bryan Russell	Disability Rights Florida	X
Charla Lucas, CPRP	Florida Recreation and Park Association - Chief Operating Officer	
Dykibra Gaskin	Florida Breastfeeding Coalition - President	
Emily Mitchem	Refuge House - Assistant Director	
Hans Havlykke	Florida Department of Health	X
Jennifer Sousa	Florida Department of Health	
Jessica Wilmer	ica Wilmer Florida Department of Health	
Julia Fitz	Florida Department of Health	
Julianne Price, RS	Florida Department of Health	X
Karen Weller, RN,BSN,MBA- HSM	Florida Department of Health - Dade County - Assistant Community Health Nursing Director	Х
Karla Shelnutt	University of Florida - Associate Professor and Extension Nutrition Specialist	
Krystal Flakes-Martin, MPH	Florida Department of Health	X
Lynn Shultz	Department of Defense - State Coordinator - Building Healthy Military Communities	

Melissa Jordan, MS, MPH	Florida Department of Health - Director,	
	Division of Community Health Promotion	
Rhonda Jackson	Florida Department of Health	Χ
Robert Hill	American Heart Association - Community	
	Impact Director	
Robin Poole	Florida Dental Hygienists' Association	
Sally Hugo	Florida Department of Health - Bureau of	X
	Family Health Services School Health	
	Program	
Sean Isaac, MPH, BSW	Florida Department of Health	Χ
Shannon Harp, FCCM	Florida Department of Health	Χ
Shay Chapman, BSN, MBA	Florida Department of Health - Bureau	Χ
	Chief, Family Health Services	
Summer Vail	Florida Department of Health - Office of	
	Medical Marijuana Use	
Tara Hylton, MPH	Florida Department of Health	X
Tonya Ehrhardt	American Heart Association - RVP of	
	Community Impact, Diversity and Inclusion	
Ursula Weiss, PhD	Florida Department of Health - Director,	
	Division of Public Health Statistics	
Wes Payne, MSW	Florida Department of Health -	
	Environmental Approaches Section	
	Administrator	
Yancey Henry	Florida Department of Health	X

The public meeting notice was posted to the FLHealth.gov website under the Preventive Health and Health Services Block Grant webpage:

Public Meeting Notice



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The Preventive Health and Health Services Block Grant Advisory Committee Meeting & Public Hearing was called to order at 11:00 A.M. EST. The call was recorded for archival purposes.

Introduction

Krystal Flakes-Martin calls the meeting to order and introduces herself as the state coordinator for the Block Grant and the facilitator of this morning's meeting.

Krystal asked all guests to mute their lines and ask questions in the chat.

Krystal went over the agenda for the meeting:

- Welcome
- Preventive Health and Health Services (PHHS) Block Grant Overview
- Program Discussion
 - Public Health Dental Program
 - Violence and Injury Prevention Section
 - Healthiest Weight Florida
- Open Discussion and Public Comment
- Adjourn

Shay Chapman, BSN, MBA, Acting Director for the Division of Community Health Promotion gave a warm welcome to all attendees.

Following the welcome, Krystal gave an overview of the block grant including what the block grant is, what the funding is for, and how the Florida Department of Health allocates funds.

About the Block Grant

The Preventive Health and Health Services (PHHS) Block Grant is a mandatory grant given to 61 recipients (including all 50 states) by Congress annually. The Block Grant is administered by the Centers for Disease Control and Prevention (CDC). The grant places a strong emphasis on providing supports to communities with little or poor health care services as well as socioeconomically disadvantaged populations. The block grant gives us the ability to address emerging health issues, address the leading risk factors for the prevention of premature death and disability, address health equity and health disparities, and establish data and surveillance systems to monitor the health status of our communities and residents. The grant also provides the latitude to support National Health objectives as outlined in the nation's healthy people 2030 health improvement plan, which as you will see throughout the presentation, each of our program areas have aligned their objectives and activities with a healthy people 2030 objective.

Block Grant Allocation

CDC allocates Block Grant funding every October 1st through September 30th:

- Federal Fiscal Year (FY) 2022-2023 projected award amount \$4.6 million.
- Block Grant funds have a 2-year spending authority.

The Violence and Injury Prevention Section will leverage funds to support projects related to:

- Reducing the incidence of sexual assault.
- Ensuring the availability and provision of quality sexual battery recovery services for rape victims in Florida.

The Public Health Dental Program will leverage funds to support projects related to:

- Training and guidance for key stakeholders, community leaders, and dental, health, and water professionals on water fluoridation.
- Monitoring fluoridation of community water systems.

The Bureau of Chronic Disease Prevention will leverage funds to support projects related to:

- Healthiest Weight Florida.
- Behavioral Risk Factor Surveillance System.
- Community Health Assessment & Community Health Improvement Plans.
- Each county health department (CHD) allocated \$35,000 annually for local activities.

Krystal Flakes-Martin will now discuss the Supporting Healthy Communities Initiative.

Supporting Healthy Communities

Chronic Disease in America

Chronic diseases such as heart disease, cancer, and diabetes are among the leading causes of death and disability in the United States. According to the CDC, more than 877,500 Americans die of heart disease, stroke, or other cardiovascular diseases every year. In the United States, cardiovascular disease, causes 1 in 3 deaths each year. Adults with diabetes are twice as likely to have heart disease or a stroke compared with people who do not have diabetes. As of 2019, more than 37.3 million Americans had

diabetes. And each year in the United States, more than 1.6 million people are diagnosed with cancer, and it contributes to nearly 600,000 deaths annually.

Much of the chronic disease burden that we see is attributable to a short list of key risk factors:

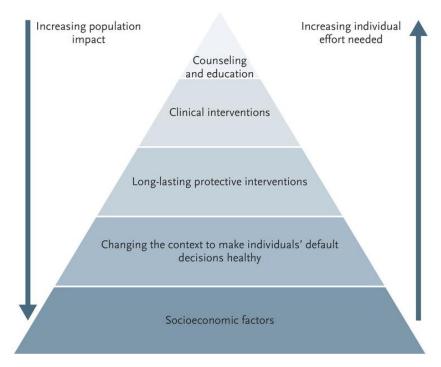
- Tobacco use and exposure to secondhand smoke.
- Poor nutrition, including diets low in fresh fruits and vegetables and high in sodium and saturated fats.
- Lack of physical activity
- Excessive alcohol use

Social Determinants of Health

Determinants of health have a major impact on people's health, well-being, and quality of life, and they can be broken out into 4-5 core factors:

- Social and Economic Conditions (Examples include: Employment, Income, Social Supports, Stress, language and/or literacy issues)
- Individual Behaviors (such as those modifiable risk factors we just discussed.
 Smoking, Excessive Alcohol use, poor nutrition, or lack of physical activity)
- Health Care Activities (including access to health care services, Insurance coverage, and quality of care)
- Environment (Safe housing, public transportation, community violence, and water or air pollution).

Framework for Public Health Action



Adaptation of The Health Impact Pyramid created by Thomas R. Frieden, MD, MPH. "A Framework for Public Health Action: The Health Impact Pyramid" Am J Public Health 2010

In this pyramid, efforts to address socioeconomic determinants are at the base where it has the largest impact on the population but the lowest level of individual intervention. Above that we have public health interventions that aim to make the healthy choice the default choice, followed by protective interventions with long-term benefits, direct clinical-level interventions, and at the top, individual counseling and education.

Interventions at the base of the pyramid require less individual effort and have the greatest population impact. Interventions at the top tiers are designed to help individuals rather than entire populations, but they could theoretically have a large population impact if universally and effectively applied.

In practice, however, even the best programs at the pyramid's higher levels achieve limited public health impact, largely because of their dependence on long-term individual behavior change.

The bottom tier of this health impact pyramid represents change in the areas that impact those determinants of health - Social and Economic Conditions. What is Florida's plan to impact the social determinants of health?

Healthiest Weight Florida

Thru Healthiest Weight Florida and the I-P-S-E framework. Healthiest Weight Florida is a public-private collaboration bringing together state agencies, not for profit organizations, businesses, and entire communities to help Florida's children and adults make consistent, informed choices about healthy eating and active living.

The Healthiest Weight Florida Program adopted the I-PSE conceptual framework to formulate multi-dimensional strategies for optimal impact across the state, helping county health departments better address the determinants of health.

Healthiest Weight Florida places a focus on creating "Healthy Places." These Healthy Places target each population across the lifespan - our Youth in Early Care and Education Centers, School aged children, and adults in the community and built environment - with the focus on implementing policy, systems, and environmental interventions aimed at addressing the determinants of health.

Program Focus - Strategies

County health departments were prescribed to implement policy, systems, and environmental (PSE) changes that will have an impact on nutrition and physical activity behaviors.

GO NAPSACC - Stands for Go Nutritional and Physical Activity Self-Assessment for Child Care (GO NAPSACC) and this program aims to support environmental changes in ECE settings via direct education designed to enhance nutrition and physical activity practices in early care and education programs.

Florida HEROS Recognition - Recognizing Healthy Environments for Reducing Obesity in Florida program is designed to promote physical activity in early childhood education (ECE) centers and provides recognition for ECE centers who meet the HERO requirement.

In our schools we are asking our county health departments provide technical assistant to local school districts to promote PSE changes to support improvement in student physical activity engagement and nutrition education.

PACE-EH - The Protocol for Assessing Community Excellence in Environmental Health methodology asks counties to conduct a community-based environmental health assessment related to food access.

For each strategy we have an associated program. Each quarter our county healthy departments complete a survey. These quarterly surveys allow us to track progress over the year.

Objective 1 – Early Care and Education Centers

 Between 10/2021 and 09/2022 promote the Florida HEROs ECE Recognition program to local centers to increase and/or maintain the number of ECE sites that ever received the Florida HEROs ECE Award from 29 to 50.

Objective 2 – Healthy Schools

 Between 10/2021 and 09/2022, increase the number of policy, system, and environmental (PSE) interventions that expand access and promote healthy eating and physical activity from 0 to 134.

Objective 3 – Built Environment

Between 10/2021 and 09/2022, increase the number of county health departments that employ policy, systems, and environmental approaches to increase equitable access to healthy foods and safe places for physical activity from 0 to 12.

Lessons and Challenges

As with most program implementation, there were challenges.

- Tackling chronic disease is a challenge as it's become increasingly more prevalent over the past 25 years.
- Links between those social determinants and health pose their own challenges as well.
- The foundation of HWF being a cross-sectorial collaboration faces multiple barriers, including differing priorities, competing funding streams, and different times lines and priorities across agencies.
- This "top down" approach to community impact where we develop a plan and prescribe it to our county health departments - tends to restrict their flexibility to address local priorities.
- Additionally, we noticed that our counties were struggling to maintain progress on the workplan due to competing priorities - as well as not consistently aligning HWF priorities with their Community Health Improvement Plans - which are already state mandated according to Florida Statute 385.103.
 - This Florida Statute indicates that Community Health Improvement Plan must be completed every 5 years to maintain accreditation status.

Transition to Healthy Communities

Transition program title name from Healthiest Weight Florida to Healthy Communities.

Authority: Florida Statute 385.103 – Community Intervention Programs

 The "Healthy Communities" title is all-inclusive and addresses metabolic and health conditions beyond overweight and obesity.

Leverage Community Health Improvement Plans (CHIP)

- Authority: Federal legislation, IRS rule and Public Health Accreditation requires a community health planning assessment and plan for each county.
- PHHSBG funds can be used to leverage CHIP efforts as it pertains to chronic diseases.
- The Healthy Communities approach emphasizes community engagement with all CHIP efforts addressing chronic disease being reported out as PHHSBG activities.
- Address leading preventable chronic diseases:
 - Diabetes | Heart Disease | Stroke | Obesity and Overweight
- Develop and maintain chronic disease prevention and control strategies within each county's community health improvement plan.
- Implement best practices for population level evidenced based interventions (EBI) by:
 - Tracking implementation of EBIs using Chronic Disease Action Tracker.
 - Engaging with state offices for tailored technical assistance on planning, implementation and tracking of EBIs.
 - Completing quarterly evaluations addressing approaches, effectiveness and impact of EBIs.
- Participate in state and local public health media campaigns addressing chronic disease.
- Submit success stories that highlight efforts and accomplishments in chronic disease prevention.

FY22 Proposed State Health Objective:

 Increase the number of county health departments that have identified chronic disease strategies and evidence-based interventions within their County Health Improvement Plan (CHIP) from 0 to 67.

New National Health Objective - Healthy People 2030

 PHI-05 - Increase the proportion of local jurisdictions that have a health improvement plan. Shannon Harp will now give updates for the Public Health Dental Program.

Public Health Dental Program

New National Health Objective - Healthy People 2030

 OH-11 - Increase the proportion of people whose water systems have the recommended amount of fluoride.

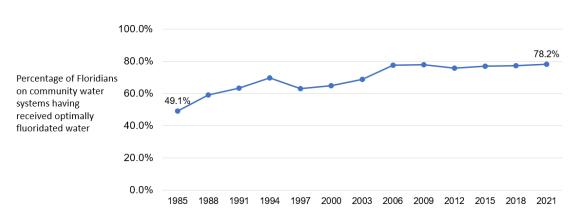
Fluoridation Access in Florida

- In 2021, 78.2% of Floridians on community water systems have received optimally fluoridated water.
- 2021 Over 16 million residents live in fluoridated water communities.

State Health Objective: In Progress

• Increase the proportion of people served by community water systems that are fluoridated by <u>0.4%</u>.

FLUORIDATION TRENDS



Source: Department of Environmental Protection and the Public Health Dental Program



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Public Health Dental Program - Objective 1

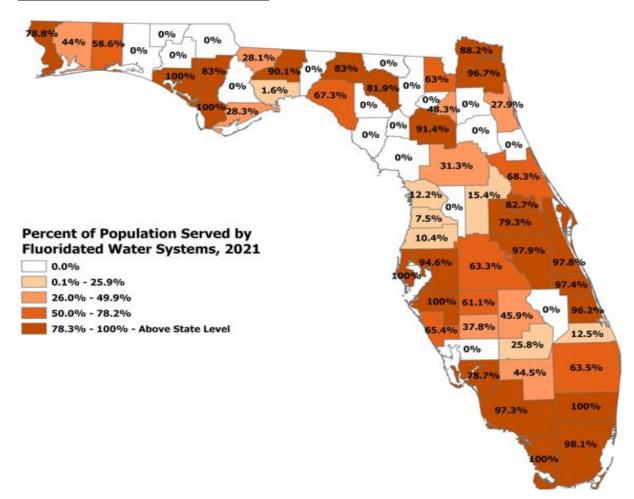
Objective 1: Community Information

- Strategy: The Public Health Dental Program (PHDP) strategy provides educational resources and information on the benefits of community water fluoridation. In addition, we provide funding to communities that request financial assistance to initiate fluoridation or upgrade their current fluoridation system and monitors all participating systems for quality assurance reporting.
- **Goal:** To fluoridate 100% of community water systems in Florida.
- Activities:
 - Activity #1 Information
 - Activity #2 Fluoridation and Oral Health Knowledge and Awareness
 - Activity #3 Maintain and Train Public Health Workforce

Oral Health Is Key to Overall Health

- Brush and floss twice a day for at least 2 minutes with a soft bristle toothbrush.
- Drink plenty of water, especially fluoridated water.
- Limit sugar-sweetened beverages and sugary, salty foods and snacks.

Percentage of Population Served



Source: Department of Environmental Protection and the Public Health Dental Program

Public Health Dental Program - Objective 1

Objective 3: Partnerships

- Strategy: The Public Health Dental Program (PHDP) strategy includes working with new partners to promote water fluoridation. Partners continue to promote fluoridation in various venues. This collaboration allows the PHDP to provide information, resources, and technical assistance on the cost to install equipment and the safety and process of adding fluoride to drinking water in Florida.
- Goal: To increase the knowledge of community water fluoridation and access to optimal community water fluoridation.
- Activities:
 - Activity #1 Community Technical Assistance
 - Activity #2 Fluoridation Feasibility Review

Rhonda Jackson will now give updates for the Violence and injury Prevention Section.

Violence and Injury Prevention Section

The Violence and Injury Prevention (VIP) Section leverages Preventive Health and Health Services Block Grant (PHHSBG) funds to:

- Address sexual violence across the social ecological model with an emphasis on risk and protective factors at the community/societal level.
- Implement the Center for Disease Control and Prevention STOP Sexual Violence (SV) Technical package.
- Support Adverse Childhood Experiences (ACEs) related activities.
- Incorporate use of social marketing as a community level strategy.

National Health Objective – Healthy People 2030

- IVP DO3 Reduce the number of young adults who report 3 or more adverse childhood experiences (aged 18-25 years)
- IVP DO5 Reduce contact sexual violence by anyone across the lifespan

Violence and Injury Prevention - Objective 1

 Increase the number of County Health Departments using county level data to inform programming that aids in the prevention of Adverse Childhood Experiences (ACEs) from 0 to 15.

Baseline	0
Interim	5
Achieved	5
Final Target	15

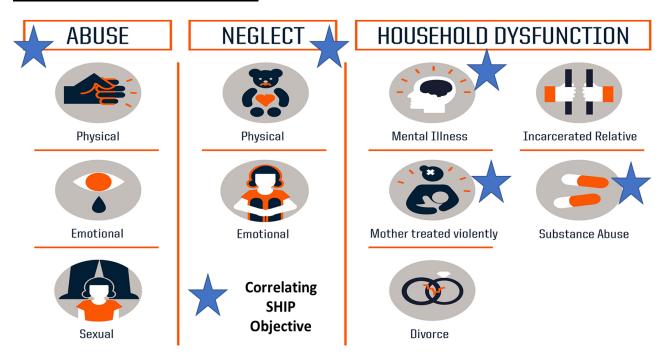
Source: Community Health Improvement Plans

Future Considerations - SHIP Alignment

State Health Improvement Plan (SHIP) Objectives

- Increase the number of victim referrals to the statewide domestic violence hotline from 70,321 (2021) to 80,869.
- Reduce the incidence rates of abuse and neglect associated hospitalizations for children ages 0-17 from 13.5 per 100,000 residents (2020) to 12.2 per 100,000 residents.
- Decrease the percentage of high school students who have experienced four or more ACEs from 21.9% (2021) to 19.6%.
- Reduce the rate of hospitalizations attributable to mental disorders for adults aged 18 years and older from 1,009.2 per 100,000 population (2020) to 908.3 per 100,000 population.
- Reduce deaths caused by opioid overdose from 29.9 per 100,000 population (2020) to 15 per 100,000 population.

Adverse Childhood Experiences



Prevention Strategies for Adverse Childhood Experiences (ACEs)		
Promote social norms that protect against violence and adversity (bystander, men and boys as allies)	Teach healthy relationship skills (Social emotional learning, dating, parenting)	
Ensure a strong start for children (home visits, quality childcare, preschool)	Connect youth to caring adults and activities (mentoring, after school)	
Strengthen economic supports to families (family friendly policies, financial opportunities)	Intervene to lessen immediate and long-term harms (family-centered treatment, victim-centered services)	

Violence and Injury Prevention - Objective 2

■ Increase the number of CDC STOP SV technical package related sexual violence prevention strategies implemented in Florida from 0 - 25.

Baseline	0
Interim	8
Achieved	13
Final Target	25

Source: Florida Council Against Sexual Violence (FCASV) and UCF Prevention Education & Evaluation Research (PEER) Evaluators for Rape Prevention Education

Stop SV and Focus of Efforts

Effort	Focus	Approach	SEM Level
25%	S – Social Norms	Bystander, men as allies	Individual
	T - Teach Skills	Social emotional learning Healthy relationships training	Individual / Relationship
75%	O – Opportunities for Women	Strengthening economic supports for women and families, leadership skills for girls	Community / Society
	P – Protective Environments	Safety, supportive policies, physical environment	Community / Society
	SV – Support Violence Survivors	Victim centered/trauma focused treatment and services	Community / Society

Violence and Injury Prevention - Objective 3

 Review/analyze 100% of PHHSBG and RPE funded sites to ensure the community level implementation approaches and strategies recommended by the CDC STOP SV Technical Package.

Baseline	77
Interim	77
Achieved	0
Final Target	100

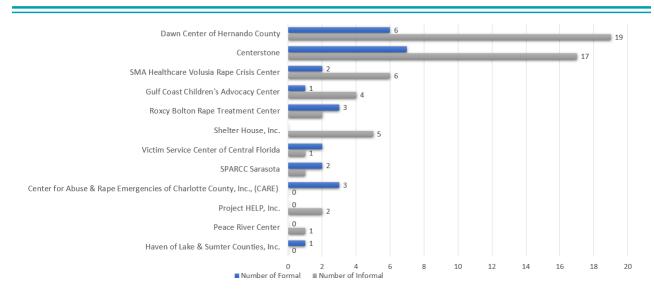
Source: Florida Council Against Sexual Violence (FCASV) and UCF Prevention Education & Evaluation Research (PEER) Evaluators for Rape Prevention Education

Funded STOP SV Sites

STOP SV Subrecipients by County

COMPETITIVE Awards		DIRECT Awards	
Program Counties Served		Program	Counties Served
	Leon	Shelter House	Okaloosa
	Gadsden	Shelter House	Walton
	Wakulla	Dawn Center	Hernando
Refuge House	Jefferson	Haven of Lake &	Lake
	Liberty	Sumter Counties	Sumter
	Franklin	SMA	Volusia
	Taylor	Victim Service	Orange
1	Madison	Center of Central	Osceola
Florida State University CHAW	Leon	FL FL	Seminole
Florida State University FCPR	Leon	Peace River Center	Polk
Quigley House	Clay	reace River Center	Highlands
Women's Center of	Nassau		Hardee
Jacksonville	Duval	Jackson Health	
Sunrise of Pasco County	Pasco	System	Miami-Dade
Betty Griffin Center	Flagler	SPARCC	Sarasota
Betty Grillin Center	St. Johns	SPARCC	Desoto
University of Central Florida	Orange	Centerstone	Manatee
Washington County Health Department	Washington		Вау
Palm Beach County	Palm Beach	Gulf Coast	Calhoun
Women's Center of Brevard	Brevard	Children's Advocacy Center	Gulf
SAAP - SAO 19th Circuit	Okeechobee		Holmes
	St. Lucie		Jackson
	Indian River		Washington
	Martin	Project HELP	Collier
	Lee	CARE	Charlotte
ACT	Hendry	-	
	Glades		

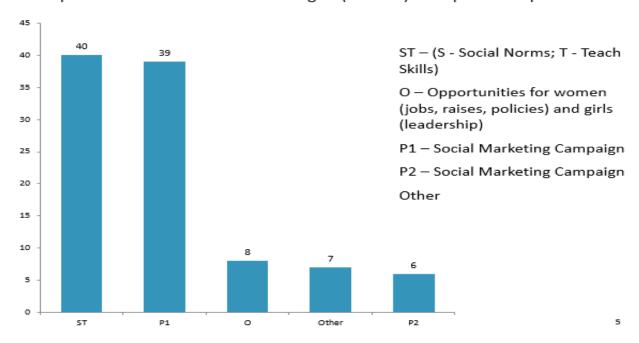
CAPACITY BUILDING - 85 New Partners



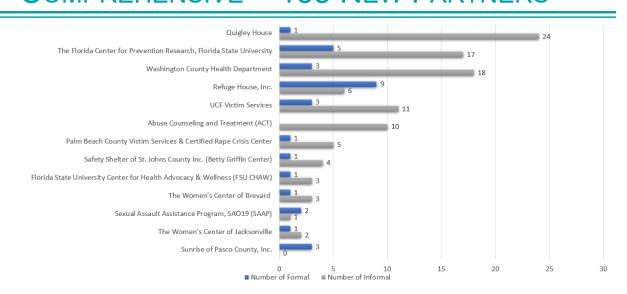
Capacity Building - New Partner

Partner Strategies

Respondents were asked what strategies (N = 100) each partnership used.



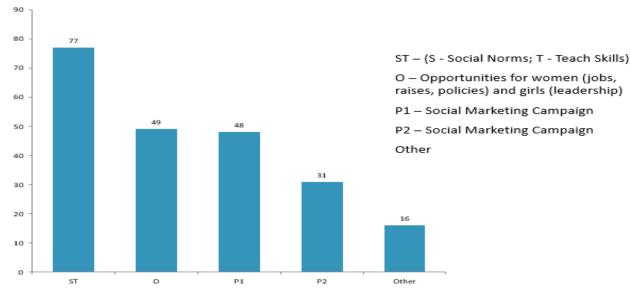
COMPREHENSIVE - 135 New Partners



Comprehensive - New Partner

Partner Strategies

Respondents were asked what strategies (N = 221) each partnership used.



Future Considerations - STOP SV

- Changes to the Violence Against Women Act affects dissemination of funding to Rape Prevention & Education (RPE) programs (funding cut).
- CDC will fund sexual assault coalitions for rape prevention education based on same strategies (STOP SV).
- Florida currently funds Florida Council Against Sexual Violence (FCASV), rape crisis centers (RCC) to implement STOP SV strategy.
- Excellent opportunity to partner with FCASV and rape crisis centers to leverage RPE dollars.
- Potential to redirect funding to local departments of health for STOP SV strategies.
- Expansion of evaluation efforts by University of Central Florida Prevention Education & Evaluation Research (PEER).

That concludes the presentation portion of the meeting.

We will now open the floor for discussion and public comments.

Questions/Comments:

- Has there been any discussion on how to include disability data in CHA and CHIP, to be more inclusive? Will the BG do anything about requiring CHDs to reach disabled populations?
 - Yes, we are currently having discussions with out county health department staff regularly regarding being intentional about reaching disabled populations. We are also working with the evaluation team to develop methods of data collection that may speak to this need.
- Can other agencies apply for the Violence and Injury Prevention rewards Rhonda?
 - o Rhonda will address this questions offline later.

There were no further comments. Public comment is closed.

Important Dates

- **[TODAY]** Advisory Committee Meeting: Planning for FY22
- July 1, 2022 FY 22 Workplan due

- [July October] Advisory Committee I: New Year Kick-off & Previous Year Closeout
- October 1, 2022 FY22 Activities Begin

Krystal gave a thank you to all the attendees who were present on today's call and dismissed the meeting.

The meeting was adjourned at 12:05 P.M. EST.