

State of Connecticut
Department of Public Health

The Preventive Health and Health
Services Block Grant
Allocation Plan
FFY 2021

**PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY 2021 ALLOCATION PLAN**

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I. Narrative Overview of the Preventive Health and Health Services Block Grant

A. Purpose

The Preventive Health and Health Services Block Grant (PHHSBG) is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC). The Department of Public Health (DPH) is designated as the principal state agency for the allocation and administration of the PHHSBG within Connecticut.

The PHHSBG, under the Omnibus Reconciliation Act of 1981, Public Law 97-35 (as amended by the Preventive Health Amendments of 1992, Public Law 102-531), provides funds for the provision of a variety of public health services designed to reduce preventable morbidity and mortality, and to improve the health status of targeted populations. Given that priority health problems and related resource capacity of states vary, Congress redirected the funding previously awarded through six separate categorical public health grants to create the PHHSBG in 1981. Thus, the PHHSBG affords each state much latitude in determining how best to allocate these federal funds to address specific state priorities.

B. Major Uses of Funds

The Preventive Health Amendments of 1992 revised substantial portions of the initial legislation, specifically the manner in which services must be classified and evaluated. The basic portion of the PHHSBG may be used for the following:

1. Activities consistent with making progress toward achieving the objectives in the national public health plan, also known as *Healthy People*. All PHHSBG-funded activities and budgets must be categorized under *Healthy People* selected topics and related risk reduction objectives.
2. Rodent control and fluoridation programs. Connecticut does not use funds for either of these services.
3. Planning, establishing, and expanding emergency medical services systems. Funding for such systems may not be used to cover the operational costs of such systems nor for the purchase of equipment for these systems, other than for payment of not more than 50 percent of the costs of purchasing communications equipment for emergency medical systems.
4. Providing services for victims of sex offenses.
5. Planning, administrative, and educational activities related to items 1 through 3.
6. Monitoring and evaluating items 1 through 5.

Aside from a basic award, each state's total PHHSBG award includes one mandated sex offense allocation which is called the Sex Offense Set-Aside. This mandated sex offense allocation may only be used for providing services to victims of sex offense and for prevention of sex offense.

The PHHSBG funds cannot be used for any of the following:

1. provide inpatient services
2. make cash payments to recipients of health services

3. purchase or improve land; purchase, construct, or permanently improve a building or facility; or purchase major medical equipment
4. provide financial assistance to any entity other than a public or non-profit private entity
5. satisfy requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds

Additionally, 30 U.S.C. Section 1352, which went into effect in 1989, prohibits recipients of these federal funds from lobbying Congress or any federal agency in connection with the award of a particular contract, grant, cooperative agreement or loan. The 1997 Health and Human Services Appropriations Act, effective October 1996, expressly prohibits the use of appropriated funds for indirect or “grass roots” lobbying efforts that are designed to support or defeat legislation pending before the state legislature.

States are required to maintain state expenditures for PHHSBG-funded services at a level not less than the average of the two-year period preceding the grant award. The state’s funding for individual programs can change as long as the aggregate level of state funding for all programs is maintained. Connecticut’s estimated 2021 Maintenance of Effort (MOE) is \$2,353,850. The MOE total includes state-funded personnel costs and other expenses funds directed at the attainment of the health status objectives funded by the PHHSBG. In addition, no more than 10 percent of the award may be spent on the administration of this grant.

Consistent with national *Healthy People 2020* leading health indicators, the FFY 2021 PHHSBG basic award will support the following programs: cancer, cardiovascular disease, diabetes, tobacco use cessation, policy and environmental change strategies, unintentional injuries, emergency medical services, childhood lead poisoning, health behavior data surveillance, asthma, state public health accreditation, and related evaluation efforts. The mandated Sex Offense Set-Aside portion of the block grant will fund rape crisis services. In addition, the FFY 2021 PHHSBG basic award will provide contractual funding to local health departments that target the following priority health areas: heart disease and stroke prevention, including obesity, physical inactivity, and nutrition policies; diabetes; cancer, unintentional injuries, which includes motor vehicle crashes and fall prevention; healthy home environments for both lead and asthma; and public health accreditation initiatives at the local level.

C. Federal Allotment Process

Each state’s share of the total federal basic PHHSBG appropriation is based upon the amount of funding it received in 1981 for the six categorical grants that the PHHSBG replaced: Health Education/Risk Reduction, Hypertension, Emergency Medical Services (EMS), Fluoridation, Rodent Control, and Comprehensive Public Health. For Connecticut, the FFY 2020 basic appropriation was \$2,214,034 and the Sex Offense Set-Aside portion, which is based on the State’s population, was \$79,914. Total PHHSBG funding allocated to Connecticut in FFY 2020 was \$2,293,948.

D. Estimated Federal Funding

The following FFY 2021 funding estimates for Connecticut are based on FFY 2020 funding levels:

Basic Award	\$2,214,034
Sex Offense Set-Aside	<u>\$ 79,914</u>
Total FFY 2021 Estimated Award	\$2,293,948

E. Total Available and Estimated Expenditures

The proposed FFY 2021 budget of \$2,293,948 will not be supplemented with carryover funds. CDC allows states two years to expend funds. Starting with FFY 2014, carryover of funds beyond the two-year period is no longer allowed.

F. Proposed Changes from Last Year

The health priorities and program categories in the proposed FFY 2021 plan are maintained at the FFY 2020 levels with the following exception: the Department of Public Health was notified in March, 2020, of an increase in FFY 2020 PHHSBG funding in the amount of \$27,517. Consistent with the contingency planning process in the adopted allocation plan, executive staff met to determine how to allocate the additional funding. It was recommended that the increase in funding be allocated to local health departments (LHDs) to continue implementation of programs aimed at preventing and reducing the effects of chronic diseases such as heart disease, hypertension, asthma and tobacco use. These conditions are also a focus of the CDC as they affect large numbers of people, are associated with high healthcare costs, and have evidence-based interventions that may improve health and reduce healthcare costs. The recommended budget revision was subsequently presented to the PHHSBG Advisory Committee for approval and the FFY 2020 Allocation Plan was modified accordingly.

Funding that supports DPH's operational expenses is adjusted to reflect updated personnel costs and ongoing other expenses needs. Connecticut's Allocation Plan for FFY 2021 supports activities that are consistent with achieving progress toward *Healthy People* objectives, which are our national health objectives.

G. Contingency Plan

The Department of Public Health is prepared to revise the FFY 2021 proposed budget, as needed, to accommodate any changes in the estimated PHHSBG award presented in this Allocation Plan. The development of revisions would be led by DPH executive staff and presented to the Connecticut PHHSBG Advisory Committee. Committee acceptance of the Plan will be followed by a public hearing. The hearing will afford the public an opportunity to comment and make recommendations on proposed

PHHSBG allocations. If there are no objections from the public, the Board will formally approve the Plan.

In accordance with section 4-28b of the Connecticut General Statutes, after recommended allocations have been approved or modified, any proposed transfer to or from any specific allocation of a sum or sums of over fifty thousand dollars or ten per cent of any such specific allocation, whichever is less, shall be submitted by the Governor to the speaker and the president pro tempore and approved, modified or rejected by the committees. Notification of all transfers made shall be sent to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and to the committee or committees of cognizance, through the Office of Fiscal Analysis.

H. State Allocation Planning Process

The Preventive Health Amendments of 1992 require that each state develop a plan for achieving the national *Healthy People* objectives addressed by the PHHSBG. This must be achieved in consultation with a PHHSBG Advisory Committee. The Committee must include representatives of the general public and local health services. The responsibilities of the Committee are:

1. To make recommendations regarding the development and implementation of an annual plan, including recommendations on the:
 - activities to be carried out by the grant and allocation of funds,
 - coordination of activities funded by the grant with other appropriate organizations,
 - assessments of the public's health, and
 - collection and reporting of data deemed most useful to monitor and evaluate the progress of funded programs toward the attainment of the national *Healthy People* objectives.
2. To jointly hold a public hearing with the state health officer, or his designee, on the plan.

The DPH Commissioner's designee, Donette Wright, chaired two meetings of this year's Preventive Health and Health Services Block Grant Advisory Committee. The Committee is comprised of five representatives from local health departments, community-based organizations, educational institutions, and the general public. The Advisory Committee met on February 6, 2020, and again on March 24, 2020, to finalize details for the application to be submitted to the Centers for Disease Control and Prevention. A public hearing was also scheduled for March 24, 2020, but was cancelled due to the COVID-19 pandemic.

Responding to the COVID-19 outbreak, Governor Ned Lamont issued a series of executive orders aimed at mitigating the spread of the virus. One of these orders suspended any requirement for in-person public agency meetings, hearings, or screenings. Also restricted was access to state owned buildings for persons not on a preapproved visitor list. After written/email approval from CT's CDC project officer to cancel the PHHSBG public hearing, a copy of the Governor's executive order as supporting documentation was forwarded to the CDC along with the State's application for funding. The CDC approved Connecticut's application on May 6, 2020.

I. Grant Provisions

In addition to the federally mandated provisions described previously, states must also comply with the reporting requirements outlined below:

Submit an annual application to the CDC that specifies the following:

- (a) the amount of PHHSBG, state, and other federal funding directed towards the attainment of each of the state's PHHSBG-funded *Healthy People* health objectives,
- (b) a description of each of the programs, strategies, risk reduction, and annual activity objectives and projected outcomes for each,
- (c) identification of any populations, within the targeted population, having a disparate need for such activities,
- (d) a description of the strategy for expending payments to improve the health status of each target and disparate population, and
- (e) the amount to be expended for each target and disparate population.

If a state adds or deletes a health status objective or makes other substantial revisions to its Allocation Plan after the application has been submitted to the CDC, it must conduct a public hearing on the revised plan and submit a revised application. Each state must also submit an annual report on the attainment of each health status and risk reduction objective and related activities funded during the preceding year. The Governor and Connecticut's Chief Health Officer must sign certification and assurance statements for inclusion in the application to the CDC. These statements certify adherence to the mandated provisions as outlined in this Allocation Plan.

TABLE A

RECOMMENDED ALLOCATIONS

PROGRAM CATEGORY	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change - FFY 20 to FFY 21
Administrative Support	120,336	120,089	120,089	0.00%
Cancer Prevention	45,438	45,438	45,438	0.00%
Cardiovascular Disease Prevention	22,255	22,255	22,255	0.00%
Emergency Medical Services	0	18,546	18,546	0.00%
Local Health Departments	1,085,805	1,113,322	1,113,322	0.00%
Rape Crisis Services	79,914	79,914	79,914	0.00%
Surveillance and Evaluation	325,169	325,169	325,169	0.00%
Youth Suicide Prevention	102,003	102,003	102,003	0.00%
Nutrition and Weight Status	15,000	15,000	15,000	0.00%
Public Health Infrastructure	451,346	452,212	452,212	0.00%
TOTAL [1]	2,247,267	2,293,948	2,293,948	0.00%
SOURCE OF FUNDS				
Block Grant	2,266,431	2,293,948	2,293,948	0.00%
TOTAL FUNDS AVAILABLE	2,266,431	2,293,948	2,293,948	0.00%

¹ Numbers may not add to totals due to rounding.

TABLE B – ALL PROGRAMS
PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE) budgeted/filled	1.50/1.50	1.50/1.50	1.50/1.50	0.00%
Personal Services	122,547	124,154	129,380	4.21%
Fringe Benefits	114,759	117,940	123,880	5.04%
Other Expenses	342,471	358,930	350,018	-2.48%
Equipment	0	0	0	0.00%
Contracts	553,689	551,606	549,351	-0.41%
Grants to:				
Local Government	988,449	1,015,966	1,015,966	0.00%
Other State Agencies	0	0	0	0.00%
Private agencies	125,352	125,352	125,352	0.00%
TOTAL EXPENDITURES [1]	2,247,267	2,293,948	2,293,948	0.00%
SOURCE OF FUNDS				
Block Grant	2,266,431	2,293,948	2,293,948	0.00%
Carry Over Funding	N/A	N/A	N/A	N/A
TOTAL FUNDS AVAILABLE	2,266,431	2,293,948	2,293,948	0.00%

¹ Numbers may not add to totals due to rounding.

**TABLE C – ADMINISTRATIVE SUPPORT
PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE) budgeted/filled	.50/.50	.50/.50	.50/.50	0.00%
Personal Services	42,604	43,643	46,007	5.42%
Fringe Benefits	38,842	40,375	42,085	4.24%
Other Expenses	38,891	36,071	31,996	-11.30%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES [1]	120,336	120,089	120,089	0.00%

¹ Numbers may not add to totals due to rounding.

TABLE D – CANCER PREVENTION
PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies	45,438	45,438	45,438	0.00%
TOTAL EXPENDITURES	45,438	45,438	45,438	0.00%

TABLE E – CARDIOVASCULAR DISEASE PREVENTION

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses	22,255	22,255	22,255	0.00%
Minor Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	22,255	22,255	22,255	0.00%

TABLE F – EMERGENCY MEDICAL SERVICES

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses	0	18,546	18,546	0.00%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	0	18,546	18,546	0.00%

TABLE G – LOCAL HEALTH DEPARTMENTS

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts	97,356	97,356	97,356	0.00%
Grants to:				
Local Government	988,449	1,015,966	1,015,966	0.00%
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	1,085,805	1,113,322	1,113,322	0.00%

TABLE H – RAPE CRISIS SERVICES
PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change - FFY 20 to FFY 21
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Minor Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies	79,914	79,914	79,914	0.00%
TOTAL EXPENDITURES	79,914	79,914	79,914	0.00%

TABLE I – SURVEILLANCE AND EVALUATION

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE) budgeted/filled	0.25/0.25	0.25/0.25	0.25/0.25	0.00%
Personal Services	14,520	15,436	16,562	7.29%
Fringe Benefits	16,319	17,486	18,615	6.46%
Other Expenses				
Equipment				
Contracts	294,330	292,247	289,992	-0.77%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	325,169	325,169	325,169	0.00%

TABLE J – YOUTH SUICIDE PREVENTION
PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change - FFY 20 to FFY 21
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts	102,003	102,003	102,003	0.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	102,003	102,003	102,003	0.00%

TABLE K – NUTRITION AND WEIGHT STATUS

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change - FFY 20 to FFY 21
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses	15,000	15,000	15,000	0.00%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	15,000	15,000	15,000	0.00%

TABLE L – PUBLIC HEALTH INFRASTRUCTURE
PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 19 Expenditures	FFY 20 Estimated Expenditures	FFY 21 Proposed Expenditures	Percentage Change FFY 20 to FFY 21
Number of Positions (FTE) budgeted/filled	0.75/0.75	0.75/0.75	0.75/0.75	0.00%
Personal Services	65,424	65,075	66,811	2.67%
Fringe Benefits	59,597	60,079	63,180	5.16%
Other Expenses	266,325	267,058	262,221	-1.81%
Equipment				
Contracts	60,000	60,000	60,000	0.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	451,346	452,212	452,212	0.00%

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES

Note: FFY 2019 “Numbers Served” and “Performance Measures” reflect interim status. The delayed allocation of FFY 2019 funds from the Centers for Disease Control and Prevention resulted in the late execution of contracts. Additionally, most grant activities have been suspended due to fears of the spread of COVID-19. This will negatively impact contractor performance for the rest of the grant year ending 9/30/2020.

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2019	Performance Measures
Cancer Prevention				
Statewide Cancer Prevention and Control	Organize and facilitate the updating and development of the 5-year Connecticut Cancer Plan to address best practices, policies and strategies to prevent and control cancer and treat survivors.	The statewide cancer coalition, the Connecticut Cancer Partnership, shall work with an independent contractor to develop a five-year state cancer plan.	All CT Residents	<p>Performance Measure: Develop a five-year state cancer plan.</p> <p>Outcome: 2020-2025 State Plan language is being drafted. Publication date is anticipated for December 2020.</p>
Cancer Health Disparities	Provide relevant cancer prevention information and resources to reduce health disparities and improve health outcomes.	<p>Developed and maintained a state level cancer website, in conjunction with the Connecticut Cancer Partnership, which provided relevant information regarding action steps toward addressing Connecticut Cancer Plan (Plan) goals and objectives with an emphasis on reducing health disparities.</p> <p>Identified and implemented targeted initiatives to address the burden of cancer in Connecticut.</p>	370 healthcare professionals	<p>Performance Measure: State cancer website is periodically updated and contains information on progress in achieving Plan goals and objectives related to reducing cancer disparities.</p> <p>Outcome: The website is operational. Currently a vendor is updating information on disparities and refreshing website.</p> <p>Performance Measure: Implement 2 initiatives to address the burden of cancer in target populations that are disproportionately affected by cancer.</p> <p>Outcome: HPV and colorectal cancer workgroups are currently working on choosing strategies and initiatives to implement. Activities were suspended due to COVID-19.</p>

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2019	Performance Measures
Heart Disease and Stroke Prevention	Decrease the 10-year risk for heart disease and stroke among adults.	Local health departments/districts (LHDs) will implement a National Diabetes Prevention Program (NDPP), which is a 12-week, year-long lifestyle change program to prevent the onset of type 2 diabetes.	As of March 31, 2020, 26 individuals served	<p>Performance Measure: At least 75% of program participants will attend at least 75% of sessions with participants achieving at least 5% weight loss at conclusion of program.</p> <p>Outcome: Pending. Activities were initiated, but were suspended due to COVID-19. LHDs are planning when and how activities will resume.</p>
		LHDs conducted diabetes/chronic disease education classes for adults 18 and older aimed at increasing diabetes/chronic disease self-care and reducing diabetes/chronic disease complications.	As of March 31, 2020, 23 people have attended the program	<p>Performance Measure: At least 80% of program participants with diabetes that are enrolled in diabetes education classes practice at least 3 self-care behaviors that will reduce diabetes complications.</p> <p>Outcome: 50% of program participants with diabetes that are enrolled in diabetes education classes report practicing at least 3 self-care behaviors.</p>
	Increase the percentage of workplaces that are trained to address cardiac episodes.	DPH will increase the number of HEARTSafe designated workplaces.	Approximately 13,000 people	<p>Performance Measure: DPH will expand the number of HEARTSafe workplace designations from 12 to 15.</p> <p>Outcome: An additional 2 workplaces were designated as HEARTSafe for a total of 14. They are: CT Water Company and the Town of Windsor.</p>

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2019	Performance Measures
Policy/Environmental Change for Chronic Disease Prevention	Implement community-wide policy and/or environmental change initiatives to reduce chronic disease risk factors by decreasing obesity, improving dietary habits, increasing physical activity, and decreasing tobacco use.	Community needs are assessed and community-wide policy and/or environmental change initiatives that increase access to healthy foods, increase opportunities for physical activity, and decrease tobacco use are developed, implemented, and evaluated.	Based on population of communities	<p>Performance Measure: LHDs will develop, implement, and evaluate 1 or more community-wide policy and/or environmental change initiative that reduce chronic disease risk factors.</p> <p>Outcome: 14 LHDs implemented at least 1 policy and/or environmental change initiative that increased access to healthy foods, increased opportunities for physical activity, and decreased tobacco use. Examples of these initiatives include worksite wellness and built environment change initiatives such as construction of sidewalks and bike and walking paths.</p>
Tobacco Use Cessation/ Create Environmental Changes to Reduce Secondhand Smoke Exposure	Reduce tobacco use and exposure to secondhand smoke.	LHDs will provide tobacco use cessation counseling programs that provide smokers with the information, skills and tools needed to successfully quit or reduce their tobacco use.	As of March 31, 2020, 62 individuals were served	<p>Performance Measure: Maintain the percentage of participants in smoking cessation programs that report either quitting smoking or reducing their smoking at the end of the program at 70%.</p> <p>Outcome: 88% of participants reported that they had either decreased their tobacco intake or quit tobacco use at the end of the program.</p>

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2019	Performance Measures
Tobacco Use Cessation/ Create Environmental Changes to Reduce Secondhand Smoke Exposure (continued)		LHDs will conduct tobacco use cessation counseling programs that provide smokers with the information needed to reduce exposure to secondhand smoke.	As of March 31, 2020, 62 individuals were served	<p>Performance Measure: Maintain percentage of participants in smoking cessation programs that report making protective environmental changes that reduced non-smokers' exposure to secondhand smoke at 70%.</p> <p>Outcome: 65% of participants reported that they had made protective environmental changes that reduced exposure of non-smokers to secondhand smoke.</p>
Hypertension Management Practices	Decrease heart disease and stroke due to hypertension.	LHDs developed and implemented blood pressure (BP) screening and education programs to initiate action to control high BP among adults ages 18 and older.	As of March 31, 2020, 386 people were screened for HBP, 41 enrolled in education program	<p>Performance Measure: At least 90% of program clients with elevated blood pressure (BP) can identify hypertension and at least 3 hypertension management practices.</p> <p>Outcome: 90% of program clients with elevated BP identified hypertension and at least 3 hypertension management practices.</p> <p>Performance Measure: 100% of program clients with elevated BP report taking physician directed action to control BP through lifestyle and/or medications.</p> <p>Outcome: 80% of program clients with elevated BP report taking physician directed action to control BP through lifestyle and/or medications.</p>

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2019	Performance Measures
Emergency Medical Services (EMS)	Reduce the number of preventable deaths and disabilities resulting from occurrence of a sudden, serious illness or injury by improving and expanding the provision of definitive care at the scene, during transport and at the hospital.	Coordinated and facilitated at least 3 statewide conferences for EMS providers regarding the opioid epidemic and substance abuse addiction.	None - Conferences were planned for Spring 2020 but were cancelled due to COVID-19	<p>Performance Measure: Conduct at least 3 statewide conferences for EMS providers regarding the current opioid crisis as it relates to Connecticut.</p> <p>Outcome: Conferences were cancelled. Alternate ways to deliver educational materials that do not require in-person contact are being worked on.</p>
Surveillance and Evaluation	Increase the availability of state and local health indicators, health status indicators, and priority data with an emphasis on selected populations.	Increased the number of completed supplemental interviews for the Behavioral Risk Factor Surveillance Survey (BRFSS), distributed data, and calculated small area estimates using BRFSS data.	3,570,000 adults and children in CT	<p>Performance Measures:</p> <ul style="list-style-type: none"> - Increase BRFSS sample size by 1,500 for the 2019 survey year. - Write and post online 2 reports using BRFSS data. - A statistically valid and reliable methodology will be used to broaden the impact of BRFSS data for local geographies. <p>Outcome: The overall sampling plan for the 2020 CT BRFSS was approved by the CDC, with an increased sample size of 1,500 interviews.</p> <ul style="list-style-type: none"> - As of June 1, 2020, there have been a total of 3 documents shared with CT BRFSS data: 2018 Summary Tables, 2017 Comprehensive Report, and a COVID-19 High Risk population fact sheet. www.ct.gov/dph/BRFSS - The 2020 CT BRFSS Sampling Plan methodology was approved by

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2019	Performance Measures
Surveillance and Evaluation (continued)				<p>the CDC to include 6 geographic levels of sampling for CT's 8 counties, and an oversampling in CT's 3 largest cities, which will allow for sub-state summary data. www.ct.gov/dph/BRFSS</p> <p>- Child health questions were developed and approved for the 2020 CT BRFSS to collect data on weight status and breastfeeding initiation and duration.</p>
Unintentional Injury Prevention Motor Vehicle Crashes	Decrease in unintentional injuries.	LHDs conducted child passenger safety programs to demonstrate awareness of the correct use of child safety seats.	As of 3/31/2020, 70 adults were served in child passenger safety educational programs	<p>Performance Measure: 95% of program participants will demonstrate awareness of the correct use of child restraint systems.</p> <p>Outcome: As of 3/31/2020, 100% of program participants demonstrated knowledge and awareness of the correct use of restraint systems upon completion of a child passenger safety program.</p>
Youth Suicide Prevention	Decrease in youth suicide.	DPH, in consultation with the CT Suicide Advisory Board, implemented a minimum of 3 trainings that addressed the risk factors related to suicide ideations and the reduction of stigma in mental health help seeking.	One Assessing and Managing Suicide Risk (AMSR) training planned for August 2019 and two Recognizing and Responding to Suicide Risk for Primary Care and Youth Primary Care Providers	<p>Performance Measure: Implement a minimum of 3 trainings that address the risk factors related to suicide ideations and the reduction of stigma in mental health help seeking.</p> <p>Outcome: 3 trainings are planned for August and September 2020. Delivery will likely be webinar and virtual meetings rather than face-to-face. Contractor will assess percent of participants</p>

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2019	Performance Measures
Youth Suicide Prevention (continued)		DPH worked with a contractor on college campuses to increase the ability of students to recognize the signs of significant mental/behavioral health distress in others.	(RRSR-PC) will be offered in September 2020.	reporting an increased understanding of how to utilize best practice suicide prevention strategies to identify suicide risks in their patients.
		DPH staff, in collaboration with the Connecticut Suicide Advisory Board, conducted 2 strategies to reduce access to lethal means of suicide.	Wheeler Clinic's contract was not executed prior to the COVID-19 school closures. "Fresh Check Days" will resume once the school year begins. 28 participants in a Talk Saves Lives training conducted in November 2019 at the Montville Volunteer Fire Department	Performance Measure: Contractor will conduct Fresh Check Days and student ambassador programs at 12 Connecticut colleges to increase awareness of and prevent suicides. Outcome: Wheeler Clinic's contract was executed in January 2020. Fresh Check Days are run by their subcontractor, the Jordan Porco Foundation. Although planned, no Fresh Check Days were held prior to the COVID-19 school closures in March 2020. Wheeler Clinic remains in communication with the Jordan Porco Foundation to schedule virtual Fresh Check Days once the school year begins. Performance Measure: Implement 2 strategies to reduce access to lethal means of suicide among individuals with identified risks which include provider training and suicide prevention signage.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2019	Performance Measures
Youth Suicide Prevention (continued)			<p>Provided signage for additional bridges in the state. Working with 6 towns – Active: Suffield, Norwalk, Killingly and Waterbury. Pending: Windsor and Farmington.</p>	<p>Outcome: Evaluation information is not available for the November Talk Saves Lives (TSL) training.</p> <p>Post-training evaluations assess percent of participants who attend the TSL trainings reporting an increased understanding of suicide prevention strategies and the importance of utilizing TSL as a suicide prevention strategy: Target: Greater than or equal to 60%</p> <p>Additional virtual TSL trainings are planned for Summer 2020.</p> <p>High Risk Area Signage: Outreach to additional communities is planned during the remainder of the contract year ending 9/30/2020. Initially, in July 2019, a letter was sent to 10 communities’ Town Manager, Elected Official, Director of Health, and Local Prevention Council from the Lethal Means Subcommittee of the CT Suicide Advisory Board and the Department of Transportation asking for support to install signs on a bridge in their city to direct people in crisis to the suicide crisis hotline. A signage template was developed, and includes the suicide crisis text and phone numbers.</p>

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2019	Performance Measures
Fall-related Injuries Fall Prevention for Older Adults	Decrease in unintentional injuries.	LHDs conducted home safety assessments, identified home safety hazards for older adults and made recommendations to correct hazards.	As of 3/31/2020, 41 home assessments were carried out by Hartford and Westbrook LHD.	Performance Measure: At least 70% of home safety hazards identified during the home safety assessment are corrected in client homes. Outcome: As of 3/31/2020, 111 hazards were identified during 25 home safety assessments and 86% were corrected.
		LHDs conducted fall prevention exercise programs for older adults.	As of 3/31/2020, Hartford and Westbrook LHD conducted one 8-week Falls Prevention program for 100 participants.	Performance Measure: At least 92% of program participants report at program end that they plan to continue with exercises designed to increase muscle strength and improve gait, balance, and flexibility. Outcome: As of 3/31/2020, 84% of the participants who completed the survey plan to continue with the exercise program.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2019	Performance Measures
Healthy Homes	<p>Healthy Homes:</p> <p>Increase the identification and remediation of the number and types of home health hazards.</p>	<p>Healthy Homes:</p> <p>LHDs implemented a “Healthy Homes” assessment program to address health hazards through the identification and remediation of the number and types of home health hazards.</p>	<p>Healthy Homes:</p> <p>13 occupants resided in the 6 homes where initial assessments and reassessments were conducted.</p> <p>Seniors >=65 - 3 Adults age 18-64 - 7 Children age 6-17- 1 Children <6 - 2</p>	<p>Healthy Homes:</p> <p>Performance Measure: 100% of property owners/tenants receive education/awareness print materials related to specific health hazards identified during their Healthy Homes assessment.</p> <p>Outcome: 100% of property owners and/or tenants received education/awareness print materials.</p> <p>Performance Measure: LHDs will conduct Healthy Homes assessment and report the percentage of hazards remediated by the 90-day reassessment.</p> <p>Outcome: Of the 72 hazards identified, 17 (24%) of the hazards were remediated.</p>
	<p>Asthma:</p> <p>To provide home-based asthma management education and identify and reduce environmental asthma triggers.</p>	<p>Asthma:</p> <p>LHDs conducted in-home asthma management education and environmental assessments to identify and reduce asthma environmental triggers.</p>	<p>Asthma:</p> <p>77 individuals received asthma home visit and asthma management education.</p>	<p>Asthma:</p> <p>Performance Measure: LHDs providing asthma in-home intervention will increase program participants’ asthma management skills asthma control score after 3 home visits.</p> <p>Outcome: Out of 26 participants who completed the 3 home visits, 57.7% had an increased asthma control score, indicating improved asthma control.</p>

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2019	Performance Measures
Healthy Homes (continued)		LHDs identified home-based asthma triggers and recommended environmental strategies for the reduction of the identified triggers.	69 participants received an environmental assessment of asthma triggers in the home.	<p>Performance Measure: Participating LHDs will provide specific recommendations to minimize exposure to asthma triggers and evaluate implementation of remediation strategies.</p> <p>Outcome: 100% of participants served received specific recommendations in reduction of environmental triggers such as reducing pet exposure and dust, using pillow and mattress cover, etc.</p>
Rape Crisis Services	Reduce the annual rate of rapes or attempted rapes.	<p>The contractor, Connecticut Alliance to End Sexual Violence, provided sexual assault victims crisis intervention services, which included transportation to a medical facility, coordination of victim support services, court or police accompaniment, and individual and/or group counseling.</p> <p>Connecticut Alliance to End Sexual Violence assisted victims of completed or attempted rapes and/or sexual assault in filing a police report.</p>	<p>CT Alliance to End Sexual Violence data: 9,670 victims received sexual assault crisis intervention services (1/1/19-12/31/19)</p> <p>1,540 victims of completed or attempted rapes and/or sexual assault filed a police report. (1/1/19-12/31/19)</p>	<p>Performance Measure: At least 7,113 female and male victims of sexual assault will be served at the rape crisis centers.</p> <p>Outcome: 9,670 victims of sexual assault received services through the rape crisis centers in 2019, including transportation to a medical facility, coordination of victim support services, court or police accompaniment, and individual and/or group counseling.</p> <p>Performance Measure: At least 1,100 sexual assault victims will file a police report.</p> <p>Outcome: 1,540 victims of sexual assault filed a police report in 2019.</p>

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2019	Performance Measures
Childhood Lead Poisoning Surveillance Program	For children identified with elevated blood lead levels ($\geq 5\mu\text{g/dL}$), determine if there is a correlation between the poisoned children's residency history and exposure sources.	LHDs distributed a childhood lead poisoning survey to parents/guardians of children with elevated venous blood lead levels ($\geq 5\mu\text{g/dL}$) to collect data regarding residency history, possible exposure source, if anticipatory guidance was provided by the child's medical provider, if lead poisoning prevention print materials were received, and who provided the lead poisoning prevention print materials.	41 individuals were served: 28 children 13 adults	Performance Measure: Survey 100% of parents/guardians of children with elevated venous blood lead levels ($\geq 5\mu\text{g/dL}$). Outcome: 100% of parents/guardians of the 28 children with elevated venous blood lead levels ($\geq 5\mu\text{g/dL}$) were surveyed.
Public Health Infrastructure	Achieve measurable improvements of public health systems and health outcomes for the Connecticut Department of Public Health and local public health entities.	DPH implemented strategies in the State Health Improvement Plan (SHIP) through collaboration with identified partners, including the State Chronic Disease Partnership. DPH conducted Advisory Council meetings to address SHIP Coalition functioning and SHIP implementation.	All CT residents	Performance Measure: Implement 3 SHIP strategies. Outcome: Focus area: Mental Health & Substance Abuse Strategy: Provide mental health first aid training for first responders in the state. Focus area: Infectious Disease Strategy: Train clinical staff at the Community Health Network of CT on best practices for educating parents/guardians on the importance of the HPV vaccine for 11 & 12-year-olds as a cancer prevention strategy. Focus area: Environmental Health Strategy: Include question in the CT BRFSS about public knowledge of outdoor air quality and whether public behaviors are altered when poor air quality is forecasted.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2019	Performance Measure
Public Health Infrastructure (continued)				Outcome: 3 Advisory Council Meetings conducted on November 19, 2019, March 10, 2020, June 23, 2020, and a 4th meeting is planned for August 18, 2020.

TABLE N
SUMMARY OF PROGRAM EXPENDITURES BY SUBCATEGORY¹

Preventive Health & Health Services Block Grant (PHHSBG)	FFY 2020 Estimated Expenditures	FFY 2021 Proposed Expenditures
Cancer Prevention	45,438	45,438
Local Health Departments	1,113,322	1,113,322
Rape Crisis Services	79,914	79,914
Surveillance and Evaluation	292,247	289,992
Youth Suicide Prevention	102,003	102,003
Public Health Infrastructure	60,000	60,000
TOTAL	1,692,924	1,690,669

¹ This table presents program expenditures for contractual services only. FFY 2021 funding will be awarded through continuing contracts with various local health departments, the CT Alliance to End Sexual Violence (Rape Crisis Services), ICF Macro, Inc. (Surveillance and Evaluation/ BRFSS), Wheeler Clinic and United Way of CT (Youth Suicide Prevention) and Health Resources in Action, Inc. (Public Health Infrastructure). A request for proposal has been issued to select an applicant to assist DPH in organizing, supporting, leading and/or serving on the CT Cancer Partnership and its workgroups to achieve the goals and objectives of cancer prevention and control contained in the CT Cancer Plan. Future awards will be subject to the department's plan for procurement of health and human services.