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

Meeting Minutes May 16, 2023

Attendance

Name	Organization	In Attendance
Ann Ashley-Gilbert - AC	Altamonte Women's Center - Medical Doctor	Х
Arturo Lopez - AC	Coalition of Florida Farmworker Organizations - Executive Director	
Britney Moore - AC	Florida Department of Environmental Protection - Regional Coordinator	
Bryan Russell - AC	Disability Rights Florida	Х
Charla Lucas - AC	Florida Recreation and Park Association - Director of Marketing, Communications and Strategic Vision	Х
Dykibra Gaskin - AC	Florida Breastfeeding Coalition - President	
Emily Mitchem - AC	Refuge House - Assistant Director	
Karla Shelnutt - AC	University of Florida - Associate Professor and Extension Nutrition Specialist	
Kelli Greene - AC	Florida Impact - Program Manager	
Robert Hill - AC	American Heart Association - Community Impact Director	
Robin Poole	Florida Dental Hygienists' Association	
Scott Fahrney - AC	Florida State Alliance of YMCAs & Foundation - Chief of Staff	Х
Tonya Ehrhardt - AC	American Heart Association - RVP of Community Impact, Diversity and Inclusion	
Kaitlin Chamberlin- AC	Health Council of Southeast Florida	Х

Alisha Mughal	Florida Department of Health - Worksite Wellness	Х
J	Coordinator, BCDP	
Hans Havlykke	Florida Department of Health - Violence and Injury Prevention	Х
Jessica Wilmer	Florida Department of Health - Healthy Communities Program Manager, BCDP	Х
Julia Fitz	Florida Department of Health - Chief, Bureau of Community Health Assessment	
Julianne Price	Florida Department of Health - PACE-EH Coordinator	
Karen Weller	Florida Department of Health - Dade County - Assistant Community Health Nursing Director	
Rhonda Jackson	Florida Department of Health - Program Manager, Violence and Injury Prevention	Х
Sally Hugo	Florida Department of Health - Bureau of Family Health Services School Health Program	Х
Sean Isaac	Florida Department of Health - Public Health Dental Program	Х
Shannon Harp	Florida Department of Health - Public Health Dental Program	Х
Shay Chapman	Florida Department of Health - Director, Division of Community Health Promotion	Х
Summer Vail	Florida Department of Health - Office of Medical Marijuana, Communications Manager	
Tara Hylton	Florida Department of Health - Chief, Bureau of Chronic Disease Prevention	Х
Yancey Henry	Florida Department of Health - Public Health Dental Program	Х
Owen Quinonez		
Sterling Whisenhunt	Florida Department of Health- Community Health Promotion	
Venice White	Florida Department of Health- Health Equity	
Vernique Footman	Florida Department of Health Bureau of Community Health Science	Х
Khyati Master	Florida Department of Health- Bureau of Community Health Science	Х

Introduction

Tara Hylton calls the meeting to order and introduces herself as the Block Grant and the facilitator of this morning's meeting and gave a warm welcome.

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

Tara briefly went over the agenda for the meeting:

Welcome

- Preventive Health and Health Services (PHHS) Block Grant Overview
- Program Discussion
 - Violence and Injury Prevention Section
 - Public Health Dental Program
 - Healthy Communities of Florida
- New Member Introduction
 - Health Council of Southeast Florida
- Comments & Questions
- Adjourn

Following the welcome, Tara 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 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:

- Healthy Communities of 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.

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 - SMART Objective

 By September 30,2023, increase the number of sexual violence services provided from 15,021 (FY2020-2021) to 16,500.

FY 2020 - 2021	15,021

FY 2021 – 2022	13,605
FY 2022 - 2023	TBD
GOAL	16,500

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

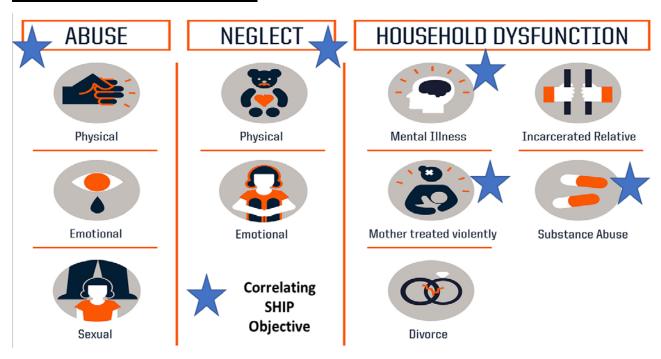
State Health Improvement Plan (SHIP) Alignment

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

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

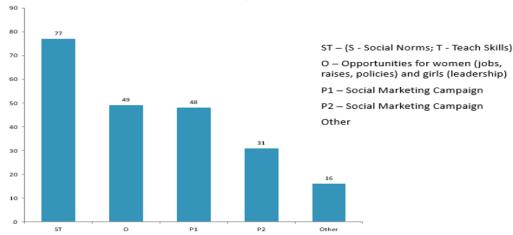
Funded STOP SV Sites

■ Number of Formal ■ Number of Informal

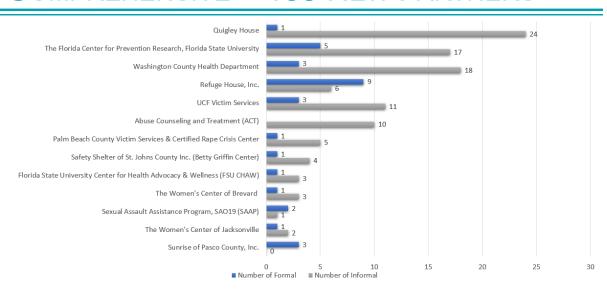
COMPREHENSIVE - NEW PARTNER

Partner Strategies





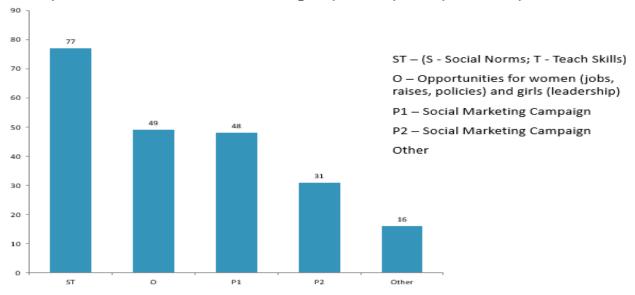
COMPREHENSIVE - 135 New Partners



Comprehensive - New Partner

Partner Strategies

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



Future Considerations

- Florida Department of Health (VIPS) currently funds the Florida Council Against Sexual Violence (FCASV) and rape crisis centers (RCC) to implement rape prevention.
- Five Year Notice of Funding Opportunity for Rape Prevention Education (RPE) Grant will be disseminated in August 2023. Changes to the Federal Violence Against Women Act affects dissemination to Rape Prevention & Education (RPE) state programs.
- Centers for Disease Control will {directly} fund state sexual assault coalitions for rape prevention via allocation formula.
- Opportunity to identify new projects, including a connection and/or expansion of ACES efforts across the PHHSBG.
- Potential to redirect funding to local departments of health for additional violence prevention/ACE strategies.

Henry Yancey Jr. will now give updates for the Public Health Dental Program.

Public Health Dental Program

Public Health Dental Program (PHDP) will use \$237,697 in the Preventive Health and Health Services Block Grant and leverage funding from the State Actions to Improve Oral Health Outcomes grant in the amount of \$45,052.

Goals:

- Assist communities throughout Florida to promote, implement, and maintain water fluoridation
- Create community awareness, support and training for water fluoridation

New National Health Objective – Healthy People 2030

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

State Health Objective: In Progress

- Between 10/2019 and 09/2021, increase the proportion of people served by community water systems that are fluoridated by <u>0.4 percent.</u>
- Between 10/2022 and 09/2024, increase the proportion of people served by community water systems that are fluoridated by 0.4 percent.

Public Health Dental Program - Objective 1

FY 2022-2023 Objective 1: Community Information

Between 10/2022 and 09/2023, the PHDP will provide technical assistance and funding to partners in the promotion of water fluoridation and oral health to $\underline{30}$ of Florida's fluoridated and non-fluoridated community water systems in Florida.

Current Status: In Progress

The PHDP assisted local municipalities for the promotion and training of community water fluoridation.

Resources were allocated to one community to maintain their fluoridated system.

FY 2022-2023 Objective 2: Community Water System Management

Between 10/2022 and 09/2023, the PHDP is reviewing 118 fluoridating community water systems in Florida for reporting compliance in accordance with Florida Administrative Code. The PHDP will also review a sample of the reports to validate the data.

Current Status: In Progress

The PHDP is monitoring 100% of fluoridating community water systems.

The CDC annually recognizes CWS providing optimal readings for communities to provide protective oral health benefits. This year the CDC recognized 52 CWS providing optimal readings.

FY 2022-2023 Objective 3: Partnerships

Between 10/2022 and 09/2023, the PHDP will provide TA, information or funding to 5 fluoridating and non-fluoridating communities that have expressed an interest in obtaining water fluoridation.

Current Status: In Progress

The PHDP provided TA on fluoridation funding and resources to four fluoridating and non-fluoridating public water systems that expressed an interest in obtaining funding for water fluoridation.

The PHDP will conduct a fluoridation survey for adjusted PWS to assess the feasibility of bringing new advancements in water fluoridation technology and gauge needs.

The PHDP will focus on direct support to help non-fluoridating communities initiate water fluoridation or start initiating fluoridation.

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

Alisha Mughal will now discuss the Supporting Healthy Communities Initiative.

Supporting Healthy Communities

Transitioning to Healthy Communities

- State Authority
 - Florida Statute 381.005 Primary and Preventive Health Services
 - Florida Statute 385.103 Community Intervention Programs
- Federal Authority

- Internal Revenue Code: Section 501(r)(3) Community Health Needs Assessment and Plan required to be completed every 3 years
- Public Health Accreditation
 - A documented community health assessment and improvement plan is required to be completed every 5 years for applying for and maintaining accreditations
- Healthy Communities
 - All Inclusive Naming
 - Focuses on social determinants and community structure indicators

Chronic Disease in America

Six in ten adults in the United States have a chronic disease and four in ten adults have two or more.

- Heart Disease
- Cancer
- Chronic Lung Disease
- Stroke
- Alzheimer's Disease
- Diabetes
- Chronic Kidney Disease

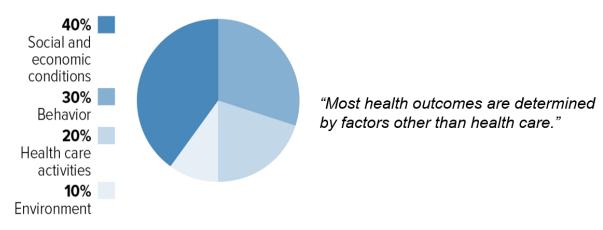
Chronic diseases such as heart disease, cancer, and diabetes are among the leading causes of death and disability in the United States. According to the CDC, more than 877,500 Americans die of heart disease, stroke, or other cardiovascular diseases every year. In the United States, cardiovascular disease, 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

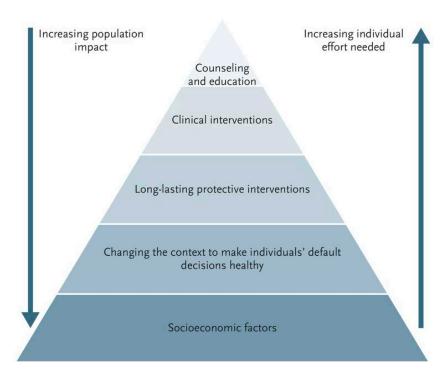
Social Determinants of Health

SOCIAL DETERMINANTS OF HEALTH



Source: County Health Rankings model, University of Wisconsin Population Health Institute, 2014

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?

Healthy Communities of Florida- National Health Objective

New National Health Objective – Healthy People 2030

PHI-05 - Increase the proportion of local jurisdictions that have a health improvement plan.

Program Update

FY 23-24 workplan is under review of Program Council and Executive Leadership.

Development of a standardized workplan

- Policy, system, environmental (PSE) changes around nutrition and physical activity in the following settings:
 - Early childcare education centers
 - Schools
 - Community, including worksite
- PSE can be developed by county and worked on over multiple years
- Better integration and support of local community health improvement plans' areas of focus on chronic disease prevention

Technical assistance through monthly workshops and trainings will be available to county health departments.

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.

Kaitlin Chamberlin presented on Health Council of Southeast Florida.

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?
 - Rhonda will address this question offline later.

There were no further comments. Public comment is closed.

Important Dates

- [TODAY] Advisory Committee Meeting: Planning for FY23
- July 1, 2023 FY 23 Workplan due
- June 27, 2023 Public Meeting
- [October] Advisory Committee Meeting I: New Year Kick-off & Previous Year Closeout
- October 1, 2023 FY23 Activities Begin

Tara 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.