

State of Connecticut  
Department of Public Health

The Preventive Health and Health  
Services Block Grant  
Allocation Plan  
FFY 2020

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**PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT  
FFY 2020 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 2020 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 2020 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 2020 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, 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 2019 basic appropriation was \$2,186,517 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 2019 was \$2,266,431.

#### D. Estimated Federal Funding

The following FFY 2020 funding estimates for Connecticut are based on FFY 2019 funding levels:

Basic Award	\$2,186,517
Sex Offense Set-Aside	<u>\$ 79,914</u>
Total FFY 2020 Estimated Award	\$2,266,431

In March 2019, the CDC released the FFY 2019 PHHSBG Allocation Table, which included a 7% reduction in funding from FFY 2018 to FFY 2019. Connecticut's final FFY 2019 award is \$2,266,431, which is \$178,311 less than in FFY 2018. In consultation with the Commissioner, executive staff met to determine how funding reductions would be spread across programs. Consistent with the contingency planning process in the adopted allocation plan, the approved FFY 2019 allocations were modified to reflect the new lower funding amount. The PHHSBG Advisory Committee was then convened, a public hearing was held and the modified FFY 2019 PHHSBG Allocation Plan was approved.

The 7% funding reduction from FFY 2018 resulted in Connecticut's FFY 2019 PHHSBG award being approximately the same as prior years' levels, as a 7% increase in the award had occurred between FFY 2017 and FFY 2018. Thus, both the current available funding and the proposed FY 2020 plan allocations are consistent with recent historical levels.

E. Total Available and Estimated Expenditures

The proposed FFY 2020 budget of \$2,266,431 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 2020 plan are maintained at the FFY 2019 levels. 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 2020 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 2020 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 January 22, 2019, and again on March 27, 2019 to finalize details for the application to be submitted to the Centers for Disease Control and Prevention. A public hearing was also held on March 27, 2019.

#### 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**

<b>PROGRAM CATEGORY</b>	<b>FFY 18 Expenditures</b>	<b>FFY 19 Estimated Expenditures</b>	<b>FFY 20 Proposed Expenditures</b>	<b>Percentage Change - FY 19 to FY 20</b>
Administrative Support	128,435	120,089	120,089	0.00%
Cancer Prevention	49,000	45,438	45,438	0.00%
Cardiovascular Disease Prevention	24,000	22,255	22,255	0.00%
Emergency Medical Services	20,000	18,546	18,546	0.00%
Local Health Departments	1,170,881	1,085,805	1,085,805	0.00%
Rape Crisis Services	79,914	79,914	79,914	0.00%
Surveillance and Evaluation	335,297	325,169	325,169	0.00%
Youth Suicide Prevention	110,003	102,003	102,003	0.00%
Nutrition and Weight Status	25,000	15,000	15,000	0.00%
Public Health Infrastructure	502,212	452,212	452,212	0.00%
<b>TOTAL</b>	<b>2,444,742</b>	<b>2,266,431</b>	<b>2,266,431</b>	<b>0.00%</b>
<b>SOURCE OF FUNDS</b>				
Block Grant	2,444,742	2,266,431	2,266,431	0.00%
<b>TOTAL FUNDS AVAILABLE</b>	<b>2,444,742</b>	<b>2,266,431</b>	<b>2,266,431</b>	<b>0.00%</b>



## TABLE B – ALL PROGRAMS

### PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 18 Expenditures	FFY 19 Estimated Expenditures	FFY 20 Proposed Expenditures	Percentage Change - FY 19 to FY 20
Number of Positions (FTE) budgeted/filled	1.75/.75	1.50/1.50	1.50/1.50	0.00%
Personal Services	72,027	123,729	124,154	0.34%
Fringe Benefits	58,590	114,816	117,940	2.72%
Other Expenses	417,541	362,443	358,930	-0.97%
Equipment	0	0	0	0.00%
Contracts	709,144	551,643	551,606	-0.01%
Grants to:				
Local Government	1,058,525	988,449	988,449	0.00%
Other State Agencies	0	0	0	0.00%
Private agencies	128,914	125,352	125,352	0.00%
<b>TOTAL EXPENDITURES [1]</b>	<b>2,444,742</b>	<b>2,266,431</b>	<b>2,266,431</b>	<b>0.00%</b>
SOURCE OF FUNDS				
Block Grant	2,444,742	2,266,431	2,266,431	0.00%
<b>TOTAL FUNDS AVAILABLE</b>	<b>2,444,742</b>	<b>2,266,431</b>	<b>2,266,431</b>	<b>0.00%</b>

[1] Numbers may not add to totals due to rounding.

**TABLE C – ADMINISTRATIVE SUPPORT**  
**PROGRAM EXPENDITURES**

<b>PROGRAM CATEGORY</b>	<b>FFY 18 Expenditures</b>	<b>FFY 19 Estimated Expenditures</b>	<b>FFY 20 Proposed Expenditures</b>	<b>Percentage Change - FY 19 to FY 20</b>
Number of Positions (FTE) budgeted/filled	1.0/0.25	.50/.50	.50/.50	0.00%
Personal Services	21,413	41,633	43,643	4.83%
Fringe Benefits	16,624	38,140	40,375	5.86%
Other Expenses	90,400	40,316	36,071	-10.53%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
<b>TOTAL EXPENDITURES [1]</b>	<b>128,438</b>	<b>120,089</b>	<b>120,089</b>	<b>0.00%</b>

[1] Numbers may not add to totals due to rounding.

## TABLE D – CANCER PREVENTION

### PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 18 Expenditures	FFY 19 Estimated Expenditures	FFY 20 Proposed Expenditures	Percentage Change - FY 19 to FY 20
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	45,438	45,438	0.00%
<b>TOTAL EXPENDITURES</b>	<b>49,000</b>	<b>45,438</b>	<b>45,438</b>	<b>0.00%</b>

## TABLE E – CARDIOVASCULAR DISEASE PREVENTION

### PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 18 Expenditures	FFY 19 Estimated Expenditures	FFY 20 Proposed Expenditures	Percentage Change - FY 19 to FY 20
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses	24,000	22,255	22,255	0.00%
Minor Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
<b>TOTAL EXPENDITURES</b>	<b>24,000</b>	<b>22,255</b>	<b>22,255</b>	<b>0.00%</b>

## TABLE F – EMERGENCY MEDICAL SERVICES

### PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 18 Expenditures	FFY 19 Estimated Expenditures	FFY 20 Proposed Expenditures	Percentage Change - FY 19 to FY 20
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses	20,000	18,546	18,546	0.00%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
<b>TOTAL EXPENDITURES</b>	<b>20,000</b>	<b>18,546</b>	<b>18,546</b>	<b>0.00%</b>

## TABLE G – LOCAL HEALTH DEPARTMENTS

### PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 18 Expenditures	FFY 19 Estimated Expenditures	FFY 20 Proposed Expenditures	Percentage Change - FY 19 to FY 20
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts	112,356	97,356	97,356	0.00%
Grants to:				
Local Government	1,058,525	988,449	988,449	0.00%
Other State Agencies				
Private agencies				
<b>TOTAL EXPENDITURES</b>	<b>1,170,881</b>	<b>1,085,805</b>	<b>1,085,805</b>	<b>0.00%</b>

## TABLE H – RAPE CRISIS SERVICES

### PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 18 Expenditures	FFY 19 Estimated Expenditures	FFY 20 Proposed Expenditures	Percentage Change - FY 19 to FY 20
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%
<b>TOTAL EXPENDITURES</b>	<b>79,914</b>	<b>79,914</b>	<b>79,914</b>	<b>0.00%</b>

## TABLE I – SURVEILLANCE AND EVALUATION

### PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 18 Expenditures	FFY 19 Estimated Expenditures	FFY 20 Proposed Expenditures	Percentage Change - FY 19 to FY 20
Number of Positions (FTE) budgeted/filled	0.25/0.00	0.25/0.25	0.25/0.25	0.00%
Personal Services	1,176	16,633	15,436	-7.20%
Fringe Benefits	1,332	16,252	17,486	7.59%
Other Expenses				
Equipment				
Contracts	332,788	292,284	292,247	-0.01%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
<b>TOTAL EXPENDITURES [1]</b>	<b>335,297</b>	<b>325,169</b>	<b>325,169</b>	<b>0.00%</b>

[1] Numbers may not add to totals due to rounding.



## TABLE J – YOUTH SUICIDE PREVENTION

### PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 18 Expenditures	FFY 19 Estimated Expenditures	FFY 20 Proposed Expenditures	Percentage Change - FY 19 to FY 20
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts	110,000	102,003	102,003	0.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
<b>TOTAL EXPENDITURES</b>	<b>110,000</b>	<b>102,003</b>	<b>102,003</b>	<b>0.00%</b>

## TABLE K – NUTRITION AND WEIGHT STATUS

### PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 18 Expenditures	FFY 19 Estimated Expenditures	FFY 20 Proposed Expenditures	Percentage Change - FY 19 to FY 20
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses	25,000	15,000	15,000	0.00%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
<b>TOTAL EXPENDITURES</b>	<b>25,000</b>	<b>15,000</b>	<b>15,000</b>	<b>0.00%</b>

## TABLE L – PUBLIC HEALTH INFRASTRUCTURE

### PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 18 Expenditures	FFY 19 Estimated Expenditures	FFY 20 Proposed Expenditures	Percentage Change - FY 19 to FY 20
Number of Positions (FTE) budgeted/filled	0.50/0.50	0.75/0.75	0.75/0.75	0.00%
Personal Services	49,438	65,463	65,075	-0.59%
Fringe Benefits	40,633	60,424	60,079	-0.57%
Other Expenses	302,141	266,325	267,058	0.28%
Equipment				
Contracts	110,000	60,000	60,000	0.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
<b>TOTAL EXPENDITURES [1]</b>	<b>502,212</b>	<b>452,212</b>	<b>452,212</b>	<b>0.00%</b>

[1] Numbers may not add to totals due to rounding.

**TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES**

Note: FFY 2018 “Numbers Served” and “Performance Measures” reflect interim status. The delayed allocation of FFY 2018 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, 2019.

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2018	Performance Measures
<b>Cancer Prevention</b>				
<b>Skin Cancer Education</b>	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 ages 5 - 15 and caregivers about how to protect themselves from overexposure to the sun.	267 individuals	<p>Performance Measure: Implement 8-10 community-based skin cancer educational programs targeting children 5-15 yrs. old and caregivers.</p> <p>Outcome: 2 LHDs are implementing this program. As of June 18, 2019, both contractors have implemented 6 community-based skin cancer education programs.</p>
<b>Cancer Health Disparities</b>	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.	370 healthcare professionals	<p>Performance Measure: State cancer website is developed and contains information on progress in achieving Plan goals and objectives related to reducing cancer disparities.</p> <p>Outcome: The website was updated as needed, with relevant cancer prevention information and resources. Information regarding events and activities were also listed.</p>

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2018	Performance Measures
<b>Heart Disease and Stroke Prevention</b>	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, 2019, 35 people have been screened	<p>Performance Measure: At least 100% 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: Pending. The cholesterol education classes are in progress. Final data is not yet available.</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 June 17, 2019, 75 people have attended the program	<p>Performance Measure: At least 100% 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: 75% 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 20,000 people	<p>Performance Measure: DPH will expand the number of HEARTSafe workplace designations from 9 to 12.</p> <p>Outcome: An additional 3 workplaces were designated as HEARTSafe for a total of 12. They are: Hexacomb Corp., CREC Public Safety Academy and the Town of South Windsor.</p>

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

<b>Service Category</b>	<b>Objective</b>	<b>Grantor/Agency Activity</b>	<b>Number Served FFY 2018</b>	<b>Performance Measures</b>
<b>Policy/Environmental Change for Chronic Disease Prevention</b>	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 2 or more community-wide policy and/or environmental change initiatives that reduce chronic disease risk factors.</p> <p>Outcome: LHDs developed and implemented at least 2 community-wide policy and/or environmental change initiatives that reduce chronic disease risk factors. Examples of these initiatives include worksite wellness, and built environment change initiatives such as construction of sidewalks and bike and walking paths.</p>
<b>Tobacco Use Cessation/ Create Environmental Changes to Reduce Secondhand Smoke Exposure</b>	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.	31 individuals	<p>Performance Measure: Maintain the percentage of participants of smoking cessation programs that report either quitting smoking or reducing their smoking at the end of the program at 70%.</p> <p>Outcome: 89% of program participants reported that they 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)**

<b>Service Category</b>	<b>Objective</b>	<b>Grantor/Agency Activity</b>	<b>Number Served FFY 2018</b>	<b>Performance Measures</b>
<b>Tobacco Use Cessation/ Create Environmental Changes to Reduce Secondhand Smoke Exposure</b> (continued)		LHDs will conduct tobacco use cessation counseling programs that provide smokers with the information needed to reduce exposure to secondhand smoke.	18 individuals	<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: 83% of program participants reported at program end that they had made protective environmental changes that reduced exposure to secondhand smoke.</p>
<b>Hypertension Management Practices</b>	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, 2019, 112 people have been screened	<p>Performance Measure: At least 90% of program clients with elevated blood pressure can identify hypertension and at least 3 hypertension management practices.</p> <p>Outcome: Pending. Hypertension management education programs are in progress. Final data is not yet available.</p> <p>Performance Measure: At least 100% of program clients with elevated BP report taking physician directed action to control BP through lifestyle and/or medications.</p> <p>Outcome: Pending. Hypertension management education programs are currently being offered, but data is not yet available.</p>

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

<b>Service Category</b>	<b>Objective</b>	<b>Grantor/Agency Activity</b>	<b>Number Served FFY 2018</b>	<b>Performance Measures</b>
<b>Emergency Medical Services (EMS)</b>	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.	77 EMS providers	<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: Conducted 2 conferences at: Danbury Hospital on 11/14/2018, Waterbury Hospital on 4/18/19. A 3<sup>rd</sup> conference is planned for September 2019.</p>
<b>Surveillance and Evaluation</b>	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 Measures:</p> <ul style="list-style-type: none"> <li>- Increase BRFSS sample size by 1,500 for the 2019 survey year.</li> <li>- Write and post online 2 reports using BRFSS data.</li> <li>- A statistically valid and reliable methodology will be used to broaden the impact of BRFSS data for local geographies.</li> </ul> <p>Outcome: - The BRFSS Sample size was increased by 1,800 as a contract item for the 2019 survey year.</p> <ul style="list-style-type: none"> <li>- A 2017 BRFSS Summary Report was prepared and will be posted online in July 2019.  <a href="http://www.ct.gov/dph/BRFSS">www.ct.gov/dph/BRFSS</a></li> <li>- A BRFSS Local Area Analysis providing small area estimates for health departments and districts was written and posted online in March 2019. <a href="http://www.ct.gov/dph/BRFSS">www.ct.gov/dph/BRFSS</a></li> </ul>



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

<b>Service Category</b>	<b>Objective</b>	<b>Grantor/Agency Activity</b>	<b>Number Served FFY 2018</b>	<b>Performance Measures</b>
<b>Surveillance and Evaluation</b> (continued)				<p>- A BRFSS Analysis of health by health insurance status was written and posted online in March 2019. <a href="http://www.ct.gov/dph/BRFSS">www.ct.gov/dph/BRFSS</a></p> <p>- Small area analysis methodology continues to be refined to enhance the ability to release BRFSS health estimates for sub-state geographies in CT.</p>
<b>Unintentional Injury Prevention</b>  <b>Motor Vehicle Crashes</b>	Decrease in unintentional injuries.	LHDs conducted child passenger safety programs to demonstrate awareness of the correct use of child safety seats.	As of 3/31/2019, 38 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 3/31/2019, 100% of program participants demonstrated knowledge and awareness of the correct use of restraint systems upon completion of a child passenger safety program.</p>
<b>Youth Suicide Prevention</b>	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.	1 Assessing and Managing Suicide Risk (AMSR) training planned for August 2019 and 2 Recognizing and Responding to Suicide Risk (RRSR) trainings planned for September 2019.	<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. Contractor will assess percent of participants reporting an increased understanding of best practice suicide prevention strategies to identify suicide risks in their patients.</p>

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2018	Performance Measures
<b>Youth Suicide Prevention</b> (continued)	Decrease in youth suicide.	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.	2,239 students	<p>Performance Measure: Contractor will conduct “Fresh Check Days” and student ambassador programs at 12 Connecticut colleges to increase awareness about, and prevent suicides.</p> <p>Outcome: 10 Fresh Check Days held in October and November 2018 at Goodwin College, Quinnipiac University, Trinity College, Albertus Magnus College, Connecticut College, Housatonic Community College, UConn (Stamford), Eastern CT State University, Central CT State University, and Naugatuck Valley Community College. After attending the event, 83.2 % of college students reported being more prepared to help a friend who is exhibiting warning signs of suicide or mental health after attending the event.</p>
		DPH staff, in collaboration with the Connecticut Suicide Advisory Board, conducted 2 strategies to reduce access to lethal means of suicide.	Talk Saves Lives trainings to be scheduled for Summer/early Fall 2019.	<p>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.</p> <p>Outcome: Strategy #1: Firearm Safety Education - Ongoing outreach to gun shop owners to provide suicide prevention</p>

<b>Youth Suicide Prevention</b> (continued)				<p>materials to be displayed in their retail shops and to offer Talk Save Lives (TSL) training. Post-training evaluations will assess percentage of firearm retailers and gun range owners and their staff who attend the Talk Saves Lives (TSL) trainings reporting an increased understanding of suicide prevention strategies and the importance of utilizing TSL as a suicide prevention strategy.</p> <p>Strategy #2: High Risk Area Signage - In July 2019, a letter will go out 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 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 has been developed and includes the suicide crisis text and phone numbers. The bridges that will be targeted are:</p> <p>I-395 S at Doghill Road Underpass, Dayville (Killingly)</p> <p>1-84 Near Exit 39A, Farmington Founders Bridge, Hartford</p>
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**TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)**

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2018	Performance Measures
<b>Fall-related Injuries</b>  <b>Fall Prevention for Older Adults</b>	Decrease in unintentional injuries.	LHDs conducted home safety assessments, identified home safety hazards for older adults and made recommendations to correct hazards.	As of 3/31/2019, 33 home safety assessments carried out by Hartford DHHS Public Health Nurse	Performance Measure: At least 70% of home safety hazards identified during the home safety assessment are corrected in client homes.  Outcome: As of 3/31/2019, 103 hazards were identified in 33 home safety assessments and 72 (70%) identified safety hazards were corrected.
		LHDs conducted fall prevention exercise programs for older adults.	As of 3/31/2019, Farmington Valley Health District conducted one eight week fall prevention program for 12 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 3/31/2019, 100% of participants who completed the survey plan to continue with the exercise program. One group started four years ago continues to meet regularly for exercise.

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2018	Performance Measures
<b>Healthy Homes</b>	<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>48 occupants resided in the homes where initial assessments and reassessments were conducted.</p> <p>Seniors age ≥ 65 - 15  Adults age 18-64 - 24  Children age 6-17- 3  Children &lt; 6 - 6</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 hazards identified, 65% were corrected by the 90-day reassessment.</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>212 participants were served</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: 64.2% of participants completed the 3-visit program and 66.9% of participants achieved well controlled asthma status.</p>

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

<b>Service Category</b>	<b>Objective</b>	<b>Grantor/Agency Activity</b>	<b>Number Served FFY 2018</b>	<b>Performance Measures</b>
<b>Healthy Homes</b> (continued)		LHDs identified home-based asthma triggers and recommended environmental strategies for the reduction of the identified triggers.	144 participants were served	<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>
<b>Rape Crisis Services</b>	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: 7,113 victims received sexual assault crisis intervention services (1/1/18-12/31/18)</p> <p>1,802 victims of completed or attempted rapes and/or sexual assault filed a police report. (1/1/18-12/31/18)</p>	<p>Performance Measure: At least 4,004 female and male victims of sexual assault will be served at the rape crisis centers.</p> <p>Outcome: 7,113 victims of sexual assault received services through the rape crisis center in 2018, 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: 1,802 victims of sexual assault filed a police report in 2018.</p>

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2018	Performance Measures
<b>Nutrition</b>	Promote breastfeeding exclusivity among new mothers and improve the food environment to include more fruits and vegetables available in child care settings.	Using available data, identified and provided support to partners on establishment of Breastfeeding Friendly Worksite and farm to preschool programs.	<p>The targeted worksites have at least 30 employees per site. Services reach approximately 150 people.</p> <p>Approximately 100 children by September 30, 2019</p>	<p>Performance Measure: Increase number of worksites that are recognized as a “Breastfeeding Friendly Worksite” from 39 to 44.</p> <p>Outcome: Five worksites are being targeted to work with DPH and its partners from June-September 30, 2019, with the goal of those sites being recognized as Breastfeeding-Friendly by September 2019.</p> <p>Performance Measure: Increase the number of Early Care and Education (ECEs) sites that implement a farm to preschool program from 0 to 10.</p> <p>Outcome: Twelve ECE sites in Hartford, New Haven, Stamford and Bridgeport were recruited to participate in the farm to preschool pilot program. By September 2019, at least 10 of the 12 will fully implement and be provided mini-grants.</p>
<b>Childhood Lead Poisoning Surveillance Program</b>	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.	<p>80 individuals were served:</p> <p>53 children 27 adults</p>	<p>Performance Measure: Survey 100% of parents/guardians of children with elevated venous blood lead levels (<math>\geq 5\mu\text{g/dL}</math>).</p> <p>Outcome: 100% of parents/guardians of the approximately 53 children with elevated venous blood lead levels <math>\geq 5\mu\text{g/dL}</math> were surveyed. To date, 17 surveys are completed.</p>

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

<b>Service Category</b>	<b>Objective</b>	<b>Grantor/Agency Activity</b>	<b>Number Served FFY 2018</b>	<b>Performance Measure</b>
<b>Public Health Infrastructure</b>	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 3 SHIP strategies.</p> <p>Outcome: Focus area: Maternal and Child Health. Strategy: Provide technical assistance to Every Woman CT participating programs and practices.</p> <p>Focus area: Environmental Health. Strategy: Expand knowledge of the Healthy Homes Initiative and encouraging partners to leverage resources to accomplish goals.</p> <p>Focus area: Injury &amp; Violence Prevention. Strategy: Expansion of the “Where Do You Stand” awareness and education campaign to end sexual violence in middle and high schools.</p> <p>Performance Measure: Conduct 4 Advisory Council Meetings.</p> <p>Outcome: 3 Advisory Council Meetings conducted on: October 23, 2018, February 21, 2019, and May 21, 2019. Meeting scheduled for August 20, 2019.</p>



**TABLE N**  
**SUMMARY OF PROGRAM EXPENDITURES BY SUB-CATEGORY <sup>1</sup>**

<b>Preventive Health &amp; Health Services Block Grant (PHHSBG)</b>	<b>FFY 2019 Estimated Expenditures</b>	<b>FFY 2020 PROPOSED Expenditures</b>
Cancer Prevention	45,438	45,438
Local Health Departments	1,085,805	1,085,805
Rape Crisis Services	79,914	79,914
Surveillance and Evaluation	292,284	292,247
Suicide Prevention	102,003	102,003
Public Health Infrastructure	60,000	60,000
<b>TOTAL</b>	<b>1,665,444</b>	<b>1,665,407</b>

<sup>1</sup> This table presents program expenditures for contractual services only.