



**HHSC: State
Preventative Health
Advisory Committee,
July 7, 2020**



Welcome, Roll Call. A quorum was not present. No votes could be taken.

Finalize Proposed Fiscal Year 2020 Preventive Health and Health Services Block Grant Work Plan (see below for a copy of the plan due August 3rd, 2020).

During the previous meeting of the Committee, the following highlights and key points were provided:

- Insufficient time to thoroughly review the work plan due to COVID-19 and staffing changes.
- About 89.5% of the overall award is allocated to contracts. Moving forward, any changes we make that would impact contracts themselves could involve a multi-year implementation plan.
- This work plan will cover the funding that runs from October 1, 2019—September 30, 2021.
- Total funding allocation for the FY20 Block Grant is roughly \$6.4 million.
- An update will be provided on the plan following this meeting, which includes two public meetings.

Questions/Answers/Comments. None were offered by the panel.

Public comment. No public comment was offered.

Review of action items and agenda items for future meeting.

- An orientation meeting will be held for advisory committee members
- A fall meeting for the 2021 grant will be held (October 6th or 13th)

Adjourn. There being no further business, the meeting was adjourned.

Work Plan Draft.

This work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2020. It is submitted by the Texas Department of State Health Services as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions:

The total award for the FY 2020 Preventive Health and Health Services Block Grant is \$6,404,449.

Proposed Allocation and Funding Priorities for FY 2020:

Sexual Assault-Rape Crisis (HO IPV 40): \$562,234 of this total is a mandatory allocation to the Office of the Attorney General. The Office of the Attorney General awards PHHS Block Grant funds to sexual assault programs (SAP)s to conduct direct services to victims of sexual violence and sexual violence prevention activities and to the state sexual assault coalition to



provide training and technical assistance to funded SAPs. Each sub-contractor is reviewed for contract compliance by the Grants Administrative Division staff. Sub-contractors are required to submit quarterly performance reports which are reviewed for programmatic compliance. Invoices are reviewed to ensure compliance with the required use of PHHS Block Grant funds.

Additionally, sub-contractors are subject to monitoring for compliance with state and federal rules and regulations as well as contract guidelines based on the results of a risk assessment. Sexual Assault Prevention & Crisis Services (SAPCS) staff review programmatic performance and provide technical assistance, as needed.

Public Health System Assessment (HO PHI-14): \$3,299,036 of this total will be utilized to support 56 Local Health Departments by strengthening local public health infrastructure through education and outreach; disease surveillance; mobilization of community groups to address local public health concerns; and development of policies to safeguard and protect local community health and safety.

Receipt of Evidence-Based Clinical Preventive Services (AHS-7), Community-Based Primary Prevention Services (ECBP-10), Inability to Obtain or Delay in Obtaining Necessary Medical Care, Dental Care or Prescription Medicines (AHS-6), and Tobacco Screening in Health Care Settings (TU-9) : \$1,231,549 of this total will be utilized to ensure the continuation and expansion of the priority activities developed through the DSHS Community Transformation Grant (CTG) that are evidence-based strategies to reduce the impact of chronic diseases on the State of Texas and on individuals, families, and communities.

Community-Based Primary Prevention Services (ECBP-10): \$1,000,000 will fund the Texas Healthy Communities (TXHC) Program which was established in 2003 by the DSHS Cardiovascular Disease Program and the Texas Council on Cardio-vascular Disease and Stroke with the help of public and private partners. The TXHC Program assists cities to assess their existing environments, implement changes in local environmental and policy infrastructure and adopt priority public health practices to reduce risk factors for cardiovascular disease (CVD), stroke, and other chronic diseases.

Administrative costs associated with the Preventive Health and Health Services Block Grant total \$311,630 which is 4.87% of the grant. Activities include: provision of legal services, personnel and accounting services, information technology services, utilities, printing, phone, and building and equipment maintenance supporting the operation of the PHHS Block Grant within the Texas Department of State Health Services.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020.

Budget Detail for TX 2020 V0 R0

Total Award (1+6) \$6,404,449

A. Current Year Annual Basic

1. Annual Basic Amount	\$5,842,215
2. Annual Basic Admin Cost	(\$311,630)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$5,530,585

B. Current Year Sex Offense Dollars (HO 15-35)

6. Mandated Sex Offense Set Aside	\$562,234
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$562,234

(9.) Total Current Year Available Amount (5+8) \$6,092,819

C. Prior Year Dollars

10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0

13. Total Available for Allocation (5+8+12) \$6,092,819

Summary of Funds Available for Allocation

A. PHHSBG \$'s Current Year:

Annual Basic	\$5,530,585
Sex Offense Set Aside	\$562,234
Available Current Year PHHSBG Dollars	\$6,092,819

B. PHHSBG \$'s Prior Year:

Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0

C. Total Funds Available for Allocation \$6,092,819

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Community and Clinical Preventive Services	AHS-6 Inability to Obtain or Delay in Obtaining Necessary Medical Care, Dental Care or Prescription Medicines	\$218,522	\$0	\$218,522
	AHS-7 Receipt of Evidence-Based Clinical Preventive Services	\$146,900	\$0	\$146,900
	ECBP-10 Community-Based Primary Prevention Services	\$521,616	\$0	\$521,616
	TU-9 Tobacco Screening in Health Care Settings	\$344,511	\$0	\$344,511
Sub-Total		\$1,231,549	\$0	\$1,231,549
Local Health Departments	PHI-14 Public Health System Assessment	\$3,299,036	\$0	\$3,299,036
Sub-Total		\$3,299,036	\$0	\$3,299,036
Rape Response & Prevention	IVP-40 Sexual Violence (Rape Prevention)	\$562,234	\$0	\$562,234
Sub-Total		\$562,234	\$0	\$562,234
Texas Healthy Communities Program	ECBP-10 Community-Based Primary Prevention Services	\$1,000,000	\$0	\$1,000,000
Sub-Total		\$1,000,000	\$0	\$1,000,000
Grand Total		\$6,092,819	\$0	\$6,092,819

State Program Title: Community and Clinical Preventive Services

State Program Strategy:

Goal: To implement and expand evidence-based strategies in community and healthcare settings in order to reduce the impact of chronic diseases, specifically those related to obesity and tobacco, on the State of Texas and on individuals, families, and communities.



Health Priorities: The Community and Clinical Preventive Services health priorities are: 1) enhance health information technology for healthcare system quality improvement; 2) develop community-clinical referral mechanisms for improved systems of care; 3) facilitate evidence-based education and training for providers, patients and the community to ensure consistent messaging of reliable health information; 4) reduce barriers to accessing healthcare for chronic disease prevention, early detection, and management; 5) coordinate comprehensive data collection, analysis and management in order to evaluate implementation of activities and determine overall impact on health outcomes at the population level; 6) engage community and clinical partners to strengthen partnerships and increase sustainability; and 7) encourage healthy lifestyles for individuals, families, and communities through health promotion, outreach and marketing.

Primary Strategic Partnerships: The Community and Clinical Preventive Services project is part of the Obesity Prevention Program, housed in the Community Health and Wellness Branch within the Health Promotion and Chronic Disease Prevention Section. Internally, this project works closely with the Office of Regional and Local Health Services and other programs in the Health Promotion and Chronic Disease Prevention Section, including Chronic Disease, Diabetes Prevention and Control, Tobacco Prevention and Control, and Chronic Disease Epidemiology. Externally, the primary strategic partners are the University of Texas at Austin's Tobacco Research and Evaluation Team and five local public health departments: Angelina County and Cities Health District, Hidalgo County Health and Human Services Department, Lamar-Paris County Health District, City of Laredo Health Department and Wichita Falls-Wichita County Public Health District.

Evaluation Methodology: The Grant Coordinator III and Program Specialist V work closely with subcontractors to develop and implement evaluation plans and coordinate all data reporting. Evaluation methods include both qualitative and quantitative approaches for analyzing process and outcomes measures. There is no transfer of PHI data between subcontractors and DSHS.

State Program Setting:

Community based organization, Community health center, Local health department, Medical or clinical site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO AHS-6 Inability to Obtain or Delay in Obtaining Necessary Medical Care, Dental Care or Prescription Medicines

State Health Objective(s):

Between 04/2017 and 06/2021, Engage 30 local health departments, clinical partners, and community-based organizations to develop and strengthen community-clinical linkages for improved health outcomes, specifically for vulnerable populations.

Baseline:

12 local health departments, clinical partners and community-based organizations among the targeted counties.

Data Source:

County Assessment Report submitted to DSHS by each contracted local health department.

State Health Problem:

Health Burden:

Texas leads the nation in the rate of uninsured (U.S. Census Bureau, 2016), has marked health disparities affecting vulnerable populations, and suffers a significant burden of chronic diseases such as hypertension, cardiovascular disease and stroke, diabetes, and cancer, most of which can be attributed to modifiable risk behaviors (2016 Behavioral Risk Factor Surveillance System (BRFSS)). Health care delivery systems need to be optimized to provide appropriate evidence-based preventive and chronic disease management services. Strengthening linkages to community resources for evidence-based health promotion, chronic disease management, and other community preventive strategies is also needed.

Target Population:

Number: 1,124,159

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 314,457

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White



Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: U.S. Census 2015 Population Estimates for selected counties

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service) Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$218,522 Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Enhance Community-Clinical Linkages

Between 07/2020 and 06/2021, five (5) local health departments will identify **a total of 20** new clinical and community partners to build and/or strengthen linkages to facilitate improved obesity and chronic disease management and access to care for vulnerable populations.

Annual Activities:

1. Assess referral processes

Between 07/2020 and 06/2021, five (5) local health departments will engage additional clinical and community partners to assess existing referral processes and identify opportunities for implementation of bi-directional referral system for more efficient tracking and treatment of patients.

Objective 2:



Implement Team-Based Care Model

Between 07/2020 and 06/2021, five (5) local health departments will identify **a total of 15** new clinical and community partners to plan for implementation of team-based care models related to obesity and chronic disease management.

Annual Activities:

1. Identify traditional and non-traditional members for healthcare

Between 07/2020 and 06/2021, five (5) local health departments will engage clinical and community partners to identify additional traditional and non-traditional members within their existing healthcare model.

2. Implement community/contract-specific work plan for community-clinical linkages

Between 07/2020 and 06/2021, five (5) local health departments will engage clinical and community partners to implement the community/contract-specific work plan approved by DSHS to develop and/or strengthen community-clinical linkages.

3. Implement community/contract-specific evaluation plan for community-clinical linkages

Between 07/2020 and 06/2021, five (5) local health departments will engage clinical and community partners to implement the community/contract-specific evaluation plan approved by DSHS to determine effectiveness of building and/or strengthening community-clinical linkages.

National Health Objective: HO AHS-7 Receipt of Evidence-Based Clinical Preventive Services

State Health Objective(s):

Between 04/2017 and 06/2021, Engage two **(2)** clinical partners, through local health departments, to enhance health information technology in order to optimize the provision of evidence-based clinical preventive services to vulnerable populations.

Baseline:

One targeted community is working with two (2) clinical partners in their area, their electronic health record vendor (if applicable), and current screening/counseling/referral processes (see annual reports for year-to-year progress above baseline).

Data Source:

Assessment reports and work plans submitted to DSHS by local health department contractors.

State Health Problem:

Health Burden:

Texas leads the nation in the rate of uninsured (U.S. Census Bureau, 2016), has marked health disparities affecting vulnerable populations, and suffers a significant burden of chronic diseases such as hypertension, cardiovascular disease and stroke, diabetes, and cancer, most of which can be attributed to modifiable risk behaviors (2016 BRFSS). Health care delivery systems need to be optimized to provide appropriate evidence-based preventive and chronic disease management services, as well as develop and/or strengthen linkages to community resources for evidence-based health promotion, chronic disease management, and other community preventive strategies.

Target Population:

Number: 974,009

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 286,849

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: U.S. Census 2015 Population Estimates for selected counties

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service) Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:



Total Current Year Funds Allocated to Health Objective: \$146,900 Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: No other existing federal or state funds
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Enhance Health Information Technology

Between 07/2020 and 06/2021, one (1) additional local health department will identify **1** clinical partner(s) in their service area to enhance health information technology and implement as standard practice as part of the clinic's quality improvement efforts.

Annual Activities:

1. Implement community/contract-specific work plan for health information technology

Between 07/2020 and 06/2021, one **(1)** local health department will engage clinical and community partners to implement the community/contract-specific work plan approved by DSHS to enhance clinical use of health information technology.

2. Implement community/contract-specific evaluation plan for health information technology

Between 07/2020 and 06/2021, one **(1)** local health department will engage clinical and community partners to implement the community/contract-specific evaluation plan approved by DSHS to determine successes of clinical application of health information technology.

National Health Objective: HO ECBP-10 Community-Based Primary Prevention Services State Health Objective(s):

Between 04/2017 and 06/2021, Engage ten (10) clinical and community partners, through local health departments, to educate providers and the public on standardized, appropriate, and guidelines-based obesity and chronic disease messaging.

Baseline:



Eight (8) clinical and community partners in the targeted counties have been engaged to educate providers and the public about evidence-based trainings and/or programs provided by the partners (see annual reports for year-to-year progress above baseline).

Data Source:

Evaluation report to submitted to DSHS by each local health department contractor.

State Health Problem:

Health Burden:

Texas leads the nation in the rate of uninsured (U.S. Census Bureau, 2016), has high poverty rates, and a significant burden of chronic diseases such as hypertension, cardiovascular disease and stroke, diabetes, and cancer, most of which can be attributed to modifiable risk behaviors (2016 BRFSS). Health care delivery systems need to be optimized to provide appropriate evidence-based preventive and chronic disease management services. The development and/or strengthening of linkages to community resources for health promotion and chronic disease management is also an essential component to ensure better health outcomes.

Target Population:

Number: 1,124,159

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 314,457

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties



Target and Disparate Data Sources: U.S. Census 2015 Population Estimates for selected counties

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service) Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$521,616 Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0 Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Evidence-Based Education and Training

Between 07/2020 and 06/2021, five (5) local health departments will identify **10** clinical and community partners to educate providers on best practices for obesity and chronic disease management.

Annual Activities:

1. Best practices training for providers

Between 07/2020 and 06/2021, five **(5)** local health departments will implement community/contract-specific work plan activities approved by DSHS to engage clinical and community partners to increase the training providers receive on best practices for obesity and chronic disease management and referral.

2. Guidelines-based patient education

Between 07/2020 and 06/2021, five **(5)** local health departments will engage clinical and community partners to provide guidelines-based education to their patients identified with obesity and related chronic diseases.

3. Increase evidence-based community education

Between 07/2020 and 06/2021, five **(5)** local health departments will engage clinical and community partners to increase evidence-based education opportunities in the community for improved obesity and chronic disease management.

4. Implement community/contract-specific work plan for evidence-based education and training

Between 07/2020 and 06/2021, five **(5)** local health departments will engage clinical and community partners to implement the community/contract-specific work plans approved by DSHS for providing evidence-based education and training providers, patients and the public.

5. Implement community/contract-specific evaluation plan for evidence-based education and training

Between 07/2020 and 06/2021, five **(5)** local health departments will engage clinical and community partners to implement the community/contract-specific evaluation plan approved by DSHS to determine reach and effectiveness of evidence-based education and training.

Objective 2:

Health Promotion and Partnerships

Between 07/2020 and 06/2021, five (5) local health departments will identify **10** clinical and community partners in their service area to increase public awareness of obesity and related chronic diseases and develop sustainable strategies for management, treatment and referral.

Annual Activities:

1. Engage clinical and community partners

Between 07/2020 and 06/2021, five **(5)** local health departments will engage clinical and community partners that provide services related to obesity and chronic disease management to establish referral relationships or collaborative efforts as appropriate.

2. Implement community/contract-specific work plan for health promotion and partnerships

Between 07/2020 and 06/2021, five **(5)** local health departments will engage clinical and community partners to implement the community/contract-specific work plan approved by DSHS to strengthen partnerships and improve public awareness of obesity and related chronic diseases.

3. Encourage standardized health messaging

Between 07/2020 and 06/2021, five **(5)** local health departments will engage clinical and community partners to develop and utilize consistent standardized messaging with patients and the public related to lifestyle risk factors, obesity prevention and chronic disease prevention.

4. Implement community/contract-specific evaluation plan for health promotion and partnerships

Between 07/2020 and 06/2021, five **(5)** local health departments will engage clinical and community partners to implement the community/contract-specific evaluation plan approved by DSHS to determine effectiveness of partnerships and impact of public awareness activities.

National Health Objective: HO TU-9 Tobacco Screening in Health Care Settings

State Health Objective(s):

Between 07/2014 and 06/2021, Expand by 100 the number of healthcare systems and/or clinic sites in Texas (hospital and clinic-based, as well as dental and mental health/substance abuse providers) implementing evidence-based tobacco cessation strategies, especially through use of an e-tobacco protocol incorporated into electronic medical records. This systems strategy will improve the delivery of effective tobacco screening, counseling, and referral to Quitline services, thereby improving rates of tobacco cessation and reducing the burden of tobacco-related diseases in Texas.

Baseline:

Current estimate of systems with fully implemented e-tobacco protocol in Texas are <20 (see annual reports for year-to-year progress above baseline).

Data Source:

Texas Quitline maintains detailed records of clinical systems incorporating the e-tobacco protocol, and provides detailed reports of Quitline participants to the Texas Tobacco Prevention and Control Program. Participants can be tracked by referral source, so impact of this intervention in clinical systems can be quantified with electronic referral integration.

State Health Problem:

Health Burden:

Overall, 23.9% of Texan adults smoke cigarettes or use smokeless tobacco, 22.9% of high school students use tobacco products, and 50% of Texan adults report second-hand smoke exposure (BRFSS, 2011).

Each year, more than 24,000 Texans die from tobacco related causes making it the leading preventable cause of death. (JAMA. 2004;291(10):1238-1245. doi: 10.1001/jama.291.10.1238) This burden disproportionately impacts Texan's of low-socioeconomic status (i.e. annual income \$25,000 or less, education level of high school diploma or less) whose rates of tobacco use are consistently above the state average (2010 BRFSS) and who often are without health care coverage (2010 BRFSS, 34.4% of Texas smokers have no insurance) and thus have limited access to care to treat tobacco related health issues. In addition, those who have substance abuse and mental health issues have



prevalence rates three or more times higher than the general population (*DSHS CMBHS Reporting System*).

Target Population:

Number: 27,862,596

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 4,430,153

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes Location: Entire state

Target and Disparate Data Sources: U.S. Census 2015 Population Estimates for the state

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$344,511 Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0 Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 50-74% - Significant source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:



Integration of eTobacco Protocol and Other Referral Tool Options

Between 07/2020 and 06/2021, UT-Austin Tobacco and Research Evaluation Team will identify **26** additional healthcare systems, Electronic Health Record (EHR) vendors, and/or Health Information Exchange (HIE) vendors to integrate the eTobacco Protocol.

Annual Activities:

1. Engage Ten Additional Large Healthcare Systems

Between 07/2020 and 06/2021, identify and engage a minimum of 10 additional large healthcare systems to implement practice changes for tobacco screening, counseling, and referral; targeting areas to reflect highest tobacco burden when possible in order to address disparities.

2. e-Tobacco Protocol in Electronic Health Record Systems

Between 07/2020 and 06/2021, identify and negotiate with two (2) additional Electronic Health Record (EHR) vendors to establish the eTobacco Protocol as a standard process for their subscribers.

Objective 2:

Training on eTobacco Protocol and Other Referral Tool Options

Between 07/2020 and 06/2021, UT-Austin Tobacco and Research Evaluation Team will provide training to **350** health care providers, CHWs, and other lay health professionals on the use of the eTobacco Protocol, Quitline referral mobile apps, other referral tool options, and/or motivational interviewing.

Annual Activities:

1. Community Health Worker Organization Use of Quitline Mobile App

Between 07/2020 and 06/2021, work with a minimum of four Community Health Worker and health education staff organizations in four separate Public Health Regions to promote, train and encourage the use of the Quitline Referral App to increase referrals.

2. Train CHWs on Use of Quitline Referral Mobile App

Between 07/2020 and 06/2021, train a minimum of 150 Community Health Workers and other lay professionals in Texas on the use of the Quitline Referral Mobile App.

3. Clinic Appropriate Training for Motivational Interviewing

Between 07/2020 and 06/2021, provide in-person clinic appropriate (single-session, or multiple-session depending on number of work locations, scheduling, etc.) training for motivational interviewing as well as the referral tool options to a minimum of 200 additional health care providers.

4. Technical Assistance to DSHS Regional Tobacco Staff



Between 07/2020 and 06/2021, provide technical assistance to regional DSHS staff and others as requested and participate in two (2) regional tobacco specialists team meetings/TPCC meetings.

State Program Title: Local Health Departments

State Program Strategy:

Goal: The goal of the Division for Regional and Local Health Operations (RLHO) of the Texas Department of State Health Services (DSHS) is to provide a coordinated system of public health through local health departments and public health regions by ensuring the provision of the ten essential public health services. As a public health priority for all Texans, the Texas Health and Safety Code, Chapter 121, Local Public Health Reorganization Act identified the DSHS as one of several partners responsible for provision of essential public health services. The essential services are public health activities that ensure a healthy community at the local level. A priority for the state of Texas is to provide local health department (LHD) funding in order to assure the provision of essential public health services to its citizens. To do so, DSHS and its public health regions must strengthen statewide public health systems' ability to implement essential public health functions at the local level through increasing partnerships with current local health departments and establishing new local public health systems through collaborative processes. The RLHO Division's overall strategy is to work with local health departments in establishing work plans based on community assessed public health essential service needs. Work plans will identify and focus on current priority community health needs, using established state or national standards of performance, and identified activities to support the work plan based on best practices.

Health Priorities: Each PHHSBG funded local health department will be addressing essential public health services in their communities. Local health department objectives will be developed to increase the community's ability to meet the gaps in service in order to build local capacity for public health.

Primary Strategic Partnerships: The RLHO Division has established several external and internal partnerships throughout the state and nationally. Internal DSHS partners include the Divisions for Community Health Improvement, Consumer Protection, and Laboratory and Infectious Disease Services. Additional internal partners include the Center for Health Policy and Performance, as well as the Center for Health Statistics. Strategic partners critical to accomplishing the Divisions goals are current local health departments and local health entities, locally appointed Health Authorities, statewide associations that represent local public health, the Texas Health Institute, the Texas State System of Academic Schools of Public Health, affiliated non-profit public health agencies, and local stakeholders as defined by communities throughout the state.



Evaluation Methodology: Surveillance data will be used from local health department reports as they relate to meeting identified deliverables within specific work plan objectives. RLHO Division staff will evaluate completion of work plan objectives accomplished to meet essential public health service needs, DSHS programmatic goals, statewide identified public health priorities, and national public health performance standards such as Healthy People 2020.

State Program Setting:

Local health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Shelia Rhodes

Position Title: Nurse III

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Vacant

Position Title: Program Specialist III

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Chesca Thurman

Position Title: Program Specialist III

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Pam Celaya-Flores

Position Title: Program Specialist III

State-Level: 100% Local: 0% Other: 0% Total: 100%

Position Name: Anna Maria Weaver

Position Title: Program Specialist III

State-Level: 100% Local: 0% Other: 0% Total: 100%

Total Number of Positions Funded: 5

Total FTEs Funded: 5.00

National Health Objective: HO PHI-14 Public Health System Assessment

State Health Objective(s):

Between 07/2020 and 06/2021, the Texas Department of State Health Services will maintain the number of local public health agencies (56) working on locally defined goals for providing essential public health services.

Baseline:

56 Local Health Departments

**Data Source:**

Interlocal agreements maintained by DSHS Contract Management Section, for local health departments under contract with DSHS to receive PHHS Block Grant funding.

State Health Problem:**Health Burden:**

According to the U.S. Bureau of Census, 2016 population estimates data, Texas is still a minority majority state. This data shows that Texas has a non-Hispanic White population of 42.6 percent, a Hispanic or Latino population of 39.1 percent, a Black or African American population of 12.6 percent, and other populations of 6.5 percent. Access to healthcare is especially a problem among minorities, and according to the 2016 Texas Behavioral Risk Surveillance System Survey, 17.9 percent of Texans reported they could not see a doctor because of cost as compared to 12.0 percent, nationwide. Along the same lines for adults ages 18-64, 25.6 percent of Texans reported no health insurance coverage. This is significantly greater than the nation's 12.3 percent coverage for the same age group. Of Hispanic Texans, 34.7 percent reported having no health insurance, compared to 11.8 percent of Blacks and 7.5 percent of Whites. There are 254 counties within the State of Texas classified as either urban, urban/rural, rural or frontier. Although a majority of Texans live in urban areas, over one half of the counties in the state are rural. According to the U.S. Department of Labor, Bureau of Labor Statistics, 172 of the 254 counties are non-metropolitan.

Approximately 7.5 million people or 30 percent of the population live in these non-metropolitan areas and therefore, face the following barriers: lack of access to affordable health care, lack of transportation, little or no economic development, and limited fiscal resources.

PHHSBG dollars are utilized to partially fund 56 LHDs, made up of city health departments, county health departments and public health districts serving a population base of 28,304,596.

Target Population:

Number: 28,304,596

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 28,304,596

Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)



Guide to Community Preventive Services (Task Force on Community Preventive Services)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention) Model
Practices Database (National Association of County and City Health Officials) National
Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems. Assuring the provision of essential public health service for all Texans is outlined in the Texas Health and Safety Code, Chapter 121, Local Public Health Reorganization Act. The passage of this Act identified the Texas Department of State Health Service (DSHS) as one of several partners responsible for ensuring this takes place. LHDs select one or more essential service in conjunction with an approved national, state, or industry standard to evaluate the essential public health services for Fiscal Year 2018. Expectations are that public health systems through effective essential public health services begin to build consistency in service ultimately leading to a better quality of life.

Public Health Accreditation Board (PHAB) Standards and Measures Version 1.5 serves as the official standards, measures, required documentation and guidance blueprint for PHAB national public health department accreditation, and are considered authoritative for the application period beginning on July 1, 2014 to the present.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$3,299,036 Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0 Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Assure Competent Workforce

Between 07/2020 and 06/2021, Local Health Departments that select this essential service will review **2** times per year workforce staff requiring licensure as part of their public health role within their respective programs to assure compliance.

Annual Activities:

1. Workforce Development

Between 07/2020 and 06/2021, where needed, Local Health Departments will provide their public health workforce access to staff development training and education, either live or online, on identified public health workforce needs.

Objective 2:

Develop Policies and Plans

Between 07/2020 and 06/2021, Local Health Departments that select this essential service will review **1** time per fiscal year their agency strategic plans and update any associated public health policies as needed.

Annual Activities:

1. Strategic Planning and Policy Development

Between 07/2020 and 06/2021, based on annual reviews, local health departments will work with jurisdictional leaders, public health stakeholders, and community leaders in strategic planning and policy development around identified community public health priorities.

Objective 3:

Diagnose and Investigate

Between 07/2020 and 06/2021, Local Health Departments will review **1** time per year their local disease outbreak strategic plans to ensure local programs comply with CDC and DSHS epidemiologic standards.

Annual Activities:

1. Disease Surveillance and Investigations

Between 07/2020 and 06/2021, Local Health Departments will semi-annually review local systems used in tracking of disease outbreaks in their jurisdictions, to include reporting and updating of appropriate data sources in accordance to local, state and federal guidelines.

2. Disease Surveillance Strategic Planning

Between 07/2020 and 06/2021, Local Health Departments will annually review disease surveillance strategic plans to assure compliance with DSHS and CDC standards, incorporating any needed improvements based on evaluation outcomes.

Objective 4:

Enforce Laws and Regulations

Between 07/2020 and 06/2021, Local Health Departments will conduct **1** annual review of the LHD strategic plans associated with environmental health and sanitation code enforcement activities in their jurisdiction to ensure plans are in accordance with state and federal health codes.

Annual Activities:

1. Code and Regulatory Enforcement

Between 07/2020 and 06/2021, Local Health Departments will develop semi-annual reports of all code enforcement monitoring and tracking activities to identify ongoing public health trends, and the regulatory activity used to enforce local public health codes.

Objective 5:

Evaluate Health Programs

Between 07/2020 and 06/2021, Local Health Departments will conduct **4** evaluations of PHHSBG work plans (1 per quarter) to assure program goals and objectives are on track for completion.

Annual Activities:

1. Program Evaluation and Assessment

Between 07/2020 and 06/2021, Local Health Departments will utilize the quarterly reporting process on PHHSBG funded program areas to evaluate and assess any needed changes to current goals or objectives, and implement changes where appropriate.

Objective 6:

Inform and Educate

Between 07/2020 and 06/2021, Local Health Departments that select this essential service will conduct **1** time per year a review of their public health education planning associated with programs across their agency to evaluate methods used for the dissemination and accuracy of information to identified stakeholders.

Annual Activities:

1. Public Health Education Initiatives

Between 07/2020 and 06/2021, programs within the LHDs will annually review health education literature used for outreach and education campaigns to ensure their information reflects current data and resource information.

2. Public Health Education Initiative

Between 07/2020 and 06/2021, Local Health Departments will gather local public health data and vital statistics associated with their jurisdiction to be shared with local lawmakers/governing boards, commissioners courts, city councils/boards or county public health advisory committees to educate them on health issues and or initiatives associated with the population they serve.

Objective 7:

Link People to Services

Between 07/2020 and 06/2021, Local Health Departments that select to address this essential service will conduct **1** time per year a review of program referral systems linking clients to providers or services to measure overall referral rates.

Annual Activities:

1. Resource Connectivity

Between 07/2020 and 06/2021, Local Health Departments will review annually that client service referral directories are in place, whether these are through existing phone directories, or online client service databases to be used for linking stakeholders to local, state, or national public health services.

2. Resource Coordination and Collaboration

Between 07/2020 and 06/2021, Local Health Departments will annually evaluate their internal policies for client referrals and case management activities in population-based service programs to identify inefficiencies or needed program changes.

Objective 8:

Local Health Department Accreditation

Between 07/2020 and 06/2021, Local Health Departments that select this essential service will develop **1** strategic plan for their agency in accordance to Public Health Accreditation Board guidelines related to preplanning for local public health accreditation.

Annual Activities:

1. Accreditation Pre-Planning and Development

Between 07/2020 and 06/2021, Local Health Departments will establish a process for conducting system wide assessment on accreditation readiness through appointment of an accreditation coordinator who will oversee the process.

2. Activity 2 - Accreditation Pre-Planning and Development

Between 07/2020 and 06/2021, Local Health Departments will create plans for implementing pre-requisite steps as outlined by the PHAB to evaluate their agency's readiness to move forward toward accreditation.

Objective 9:

Mobilize Partnerships

Between 07/2020 and 06/2021, Local Health Departments that select this essential service will review **1** time per year their community for potential stakeholders who contribute to or benefit from public health in order to increase the value of local public health.

Annual Activities:

1. Community Resource Management

Between 07/2020 and 06/2021, Local Health Departments will conduct one strategic planning meeting with locally identified public health stakeholders and partners to review commonalities and resources in order to build collaborative approaches to preventing prevalent public health issues.

Objective 10:

Monitor Health Status

Between 07/2020 and 06/2021, Local Health Departments that select this essential service will evaluate **1** time per year the data used for their community health profile to ensure accuracy and that the data is readily available and in a usable manner for stakeholder planning.

Annual Activities:

1. Disease Outbreak Tracking

Between 07/2020 and 06/2021, Local Health Departments will establish semi-annual reports that track and record required jurisdictional program data submissions to state and federal guidelines that help create their local health status profiles.

2. Community Health Status

Between 07/2020 and 06/2021, Local Health Departments will act as a resource for local stakeholders and partners in conducting community health assessments based on documented public health need and use for local planning and health profiles.

Objective 11:

Research

Between 07/2020 and 06/2021, Local Health Departments that select this essential service will analyze **1** time per year research and best practices published by state, local, or federal partners for information that can be incorporated when appropriate into existing PHHSBG funded programs.

Annual Activities:

1. Public Health Research

Between 07/2020 and 06/2021, Local health departments will annually review public health programs for opportunities to collaborate with Texas public health academic institutions of higher education in order to promote research towards established best practices.

State Program Title: Rape Response & Prevention State Program Strategy:

Goal: The Texas Department of State Health Services (DSHS) contracts with the Texas Office of the



Attorney General (OAG) to administer the Preventive Health and Health Services (PHHS) Block Grant Sex Offense Set Aside funds. The OAG will use this funding to support direct services to victims of sexual violence and sexual violence prevention activities. Funds will be awarded for approximately 11 sexual assault programs and one state sexual assault coalition for these purposes.

Health Priorities PHHS Block Grant funded sexual assault programs will provide direct services to victims including Assistance with Crime Victims' Compensation; Assistance with the State Automatic Victim Notification System (SAVNS); Information and Referral; and Prevention. Prevention activities include education and other activities (e.g., community mobilization and social norms change) related to the prevention of sexual violence. These efforts may include awareness activities (education to increase knowledge of the dynamics of sexual violence, its causes and consequences, and of services available through the sexual assault program), risk reduction education (efforts that focus on reducing the risk of an individual in becoming a victim of sexual violence), and primary prevention activities (preventing sexual violence by working to increase protective factors and decrease risk factors of first-time perpetration of sexual violence).

Additional services that may be provided by sexual assault programs include Crisis Intervention; Advocacy; Accompaniment to hospitals, law enforcement offices, prosecutors' offices, and courts; or Counseling.

The PHHS Block Grant will fund one state sexual assault coalition to provide technical assistance and training to PHHS Block Grant funded sexual assault programs on direct services to victims and the implementation of sexual violence prevention strategies and to mobilize men in prevention efforts.

Primary Strategic Partnerships: Internal partnerships include the OAG Crime Victim Services Division (CVSD) and Grants Administration Division (GAD) staff. CVSD staff provide the programmatic guidance for this grant. The GAD staff work closely with CVSD staff to develop the application kit used by sub-grantees to apply for funds, develop policy and procedures for awarding funds to sub-grantees, and serve as grant managers and grant monitors to sub-grantees ensuring compliance with the use of grant funds.

External partnerships will consist of local community organizations that partner with funded sexual assault programs to identify and refer victims of sexual assault for services and organizations that host education activities provided by funded sexual assault programs.

Evaluation Methodology: All funded organizations will collect and report on the following outcomes: For Direct Services to Victims:

- Increase in knowledge of crime victims' rights
- Increase in knowledge of community resources and services For Prevention:

- Increase in knowledge of the factors that allow sexual violence to occur.

Funded organizations will develop a system for collecting these outcome measures directly from clients and education participants. Funded organizations will report results of these outcomes to the OAG on their quarterly performance reports.

State Program Setting:

Rape crisis center

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention) State Health Objective(s):

Between 01/2010 and 12/2021, reduce rapes or attempted rapes and provide direct services to victims.

Baseline:

18,112 incidents of sexual assault in Texas in 2017

Data Source:

The source of data are sexual assault incidents reported in the Texas Department of Public Safety Annual Crime Report. Using the baseline and source of the data to the Texas Department of Public Safety will allow the OAG to compare incident reports over time, specifically for the counties served through PHHS Block Grant funding.

Additionally, to evaluate the effectiveness of direct services to victims and prevention efforts, Texas uses outcome measures identified in the Evaluation Methodology section.

State Health Problem:

Health Burden:

In 2003, the OAG and Texas Association Against Sexual Assault, Inc. (TAASA) funded a study entitled: A Health Survey of Texans: A Focus on Sexual Assault. The University of Texas (UT) at Austin in collaboration with the Public Policy Research Institute at Texas A&M University conducted the study, which measured the prevalence of sexual assault in Texas. Participants in 155 of the 254 Texas counties responded to a set of detailed questions about unwanted sexual experiences that may have occurred during three-time periods: 1) before the age of 14; 2) between the ages of 14 and 17; and 3) at the age of 18 and over. The study revealed 13% of adult Texans have been sexually assaulted at some point in their lifetime. It also revealed only 18% of the victims reported their assault to law enforcement. According to the

study, the proportion of reported sexual assault is much higher for females than males (one out of five females and one out of 20 males).

In 2015, DSHS funded UT to do a follow-up survey on the prevalence of sexual assault in Texas. Findings from that survey showed 33.2% of adult Texans have experienced some form of sexual assault in their lifetime, and sexual assault continues to be a severely underreported crime[1]. In fact, the report indicated only 9.2% of victims reported their experience to the police[2].

While the 2003 study created a foundation for our knowledge of statewide prevalence of sexual assault, the second study was informed by advanced methodology along with changes in Texas sexual violence laws and allowed for an expanded knowledge of sexual violence in Texas.

Additionally, according to the Crime Victim Services Annual Report, 2018, during the time period of September 1, 2018 – August 31, 2019, sexual assault programs reported providing services to 48,823 sexual assault survivors.

An analysis of the data shows the following:

- Sex
 - o 84% were female,
 - o 14% were male,
 - o 2% were not reported; and
- Age
 - o 69% were adults,
 - o 27% were children,
 - o 4% were not reported

Cost Burden:

A 2011 study conducted by the Institute on Domestic Violence and Sexual Assault, at the University of Texas, Austin, entitled Sexual Assault Needs Assessment in Texas (SANA), estimates the state of Texas spends approximately \$42.8 million on services for victims of adult sexual assault every year. The study indicates this estimate is conservative as it does not include “the cost for district attorneys’ time spent investigating and prosecuting cases after police and sheriffs’ investigations are completed, costs associated with patrol officers’ initial response to an outcry, and unreimbursed hospital and Sexual Assault Nurse Examiners program costs, all of which simply cannot be estimated (SANA, Page 7)”.

Additionally, according to the Author Manuscript, Lifetime Economic Burden of Rape Among US Adults[3], the estimated lifetime cost of rape was \$122,461 per victim. The conclusion stated that “preventing sexual violence could avoid substantial costs for victims, perpetrators, healthcare payers, employers, and government payers”.

Finally, In FY 2019, the OAG awarded \$8,258,873 to sexual assault programs throughout Texas to provide sexual assault related services and to the state sexual assault coalition to provide technical assistance and support to sexual assault programs. This amount is a portion of the total cost burden of sexual violence.

Additionally, the OAG awarded \$2,554,500 in federal funding to sexual assault programs and the state sexual assault coalition for prevention efforts.

[1] Noel Busch-Armendariz, et al., The University of Texas at Austin, Institute on Domestic Violence & Sexual Assault, School of Social Work, Health and Well-Being: Texas Statewide Sexual Assault Prevalence Study, Final Report, August 2015, Page 9.

[2] Ibid

[3] Cora Peterson, et al., Lifetime Economic Burden of Rape Among U.S. Adults, accessed March 6, 2019 at [https://www.ajpmonline.org/article/S0749-3797\(16\)30615-8/pdf](https://www.ajpmonline.org/article/S0749-3797(16)30615-8/pdf).

Target Population:

Number: 29,948,091

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 29,948,091

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No Location: Entire state

Target and Disparate Data Sources: Target and Disparate Data Sources: Texas Department of State Health Services Population Projections Year 2019 – project could reach all ages.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other:



What Works in Prevention, Principles of Effective Prevention Programs, Nation et al., 2003
Stop SV: A Technical Package to Prevent Sexual Violence, CDC, 2016

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$562,234 Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0 Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Inform and Educate

Between 07/2020 and 06/2021, PHHS Block Grant funded sexual assault programs will increase the number of individuals served through direct services to victims from baseline of 0 to **1,000**.

Annual Activities:

1. Direct Services to Victims

Between 07/2020 and 06/2021, PHHS Block Grant funded sexual assault programs will provide direct services to victims reaching approximately 1,000 victims. Services will include Assistance with Crime Victims; Compensation; Assistance with SAVNS (if in an applicable county); Information and Referral. Additional services may include Crisis Intervention, Advocacy, Accompaniment to hospitals, law enforcement offices, prosecutors' offices, and courts; or Counseling.

Objective 2:

Inform and Educate

Between 07/2020 and 06/2021, PHHS Block Grant funded sexual assault programs will increase the number of youth and adults participating in prevention efforts from 0 to **5,000**.

Annual Activities:

1. Prevention Activities

Between 07/2020 and 06/2021, PHHS Block Grant funded sexual assault programs will conduct prevention activities which includes education and other activities (e.g. community mobilization and social norms change) related to the prevention of sexual violence.

Objective 3:

Inform and Educate

Between 07/2020 and 06/2021, the Texas Association Against Sexual Assault will provide technical assistance and training to **11** PHHS Block Grant funded sexual assault programs.

Annual Activities:

1. Build Capacity

Between 07/2020 and 06/2021, Training and technical assistance will be provided to all PHHS Block Grant funded sexual assault programs. Topics of technical assistance will include but not be limited to implementing programming, community level work, choosing community, choosing target population, choosing program participants, using the public health model, using the prevention principles, risk and protective factors for sexual violence, engaging men, engaging youth, preventing sexual violence on campus and program improvement. Training will be provided via workshops, conferences, and webinars. Technical assistance will be provided on-site or via email or phone.

Objective 4:

Inform and Educate

Between 07/2020 and 06/2021, the Texas Association Against Sexual Assault will increase the number of men as allies related to the prevention of sexual violence from 0 to **10**.

Annual Activities:

1. Mobilizing Men as Allies

Between 07/2020 and 06/2021, The Texas Association Against Sexual Assault will work to provide an opportunity to encourage men to be allies in preventing sexual violence by demonstrating their role in preventing violence. Such approaches, identified in the CDC's STOP SV Technical Package work by fostering healthy, positive norms about masculinity, gender, and violence among individuals with potential for these social norms to spread through their social networks.

State Program Title: Texas Healthy Communities Program State Program Strategy:

Goal: The goal of the Texas Healthy Communities (TXHC) Program is to assist cities and counties to assess their existing environments, implement changes in local environmental and policy infrastructure, and adopt priority public health practices to reduce risk factors for cardiovascular disease (CVD), stroke, and other chronic diseases.

Health Priorities: The health priorities of the TXHC Program include physical activity promotion and access, promotion of and access to healthy food, healthy school environments, healthy worksites, environmental health, health care quality and access, healthy aging, mental health, and emergency preparedness.



Primary Strategic Partnerships: Primary strategic partnerships include programs internal to the Texas Department of State Health Services (DSHS), such as the Obesity Prevention Program and the Tobacco Prevention and Control Program, as well as the Health and Human Services Commission Aging Services Coordination Office, the Texas Cardiovascular Disease and Stroke Partnership, local health departments, and community-based organizations as appropriate.

Evaluation Methodology: Program evaluation will utilize a mixed-methods approach, including surveys and the web-based Performance Management and Tracking System (PMATS). Communities will access PMATS to complete the Texas Healthy Communities Assessment. Evaluation will be conducted in collaboration with local health departments and led by the Chronic Disease Epidemiology Branch within the Health Promotion and Chronic Disease Prevention Section at DSHS.

State Program Setting:

Community based organization, Local health department, Medical or clinical site, Parks or playgrounds, Schools or school district, Senior residence or center, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO ECBP-10 Community-Based Primary Prevention Services

State Health Objective(s):

Between 07/2020 and 06/2021, Increase the capacity of local health departments to implement and sustain community systems and environmental changes to address one or more of the eight priority TXHC indicators. The eight indicators include:

- 1) Physical Activity: Physical activity areas and opportunities are designated, safe and accessible and promoted throughout the community.
- 2) Healthy Food Access: Healthy food options are accessible and promoted to all members of the community.
- 3) Healthy Worksites: The largest worksites in a community have well-rounded wellness programs in place.
- 4) Environmental Health: Efforts are made to improve indoor and outdoor air quality.
- 5) Healthcare Quality and Access: Healthcare sites in the community utilize quality improvement programs to support prevention of chronic disease, improve maternity care, and improve access to affordable services for older adults.

- 6) Healthy Aging: The community supports healthy aging and provides resources and services for older adults.
- 7) Mental Health: Reduce the incidence and increase awareness of mental health and substance use issues.
- 8) Emergency Preparedness: Provide access to training and information on emergency preparedness as it relates to chronic disease management.

Baseline:

Ten local health departments implementing community systems and environmental changes to address one or more of the eight priority Texas Healthy Communities (TXHC) indicators.

Data Source:

Texas Healthy Communities Assessment through web-based Performance Management and Tracking System (PMATS)

State Health Problem:

Health Burden:

Heart disease, stroke and diabetes are the first, third and seventh leading causes of death in Texas. These three largely preventable and often co-morbid conditions accounted for 31 percent of all deaths in 2016.¹ Texas has the 18th highest CVD mortality rate in the United States² – of the 191,966 deaths in 2016, more than 54,000 were attributable to heart disease and stroke.¹ Nearly \$21 billion was charged for hospitalizations related to these conditions in 2015.²

More than 2.3 million adults in Texas – 11 percent of the adult population – have been diagnosed with diabetes, and another 8 percent report prediabetes.³ Another estimated 663,000 have diabetes but are unaware of their condition.⁴ The number of people living with diabetes in Texas is projected to reach eight million within the next decade if diabetes and prediabetes are left unaddressed, as 187,000 adults are diagnosed with diabetes each year.^{4,5} In 2017, \$18.9 billion was spent in Texas on direct medical expenses for diagnosed diabetes, and another \$6.7 billion on indirect costs, such as lost productivity.⁴ Texas is among the 10 states collectively responsible for more than 60 percent of the nation's diabetes-related costs.⁵

These chronic diseases are largely preventable through the reduction of modifiable risk factors, which are highly prevalent among Texas adults: 33 percent are obese, 25 percent are physically inactive,³ and 85 percent report consuming fewer than five fruit and vegetable servings per day.⁶ Young Texans are impacted by chronic disease risk as well. Data suggest that 18.5 percent of Texas children and youth across grades 3-12 are at risk of becoming obese.⁷ Among 12th grade students, 23 percent reported engaging in no physical activity.⁷

References

1. National Center for Health Statistics. (2017). LCWK5. Deaths, percent of total deaths, and death rates for the 15 leading causes of death: United States and each state, 2016. Atlanta, Georgia: Centers for Disease Control and Prevention. Retrieved on April 30, 2018, from www.cdc.gov/nchs/mortality/lcwk5_hr.htm
2. American Heart Association. (2018). Texas state fact sheet. Retrieved on April 11, 2018, from www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_492929.pdf
3. Center for Health Statistics. Texas Behavioral Risk Factor Surveillance System Survey Data. Austin, Texas: Texas Department of State Health Services, 2016.
4. American Diabetes Association. (2018). The burden of diabetes in Texas. Retrieved on April 17, 2018, from main.diabetes.org/dorg/assets/pdfs/advocacy/state-fact-sheets/Texas2018.pdf
5. Texas Health and Human Services Commission. Assessment of Programs to Prevent and Treat Diabetes as Required by Section 103.0131 Texas Health and Safety Code. November 2017.
6. Center for Health Statistics. Texas Behavioral Risk Factor Surveillance System Survey Data. Austin, Texas: Texas Department of State Health Services, 2013.
7. Center for Health Statistics. Youth Risk Factor Surveillance System Survey Data. Texas Department of State Health Services, 2016.

Target Population:

Number: 8,444,250

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 8,444,250

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older



Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: Center for Health Statistics, Texas Department of State Health Services.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)
Model Practices Database (National Association of County and City Health Officials)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$1,000,000 Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0 Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO: 75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Community Participation

Between 07/2020 and 06/2021, Texas Department of State Health Services and Local Health Department staff will establish **10** communities participating in the Texas Healthy Communities Program to complete community assessments and implement environmental and systems changes that address one of the eight priority Texas Healthy Communities Program indicators.

Annual Activities:

1. Establish contracts

Between 07/2020 and 06/2021, DSHS staff will renew contracts with 10 communities, through local health departments or community-based organizations, to conduct the TXHC assessment and use results of the assessment to implement a targeted, evidence-based intervention(s) to address one or more of the eight TXHC Program priority indicators.

2. Technical assistance

Between 07/2020 and 06/2021, DSHS staff will develop technical assistance plans for contractors that will identify areas for improvement based on the TXHC assessment. Plans

will also recommend actions/interventions to address areas for improvement. Technical assistance plans will utilize evidence-based practices and guidelines. In addition to customized technical assistance plans, DSHS staff will conduct monthly calls to monitor program implementation and provide support.

3. Conduct evaluation

Between 07/2020 and 06/2021, DSHS staff will work with contractors to develop evaluation plans for targeted interventions and for the TXHC Program overall. Evaluation will be ongoing. Program evaluation will utilize a mixed-methods approach, including surveys, focus groups and key informant interviews.

4. Sharing Successes

Between 07/2020 and 06/2021, DSHS will convene a liaison meeting with all TXHC liaisons and partners, to share successes, barriers, challenges and best practices prior to the end of the grant year.

5. Recognition

Between 07/2020 and 06/2021, DSHS staff will honor and recognize the communities' assessments and action plan implementation. Dates for these recognition events have not been set due to the COVID-19 pandemic. The purpose of the recognition events is to bring awareness of the TXHC Program and the contractors' efforts and commitment to implementing the TXHC activities in their communities. DSHS staff will present the contractors with recognition certificates.

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.
