



The Preventive Health and Health Services (PHHS) Block Grant Special Advisory Committee

Meeting Minutes

May 10, 2023

Oklahoma State Department of Health

123 Robert S. Kerr, Room 1658

Oklahoma City, OK 73102

All PHHSBG Advisory Committee meetings/hearings are open to the public. These meeting dates are published on the Oklahoma Secretary of State’s website (<https://www.sos.ok.gov/>) no later than December 15th of the preceding year in which such meetings convene in order to ensure that the public is notified and allowed to attend. In addition, all meeting notices are posted at least 48 hours in advance of the public meeting/hearing at the Oklahoma State Department of Health’s central office on a bulletin board that is conspicuously visible to the public.

Call to Order, Welcome, and Introductions

- Meeting called to order at 2:02 pm by Solina SM, Designated Acting Chair (OSDH)

Roll Call

- Members:
 - In-person: Maggie Jackson (OSDH), Dr. David Gahn (Cherokee Nation), Rafaella Espinoza (OSDH)
 - Absent: Theodor Noel (Guiding Right Inc), Floritta Pope, Dr. Tracy Wendling, Andy Halko (OSDH), Halley Reeves,
- Guests:
 - In-person: Lynette Jones (OSDH), Solina Searcy Martin (OSDH), Steve Miller (OSDH)
- Motion for approval of Minutes from March and April – No vote due to no quorum

PHHSBG Update for Federal Fiscal Year 2022.....Solina Searcy-Martin

2022 Budget Update

- A. Discussion and questions
Steve clarified and explained the state FY and how it compares to the federal year and how it’s resolved
- B. Consideration, possible action and vote on leftover 2022 funds
No vote due to no quorum
- C. Possible action may include, but is not limited to, taking no action, continuing the matter, voting to approve or not approve in its advisory capacity.
No vote due to no quorum

Public Hearing.....Solina Searcy-Martin FY23 State FY

2023 Work Plan Presentation

PAT declined awarded. 35K went to Suicide and SA

Steve mentioned- we have heard that the grant award for next year is 1.4M again, 2024

- **PHHSBG Update for Fiscal Year (FY) 2023 – FY23 Proposal request**

Ms. Searcy Martin provided a presentation of the FY 2023 PHHS Block Grants Proposal Applications. Sixteen (16) program areas were presented, see table 1 below. A brief overview of their AC recommended budgets was reviewed by the Advisory Committee. A special meeting was held in April 2023 and provide recommendation for the FY2023 Awardees.

Table1. PHHS BG PY 2023 Draft Notice of Award:

Program(s)	Proposed Budget
Addressing Chronic Disease Prevalence	\$ 5,690.00
Aging Healthy & Injury Prevention	\$ 158,065.00
Advancing Health Equity- AHDESMH 1& 2	\$ 151,392.00
Birth Partners	\$ 110,111.00
Certified Healthy OK Consultation	\$ 70,370.00
Child Passenger Safety Program	\$ 20,2373.70
Create Healthy Environments in Schools	\$ 157,975.00
Communication	\$ 0.00
ESL- Health Literacy for ESL	\$ 5,000.00
Fluoride Outreach Project	\$ 15,000.00
Healthy Lifestyles Program	\$ 10,567.00
D3 Communication &Health Literacy	\$ 20,000.00
Marijuana and Injury Prevention	\$ 0.00
Go NAPSACC- Statewide	\$ 69,260.00
NE OK CATCH Coordinated School Health	\$ 95,990.00
Parents as Teachers (PAT)- Central Office	\$ 0.00
PAT - D1 and D3	\$ 0.00
Partner Inflicted Brain Injury	\$ 51,435.00
Obesity in Oklahoma Community Analysis	\$ 0.00
Office of Primary Care, Workforce Dev.	\$ 0.00
Sexual Assault Prevention & Surveillance	\$ 109,000.00
Suicide Prevention	\$ 101,427.50
STI At-Home Testing Program Pilot	\$ 0.00
Tribal Public Health Learning Collaborative	\$ 0.00
	\$ 1,320,260.89

Program	Brief Overview
Child Passenger	<p>Goal: Reduce the proportion of deaths of car passengers who weren't buckled in. Program plans to increase child safety seat usage rates in Oklahoma and reduce crash-related injuries and deaths to child occupants, the Injury Prevention Service (IPS) will administer a comprehensive child safety seat installation and education program, including the following components:</p> <p>following components:</p> <p>Free car seat/booster seat checks and education to the general public by appointment,</p> <ul style="list-style-type: none"> • Distribution and installation of free car seats/booster seats and education to eligible low-income families by appointment, Certified technician training classes, • Education and basic training courses for professional partners (e.g., home visiting nurses, child welfare workers, law enforcement, perinatal nurses, childbirth instructors), • Public education on child passenger safety (CPS) best practices and Oklahoma's law, • Sharing best practices and education to inform legislative and organizational decision-making, and (7) coordination of county health department installation sites, including the provision of seats and technical assistance, and maintaining statewide capacity for CPS.

Health Literacy ESL	<p>Goal: Increase the proportion of adults with limited English proficiency who say their providers explain things clearly. • Program will bridge the gap of those who have English as a second language providing them with a fair opportunity to be able to communicate with their health care providers which is teaching them medical and health terminology.</p> <ul style="list-style-type: none"> • By June 30, 2024, two contract employees will provide and promote four sessions of Health Literacy for ESL classes that consist of 15 lessons to those who speak Spanish and Marshallese. Both Spanish and Marshallese classes to be offered by the Fall of 2023 and Spring of 2024. Classes will improve the capability to interact in different health-related environments.
Aging Healthy & Injury Prevention	<p>Goal: Reduce fall-related deaths among older adults. • IPS will work with community partners, including county health departments, senior centers, health care facilities, nonprofits, coalitions, and other local organizations, to identify opportunities to increase understanding and application of prevention strategies to reduce fall and MVC-related injury and death, and improve quality of life for older adults in Oklahoma.</p>
Addressing Chronic Disease Prevalence	<p>Goal: Increase control of high blood pressure in adults</p> <ul style="list-style-type: none"> • District 5 - Greer and Kiowa County are piloting this project with the mobile unit as the patient access point into the project. The protocol received IRB approval. • Both these areas are primarily rural areas and are designated health professional shortage areas. • Provide additional resources to patients affected by these conditions through provision of education, development of goals and referrals to community programs, will assist them in learning skills necessary to better manage their health status.
AHESMH 1& 2	<p>Goal: Reduce the proportion of people who can't get medical care when they need it.</p> <ul style="list-style-type: none"> • Two main objectives: <ul style="list-style-type: none"> • Capacity Building services via training and staff development on minority health and health equity to improve access to healthcare for minority or underserved populations • Mini Grants: Mobilize community members, outreach, promotional materials, community events, media campaign, translation services, etc. • Interpretation and document translation • Provide training for culturally and linguistically appropriate policies and practices
Fluoride	<p>Goal: Reduce the proportion of children and adolescents with lifetime tooth decay. OSDH/Dental Health plans to purchase 7,500 single-use 5% sodium fluoride varnish packets. We will distribute the fluoride varnish to partners who will apply the product to the teeth of children. Fluoride varnish prevents or reduces caries on primary and permanent teeth. The frequency of applications is not firmly established, however two or more applications per year is recommended by the CDC, depending on the risk of dental decay.</p> <p>Specific outcomes:</p> <ul style="list-style-type: none"> • Distributing the fluoride product to partners with access to children, ability to apply the product. • We will track the number of children served and the number of applications. • Partners will relay oral health education to parents/caregivers. • The primary health concern is dental caries in children. Dental decay in children may cause pain and infections that lead to problems with eating, speaking, playing, and learning. Poor oral health can affect school readiness and performance.
NE OK CATCH Coordinated School Health	<p>Goal: Increase the proportion of children who do enough aerobic physical activity.</p> <ul style="list-style-type: none"> • The goal of the Northeastern Oklahoma CATCH Coordinated School Health Initiative, is to increase the amount of rural and low-income middle school and elementary school aged students in District 4 participating in an evidence based physical activity and exercise CATCH program. • If award the grant, we will have the opportunity to expand the program into middle schools within the same school districts, encouraging students to continue following the CATCH philosophy, cementing those healthy habits in place, and encouraging lifelong participation in physical activity. <p>Purpose of funding is to purchase CATCH curriculum, equipment supplies, provide training, and technical assistance to implement whole child wellness programs across District 4.</p>

Go NAPSACC- Statewide	<p>Goal: Reduce the proportion of children and adolescents with obesity.</p> <ul style="list-style-type: none"> • The Oklahoma State Department of Health (OSDH) has adopted the Go Nutrition and Physical Activity Self-Assessment for Child Care (Go NAPSACC) online toolkit in efforts to enhance nutrition and physical activity practices in early care and education (ECE) programs in Oklahoma. The platform will provide assistance to childcare providers to improve the health of young children through education, practices, policies, and environments that support healthy eating, physical activity, and oral health. • OSDH will recruit other stakeholders to become GO NAPSACC consultants to increase the reach of in-depth consultation to early childcare providers to implement evidence-based strategies to increase physical activity and nutrition in their environments
Sexual Assault	<p>Goal: Reduce contact sexual violence.</p> <p>The program is designed to reduce the first-time occurrence of sexual violence perpetration and reduce risk factors and enhance protective factors linked to sexual violence perpetration and victimization. To do this, the Injury Prevention Service (IPS) will:</p> <ul style="list-style-type: none"> • Provide two contracts to support two community-based sexual violence prevention educators, • Conduct surveillance of sexual violence through the Behavioral Risk Factor Surveillance System (BRFSS). <p>The community-based sexual violence prevention educators will implement prevention strategies across the social-ecological model based on the Centers for Disease Control and Prevention’s STOP SV: A Technical Package to Prevent Sexual Violence. The technical package identifies five strategies to help communities prevent sexual violence:</p> <ul style="list-style-type: none"> • Promote social norms that protect against violence • Teach skills to prevent sexual violence • Provide opportunities to empower and support girls and women; • Create protective environments; and • Support victims/survivors to lessen harms.
Create Health Environments in School	<p>Goal: Reduce the proportion of children and adolescents with obesity.</p> <ul style="list-style-type: none"> • By 2028 at least 25 schools (5 per year) will receive technical assistance and consultation to implement healthy policy, systems and environments based on results from the School Health Index and Wellness Policy in Action Tool. • 1) Continue state-level health and education partner co-action to support dissemination of best practices, professional development standards, and inclusion of health and wellness as a priority for state and local programs and grants such as Title IV; • 2) Continue to increase access to evidence-based school health services, which have been found to give students care when they need it, keeping them in school and out of more costly care settings; • 3) Integrate school health practices, programs, and policies into education accountability measures (for example, using health data to inform School Improvement Plans and updating the school accountability measures for health and wellness) while specifically addressing chronic health conditions; • 4) Continue to enhance the collection of health and wellness data in schools through health assessments and measures; • 5) Ongoing evaluation for monitoring progress made towards promoting and reinforcing healthy behaviors among students and staff.
Partner Inflicted Brain	<p>Goal: Reduce intimate partner violence</p> <p>The program is designed to build the capacity of domestic violence service (DVS) agencies and allied service areas to serve clients who have experienced partner-inflicted brain injury (PIBI). By providing:</p> <ul style="list-style-type: none"> • Training, • Program support, • Resources, • Increase awareness, and • Use of appropriate accommodations for clients with this disability. <p>Additionally, staff will conduct focus groups/listening sessions with identified populations experiencing health disparities to determine if materials and/or training should be adapted to better serve the identified population.</p>

Birth Partners	<p>Goal: Reduce cesarean births among low-risk women with no prior births</p> <p>The program aims to decrease maternal stressors and increase social support among expectant people during the pregnancy and postpartum. Educational classes will be available to the public at no cost. Doula services will be provided at no cost to eligible pregnant people who may be at risk for suffering adverse pregnancy and birth outcomes.</p> <p>Results from previous funding include a statistically significant knowledge increase from childbirth education, doula clients who were less likely to experience stress from doctors, nurses, or the “normal stress of childbirth,” a control group of participants who were more likely to get an epidural, and doula clients who were less likely to deliver by cesarean than the group without doula care.</p> <p>Proposed additions during this funding cycle include:</p> <ul style="list-style-type: none"> • To enhanced prenatal support in the form of group classes focusing on breastfeeding and social connections, • Postpartum depression counseling, and another doula. <p>Current doula staffing does not provide a backup for births and leaves little time for ongoing support in the postpartum period. With the addition of another doula on staff, the program could provide a higher level of prenatal and postpartum support and increase outreach efforts.</p>
D3 Communication & Literacy	<p>Goal: Increase the health literacy of the population.</p> <ul style="list-style-type: none"> • Develop a 3-5 year strategic plan with a central theme and focus on resilience, trauma informed practices, and enhancing equitable access for all to our health care services. • Develop and disseminate health and safety information that is accurate, accessible, and suited appropriately to various audience needs across the district. • Support and expand local efforts to provide adult health education including culturally and linguistically appropriate health information services in the community. • Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to health literacy among populations at higher risk and that are underserved • Develop a training program for District 3 staff focused on being a trauma informed, health literate workplace aware of the health disparities and factors impacting health equity in the communities and populations served.
Suicide Prevention	<p>Goal: Reduce the suicide rate.</p> <p>The Injury Prevention Service (IPS) has collected, analyzed, and disseminated suicide data as part of the Oklahoma Violent Death Reporting System for nearly 20 years and has partnered closely with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) Suicide Prevention area during that time. Over the years, there have been numerous discussions regarding the development of a suicide prevention program within the IPS to complement the work of ODMHSAS and to better support the county health departments (CHDs) and other public interfacing programs at OSDH in this area. This proposal will provide dedicated staff time for building a suicide prevention program tailored to OSDH and the CHDs. The IPS will use the project period to:</p> <ul style="list-style-type: none"> • Develop infrastructure in suicide prevention, • Determine modalities that are best suited to the CHDs, • Build capacity among the CHDs and other public interfacing OSDH programs to implement suicide prevention strategies and best serve our clients.
CHO Consultation	<p>Goal: Reduce the proportion of adults with obesity.</p> <ul style="list-style-type: none"> • The primary health concern being targeted is adult obesity. This program focuses on providing targeted technical assistance and in-depth consultation to Certified Healthy Oklahoma Community and Congregation applicants. The CHO application will serve as a baseline to the organization. Based on the identified gaps in the organization’s application, a customized consultation plan will be created in partnership with the organizations to grow to the next Certified Healthy Oklahoma certification level. Through this deeper consultation the organizations we are working with will implement policy, environmental and systems change that will create healthier environments that will lead to adopting behaviors that will prevent and reduce adult obesity.

<p>Healthy Lifestyles Program</p>	<p>Goal: Heart Disease and Stroke – Improve Cardiovascular Health in Adults – HDS-01.</p> <ul style="list-style-type: none"> • Program Strategy Summary: <p>Week 1: Introduction to program</p> <p>Week 2: Participants will learn about healthy nutrition, how to read food labels, and how to identify differences between fresh foods and processed foods.</p> <p>Week 3: Participants will learn about physical activity and exercise, target heart rate, frequency and duration.</p> <p>Week 4: Participants will learn about mental health, services available, and reducing mental health stigma.</p> <p>Week 5: Participants will learn about pre-diabetes and how it relates to nutrition and exercise.</p> <p>Week 6: Participants will learn about basic pain management, rest and recovery and daily living.</p> <p>All interventions provided through the classes are evidence based to improve health outcomes and improve quality of life while lowering prevalence of heart disease and stroke.</p>
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Closing Remarks, Questions and Adjournment

No decisions made today but still caught in same decision pattern as last year. Discussed interim meeting.

- Start date for this funding is July 1
- Dr Gahn- for FY24
- All material will be sent to AC members (absent and present) to provide them with meeting updates.

Upcoming Advisory Committee date December 13, 2023

- Meeting called to end at 2:41pm by Solina SM, Designated Acting Chair (OSDH)
- Second by M. Jackson
- The meeting was declared adjourned at 2:41PM