

**Preventive Health and Health Services Block Grant (PHHSBG)  
Advisory Committee Meeting**

Meeting Minutes  
**April 9, 2024**

Attendance

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Name	Organization	In Attendance
Ann Ashley-Gilbert – AC	Altamonte Women's Center - Medical Doctor	<b>X</b>
Arturo Lopez - AC	Coalition of Florida Farmworker Organizations - Executive Director	<b>X</b>
Britney Moore - AC	Florida Department of Environmental Protection - Regional Coordinator	
Bryan Russell - AC	Disability Rights Florida	
Charla Lucas - AC	Florida Recreation and Park Association - Director of Marketing, Communications and Strategic Vision	
Dykibra Gaskin - AC	Florida Breastfeeding Coalition - President	
Emily Mitchem - AC	Refuge House - Assistant Director	
Kelli Greene - AC	Florida Impact - Program Manager	
Robert Hill - AC	American Heart Association - Community Impact Director	
Robin Poole	Florida Dental Hygienists' Association	<b>X</b>
Tonya Ehrhardt - AC	American Heart Association - RVP of Community Impact, Diversity and Inclusion	
Kaitlin Chamberlin-AC	Health Council of Southeast Florida	
Gina Martinez Peterson- AC	YMCA - State Director of Drowning Prevention and Community Health Initiatives	<b>X</b>
<b>Internal Committee Members</b>		
Carmen Fabre Pedrero	Florida Department of Health – PHHS Block Grant Coordinator, BCDP	<b>X</b>
Hans Havlykke	Florida Department of Health - Violence and Injury Prevention	
Ja’Kala Fudge	Florida Department of Health - Healthy Communities Program Manager, BCDP	<b>X</b>
Julia Fitz	Florida Department of Health - Chief, Bureau of Community Health Assessment	
Julianne Price	Florida Department of Health - PACE-EH Coordinator	<b>X</b>
Rhonda Jackson	Florida Department of Health - Program Manager, Violence and Injury Prevention	<b>X</b>

Sally Hugo	Florida Department of Health - Bureau of Family Health Services School Health Program	X
Jennifer Roberts	Florida Department of Health - Public Health Dental Program	
Shannon Harp	Florida Department of Health - Public Health Dental Program	X
Catherine Bridges	Florida Department of Health - Public Health Dental Program	X
Shay Holloway	Florida Department of Health - Director, Division of Community Health Promotion	X
Summer Vail	Florida Department of Health - Office of Medical Marijuana, Communications Manager	
Tara Hylton	Florida Department of Health - Chief, Bureau of Chronic Disease Prevention	X
Owen Quinonez	Florida Department of Health- Health Equity	<b>X</b>
Sterling Whisenhunt	Florida Department of Health- Community Health Promotion	<b>X</b>
Venice White	Florida Department of Health- Health Equity	<b>X</b>
Vernique Footman	Florida Department of Health Bureau of Community Health Science	<b>X</b>
Mary Prim	Florida Department of Health - Public Health Statistics and Performance Management	<b>X</b>
Nicholas Alford	Florida Department of Health - Public Health Statistics and Performance Management	<b>X</b>
Khyati Master	Florida Department of Health- Bureau of Community Health Science	

## Introduction

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Carmen Fabre Pedrero calls the meeting to order and introduces herself as the PHHS Block Grant Coordinator and will be the facilitator for the advisory meeting and gave a warm welcome. Carmen indicated that April advisory meeting is in collaboration with the Bureau of Chronic Disease Prevention and Family Health Services.

Carmen 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
- Discussion Question
- Comments & Questions
- Adjourn

Carmen handed the floor over to Tara to Welcome everyone to April's advisory meeting. Tara greeted everyone that was online for the meeting, she also let everyone know that she is Dr. Ladapo's delegate. Tara explains that today's meeting would be an highlight of the block grant, partnerships and how the allocated dollars are being spent.

Carmen 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.

### **Purpose of the Block Grant**

- Address emerging health issues and gaps
- Decrease premature death and disability by focusing on the leading preventable risk factors
- Work to achieve health for all and eliminate health disparities by addressing the social determinants of health
- Support local programs to achieve Healthy Communities
- Establish data and surveillance systems to monitor the health status of populations

### **Block Grant Allocation**

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

- Each county health department (CHD) allocated ~\$35,000 annually to support
  - Community Health Assessments and Community Health Improvement Plans
  - Healthy Community Initiatives
- Behavioral Risk Factor Surveillance System (BRFSS) chronic disease modules

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

- Establish Violence and Injury Prevention regional liaisons
- Enhance coordination and alignment between the State Health Improvement Plan (SHIP) and Community Health Improvement Plan (CHIP)
- Support strategies/activities addressing
  - ACEs
  - Sexual Violence
  - Trafficking

**The Public Health Dental Program will leverage funding 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

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

Violence and Injury Prevention Section

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### **Objectives:**

- By September 30, 2024, increase the number of county health departments implementing activities related to prevention of ACEs.
- By September 30, 2025, decrease the statewide number of Florida high school students who indicate they have experienced four or more ACES from 21.4 percent (2022) to 21 percent (2025).
- Increase the number of evidence-based or informed violence prevention strategies implemented.
- By September 30, 2025, increase the number of sexual violence survivors accessing services from 9,339 (FY 2021-2022) to 11,000.

## **Community Healthy Improvement Plans (CHIPs)- ACEs**

For the first objective, VIP wanted to better understand how ACEs are being addressed on a community level. VIP hired a state term contractor to review all the CHIPs in a snapshot timeframe from December 1, 2023- January 30, 2024. VIP recognized that some of the CHIPs are going through the process to come to the new iteration for the new 5-year period, the information that was available was what was used to compose the snapshot as of January 2024. VIP was excited to see the results from the contractor since VIP was very specific and VIP wanted to know who was addressing ACEs comprehensively. VIP was very specific with our contractors, and VIP wanted to know who was addressing ACE comprehensively because VIP recognize that all health improvement plan has some pieces or parts of recognizing some elements that correlate back to those ACE, but VIP wanted to know who is implementing the framework itself. The map shows the baseline, there are two colors but what it boils down to is 19% of the community health improvement plans had varies specific ACEs goals, strategies or objectives and that 13% out of 19% actually were main objectives were goals were prevention of ACEs. The lighter color that you see on the map means that ACEs was in the community health improvement plan not necessarily a goal or strategy. It means that there were partners who are working on a related strategy, so they included that as a resource for a specific goal or objective, but not necessarily as an active implementing activity under the community health improvement plan or community health improvement plan included how important thinking about everything in a framework of ACE in the narrative section. The dark blue is those who included ACEs goals, strategies, and objectives in their community health improvement plan. The information is used to follow along with activities as much as possible to track the progress and to recruit these particular CHD to hopefully to work with VIP on the state health improvement plan goal 4, to get the prospective of the community.

Activities: State Health Improvement Plan Injury Safety and Violence Priority Area

Goal 4: Mitigate ACEs

- Development of ACE related educational materials specific to populations (caregivers, teachers, medical professionals).
- Development of a recommended training continuum posted and available on participating agency/organization websites.
- Conduct training with CHDs to provide resources and encourage placement on websites.

The SHIP serves as the central hub for state level strategies to impact the objective to decrease the number of ACEs Florida's youth experience. One of the goals under the Injury, Safety and Violence Priority Area is to mitigate ACEs. Much of the activity conducted by this workgroup is focused on elevating the awareness of how ACEs are impacted by other areas of the SHIP and supporting activities of county health departments and partners. The ACEs workgroup reviewed available resources from state and national initiatives to develop elements of best practices in both implementation and measures of effectiveness. They will provide a compilation of resources to partners and the health department.

Activities: State Health Improvement Plan Injury Safety and Violence Priority Area

Goal 4: Mitigate ACEs – SPACECAT

- Goal 4 Team represented Florida in the Association of State and Territorial Health Officials (ASTHO) Suicide, Overdose, and Adverse Childhood Experiences Capacity Assessment Tool (SPACECAT) learning community.
- Activities - Data and Surveillance, Partnerships and Leadership, Risk and Protective Factors, Health Disparities, Shared Planning and Strategic Planning, Workforce Capacity, and Managed Resources.

Goal 4 Team participated as the Florida representative in the Association of State and Territorial Health Officials (ASTHO) Suicide, Overdose, and Adverse Childhood Experiences Capacity Assessment Tool (SPACECAT) learning community to explore the intersection among suicide, overdose, and ACEs. Prevention of these health issues involves cross-sector collaboration targeting factors at the individual, relationship, community, and societal levels. Partners in the learning initiative included Department of Children and Families substance abuse and mental health staff and suicide prevention staff, as well as partners from the DOH CORE and OD2A teams, and VIP's own Mental Health Liaison and Suicide Prevention Coordinator. This group created a 5-year plan to increase activities in each of the areas seen on the slide.

Activities:

- Establish regional liaisons between VIPS and CHDs through consortiums.
- Conduct trainings for CHDs and provide resources to implement prevention strategies.
- Explore/identify ways to connect suicide, mental health, substance use and ACEs within specific populations.
- Given the intersection among sexual violence, domestic violence, and trafficking, explore ways to address prevention through shared community level risk and protective factors.

Experiences from our Rape Prevention Education grant taught us the importance of connecting local public health with violence prevention interventionists in order to build community capacity to address violence prevention. Multi disciplined collaboratives work best because each partner adds a different skillset, and it takes a comprehensive approach for suicide, mental health, trafficking, or ACEs. Lessons learned also demonstrated the benefits of working across different types of violence by identifying those factors that impact more than one – such as access to economic or leadership opportunities for women and girls – to strengthen a community and increase protective factors.

By participating in CHIP meetings, providers elevate sexual violence and trafficking as local public health concerns.

Identification of CHIP activities that support protective factors (e.g., safe environments, healthy green spaces) and reduce risk factors (e.g., community violence, social norms, weak policies), and other types of violence with the same shared factors can be addressed at meetings.

***Shannon Harp will now give updates for the Public Health Dental Program.***

Public Health Dental Program

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FY2023-2024 Objective 1: Community Information

- Between 10/2023 and 09/2024, the Public Health Dental Program (PHDP) will provide technical assistance (TA) and funding to partners in the promotion of water fluoridation and oral health to 30 of Florida's fluoridated and non-fluoridated community water systems in Florida.

Current Status: In Progress

- To date, the PHDP has assisted 15 oral health partners and local municipalities with the promotion and training of community water fluoridation.
- To date, resources are allocated to one community to maintain their fluoridated system and will provide funding to another municipality in July 2024.

The PHDP is on track to meet this objective by providing fluoridation resources, technical assistance, and training. We have provided technical assistance to 15 partners and community water systems.

The PHDP staff continues to work with partners like the American Fluoridation Society, Hodges University, oral health partners, and community leaders to promote community water fluoridation, oral health, and county health department officials.

The PHDP is currently contracted with the City of Palm Bay for \$139,981 and leveraging \$10,000 in FGTF to upgrade its current fluoridation equipment to maintain its current fluoridation status. The city will complete it by September 2024.

The city of Live Oak, FL, took a vote in December 2023 to cease CWF; however, the council members voted to hold a workshop on January 23, 2024. The PHDP staff attended and provided technical assistance to the city of Live Oak, FL, and oral health partners and presented the city with their 2022 CDC Water Fluoridation Quality Awards for both Live Oak and Suwannee County Correctional CWS.

The PHDP continues working with the City of Hollywood to execute a contract to upgrade its current fluoridation system. The expected date of contract execution is July 2024, and the contract term is 18 months.

PHDP staff attended the 2023 Florida Section of the American Water Works Association conference, Orlando, FL, to discuss future collaboration efforts and to understand new Engineering laws and rules for all initiations and upgrade CWS. The PHDP staff also attended the 2023 Florida Rural Water Association conference, Tampa, FL, where they provided updates on legislation, future requirements for all public water systems, and provision of quality water to the residents.

The objective from Healthy People 2030 that is being focused on is Health Policy (OH)-11 – Increase the proportion of people whose water systems have the recommended amount of fluoride.

#### FY 2023-2024 Objective 2: Community Water System (CWS) Management

- Between 10/2023 and 09/2024, 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 Centers for Disease Control and Prevention (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.

Technical assistance includes, but is not limited to, assisting operators in uploading their monthly operating report (MOR) to meet the deadline submission of the tenth of the month, following up with the operators when reports are missing, and providing educational resources for CWS below the optimal level of 0.70mg/L. Additionally, the local water systems' cooperation is an essential part of this process.

To date the PHDP staff has provided technical assistance to help ensure all CWS are compliant with the statute. The PHDP contacted 38 CWS with a missing MOR, added 20 new Florida's

Linked Surveillance System (FLOSS) users, provided login assistance to 20 FLOSS users, and assisted 36 CWS to unlock or assist in uploading a CWS's MOR. These activities helped 118 CWS to stay compliant with Florida Administrative Code.

PHDP staff conducted an administrative and programmatic on-site monitoring for the city of Palm Bay.

#### Fluoridation Access in Florida

- In 2020, 78.16% of Floridians served by CWS adjusting fluoride, 15.9 million residents that lived in fluoridated communities.
- In 2021, 78.21% of Floridians served by CWS adjusting fluoride, 16 million residents that lived in fluoridated communities.
- In 2022, 78.14% of Floridians served by CWS adjusting fluoride, equating to 16.3 million residents that lived in fluoridated communities.

The preliminary results show that in 2020, the percentage of the population (20,405,311) served by CWSs increased by .03%. There was a .05% increase in population (20,531,658) served by CWS for 2021. For 2022, while the population (20,927,364) increased by 395,706, there was a slight decrease of .07% to a total of 78.14% of the population served by CWSs adjusting fluoride in 2022. The reduction in percentage between 2021 and 2022 could be attributed to an increased population in non-fluoridated communities or CWSs that discontinued adjusting fluoride.

#### **FY 2023-2024 Objective 3: Partnerships**

- Between 10/2023 and 09/2024, the PHDP will provide TA, information or funding to five fluoridating and non-fluoridating communities that have expressed an interest in obtaining water fluoridation.

#### **Current Status: *In Progress***

- To date, the PHDP has 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 is working to conduct a fluoridation survey for adjusted public water system to assess the feasibility of bringing new advancements in water fluoridation technology and gauge needs.
- The PHDP is focusing on direct support to help non-fluoridating communities initiate water fluoridation.

The PHDP is reviewing an application packet from the city of Hollywood, to execute a contract July 1, 2024.

The PHDP staff continues to assist and monitor communities throughout the state that assess the feasibility of retaining fluoridation, such as the cities of Live Oak in Suwannee County, Ocala in Marion County, and Collier County.

The PHDP is working to foster the relationship between KC Industries and the governing agency, the Florida Department of Environmental Protection (DEP), to test and bring new advancements in water fluoridation technology to rural CWS which will provide a cost-effective fluoridation system for small CWS.

The PHDP is currently leveraging funding in the amount of \$18,000 to Hodges University for the provision of fluoridation training to water operators in fluoridated and non-fluoridated water systems using the approved training curriculum and pre- and post-test.

The PHDP is currently leveraging funding in the amount of \$24,000 to a future vendor to provide promotional and technical assistance as necessary to community stakeholders, local health departments, and CWS.

***Carmen Fabre Pedrero will now give updates for the Healthy Communities of Florida Program.***

Healthy Communities of Florida

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**New National Health Objective – Healthy People 2030**

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

**Program Goals**

- By September 30, 2024, increase the number of county health departments that have identified chronic disease strategies and evidence-based interventions within their Community Health Improvement Plan (CHIP) from 62 to 67.
- Program Setting
  - Childcare center
  - Community based organization
  - Faith-based organization
  - Local health department
  - Medical or clinical site
  - Parks or playgrounds
  - School or school district
  - Senior residence or center
  - State health department
  - University or college
  - Work site

**FY23 Work Plan Priorities:**

- Community Health Improvement Plan (CHIP)
- Awareness of Chronic Disease Prevention Programs
- Policy, System, Environmental Changes
- Worksite Wellness

**Program Updates:**

- In FY 22-23, 62 CHDs had incorporated chronic disease prevention strategies in their CHIP
  - Baseline: 59 CHDs; Final target: 67 CHDs.
  - CHIPs are not on a synchronized publishing schedule.
  - Amending CHIP can be a lengthy process.
  - Early Care and Education (ECE) Centers
  - Counties promoted the Florida Healthy Environments for Reducing Obesity (Florida HEROs) Recognition Program in their communities.
  - Successfully awarded 36 centers as Florida HEROs.
  - Local CHDs are actively engaged in the Go Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC) program. Staff in each county are



- leveraging partnerships with local ECE centers to implement the Nutrition and Physical Activity modules.
- Policy, System, and Environmental Changes (PSE) in School Setting
  - CHDs work with local School Health Advisory Committees (SHAC) on implementing physical activity and nutrition PSEs in school settings.
  - Leverage partnerships and building relationships with local organizations to help reach the school-aged population out in the community.
- PSE in Community Setting
  - Protocol for Assessing Community Excellence in Environmental Health (PACE-EH): Local CHDs have created teams and workgroups to develop action plans to address food insecurity in their counties.

#### Program Success- Escambia County

- The Diabetes Prevention Program (DPP) team implemented 35 prediabetes screening events in FY 22-23.
- Target audience: anyone living with prediabetes or at a high risk for prediabetes.
- Increased awareness about lifestyle changes programs offered in Escambia.
  - The National Diabetes Prevention Program-Escambia's Program title (RESET: Small Steps, Big Change Lifestyle Change Program)
  - The Chronic Disease Self-Management Program

#### Program Success- Collier County

- As a result of screening events, four new DPP cohorts were started (23 participants; 5-7 participants per class).
- Local pediatricians expressed concern about the number of overweight and obese children they were seeing in their medical practices.
- The primary objective was to decrease the body mass index (BMI) percentile of at least 10% of pediatric patients referred into the Youth Referral Network, led by the Togetherhood Initiative.
- Developed materials to promote the Togetherhood Initiative at six events.
- Opened Togetherhood Clinic in Immokalee, FL.
- Prepared the Childhood Obesity Pathway to Wellness Report.
- Educated 38 providers on the referral process.
- Result: 246 pediatric patients were referred from the targeted zip codes; there was a 414% increase in referrals per quarter from 2021 to April-June 2022.

#### Program Success – Indian River County

- The goal of the county-wide PACE-EH project is to improve access to healthy food in Indian River County, FL.
- Target audience: adults and children in Indian River County, FL with limited access to healthy food. bet
- A PACE-EH survey was deployed county-wide with 527 responses received.
  - Results analyzed and shared with partners at the Food Security Summit.
  - Group of Summit attendees is scheduled to reconvene to identify opportunity actions to work on in the coming year and identify organizations to lead/co-lead the actions.
- Department of Health-Indian River (DOH-IR) staff have increased the number and variety of nutrition education and nutrition garden education programs being conducted throughout the county.
- Florida State University (FSU) third-year medical students are now interning at DOH-IR's Wabasso, FL location to provide passive and active nutrition education activities to food

pantry clients as well as to inventory county-wide resources for low-cost and free nutritious food.

#### Technical Assistance

- Monthly Workshops
  - Focus on national observances, with a focus on those that are chronic disease related.
  - Guest speakers and program managers share ideas for collaboration.
  - CHDs share progress and success in their local communities.
  - Regular check-in with CHDs
  - Progress reports are due bi-annually on April 15 and October 15.
  - One-on-one TA offered as needed.

***That concludes the presentation portion of the meeting.***

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

#### Questions/Comments:

##### **Discussion**

**Q1:** Are partners involved in local CHIP/SHIP? If so what priority area?

**A1:** Tara Hylton posed the question to Rhonda and shared with advisory committee that with the SHIP meetings for Chronic Disease Condition meeting is every other Thursday from 1PM-2PM. Tara asked Rhonda about their section meeting for Violence and Injury Prevention. Rhonda did inform that everyone that the meeting is quarterly and typically on Friday, last meeting was this past Friday, April 5, 2024, and they have monthly goal meeting.

**A2:** Juliann, let the committee that in IR, they are linking to SHIP and work on an AECs campaign, the Challenge locally is finding the staff and the time spent to gather people in move forward in a sustainably way. They turned to their local United Way to get the goal accomplished. They found a partner that can bring people together and had that skill and it is in their wheelhouse to do. Being about to link local CHIP to the SHIP, feels as if it give more creditability and influence.

**A3:** Dr. Quinonez, addressed Juliann, that two things were mentioned. One, that was the staffing, that is a general issue that affect central and local Health Departments. Second, was bringing people together, maybe some were in the meeting for the Agency Strategic Plan, it would be valuable to connect and align the SHIP in Agency Plan because they spoke about collaboration, engagement, and partnership, they asked what the benefit would be would it provide the partner for working with us.

**Q2:** Are partners using ACEs related tools in their professions (screening, indicators, training/education, etc.)? If so how/what?

**A1:** Juliann said that she used it in everything that she does. It is a lens for her to be able to look at project or individual interaction, it is something that she uses every day all day. At the same time engaging partner and figuring out the best use of staff time and who to train to make the biggest impact. As Dr. Quinonez mentioned that there is limited staff and time to bring partners together, so how can we be most efficient in our training and education to make the biggest impact.

**A2:** Gina from YMCA informed the committee that they have different initiative around ACEs and toxic stress and trauma informed care. There was a pilot that was formed last year in the

fall, that group raved about the experience, not only for their after school student but also they saw unintended consequences so to speak for the staff that were caring for the students and learning some of the same thing using them at home and other spaces. They recently applied for a grant from Blue Cross Blue Shield for a program pop culture hero, specific for teens looking at ACEs and toxic stress.

**Q3:** Are there any suggestions from the committee about how to promote the benefits of oral health and community water fluoridation further in communities that do not have fluoridated water?

A1: Julianna, could we let each county know who is not fluoridated as far as their water system. As far as their water system, they had a community that they were working with, and they are not sure if they get their water fluoridated. That flow of information would be helpful for the other CHD to know which counties are getting their water fluoridated. Champaign would be helpful as well. Shannon responded letting Juliann know that she can provide a list of CHDs that are Fluoridated. Dr. Bridge let the committee know that they are working on a champaign with executive office on Oral Health and how it relates to overall health, drinking plain water will be included.

**Q4:** What actions are your organizations/CHDs currently taking to improve oral health at the local or state level?

A1: Tara, within the steering committee within the SHIP, there was someone that mentioned that there should be oral health goals and objective under the Chronic Diseases and Conditions Priority Area Workgroup area, grateful that that has been added and there has been talk about bring and synergize cross all chronic disease and oral health. The Bureau of Chronic Disease Prevention has worked with Public Health Dental, Tobacco Free Florida, Office of Minority Health and Office of Rural Health to try to integrate the different workplan and find opportunity for collaboration and trying to do that with local level CHD and external partners. The I-10 Corridor project, there was a highlight from Bay County in Oral health, by assisting their sister county. Questions I have a quick one recently we were completing the RFA for closing the gap and I always and I'm being fan of series and I think we had one city who applied to economic factors and Florida will disclose information when we finish the process because I think some cities are Responsible for their services and they have for social services, including potentially health and well-being. People that I will. I will as soon as we finish the process could be to look at it. I look forward to. I said it's always good to speak with you on a monthly basis and sometimes needed to share these things streamline the process we want to make sure that there's a biggest reach for our external partner, so it makes sense.

**Q5:** When considering prioritization of violence prevention strategies, what do you believe is the most important – training and education, policy change/enforcement, or addressing social and economic conditions of the community?

A1: Carmen, technically we do need all three are we basically starting at change policy and enforce it then try to do training and education to be able to address the social economic conditions that's how she is thinking but then we also have to assess the community and their landscapes to see if that order would benefit them. It is a complicated question, what might be the level of offense in your community, what the stake is really because it's interesting, but we put in policy change enforcement would be the priority area.

A2: Juliann, think it is definitely the number one would most likely be the policy in enforcement to be able to get some of the strategies on the map just to get them in people's ears and try to get some traction on that.

Gina, I personally would say the social economic conditions because so much of what is happening in community is especially communities that are you know that have poverty and

have other things you just find so much more stressors than that type of a living that type of life, if any of you have ever done the simulation or if you haven't, I would highly encourage. We don't have to wait on rides or pay for rides I think there's so much involved in, our societal structures right now that we have to start with, I'm helping people get out of poverty because obviously childcare preschool early childhood learning all of that starts all the cycles and then stress parents. You have a lot of the abuse cycles in there too so it's a tough question, but I think community need to be given more resources and allowed to be safe and productive and all those things first.

A3: Julian, an earlier comment on assessment. I think each county might have a different rating of this but certainly what I've learned in the past year is that the funding come down the state are very focused on they go to law-enforcement or public safety council that are made up of primarily law-enforcement and judicial bodies and they are very silo and they have a very limited scope of what they think helpful and diversion courts strategies and when we've kind of dipped in the water, they are not mixing well so the policy change and getting the right mix of people to weigh in on the policy change and then what enforcement looks like I think is definitely an errant that we need to work on, but I think there's an added layer of each community might have different needs and so does that connect to the policy changes there some type of enforcement component in the policy and the enforcement that allows that flexibility.

**Q6:** Are there suggestions of partners, events, or media that the Department of Health could explore to promote oral health and community water fluoridation?

Carmen let the committee know that when thinking about media itself at the Bureau of Chronic Disease Prevention screen vision has been used for the diabetes program. We did explore the option of partnering with screen vision since they had access to movie, theaters commercials, and even pop up messages on the App Store for both Apple and android that was something that we are we have explored and currently are exploring again to be able to promote the diabetes prevention program here throughout the state of Florida so that would be definite suggestion as far as like partnership when you're thinking about media that may be , a health explore any other suggestions from anyone else it's not suggestion just a question if I can ask Carmen just giving this company a little bit just wondering about also the department of health you suck their social platform I was just wondering if the other partners are utilizing, it haven't really utilized it as much in healthy community of Florida for you know nutrition or physical activity or other awareness months just wondering from our other partners and violence century prevention section or public health dental program if you all have utilize I guess the OHS Twitter feed or Some other part of the social media page just was wondering yet to the educational campaign. We have not either but we sometimes see some of our related topics sort of coming up in the comms I mean, I don't know cause I'm not really on the other ones, but I can see in Instagram where there are things that are associated with our section that are being highlighted so that's always exciting and I repost, I realize sometimes I've seen some things in the DOH so that's why I know and I'm very appreciative of Director Holloway previously Melissa Jordan, and reminding us of them updating our webpages because I do think that office communications has you reviewed some of our webpages to add certain things as they releasing information out on social media.

**Q7:** In addition to asthma, cancer, diabetes, heart disease, and stroke, what are other chronic conditions or diseases that need to be addressed in Florida? Why?

Tara, the state office is addressing epilepsy so I just didn't want to add that to the list I'd like to add or health we have between dental decay as the most common reason for children to be out of school and you know with chronic decay they cannot think or concentrate or take a test if they're in pain but they're missing time out of school, you know to go even if they could find a dentist they're still missing time out of school and then we also as people get older they get paid

on dates which affects all of these other organs such as diabetes and heart disease factor directly in there and even stroke if there's a 10 times increased risk of stroke From dental decay and then heart season diabetes all factor in there so these conditions you know again and there's not enough providers in Florida to see certainly the low income and the Medicaid patients and so we really need to address some of these chronic conditions because you know they're affecting everything else which is driving up cause it's also very common reason people go to the emergency room so they've got a toothache and all they're going to get us an antibiotic and maybe some pain medication speech into the opioid crisis so it's very much linked with a lot of different or assistance. Thank you Thank you for that about some of that some of those conditions in the side effects of some of those conditions based on presentation that was given at the corridor, so it's really good to provide that information just so that people are aware of that so that would be a very good chronic condition to keep in mind. Tara informed the group that in the chat there has been mention of lupus and sickle cell. Tara stated the she will probably do more on her side to include it as part of the chronic disease when speaking with our liaisons she does think that has been addressed to some degree but it's more addressed with a lot of support from the office of minority health, but we can do better.

#### **Important Dates**

- **Fiscal Year Workplan Due 7/1/2024**
- **Advisory Committee Meeting - 10/8/2024**
- **Annual Performance Progress Reporting 02/01/24**

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

The meeting was adjourned at 11:32 A.M. EST.

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