



**HHSC: State Preventive
Health Advisory
Committee, November
18th, 2020**



The [State Preventive Health Advisory Committee](#) works with HHS to develop and implement the state plan for the Preventive Health and Health Services Block Grant.

1. Welcome, Roll Call, Introductions and Opening Remarks. The Committee was convened by April Brantley, DSHS, and a quorum was established.

2. Review and approve the June 30, 2020 and July 07, 2020 Meeting Minutes. The minutes were approved as written for both meetings.

3. Discussion of By-Laws. Ms. Brantley had sent out the bylaws to members and they followed the format from previous bylaws tempered by the effort for HHSC to standardize the bylaws. The final by-laws draft will be presented at the next meeting. They provide:

- Legal basis of the committee
- Guidance for the preventive service block grant
- Composition of the committee with staggered terms
- Presiding Chair and Vice Chair
- The Executive Commissioner serves as the Chair
- Subject to the Open Meetings Act
- Adoption and revision to bylaws and the process to do that (2/3rds vote)
- Expectations of members: attendance and participation

4. Election of Vice Chair. The election procedure was presented and adopted which included a voice roll call vote.

MOTION: Adopt the election procedures - prevailed.

April Brantley was confirmed as the Vice Chair.

5. Acknowledgement of Receipt of Notice of Grant Award (NOGA)

Preventive Health and Health Services Block Grant. The Preventive Health and Health Services (PHHS) Block Grant provides federal funding for 61 grantees: all 50 states, the District of Columbia, 2 American Indian tribes, 5 US territories, and 3 freely associated states. [Preventive Health and Health Services Block Grant - CDC](http://www.cdc.gov/phhsblockgrant/index.htm)
www.cdc.gov/phhsblockgrant/index.htm

The Preventive Health and Health Services Block Grant (PHHSBG), created in 1981, allocate funds to every state for their use toward any objective outlined in the nation's public health blueprint titled Healthy People 2020. The grant allows the state to address some of the high priority public health issues as determined by mortality, morbidity, and economic cost data for the state. The program areas funded annually submits a plan stating the public health issue that will be addressed, provide a description of the strategy used to address the public health concern, identify the target population and how the program addresses the targeted

population needs, and identify the national and state health status outcome objectives each program will work towards achieving as reflected in Healthy People 2020. Each program outlines activities that support one or more of the ten essential public health services recognized by the Centers for Disease Control and Prevention. Maintaining support for this grant is critical in allowing Texas to focus funds on prevention measures that yield clear benefits in terms of quality of life and savings.

The PHHSBG was funded nationally at \$147 million in FY 2017. Texas' share was \$6.3 million of which \$562,234 is a mandatory "set-aside" for sexual assault prevention and crisis services that are administered by the Office of the Attorney General. DSHS will utilize the PPHS Block Grant funds to support:

Local Health Departments (LHDs) utilizes funds to provide self-identified gaps in essential public health services. Using CDC's definition of essential public health services as a framework, local health departments (LHD) assess which critical areas of their infrastructure in which to apply these funds. In all cases, services outlined in LHD work plans would not exist in these communities if it were not for the provision of the PHHSBG. The majority of the services include: education and outreach to the community regarding disease prevention and other priority health concerns; surveillance and monitoring of the community's health status through disease reporting and investigation; mobilizing community resources to develop plans around health issues in their jurisdiction; reviewing local policies to assure that standards are maintained in the provision of health services; and monitoring the public health workforce to ensure federal or state licensure and certification standards are met. LHDs funded through this grant will be required to identify national, state or local standards to be used to evaluate the activities provided. Based on quarterly reporting measures, LHDs are required to identify barriers to the provision of services and develop improvement plans that may include new or alternative strategies in order to effectively provide the service(s) outlined in their work plans.

Sexual Assault Prevention & Crisis Services are funded by the Sex Offense allocation, which are provided to the Office of the Attorney General (OAG) through an interagency subcontract. These funds will continue to support sexual assault programs to implement strategies and activities specifically for the primary prevention of sexual violence using any of the following approved activities and community change strategies: educational seminars; training programs for professionals; preparation of informational materials; training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities; community mobilization; coalition building; and, policy education, and social norms change. Additionally, the OAG funds state sexual assault coalitions to provide technical assistance and training to sexual assault programs that are implementing primary prevention strategies.

Community and Clinical Preventive Services under the direction of the Division of Community Health Improvement will continue and expand priority activities developed to reduce the impact of obesity and other chronic diseases in the State of Texas by focusing on clinical and community systems-level enhancements. Through subcontracts with up to six local public health organizations, funds will support coordinated, locally-driven approaches to obesity and chronic disease management and prevention. Additionally, through a subcontract with the University of Texas at Austin's Tobacco Research and Evaluation Team, funds will support a coordinated, statewide approach to tobacco prevention and control. Program strategies include: creating new clinical-community linkages to strengthen referral systems; standardizing clinical quality measures through enhanced health information technology; promoting evidence-based education and training for providers, patients, and the public; and facilitating the integration of electronic protocols and other tobacco cessation referral options into clinical systems. These efforts align with the overall goals of improving the quality of care to improve health outcomes, lower health care costs, and improve population health.

The Texas Healthy Communities Program under the direction of the Division of Community Health Improvement will continue and expand activities which encourage and enable Texas communities to implement evidence-based practices to make policy and environmental improvements that reduce the burden of chronic diseases. Eighteen subcontracts with local health departments will support 20 communities to complete a needs assessment and to implement evidence-based practices in identified areas of need, which may include the following priority areas: accessible health food options, physical activity areas and opportunities, breastfeeding-friendly worksites, school health programs, worksite wellness programs, comprehensive tobacco control, cardiac and stroke response-healthy aging, and/or promotion of primary and secondary prevention of cardiovascular disease and stroke in healthcare systems.

The work plan was approved for \$6.4 million.



| 1. DATE ISSUED MM/DD/YYYY 09/14/2020 | | 1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded | | DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention CDC Office of Financial Resources 2939 Brandywine Road Atlanta, GA 30341 NOTICE OF AWARD AUTHORIZATION (Legislation/Regulations) 301(A)AND317(K)(2)PHS42USC241(A)247B(K)2 | | | | | | | | | | | | | | | | | |
|---|--------------------|---|--|--|--|------|--------------------|------|--------------------|------|--|------|--|------|--|------|--|------|--|------|--|
| 2. CFDA NO. 93.991 - Preventive Health and Health Services Block Grant | | | | | | | | | | | | | | | | | | | | | |
| 3. ASSISTANCE TYPE Block Grant | | | | | | | | | | | | | | | | | | | | | |
| 4. GRANT NO. 1 NB01OT009365-01-00 Formerly | | 5. TYPE OF AWARD Other | | | | | | | | | | | | | | | | | | | |
| 4a. FAIN NB01OT009365 | | 5a. ACTION TYPE New | | | | | | | | | | | | | | | | | | | |
| 6. PROJECT PERIOD MM/DD/YYYY From 10/01/2019 | | Through MM/DD/YYYY 09/30/2021 | | | | | | | | | | | | | | | | | | | |
| 7. BUDGET PERIOD MM/DD/YYYY From 10/01/2019 | | Through MM/DD/YYYY 09/30/2021 | | | | | | | | | | | | | | | | | | | |
| 8. TITLE OF PROJECT (OR PROGRAM) Preventive Health and Health Services Block Grant- 2020 | | | | | | | | | | | | | | | | | | | | | |
| 9a. GRANTEE NAME AND ADDRESS State Health Services, Texas Department of 1100 W 49th St Texas Department of State Health Services Austin, TX 78756-3101 | | | 9b. GRANTEE PROJECT DIRECTOR Ms. April Brantley 1100 W 49th St Austin, TX 78756-3101 Phone: 512-776-3521 | | | | | | | | | | | | | | | | | | |
| 10a. GRANTEE AUTHORIZING OFFICIAL Ms. Donna Sheppard 1100 W 49TH ST AUSTIN, TX 78756-3101 Phone: 5127762028 | | | 10b. FEDERAL PROJECT OFFICER Ms. Ronnesha Addison 1825 Century Blvd NE Atlanta, GA 30345-3319 Phone: 404-498-1002 | | | | | | | | | | | | | | | | | | |
| ALL AMOUNTS ARE SHOWN IN USD | | | | | | | | | | | | | | | | | | | | | |
| ALL AMOUNTS ARE SHOWN IN USD | | | | | | | | | | | | | | | | | | | | | |
| 11. APPROVED BUDGET (Excludes Direct Assistance) I Financial Assistance from the Federal Awarding Agency Only II Total project costs including grant funds and all other financial participation | | | | 12. AWARD COMPUTATION | | | | | | | | | | | | | | | | | |
| a. Salaries and Wages 0.00 b. Fringe Benefits 0.00 c. Total Personnel Costs 0.00 d. Equipment 0.00 e. Supplies 0.00 f. Travel 0.00 g. Construction 0.00 h. Other 6,404,449.00 i. Contractual 0.00 j. TOTAL DIRECT COSTS 6,404,449.00 k. INDIRECT COSTS 0.00 l. TOTAL APPROVED BUDGET 6,404,449.00 m. Federal Share 6,404,449.00 n. Non-Federal Share 0.00 | | | | a. Amount of Federal Financial Assistance (from item 11m) 6,404,449.00 b. Less Unobligated Balance From Prior Budget Periods 0.00 c. Less Cumulative Prior Award(s) This Budget Period 0.00 d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 6,404,449.00 13. Total Federal Funds Awarded to Date for Project Period 6,404,449.00 14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project): <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>YEAR</th> <th>TOTAL DIRECT COSTS</th> <th>YEAR</th> <th>TOTAL DIRECT COSTS</th> </tr> </thead> <tbody> <tr> <td>a. 2</td> <td></td> <td>d. 5</td> <td></td> </tr> <tr> <td>b. 3</td> <td></td> <td>e. 6</td> <td></td> </tr> <tr> <td>c. 4</td> <td></td> <td>f. 7</td> <td></td> </tr> </tbody> </table> | | YEAR | TOTAL DIRECT COSTS | YEAR | TOTAL DIRECT COSTS | a. 2 | | d. 5 | | b. 3 | | e. 6 | | c. 4 | | f. 7 | |
| YEAR | TOTAL DIRECT COSTS | YEAR | TOTAL DIRECT COSTS | | | | | | | | | | | | | | | | | | |
| a. 2 | | d. 5 | | | | | | | | | | | | | | | | | | | |
| b. 3 | | e. 6 | | | | | | | | | | | | | | | | | | | |
| c. 4 | | f. 7 | | | | | | | | | | | | | | | | | | | |
| 15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS) | | | | <div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">b</div> | | | | | | | | | | | | | | | | | |
| 16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation b. The grant program regulations. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. Federal administrative requirements, cost principles and audit requirements applicable to this grant. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system. | | | | | | | | | | | | | | | | | | | | | |
| REMARKS (Other Terms and Conditions Attached - <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No) | | | | | | | | | | | | | | | | | | | | | |

6. Timeline- Closeout of Fiscal Year 19 Grant, Fiscal Year 20 Annual Report, and Fiscal Year 21 Application.

Timeline for Block Grant Activities

- Fiscal Year 2019 Final Report - Due December 30, 2020
- Fiscal Year 2020 Annual Report - Due February 01, 2021
- Fiscal Year 2021 Funding Announcement - February 28, 2021
- State Preventive Health Advisory Committee Meeting to Discuss Work Plan for Fiscal Year 2021 Grant Application - May 04, 2021
- State Preventive Health Advisory Committee Follow-Up Meeting to Discuss Work Plan for Fiscal Year 2021 Grant Application - May 18, 2021
- Fiscal Year 2021 Grant Application Submission Date - July 01, 2021

7. Q&A, Conclusions, Adjourn. There was no public health offered. Next meeting date is scheduled for May 4TH.

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 the organization 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 the organization 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 the organization or its management.
