

State of Connecticut
Department of Public Health

The Preventive Health and Health
Services Block Grant
Allocation Plan
FFY 2017

**PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY 2017 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 2017 Maintenance of Effort (MOE) is \$2,246,202. 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 2017 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 2017 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 and chronic disease self-management; cancer, which includes skin cancer screening and breast cancer screening referral services; 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 2016 basic appropriation was \$2,170,087 and the Sex Offense Set-Aside portion, which is based on the State’s population, was \$79,914. Total PHHSBG funding formally allocated to Connecticut in FFY 2016 was \$2,250,001.

D. Estimated Federal Funding

The following FFY 2017 funding estimates for Connecticut are based on FFY 2016 funding levels:

Basic Award	\$ 2,170,087
Sex Offense Set-Aside	<u>\$ 79,914</u>

Total FFY 2017 Estimated Award \$ 2,250,001

E. Total Available and Estimated Expenditures

The proposed FFY 2017 budget of \$2,250,001 will not be supplemented with carryover funds. It is anticipated that FFY 2016 funds will be fully expended by September 30, 2017. 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 for FFY 2017 (October 1, 2016 through September 30, 2017) remain the same as in the FFY 2016 allocation with the following exception: after the FFY 2016 State allocation planning process, DPH was notified of an increase in PHHSBG funding, in the amount of \$46,094, that resulted in total funding for FFY 2016 equaling \$2,250,001. The additional \$46,094 was allocated to Surveillance and Evaluation efforts. The funds enabled the Behavioral Risk Factor Surveillance Survey data sample size to be increased. These data serve as performance indicators for many of the Department of Public Health chronic disease grants as mandated by the Centers for Disease Control and Prevention. Level funding for FFY 2017 is proposed.

Based on the fact that the President's proposed budget for the last five consecutive years eliminated PHHSBG funding from the federal budget, Connecticut's Allocation Plan for FFY 2017 supports activities that can be implemented in the short-term, yet remain consistent with achieving progress toward *Healthy People* objectives.

G. Contingency Plan

The Department of Public Health is prepared to revise the FFY 2017 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 Board. Board 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.

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
- the 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 her designee, on the plan.

The Department of Public Health Commissioner's designee, Christine Parker, 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 Meetings were held on December 8, 2015, and January 28, 2016, to finalize details for the application submitted to the Centers for Disease Control and Prevention. A public hearing was held on January 28, 2016.

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 objectives 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 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Administrative Support	2,330	128,438	128,438	0.00%
Cancer Prevention	49,000	49,000	49,000	0.00%
Cardiovascular Disease Prevention	41,000	24,000	24,000	0.00%
Emergency Medical Services	20,000	20,000	20,000	0.00%
Local Health Departments	634,990	989,097	989,097	0.00%
Rape Crisis Services	79,914	79,914	79,914	0.00%
Surveillance and Evaluation	301,764	322,340	322,340	0.00%
Youth Violence/Suicide Prevention	62,089	110,000	110,000	0.00%
Nutrition and Weight Status	25,000	25,000	25,000	0.00%
Public Health Infrastructure	502,212	502,212	502,212	0.00%
TOTAL	1,718,299	2,250,001	2,250,001	0.00%
SOURCE OF FUNDS				
Block Grant	2,242,402	2,250,001	2,250,001	0.00%
Carry Over Funding	N/A	N/A	N/A	N/A
TOTAL FUNDS AVAILABLE [1]	2,242,402	2,250,001	2,250,001	0.00%

[1] The delayed allocation of FFY 2015 PHHSBG funds from the Centers for Disease Control and Prevention resulted in the late execution of contracts and vendor purchases.

**TABLE B – ALL PROGRAMS
PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Number of Positions (FTE) budgeted/filled	5.75/1.50	1.75/1.75	1.75/1.75	0.00%
Personal Services	79,688	145,750	145,750	0.00%
Fringe Benefits	64,036	115,103	115,103	0.00%
Other Expenses	394,454	391,997	391,997	0.00%
Equipment	0	0	0	0.00%
Contracts	442,573	522,495	522,495	0.00%
Grants to:				
Local Government	567,634	921,741	921,741	0.00%
Other State Agencies	0	0	0	0.00%
Private agencies	169,914	152,914	152,914	0.00%
TOTAL EXPENDITURES	1,718,299	2,250,001	2,250,001	0.00%
SOURCE OF FUNDS				
Block Grant	2,242,402	2,250,001	2,250,001	0.00%
Carry Over Funding	N/A	N/A	N/A	N/A
TOTAL FUNDS AVAILABLE [1]	2,242,402	2,250,001	2,250,001	0.00%

[1] The delayed allocation of FFY 2015 PHHSBG funds from the Centers for Disease Control and Prevention resulted in the late execution of contracts and vendor purchases.

TABLE C – ADMINISTRATIVE SUPPORT

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Number of Positions (FTE) budgeted/filled	0.00/0.00	1.00/1.00	1.00/1.00	0.00%
Personal Services	0	69,690	69,690	0.00%
Fringe Benefits	0	54,748	54,748	0.00%
Other Expenses	2,330	4,000	4,000	0.00%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	2,330	128,438	128,438	0.00%

TABLE D – CANCER PREVENTION

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies	49,000	49,000	49,000	0.00%
TOTAL EXPENDITURES	49,000	49,000	49,000	0.00%

TABLE E – CARDIOVASCULAR DISEASE PREVENTION

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Minor Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies	41,000	24,000	24,000	0.00%
TOTAL EXPENDITURES	41,000	24,000	24,000	0.00%

TABLE F – EMERGENCY MEDICAL SERVICES

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses	20,000	20,000	20,000	0.00%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	20,000	20,000	20,000	0.00%

TABLE G – LOCAL HEALTH DEPARTMENTS

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts	67,356	67,356	67,356	0.00%
Grants to:				
Local Government	567,634	921,741	921,741	0.00%
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	634,990	989,097	989,097	0.00%

TABLE H – RAPE CRISIS SERVICES

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
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 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Number of Positions (FTE) budgeted/filled	2.25/0.50	0.25/0.25	0.25/0.25	0.00%
Personal Services	32,036	26,097	26,097	0.00%
Fringe Benefits	26,600	21,104	21,104	0.00%
Other Expenses				
Equipment				
Contracts	243,128	275,139	275,139	0.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	301,764	322,340	322,340	0.00%

F

TABLE J – YOUTH VIOLENCE/SUICIDE PREVENTION

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts	62,089	110,000	110,000	0.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	62,089	110,000	110,000	0.00%

TABLE K – NUTRITION AND WEIGHT STATUS

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Number of Positions (FTE) budgeted/filled	0.50/0.00	0.00/0.00	0.00/0.00	0.00%
Personal Services				
Fringe Benefits				
Other Expenses	25,000	25,000	25,000	0.00%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	25,000	25,000	25,000	0.00%

TABLE L – PUBLIC HEALTH INFRASTRUCTURE

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 15 Expenditures	FFY 16 Estimated Expenditures	FFY 17 Proposed Expenditures	Percentage Change from FFY 16 to FFY 17
Number of Positions (FTE) budgeted/filled	3.00/1.00	0.50/0.50	0.50/0.50	0.00%
Personal Services	47,652	49,963	49,963	0.00%
Fringe Benefits	37,436	39,251	39,251	0.00%
Other Expenses	347,124	342,998	342,998	0.00%
Equipment				
Contracts	70,000	70,000	70,000	0.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	502,212	502,212	502,212	0.00%

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES

Note: FFY 2015 “Numbers Served” and “Performance Measures” reflect interim status. The delayed allocation of FFY 2015 funds from the Centers for Disease Control and Prevention resulted in the late execution of contracts; therefore, the majority of the contractors listed below will increase performance in the later months of their contracts, which end September 30, 2016.

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2015	Performance Measures
Cancer Prevention Skin Cancer Education	Increase the proportion of persons who use at least one of the following protective measures that may reduce the risk of skin cancer: avoid the sun between 10 a.m. and 4 p.m., wear sun-protective clothing when exposed to sunlight, use sunscreen with an SPF of 15 or higher, and avoid artificial sources of ultraviolet light.	Local health departments (LHDs) implemented community-based skin cancer educational programs (incorporating the United States Environment Protection Agency <i>SunWise</i> Program) aimed at increasing awareness and educating children age 5 - 15 and caregivers how to protect themselves from overexposure to the sun.	1,360 individuals served	Performance Measure: Implement 8-10 community-based skin cancer educational programs targeting children 5-15 yrs. old and caregivers. Outcome: 14 community-based skin cancer programs were implemented.
Breast Education and Screening Referral	Increase the number of breast cancer screenings for women age 40 and over.	LHDs conducted community-based breast cancer education and screening referral to increase the number of women age 40 and older who receive one-on-one education regarding nationally recommended screening guidelines and who were referred to community-based breast cancer screening programs.	1,050 individuals served	Performance Measure: 1,000 women will be referred to community-based breast cancer screening programs and receive one-on-one breast cancer prevention education. Outcome: 1,050 women were referred.
Cancer Health Disparities	Provide relevant cancer prevention information and resources to reduce health disparities and improve health outcomes.	Developed and maintained a state level cancer website, in conjunction with the Connecticut Cancer Partnership, which provided relevant information regarding action steps toward addressing CT Comprehensive Cancer Plan (Plan) goals and objective with an emphasis on reducing health disparities.	Cancer continuum healthcare professionals	Performance Measure: State cancer website is developed and contains information on progress in achieving Plan goals and objectives related to reducing cancer disparities http://www.ctcancerpartnership.org/pages/welcome.asp Outcome: Website is operational, health disparities information to be added by September 30, 2016.

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2015	Performance Measures
Heart Disease and Stroke Prevention	Decrease the 10-year risk for heart disease and stroke among adults	LHDs conducted cholesterol screening/referral, education and counseling programs aimed at assisting adults 18 and older to take action to reduce their 10-year risk.	As of June 17, 2016: 75 adults were screened for cholesterol.	<p>Performance Measure: At least 60% of adults with elevated 10-year risk of heart disease or stroke can recognize their 10-year risk for heart attack or stroke and can identify 3 high cholesterol management practices</p> <p>Outcome: Screening of 75 adults complete, assessment pending.</p> <p>Performance Measure: At least 20% of program adults with elevated 10-year risk of heart disease or stroke report taking physician approved action to lower risk through lifestyle changes and/or medication.</p> <p>Outcome: Screening of 75 adults complete, assessment pending.</p>
Heart Disease and Stroke Prevention (continued)	Increase the percentage of communities that are trained to address cardiac episodes.	DPH will increase the number of HEARTSafe designated communities.	82,674 individuals in 4 communities	<p>Performance Measure: At least 4 new communities will achieve HEARTSafe certification.</p> <p>Outcome: The following 4 communities received HEARTSafe certification: Andover 04/2015 Bethlehem 03/2015 Durham 11/2015 Southington 04/2015</p>

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2015	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 develop, implement, and evaluate 2 to 4 community-wide policy and/or environmental change initiatives that reduce chronic disease risk factors.</p> <p>Outcome: 14 LHDs implemented at least 2 policy and/or environmental change initiatives that increased access to healthy foods, increased opportunities for physical activity, and decreased tobacco use</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.	6 individuals	<p>Performance Measure: Increase the percentage of participants of smoking cessation programs that report either quitting smoking or reducing their smoking at the end of the program from 20% - 25%.</p> <p>Outcome: 67% of the participants reported that they either quit tobacco use or decreased their tobacco intake 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 2015	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. 1 of the 2 LHDs implemented 1 8-session tobacco use cessation counseling program during this reporting period.	6 individuals	Performance Measure: Increase the percentage of participants of smoking cessation programs that report reducing exposure to secondhand smoke from 62% to 70%. Outcome: 67% of the participants reported that they had made protective environmental changes that reduced exposure to secondhand smoke.
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 18 and older.	As of June 17, 2016: 184 people have been screened for BP.	Performance Measure: At least 70% of program clients with elevated blood pressure can identify hypertension and at least 3 hypertension management practices. Outcome: 100% of clients identified hypertension and at least 3 hypertension management practices. Performance Measure: At least 35% of program clients with elevated BP report taking physician directed action to control BP through lifestyle and/or medications. Outcome: 100% reported taking physician directed action to control BP through lifestyle and/or medications.

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2015	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	Ensure staff education and expertise to coordinate a statewide EMS annual educational conference.	33	<p>Performance Measure: 100% of participants will increase knowledge regarding the integrated healthcare model. (Pre/post test).</p> <p>Outcome: 100% (33 participants) reported increased knowledge of the integrated healthcare model.</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.	2.8 million CT adults	<p>Performance Measure (s):</p> <ul style="list-style-type: none"> - Increase BRFSS Sample size by 1,500 -Write and distribute 2 reports using BRFSS data - Establish methodology to calculate small area estimates <p>Outcome:</p> <ul style="list-style-type: none"> - The BRFSS Sample size was increased by 1,500 in the December 31, 2015 BRFSS survey. -A BRFSS Summary Report was prepared and distributed to the public. The report can be found on the DPH webpage: http://www.ct.gov/dph/BRFSS -1 mechanism for generating small area estimates using BRFSS data was established.

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2015	Performance Measures
Surveillance and Evaluation (continued)	Implement Culturally Linguistic Appropriate Standards (CLAS) in all state and local health department initiatives.	<p>The DPH CLAS Coordinator provided CLAS training and technical assistance to individuals employed in the state and local public health workforce utilizing new CLAS curriculum.</p> <p>The DPH CLAS Coordinator established a Language Access Policy and Plan in conjunction with DPH's Communications, Equal Employment Opportunity, Health Equity, Administration, and Strategic Planning Sections.</p>	<p>126 individuals trained</p> <p>All DPH staff (~800), all LHD staff and DPH contractors.</p>	<p>Performance Measure: At least 20 state and local public health professionals will be trained in the new CLAS curriculum.</p> <p>Outcome: 126 state and local public health professionals were trained with 80% of participants rating the training as excellent or good.</p> <p>Performance Measure: Develop 1 Language Access Policy and Plan.</p> <p>Outcome: Completed Language Access Policy was signed by Commissioner Jewel Mullen in August, 2015, and is available on the DPH website. Draft Language Access Plan was completed (June 2016) and will soon be sent to DPH staff for review and comment.</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.	A total of 145 adults and children were served.	<p>Performance Measure: Eighty-eight percent (88%) of program participants will demonstrate awareness of the correct use of child restraint systems.</p> <p>Outcome: Eighty-eight percent (88%) of program participants demonstrated awareness of the correct use of child restraint systems upon completion of a child passenger safety program.</p>

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2015	Performance Measures
Youth Violence and Suicide Prevention	Decrease youth violence and suicide.	The DPH contractor will provide youth violence prevention programs to 12 or more colleges.	FFY 2015 data is not yet available. Contract executed on 6/8/16.	Performance Measure: To reach at least 6,000 college students with youth violence prevention education messages. Outcome: Pending
		Increased participants who gained knowledge of pro-social skills and non-violent alternatives to fighting upon completion of youth violence program.		Performance Measure: Increased the number of participants from 10 to 30 who reported gaining knowledge of pro-social skills and non-violent alternatives to fighting upon completion of youth violence program. Outcome: Pending
		DPH staff, in collaboration with the Connecticut Suicide Advisory Board, conducted 2 strategies to reduce access to lethal means of suicide.	FFY 2015 data is not available. Contract not yet executed.	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. Outcome: Pending
		DPH staff, in collaboration with the CT Suicide Advisory Board, will work with school-based social networks that address the risk factors related to suicide ideations and the reduction of stigma in mental health help seeking.		Performance Measure: Implement 2 school-based social networks that address the risk factors related to suicide. Outcome: Pending

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2015	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.	505 hazards identified and 393 (77.8%) were corrected.	Performance Measure: At least 60% of home safety hazards identified during the home safety assessment are corrected in client homes. Outcome: 77.8% of identified home safety hazards were corrected.
		LHDs conducted fall prevention exercise programs for older adults.	Of 83 program participants, 65 completed the post program survey.	Performance Measure: At least 75% 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: Of the 65 participants who completed the post survey, 27 or 42% reported that they will continue to exercise following the program.

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2015	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>Maintained complete records of Public Health Codes violations identified during healthy homes assessments that are ordered to be corrected or remediated.</p>	<p>Healthy Homes:</p> <p>143 occupants resided in the homes where initial assessments and reassessments were conducted</p>	<p>Healthy Home:</p> <p>Performance Measure: 100% of property owners/tenants receive written remediation letters with recommendations related to the reduction of specific health hazards identified during assessment.</p> <p>Outcome: 100% of property owners and/or tenants received written remediation letters.</p> <p>Performance Measure: Records were maintained for 100% of the Public Health Code violations identified and that were remediated or corrected.</p> <p>Outcome: Records were maintained for 100% of Public Health Code violations identified and remediated or corrected.</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>228 residents served (182 Children and 46 Adults)</p>	<p>Asthma:</p> <p>Performance Measure: Participants of the home-based asthma program score at least 80% in their asthma knowledge and self-management skills improvement scores.</p> <p>Outcome: 100% of the 228 participants served learned and demonstrated correct self-medication administration skills.</p>

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2015	Performance Measures
Healthy Homes (continued)	Asthma (continued)	LHDs identified home-based asthma triggers and recommended environmental strategies for the reduction of the identified triggers.	228 residents served (182 Children and 46 Adults)	<p>Performance Measure: All participants implement at least 1 of the recommended environmental strategies within 90 days post in-home visit.</p> <p>Outcome: 100% of participants implemented 1 or more of the recommended environmental strategies within 90 days post in-home visit.</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>Connecticut Alliance to End Sexual Violence data: 3,985 victims received sexual assault crisis intervention services.</p> <p>1,246 victims of completed or attempted rapes and/or sexual assault filed a police report.</p>	<p>Performance Measure: At least 3,640 female and male victims of sexual assault will be served at the rape crisis centers.</p> <p>Outcome: 3,985 victims received sexual assault crisis intervention services.</p> <p>Performance Measure: At least 1,500 sexual assault victims will file a police report.</p> <p>Outcome: 1,246 victims of completed or attempted rapes and/or sexual assault filed a police report.</p>

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2015	Performance Measures
Nutrition	Increase healthy food options in areas of the state with high poverty and need.	Using available data identified high need areas and engaged partners to expand the Healthy Corner Store Initiative (HCSI).	Based on population of selected communities	<p>Performance Measure: Identification of 1 to 2 stores to participate in new Waterbury HCSI.</p> <p>Outcome: Data currently being collected and analyzed with identification to occur by September 30, 2016.</p> <p>Performance Measure: Identification of 1 new store to participate in existing Bridgeport HCSI.</p> <p>Outcome: Data currently being collected and analyzed with identification to occur by September 30, 2016.</p>
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.	Approximately 240 individuals, including a minimum of one parent and/or guardian per child, were served.	<p>Performance Measure: Survey 100% of parents/guardians of children with elevated venous blood lead levels ($\geq 5\mu\text{g/dL}$).</p> <p>Outcome: 100% of parents/guardians of the 43 children with elevated venous blood lead levels ($\geq 5\mu\text{g/dL}$) were surveyed. To date, 21 surveys are completed with additional survey responses pending.</p>

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2015	Performance Measure
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.	<p>DPH implemented strategies in the State Health Improvement Plan (SHIP) through collaboration with identified partners, including the State Chronic Disease Partnership.</p> <p>DPH conducted Advisory Council meetings to address SHIP Coalition functioning and SHIP implementation.</p>	All CT residents	<p>Performance Measure: Implement 4 SHIP strategies.</p> <p>Outcome: The following SHIP strategies and related focus areas were implemented:</p> <p>Focus Area: Health Systems; Strategy: Provide financial incentives to health jurisdictions to pursue accreditation</p> <p>Focus Area: Chronic Disease; Strategy: Update the statewide community water fluoridation statute with the new US DHHS recommendation for optimal fluoride level</p> <p>Focus Area: Maternal, Infant, and Child Health; Strategy: Support the provision of preconception/interconception health care throughout the childbearing years in community and clinical settings</p> <p>Focus Area: Infectious Disease; Strategy: Explore use of pre-exposure prophylaxis as preventive measure for persons engaging in high-risk behaviors.</p> <p>Performance Measure: Conduct 4 Advisory Council Meetings. Outcome: 4 Advisory Council meetings conducted.</p>

TABLE N
SUMMARY OF PROGRAM EXPENDITURES BY SUB-CATEGORY ¹

Preventive Health & Health Services Block Grant (PHHSBG)	FFY 2016 Estimated Expenditures	FFY 2017 Proposed Expenditures
Cancer Prevention	49,000	49,000
Cardiovascular Disease Prevention	24,000	24,000
Local Health Departments	989,097	989,097
Rape Crisis Services	79,914	79,914
Surveillance and Evaluation	275,139	275,139
Youth Violence/Suicide Prevention	110,000	110,000
Public Health Infrastructure	70,000	70,000
TOTAL	1,597,150	1,597,150

¹ This table presents program expenditures for contractual services only. Salaries and fringe benefits costs are not reflected.