

State of Connecticut
Department of Public Health

The Preventive Health and Health
Services Block Grant
Allocation Plan
FFY 2024

**PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY 2024 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 2023 Maintenance of Effort (MOE) is \$2,353,850. The MOE total includes state-funded expenditures directed at the attainment of the health status objectives funded by the PHHSBG. In addition, no more than 10% of the award may be spent on the administration of this grant.

Consistent with *Healthy People 2030*, the national public health plan’s leading health indicators, the FFY 2024 PHHSBG basic award will support the following programs: cancer, cardiovascular disease, diabetes, tobacco use cessation, policy and environmental change strategies for chronic disease prevention, suicide prevention initiatives, unintentional injuries, 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 2024 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; tobacco use prevention and cessation, unintentional injuries, which includes motor vehicle crashes and fall prevention, and healthy home environments for asthma.

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 2023 basic appropriation was \$2,165,767 and the Sex Offense Set-Aside portion, which is based on the State’s population, was \$75,278. Total PHHSBG funding allocated to Connecticut in FFY 2023 was \$2,241,045.

D. Estimated Federal Funding

The following FFY 2024 funding estimates for Connecticut are based on FFY 2023 funding levels:

| | |
|--------------------------------|-------------|
| Basic Award | \$2,165,767 |
| Sex Offense Set-Aside | \$ 75,278 |
| Total FFY 2024 Estimated Award | \$2,241,045 |

E. Total Available and Estimated Expenditures

The proposed FFY 2024 budget of \$2,241,045 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 for FFY 2024 remain the same as in the original FFY 2023 allocation. In May 2023, the CDC released the FFY 2023 PHHSBG Allocation Table and Connecticut received level funding from the previous year, FFY 2022. Connecticut's final FFY 2023 award is \$2,241,045, which is the same as in FFY 2022. There are no changes to program categories, but funding levels for local health departments and Public Health Infrastructure has changed.

Funding for local health departments (LHDs) is increased by \$35,384 and is now \$1,118,706. This increase will allow for more LHDs to receive funding from the PHHSBG. Public Health System Improvement's (PHSI) allocation was reduced by \$35,384 and is now \$404,392. The basis for calculating individual LHD funding amounts changed from a population-based funding model to a competitive Request for Proposals (RFP) process. This change was approved last year in the FFY 2023 Allocation Plan. A total of 53 full-time local health departments and health districts are eligible for funding and of the 53, 24 submitted a proposal by the deadline of June 23, 2023, in response to the RFP. A five-member review panel will meet during July to review and recommend proposals for funding. Successful applicants will receive their notice of award no later than August 2023. Funding will be for a 5-year period, 10/1/2023-9/30/2028 and funding amounts will range from \$150,000 (\$30,000 annually) to \$375,000 (\$75,000 annually) for the 5-year funding period. The total number of FTEs to support Public Health Infrastructure has increased from 0.75 FTEs to 1.50 FTEs.

Both the current available funding and the proposed FFY 2024 plan allocations are consistent with recent historical levels. Connecticut's allocation plan for FFY 2024 supports activities that are consistent with achieving progress toward *Healthy People* objectives, which are our national health objectives.

G. Contingency Plan

DPH is prepared to revise the FFY 2024 proposed budget, as needed, to accommodate any changes in the estimated PHHSBG award presented in this allocation plan. The development of revisions will be led by DPH executive staff and presented to the Connecticut PHHSBG Advisory Committee. The Advisory 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 through the grant and allocation of funds,
 - coordination of activities funded by the grant with other appropriate organizations,
 - assessments of public 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 their designee, on the plan.

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 April 12, 2023, and again on June 14, 2023, to finalize details for the application to be submitted to CDC. A virtual public hearing was also held on June 14, 2023.

I. Grant Provisions

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

Submit an annual application to 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 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 CDC. These statements certify adherence to the mandated provisions as outlined in this allocation plan.

TABLE A
Summary of Appropriations and Expenditures

| PROGRAM CATEGORY | FFY 22 Actual/Estimated Expenditures | FFY 23 Actual/Estimated Expenditures | FFY 24 Proposed Expenditures | Percentage Change from FFY 23 to FFY 24 |
|-----------------------------------|---|---|---|--|
| Administrative Support | 149,930 | 149,930 | 149,930 | 0.00% |
| Cancer Prevention | 42,727 | 42,727 | 42,727 | 0.00% |
| Cardiovascular Disease Prevention | 20,000 | 20,000 | 20,000 | 0.00% |
| Local Health Departments | 1,083,322 | 1,083,322 | 1,118,705 | 3.27% |
| Rape Crisis Services | 75,278 | 75,278 | 75,278 | 0.00% |
| Surveillance and Evaluation | 316,227 | 316,227 | 316,227 | 0.00% |
| Youth Suicide Prevention | 99,198 | 99,198 | 99,198 | 0.00% |
| Nutrition and Weight Status | 14,587 | 14,587 | 14,587 | 0.00% |
| Public Health Infrastructure | 439,776 | 439,776 | 404,392 | -8.05% |
| TOTAL[1] | 2,241,045 | 2,241,045 | 2,241,045 | 0.00% |
| SOURCE OF FUNDS | | | | |
| Block Grant | 2,241,045 | 2,241,045 | 2,241,045 | 0.00% |
| TOTAL FUNDS AVAILABLE | 2,241,045 | 2,241,045 | 2,241,045 | 0.00% |

¹ Numbers may not add to totals due to rounding.

TABLE B – ALL PROGRAMS
PROGRAM EXPENDITURES

| PROGRAM CATEGORY | FFY 22 Actual/Estimated Expenditures | FFY 23 Actual/Estimated Expenditures | FFY 24 Proposed Expenditures | Percentage Change from FFY 23 to FFY 24 |
|---|---|---|---|--|
| Number of Positions (FTE) budgeted/filled | 1.50/1.50 | 1.75/1.50 | 2.5/2.25 | 42.86%/50.00% |
| Personal Services | 139,474 | 162,851 | 241,430 | 48.25% |
| Fringe Benefits | 120,043 | 145,689 | 228,816 | 57.06% |
| Other Expenses | 402,701 | 355,181 | 160,858 | -54.71% |
| Equipment | 0 | 0 | 0 | 0.00% |
| Contracts | 474,856 | 473,353 | 470,587 | -0.58% |
| Grants to: | | | | |
| Local Government | 985,966 | 985,966 | 1,021,349 | 3.59% |
| Other State Agencies | 0 | 0 | 0 | 0.00% |
| Private agencies | 118,005 | 118,005 | 118,005 | 0.00% |
| TOTAL EXPENDITURES [1] | 2,241,045 | 2,241,045 | 2,241,045 | 0.00% |
| SOURCE OF FUNDS | | | | |
| Total Grant Award (Base Award & Set-Aside) | 2,241,045 | 2,241,045 | 2,241,045 | 0.00% |
| Supplemental Funding | 0 | 0 | 0 | 0.00% |
| Carry Over Funding | N/A | N/A | N/A | N/A |
| TOTAL FUNDS AVAILABLE | 2,241,045 | 2,241,045 | 2,241,045 | 0.00% |

¹ Numbers may not add to totals due to rounding.

**TABLE C – ADMINISTRATIVE SUPPORT
PROGRAM EXPENDITURES**

| PROGRAM CATEGORY | FFY 22 Actual/Estimated Expenditures | FFY 23 Actual/Estimated Expenditures | FFY 24 Proposed Expenditures | Percentage Change from FFY 23 to FFY 24 |
|--|--|--|------------------------------------|--|
| Number of Positions (FTE) budgeted/filled | 0.50/0.50 | 0.75/0.50 | 0.75/.50 | 0.00%/0.00% |
| Personal Services | 50,033.92 | 73,345 | 72,763 | -.79% |
| Fringe Benefits | 44,713.36 | 68,923 | 70,847 | 2.79% |
| Other Expenses | 55,182.72 | 7,662 | 6,320 | -17.52% |
| Equipment | | | | |
| Contracts | | | | |
| Grants to: | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private agencies | | | | |
| TOTAL EXPENDITURES [1] | 149,930 | 149,930 | 149,930 | 0.00% |

¹ Numbers may not add to totals due to rounding.

TABLE D – CANCER PREVENTION
PROGRAM EXPENDITURES

| PROGRAM CATEGORY | FFY 22 Actual/Estimated Expenditures | FFY 23 Actual/Estimated Expenditures | FFY 24 Proposed Expenditures | Percentage Change from FFY 23 to FFY 24 |
|--|---|---|---|--|
| Number of Positions (FTE) budgeted/filled | | | | |
| Personal Services | | | | |
| Fringe Benefits | | | | |
| Other Expenses | | | | |
| Equipment | | | | |
| Contracts | 42,727 | 42,727 | 42,727 | 0.00% |
| Grants to: | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private agencies | | | | |
| TOTAL EXPENDITURES | 42,727 | 42,727 | 42,727 | 0.00% |

TABLE E – CARDIOVASCULAR DISEASE PREVENTION

PROGRAM EXPENDITURES

| PROGRAM CATEGORY | FFY 22 Actual/Estimated Expenditures | FFY 23 Actual/Estimated Expenditures | FFY 24 Proposed Expenditures | Percentage Change from FFY 23 to FFY 24 |
|--|--|--|------------------------------------|--|
| Number of Positions (FTE) budgeted/filled | | | | |
| Personal Services | | | | |
| Fringe Benefits | | | | |
| Other Expenses | 20,000 | 20,000 | 20,000 | 0.00% |
| Minor Equipment | | | | |
| Contracts | | | | |
| Grants to: | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private agencies | | | | |
| TOTAL EXPENDITURES | 20,000 | 20,000 | 20,000 | 0.00% |

TABLE F– LOCAL HEALTH DEPARTMENTS
PROGRAM EXPENDITURES

| PROGRAM CATEGORY | FFY 22 Actual/Estimated Expenditures | FFY 23 Actual/Estimated Expenditures | FFY 24 Proposed Expenditures | Percentage Change from FFY 23 to FFY 24 |
|--|---|---|---|--|
| 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 | 985,966 | 985,966 | 1,021,349 | 3.59% |
| Other State Agencies | | | | |
| Private agencies | | | | |
| TOTAL EXPENDITURES | 1,083,322 | 1,083,322 | 1,118,705 | 3.27% |

TABLE G – RAPE CRISIS SERVICES
PROGRAM EXPENDITURES

| PROGRAM CATEGORY | FFY 22 Actual/Estimated Expenditures | FFY 23 Actual/Estimated Expenditures | FFY 24 Proposed Expenditures | Percentage Change from FFY 23 to FFY 24 |
|--|---|---|---|--|
| Number of Positions (FTE) budgeted/filled | | | | |
| Personal Services | | | | |
| Fringe Benefits | | | | |
| Other Expenses | | | | |
| Equipment | | | | |
| Contracts | | | | |
| Grants to: | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private agencies | 75,278 | 75,278 | 75,278 | 0.00% |
| TOTAL EXPENDITURES | 75,278 | 75,278 | 75,278 | 0.00% |

**TABLE H – SURVEILLANCE AND
EVALUATION PROGRAM EXPENDITURES**

| PROGRAM CATEGORY | FFY 22 Actual/Estimated Expenditures | FFY 23 Actual/Estimated Expenditures | FFY 24 Proposed Expenditures | Percentage Change from FFY 23 to FFY 24 |
|--|---|---|---|--|
| Number of Positions (FTE) budgeted/filled | 0.25/0.25 | 0.25/0.25 | 0.25/0.25 | 0.00% |
| Personal Services | 18,393 | 18,459 | 19,766 | 7.08% |
| Fringe Benefits | 19,532 | 20,969 | 22,428 | 6.96% |
| Other Expenses | | | | |
| Equipment | | | | |
| Contracts | 278,302 | 276,799 | 274,033 | -1.00% |
| Grants to: | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private agencies | | | | |
| TOTAL EXPENDITURES | 316,227 | 316,227 | 316,227 | 0.00% |

TABLE I – YOUTH SUICIDE PREVENTION
PROGRAM EXPENDITURES

| PROGRAM CATEGORY | FFY 22 Actual/Estimated Expenditures | FFY 32 Actual/Estimated Expenditures | FFY 24 Proposed Expenditures | Percentage Change from FFY 23 to FFY 24 |
|--|---|---|---|--|
| Number of Positions (FTE) budgeted/filled | | | | |
| Personal Services | | | | |
| Fringe Benefits | | | | |
| Other Expenses | | | | |
| Equipment | | | | |
| Contracts | 99,198 | 99,198 | 99,198 | 0.00% |
| Grants to: | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private agencies | | | | |
| TOTAL EXPENDITURES | 99,198 | 99,198 | 99,198 | 0.00% |

TABLE J – NUTRITION AND WEIGHT STATUS
PROGRAM EXPENDITURES

| PROGRAM CATEGORY | FFY 22 Actual/Estimated Expenditures | FFY 23 Actual/Estimated Expenditures | FFY 24 Proposed Expenditures | Percentage Change from FFY 23 to FFY 24 |
|--|--|--|------------------------------------|--|
| Number of Positions (FTE) budgeted/filled | | | | |
| Personal Services | | | | |
| Fringe Benefits | | | | |
| Other Expenses | 14,587 | 14,587 | 14,587 | 0.00% |
| Equipment | | | | |
| Contracts | | | | |
| Grants to: | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private agencies | | | | |
| TOTAL EXPENDITURES | 14,587 | 14,587 | 14,587 | 0.00% |

TABLE K – PUBLIC HEALTH INFRASTRUCTURE

PROGRAM EXPENDITURES

| PROGRAM CATEGORY | FFY 22 Expenditures | FFY 23 Estimated Expenditures | FFY 24 Proposed Expenditures | Percentage Change from FY 23 to FY 24 |
|--|------------------------|-------------------------------------|------------------------------------|--|
| Number of Positions (FTE) budgeted/filled | 0.75/0.75 | 0.75/0.75 | 1.5/1.5 | 100%/100% |
| Personal Services | 71,047 | 71,047 | 148,901 | 109.58% |
| Fringe Benefits | 55,797 | 55,797 | 135,540 | 142.92% |
| Other Expenses | 312,932 | 312,932 | 119,951 | -61.67% |
| Equipment | | | | |
| Contracts | 0 | 0 | 0 | 0.00% |
| Grants to: | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private agencies | | | | |
| TOTAL EXPENDITURES [1] | 439,776 | 439,776 | 404,392 | -8.05% |

¹ Numbers may not add to totals due to rounding.

TABLE L - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES

Note: FFY 2022 “Numbers Served” and “Performance Measures” reflect interim status. The delayed allocation of FFY 2022 funds from CDC resulted in the late execution of contracts. This has, and will continue to, negatively impact contractor performance for the rest of the grant year ending 9/30/2023.

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2022 | Performance Measures |
|--|---|--|--|--|
| Cancer Prevention | | | | |
| Statewide Cancer Prevention and Control | Organize and facilitate the updating and development of the five-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. | Number served: 3.6 million | <p>Performance Measure: Develop a five-year state cancer plan.</p> <p>Outcome: The Plan is complete, guides the activities of the Partnership and is updated as needed.</p> |
| Cancer Health Disparities | Reduce cancer health disparities and improve health outcomes in select population and communities by providing relevant cancer prevention information, resources and implementing targeted initiatives. | <p>DPH, in conjunction with the Connecticut Cancer Partnership, maintained a state level cancer website, which provided relevant information regarding action steps toward addressing CT Comprehensive Cancer Plan goals and objective with an emphasis on reducing health disparities.</p> <p>Identified and implemented targeted initiatives to address the burden of cancer in Connecticut.</p> | <p>Number served: 3.6 million</p> <p>93 people attended the HPV summit.</p> <p>HPV call to action letters- 5 Healthcare Systems and their providers. 600 members of CT Academy of Pediatricians</p> <p>Data not yet available for Windham lung screening initiative.</p> | <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 CT Cancer Partnership website is updated regularly with events, initiatives, workgroup involvement and data. http://ctcancerpartnership.org</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: The 2 initiatives chosen are HPV vaccination and lung cancer screening. In April a call-to-action letter regarding the HPV vaccination rates for adolescents in CT and the need for catch up vaccination was sent to family practice and pediatricians offices in the state through partners organizations and the</p> |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2022 | Performance Measures |
|--|--|--|--|--|
| Cancer Health Disparities, cont. | | | | CT Academy of Pediatrics. The Partnership held a HPV vaccination Summit in June 2023. The Lung cancer screening workgroup has a lung cancer screening awareness campaign in Windham County, a County with low screening rates and high disease rates. |
| 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 year-long, one week per month lifestyle change program to prevent the onset of type 2 diabetes. | 0 to date: CDSMP contract for 2022-2023 is in process to be executed. | 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. |
| | | 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. | | Outcome: CDSMP contract for 2022-2023 is still in process to be executed |
| | Expand statewide accessibility of CPR/AED/Bleeding Control training equipment caches by identifying new locations in other CT towns as equipment sites and increase community awareness of equipment locations and contacts. | DPH will make available replacement training supplies to equipment cache locations to increase not for profit CPR/AED/Bleeding Cache training Equipment sites. | Number served: Site location census – 496,001 | 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. Outcome: CDSMP contract for 2022-2023 is still in process to be executed Performance Measure: DPH will make available replacement training supplies to equipment cache locations to increase not for profit CPR/AED/Bleeding Cache training Equipment sites. Outcome: Replacement training supplies were made available in January 2023 and again in May 2023. Supplies can be requested at any time other than the dates above as well but will depend on “on |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2022 | Performance Measures |
|---|---|--|--|--|
| Heart Disease and Stroke Prevention, cont. | | | | hand” supplies. There are 18 cache locations sites in CT. A few are: 1. Groton Ambulance Association 2. Stafford Ambulance Association 3. Newtown Volunteer Ambulance Association 4. Quinnipiac University EMS |
| 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, or decrease tobacco use are developed, implemented, and evaluated. | Based on population of communities | 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. Outcome: 11 LHDs implemented at least 1 policy and/or environmental change initiative that increased access to healthy foods, increased opportunities for physical activity, or 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. |
| 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. | Number Served: As of March 31, 2023, 56 individuals were served | 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%. Outcome: 88% of participants reported that they had either decreased their tobacco intake or quit tobacco use at the end of the program. |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2022 | 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. | Number Served: As of March 31, 2023, 50 individuals were served. | 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%. Outcome: 72% of participants reported that they had made protective environmental changes (such as smoking outside) that reduced the exposure of non-smokers 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 ages 18 and older. | As of June 14, 2023, 252 individuals were served. | Performance Measure: Trained community health workers (CHWs) in the Bridgeport Health Department (BHD) will conduct community outreach to identify residents with undiagnosed or uncontrolled high blood pressure and connect them to clinical care and self-management support. Outcome: Outreach conducted by CHWs at community centers, senior centers, senior housing sites, city events, and local farm markets. CHWs also collaborated with Bridgeport Hospital's Walk n' Talk series which focused on hypertension and postpartum depression. |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2022 | Performance Measures |
|------------------------------------|---|---|---|--|
| 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. | Number Served: 3,606,000 adults and children in CT (CT population estimate, 2021) | <p>Performance Measures:</p> <ul style="list-style-type: none"> -Increase BRFSS sample size by 1,500 for 2023 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:</p> <ul style="list-style-type: none"> - -The overall sampling plan for the 2023 CT BRFSS was approved by the CDC, with an increased sample size of 1,500 interviews funded by PHHS BG. Together with other federal and state sources, the total sample is approximately 9,000 CT residents. - As of June 1, 2023, there have been a total of 3 documents prepared with CT BRFSS data: 2021 Summary Tables, www.ct.gov/dph/BRFSS - Additional reports are under review for posting online, including a SOGI Fact Sheet and a local health report by CT health departments and districts. - The 2023 CT BRFSS Sampling Plan methodology was approved by the CDC to include 8 geographic levels of sampling for CT 8 counties with maintaining 2023 Cell Phone sample to 90% will allow for more racial representation, and better reach to younger residents. Staff are in the process of developing Comprehensive 2021-2022 Summary Reports with county level data. |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2022 | Performance Measures |
|---|-------------------------------------|---|---|---|
| Unintentional Injury Prevention Motor Vehicle Crashes/Child Passenger Safety Program | Decrease in unintentional injuries. | LHDs conducted child passenger safety programs to demonstrate awareness of the correct use of child safety seats. | Number Served: -New Haven LHD conducted modified in-person classes taking COVID-19 precautions into consideration. -LHD contractor unable to determine participant demographics and correct child passenger safety seat demonstrations during virtual presentation format. 3 families did receive individualized in person training on correct use of child restraint system and demonstrated awareness of correct use of child restraint system | Performance Measure: 95% of program participants will demonstrate awareness of the correct use of child restraint systems. Outcome: 35% of New Haven LHD Child Passenger Safety Program participants demonstrated awareness of the correct use of child restraint systems. This low percentage was due to virtual presentations format, which prevented accurate checking for correct usage. New Haven LHD provided Child Passenger Safety Programming at several local community health fairs and schools. Meriden LHD contract for 2022-2023 executed late and activities are planned for July-September 2023 *2020-2023 marked the influence of the COVID-19 Pandemic and subsequent re-emergence with COVID19 safety precautions. |
| Youth Suicide Prevention | Decrease in youth suicide. | DPH, in consultation with the CT Suicide Advisory Board (CTSAB), will implement 3 trainings that address the risk factors related to suicide ideations and the reduction of stigma in mental health help seeking. | These trainings are planned for late summer pending receipt of fully executed DPH contract for 2022-2023. One (1) Assessing and Managing Suicide Risk (AMSR) training and 2 Recognizing and Responding to Suicide Risk for Primary Care and Youth Primary Care Providers trainings (RRSR- PC) will be offered in August and September 2023. | 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. Outcome: 3 trainings are planned for August and September 2023. Delivery will be via webinar and virtual meetings rather than face-to-face. Contractor will assess percentage of participants reporting an increased understanding of how to utilize best practice suicide prevention strategies to identify suicide risks in their patients. |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2022 | Performance Measures |
|--|----------------------------|---|--|--|
| Youth Suicide Prevention, cont. | Decrease in youth suicide. | DPH staff, in collaboration with CTSAB, implemented 2 strategies to reduce access to lethal means of suicide. | Wheeler Clinic will schedule Talk Saves Lives (TSL) trainings for summer/early Fall 2023. | Performance Measure: At least 60% of firearm retailers and gun range owners and their staff who attend the Talk Saves Lives (TSL) trainings will report an increased understanding of suicide prevention strategies and the importance of utilizing TSL as a suicide prevention strategy. |
| | | Wheeler Clinic will coordinate and facilitate four free Talk Saves Lives (TSL) training sessions for firearms retailers, gun range owners and their staff to increase their knowledge of suicide prevention strategies and teach them skills to intervene if they encounter someone that may be at risk for suicide. Each session shall have a minimum of 8 participants. | Wheeler Clinic converted Talk Saves Lives trainings to a virtual format. Each session shall have a minimum of 8 participants. | Outcome: Four Talk Saves Lives (TSL) training sessions are planned for summer/early fall with minimum of 8 participants each session. Post-training evaluations will assess percentage of firearm retailers and gun range owners and their staff who report increased understanding of suicide prevention strategies and the importance of TSL strategies. |
| | | Connecticut Suicide Advisory Board Lethal Mean Subcommittee will develop a proposed strategic plan to reduce lethal means of suicide amongst older adults. | Data will look at suicide amongst older adults, particularly by lethal means. | |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2022 | 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. | Number Served: As of 3/31/2023, 28 home safety assessments for fall risk - 100% of home safety hazards identified were corrected. These were completed by Westbrook LHD with support of physical and occupational therapists from their local VNA. | Performance Measure: At least 70% of home safety hazards identified during the home safety assessment are corrected in client homes. Outcome - As of 3/31/2023, 100% of fall safety hazards identified with home safety assessments have been corrected. |
| | | LHDs conducted fall prevention training programs for health care providers. | Number served: not available Trainings to be scheduled between July and September 2023. | Performance Measure: LHDs will conduct at least three (3) training programs for health care and community service providers enabling them to incorporate falls prevention strategies in their work with community-dwelling older adults. Outcome- Trainings to be scheduled between July and September 2023. Training programs for health care and community service providers will enable them to incorporate falls prevention strategies in their work with older community-dwelling adults. |
| Healthy Homes | Increase the identification and remediation of the number and types of home health hazards. | 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. LHDs identified home safety hazards for LHDs conducted home safety assessments and made recommendations to correct hazards. | 6 Healthy Homes assessments were completed during 10/1/22 – 3/31/23. 2 Healthy Homes reassessments were completed during 10/1/22 – 3/31/23. | Performance Measure: 100% of property owners/tenants receive education/awareness print materials related to specific health hazards identified during their Healthy Homes assessment. Outcome: 100% of property owners and/or tenants received education/awareness print materials. |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2022 | Performance Measures |
|----------------------------------|--|--|---|--|
| Healthy Homes (continued) | To provide home-based asthma management education and identify and reduce environmental asthma triggers. | <p>LHDs conducted in-home asthma management education and environmental assessments to identify and reduce asthma environmental triggers.</p> <p>LHDs identified home-based asthma triggers and recommended environmental strategies for the reduction of the identified triggers.</p> | <p>129 children were referred to the Putting on AIRS (POA) program. Out of 129 children, 114 met the eligibility criteria. Out of 114 children, only 36% or 41 consented to participate.</p> <p>Of the 41 families who consented to participate in the POA program, only 15 completed the first of three visits, 10 completed the second visit and 7 completed the 3-visit program and received a virtual asthma 'home' visit, received asthma management education, and a virtual environmental assessment of asthma triggers in the home.</p> <p>Data analyses are reported on a very small number of children. Additional work will be done to review with contractors the reasons for missing data.</p> | <p>Performance Measure: LHD's providing asthma in home intervention will increase program participants' asthma management skills asthma control score after 3 home visits.</p> <p>Outcome: Of the 7 participants who completed the three virtual asthma home visits, 3 had improved their asthma control.</p> <p>Performance Measure: Participating LHD's 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 about reduction of environmental triggers such as reducing pet exposure and dust, using pillow and mattress cover, etc.</p> |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2022 | Performance Measures |
|--|---|---|--|--|
| 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>2,771 female and male victims of sexual assault have been served at the rape crisis centers.</p> <p>Number Served: 1,188 sexual assault victims have filed a police report.</p> | <p>Performance Measure: At least 7,113 female and male victims of sexual assault will be served at rape crisis centers.</p> <p>Outcome: 2,771 female and male victims of sexual assault have been served at the rape crisis centers 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: At least 1,188 sexual assault victims have filed a police report.</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. | 0 children with blood lead levels $\geq 5\mu\text{g/dL}$ were served as the contract was not executed until 2/1/23 (backdated) | <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: 0% of parents/guardians of children with elevated venous blood lead levels were surveyed as the contract was not executed until 2/1/23 (backdated).</p> |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2022 | Performance Measures |
|-------------------------------------|--|--|------------------------|---|
| 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: Not met. In October 2022. Action Teams were paused due to DPH staffing changes and lack of capacity to support the Action Teams; and to enable DPH leadership to strategize about the most effective use of the Action Teams, the Data Committee, the Advisory Council, and a future, streamlined structure for SHIP implementation.</p> <p>Implementation: In March 2023, the SHIP convened subject matter experts to discuss the best way to identify indicators, baselines, and targets for SHIP objectives. Then, Action Teams began meeting with facilitation support to review SHIP indicators by priority area and recommend data sources and indicators for each objective. Action Teams began gathering information on ongoing efforts and conducting outreach activities to partners to support the strategies prioritized in the SHIP. All four Action Teams focused on current work in each strategy area, what could be leveraged or enhanced by the HCT2025 Coalition, and where there were gaps in services or data.</p> <p>Outcome: The Advisory Council met three times: August 24, 2022, November 30, 2022, and March 9, 2023.</p> |

TABLE M
SUMMARY OF PROGRAM EXPENDITURES BY SUBCATEGORY¹

| Preventive Health & Health Services Block Grant (PHHSBG) | FFY 23 Estimated Expenditures | FFY 24 PROPOSED Expenditures |
|---|--|---|
| Cancer Prevention | 42,727 | 42,727 |
| Local Health Departments | 1,083,322 | 1,118,705 |
| Rape Crisis Services | 75,278 | 75,278 |
| Surveillance and Evaluation | 276,799 | 274,033 |
| Youth Suicide Prevention | 99,198 | 99,198 |
| TOTAL | 1,577,324 | 1,609,941 |

¹ This table presents program expenditures for contractual services only. Salaries and fringe are not represented here.