

State of Connecticut
Department of Public Health

The Preventive Health and Health
Services Block Grant
Allocation Plan
FFY 2025

**PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY 2025 ALLOCATION PLAN**

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

A. Purpose

The Preventive Health and Human 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 the 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 to:

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 “grassroots” 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 so long as the aggregate level of state funding for all programs is maintained. Connecticut’s estimated 2025 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 percent 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 2025 PHHSBG basic award will support the following programs: asthma, cancer, cardiovascular disease, diabetes, tobacco use cessation, policy and environmental change strategies for chronic disease prevention, suicide prevention initiatives, unintentional injury prevention, health behavior data surveillance, 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 2025 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; tobacco use prevention and cessation; and unintentional and intentional injury prevention, which includes motor vehicle crash, fall, suicide, and sexual violence prevention.

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. Due to a one-time increase in FFY 2024 of \$342,783, Connecticut’s FFY 2024 basic appropriation was \$2,508,550 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 2024 was \$2,583,828.

D. Estimated Federal Funding

The following FFY 2025 funding estimates for Connecticut are based on FFY 2023 funding levels:

| | |
|--------------------------------|-------------|
| Basic Award | \$2,165,767 |
| Sex Offense Set-Aside | \$ 75,278 |
| Total FFY 2025 Estimated Award | \$2,241,045 |

E. Total Available and Estimated Expenditures

The proposed FFY 2025 budget of \$2,241,045 will not be supplemented with carryover funds. CDC allows states two years to expend funds. Since FFY 2014, carryover of funds beyond the two-year period has not been allowed.

F. Proposed Changes from Last Year

The health priorities and program categories in the proposed FFY 2025 plan are maintained at the FFY 2024 levels with the following exceptions:

The decrease in Local Health Department funding and increase in Asthma Control funding by \$97,356 reflects a shift in grants from local health to private agencies for the delivery of the same asthma home visiting and educational services at the community-level historically supported by the PHHSBG.

The Policy Office will assume the work formerly performed by the office of Public Health Systems Improvement. The total number of FTEs to support the Policy Office has increased from 1.5 FTEs to 2.0 FTEs to support enhancing the agency’s data capabilities, stewarding accreditation efforts, updating the State Health Assessment, and better integrating performance measurement and health equity with the agency’s policy goals as well as increasing the agency’s ability to build and update internal policy.

DPH was notified in May 2024 of an increase in FFY 2024 PHHSBG funding in the amount of \$342,783, an increase of 15.30% over FFY 2023. Consistent with the contingency planning process in the adopted allocation plan, executive staff met to determine how to allocate the additional funding. The recommended budget revision was subsequently presented to the PHHSBG Advisory Committee for approval and the FFY 2024 allocation was modified accordingly.

Funding for Administrative Support was increased by \$26,478, bringing FFY 2024 to \$176,408 which is 7.0% of the basic award. Per CDC guidelines, administrative cost cannot be more than 10% of the basic award. This increase support administrative purchases and other one-time expenses, such as software licenses.

Funding to support Cancer Prevention was increased by \$139,000 in FFY 2024. This additional funding will support a pilot program to increase the availability of psycho-social support services to Early Onset Breast Cancer Survivors, with an emphasis on those in populations that experience health disparities.

Funding for Surveillance and Evaluation was increased by \$14,000. The additional funding will support subscription costs for “The Get With The Guidelines® Stroke Registry.” Per Connecticut General Statute Section 19a-72a, DPH is required to maintain and operate a statewide stroke registry. The “Get With The Guidelines® Stroke Registry” is an online, interactive assessment and reporting system developed by the American Heart Association. DPH needs a subscription to the “Get With The Guidelines® Stroke Registry” to access Connecticut-specific data and serve as the statewide Stroke Registry as required by the statute.

Additionally, Nutrition and Weight Status increased by \$49,000. The Nutrition, Physical Activity and Obesity program will use the additional funding to support statewide access to the Go NAPSACC website, tools, and resources. Go NAPSACC is the Nutrition and Physical Activity Self-Assessment for Child Care (Go NAPSACC) system, developed, and operated by the University of North Carolina at Chapel Hill (UNC). It is a subscription-type service that allows childcare programs to register for and use evidence-based tools to enhance nutrition and physical activity standards within their early childhood programs. Funding will also support early care and education providers' participation in Go NAPSACC.

The Policy Office, formerly Public Health Systems Improvement, FFY 2024 allocation increased by \$114,305 to support a consultant whose primary function will be to update the current State Health Assessment plan and ensure that it is accessible to the public and reflects the most current health status of Connecticut residents related to various health conditions/diseases.

The proposed FFY 2025 plan allocations are consistent with recent historical levels. Connecticut's allocation plan for FFY 2025 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 2025 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 Advisory Committee 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 \$50,000 dollars or 10 percent 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 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, and the public.

The Advisory Committee met on April 22, 2024, and again on July 2, 2024, to finalize details for the application to be submitted to CDC. A virtual public hearing was also held on July 8, 2024.

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 23 Actual/Estimated Expenditures | FFY 24 Actual/Estimated Expenditures | FFY 25 Proposed Expenditures | Percentage Change from FY 24 to FY 25 |
|-----------------------------------|---|---|---|--|
| Administrative Support | \$149,930 | \$176,408 | \$160,625 | -8.95% |
| Asthma | \$0 | \$0 | \$97,356 | 0.00% |
| Cancer Prevention | \$42,727 | \$181,727 | \$42,727 | -76.49% |
| Cardiovascular Disease Prevention | \$20,000 | \$20,000 | \$20,000 | 0.00% |
| Local Health Departments | \$1,083,322 | \$1,118,705 | \$1,021,349 | -8.70% |
| Rape Crisis Services | \$75,278 | \$75,278 | \$75,278 | 0.00% |
| Surveillance and Evaluation | \$316,227 | \$330,227 | \$316,227 | -4.24% |
| Youth Violence/Suicide Prevention | \$99,198 | \$99,198 | \$99,198 | 0.00% |
| Nutrition and Weight Status | \$14,587 | \$63,587 | \$14,587 | -77.06% |
| Policy Office | \$439,776 | \$518,698 | \$393,698 | -24.10% |
| TOTAL | \$2,241,045 | \$2,583,828 | \$2,241,045 | -13.27% |
| SOURCE OF FUNDS | | | | |
| Block Grant | 2,241,045 | 2,583,828 | 2,241,045 | -13.27% |
| TOTAL FUNDS AVAILABLE | 2,241,045 | 2,583,828 | 2,241,045 | -13.27% |

¹ Numbers may not add to totals due to rounding.

TABLE B – ALL PROGRAMS
PROGRAM EXPENDITURES

| PROGRAM CATEGORY | FFY 23 Actual/Estimated Expenditures | FFY 24 Actual/Estimated Expenditures | FFY 25 Proposed Expenditures | Percentage Change from FY 24 to FY 25 |
|--|---|---|---|--|
| Number of Positions (FTE) budgeted/filled [1] | 1.75/1.50 | 2.50/2.00 | 3.0/2.0 | 0.20%/0.00% |
| Personal Services | 162,851 | 241,429 | 296,516 | 22.82% |
| Fringe Benefits | 145,689 | 228,814 | 278,432 | 21.68% |
| Other Expenses | 355,181 | 364,644 | 58,414 | -83.98% |
| Equipment | 0 | 0 | 0 | 0.00% |
| Contracts | 516,080 | 652,314 | 413,700 | -36.58% |
| Grants to: | | | | |
| Local Government | 985,966 | 1,021,349 | 1,021,349 | 0.00% |
| Other State Agencies | 0 | 0 | 0 | 0.00% |
| Private agencies | 75,278 | 75,278 | 172,634 | 129.33% |
| TOTAL EXPENDITURES [2] | 2,241,045 | 2,583,828 | 2,241,045 | -13.27% |
| SOURCE OF FUNDS | | | | |
| Base Grant | 2,241,045 | 2,583,828 | 2,241,045 | -13.27% |
| Supplemental Funding | 0 | 0 | 0 | 0.00% |
| Carry Over Funding | N/A | N/A | N/A | N/A |
| TOTAL FUNDS AVAILABLE | 2,241,045 | 2,583,828 | 2,241,045 | -13.27% |

¹ Numbers may not add to totals due to rounding.

**TABLE C – ADMINISTRATIVE SUPPORT
PROGRAM EXPENDITURES**

| PROGRAM CATEGORY | FFY 23 Actual/Estimated Expenditures | FFY 24 Actual/Estimated Expenditures | FFY 25 Proposed Expenditures | Percentage Change from FY 24 to FY 25 |
|--|---|---|---|--|
| Number of Positions (FTE) budgeted/filled | .75/.50 | .75/.75 | .75/.75 | 0.00%/0.00% |
| Personal Services | \$73,345 | \$72,763 | \$76,387 | 4.98% |
| Fringe Benefits | \$68,923 | \$70,847 | \$74,410 | 5.03% |
| Other Expenses | \$7,662 | \$32,798 | \$9,827 | -70.04% |
| Equipment | | | | |
| Contracts | | | | |
| Grants to: | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private agencies | | | | |
| TOTAL EXPENDITURES | \$149,930 | \$176,408 | \$160,625 | -8.95% |

¹ Numbers may not add to totals due to rounding.

**TABLE D – ASTHMA PREVENTION
EXPENDITURES**

| PROGRAM CATEGORY | FFY 23 Actual/Estimated Expenditures | FFY 24 Actual/Estimated Expenditures | FFY 25 Proposed Expenditures | Percentage Change from FY 24 to FY 25 |
|--|---|---|---|--|
| Number of Positions (FTE) budgeted/filled | | | | |
| Personal Services | | | | |
| Fringe Benefits | | | | |
| Other Expenses | | | | |
| Equipment | | | | |
| Contracts | | | | |
| Grants to: | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private agencies | \$0 | \$0 | \$97,356 | 0.00% |
| TOTAL EXPENDITURES | \$0 | \$0 | \$97,356 | 0.00% |

¹ Numbers may not add to totals due to rounding.

**TABLE E – CANCER PROGRAM
EXPENDITURES**

| PROGRAM CATEGORY | FFY 23 Actual/Estimated Expenditures | FFY 24 Actual/Estimated Expenditures | FFY 25 Proposed Expenditures | Percentage Change from FY 24 to FY 25 |
|--|---|---|---|--|
| Number of Positions (FTE) budgeted/filled | | | | |
| Personal Services | | | | |
| Fringe Benefits | | | | |
| Other Expenses | | | | |
| Equipment | | | | |
| Contracts | \$42,727 | \$181,727 | \$42,727 | -76.49% |
| Grants to: | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private agencies | | | | |
| TOTAL EXPENDITURES | 42,727 | 181,727 | 42,727 | -76.49% |

¹ Numbers may not add to totals due to rounding.

**TABLE F – CARDIOVASCULAR DISEASE PREVENTION
PROGRAM EXPENDITURES**

| PROGRAM CATEGORY | FFY 23 Actual/Estimated Expenditures | FFY 24 Actual/Estimated Expenditures | FFY 25 Proposed Expenditures | Percentage Change from FY 24 to FY 25 |
|--|---|---|---|--|
| 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% |

¹ Numbers may not add to totals due to rounding.

**TABLE G– LOCAL HEALTH DEPARTMENTS
PROGRAM EXPENDITURES**

| PROGRAM CATEGORY | FFY 23 Actual/Estimated Expenditures | FFY 24 Actual/Estimated Expenditures | FFY 25 Proposed Expenditures | Percentage Change from FY 24 to FY 25 |
|--|---|---|---|--|
| Number of Positions (FTE) budgeted/filled | | | | |
| Personal Services | | | | |
| Fringe Benefits | | | | |
| Other Expenses | | | | |
| Equipment | | | | |
| Contracts | \$97,356 | \$97,356 | \$0 | -100.00% |
| Grants to: | | | | |
| Local Government | \$985,966 | \$1,021,349 | \$1,021,349 | 0.00% |
| Other State Agencies | | | | |
| Private agencies | | | | |
| TOTAL EXPENDITURES | \$1,083,322 | \$1,118,705 | \$1,021,349 | -8.70% |

¹ Numbers may not add to totals due to rounding.

**TABLE H – RAPE CRISIS SERVICES
PROGRAM EXPENDITURES**

| PROGRAM CATEGORY | FFY 23 Actual/Estimated Expenditures | FFY 24 Actual/Estimated Expenditures | FFY 25 Proposed Expenditures | Percentage Change from FY 24 to FY 25 |
|--|--|--|------------------------------------|--|
| 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% |

¹ Numbers may not add to totals due to rounding.

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

| PROGRAM CATEGORY | FFY 23 Actual/Estimated Expenditures | FFY 24 Actual/Estimated Expenditures | FFY 25 Proposed Expenditures | Percentage Change from FY 24 to FY 25 |
|--|---|---|---|--|
| Number of Positions (FTE) budgeted/filled | 0.25/0.25 | 0.25/0.25 | 0.25/0.25 | 0.00%/0.00% |
| Personal Services | \$18,459 | \$19,766 | \$20,824 | 5.35% |
| Fringe Benefits | \$20,969 | \$22,428 | \$23,629 | 5.35% |
| Other Expenses | | \$14,000 | \$0 | -100.00% |
| Equipment | | | | |
| Contracts | \$276,799 | \$274,033 | \$271,775 | -0.82% |
| Grants to: | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private agencies | | | | |
| TOTAL EXPENDITURES | 316,227 | 330,227 | 316,227 | -4.24% |

¹ Numbers may not add to totals due to rounding.

TABLE J – YOUTH SUICIDE PREVENTION
PROGRAM EXPENDITURES

| PROGRAM CATEGORY | FFY 23 Actual/Estimated Expenditures | FFY 24 Actual/Estimated Expenditures | FFY 25 Proposed Expenditures | Percentage Change from FY 24 to FY 25 |
|--|---|---|---|--|
| 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% |

¹ Numbers may not add to totals due to rounding.

TABLE K – NUTRITION AND WEIGHT STATUS

PROGRAM EXPENDITURES

| PROGRAM CATEGORY | FFY 23 Actual/Estimated Expenditures | FFY 24 Actual/Estimated Expenditures | FFY 25 Proposed Expenditures | Percentage Change from FY 24 to FY 25 |
|--|--|--|------------------------------------|---|
| Number of Positions (FTE) budgeted/filled | | | | |
| Personal Services | | | | |
| Fringe Benefits | | | | |
| Other Expenses | \$14,587 | \$63,587 | \$14,587 | -77.06% |
| Equipment | | | | |
| Contracts | | | | |
| Grants to: | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private agencies | | | | |
| TOTAL EXPENDITURES | \$14,587 | \$63,587 | \$14,587 | -77.06% |

¹ Numbers may not add to totals due to rounding.

**TABLE L – POLICY OFFICE
PROGRAM EXPENDITURES**

| PROGRAM CATEGORY | FFY 23 Actual/Estimated Expenditures | FFY 24 Actual/Estimated Expenditures | FFY 25 Proposed Expenditures | Percentage Change from FY 24 to FY 25 |
|--|---|---|---|--|
| Number of Positions (FTE) budgeted/filled | 0.75/0.75 | 1.5/1.0 | 2.0/1.0 | 33.3%/0.00% |
| Personal Services | \$71,047 | \$148,900 | \$199,305 | 33.85% |
| Fringe Benefits | \$55,797 | \$135,539 | \$180,393 | 33.09% |
| Other Expenses | \$312,932 | \$234,259 | \$14,000 | -94.02% |
| Equipment | | | | |
| Contracts | | | | |
| Grants to: | | | | |
| Local Government | | | | |
| Other State Agencies | | | | |
| Private agencies | | | | |
| TOTAL EXPENDITURES | \$439,776 | \$518,698 | \$393,698 | -24.10% |

¹ Numbers may not add to totals due to rounding.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES

Note: FFY 2023 “Numbers Served” and “Performance Measures” reflect interim status. The delayed allocation of FFY 2023 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 9/30/2024.

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2023 | Performance Measures |
|--------------------------|--|--|---|---|
| Asthma Prevention | To provide home-based asthma management education and identify and reduce environmental asthma triggers. | Asthma program contractors conducted in-home asthma management education and environmental assessments to identify and reduce asthma environmental triggers by a) identifying in-home environmental asthma triggers, b) recommending trigger reduction strategies with provided supplies and, c) evaluating the implementation of trigger reduction strategies. | Number served: N = 16 participants have completed the 3-visit program. | Performance Measure: Increase the number of participants who complete the asthma 3-home visit program to a total of 30. Upon completion of the program, participants' asthma control score will improve by at least 15% from baseline to the third visit. Research supports the idea that an improvement of 15% in the Asthma Control Test scores is clinically significant. Outcome: 16 participants completed all 3 visits. Of the 35 participants who completed the first visit, 23 (66%) had poorly controlled asthma. Of the 22 participants who completed the second visit, only 16 completed the 3-visit program. |
| | | Asthma program contractors identified home-based asthma triggers and recommended environmental strategies for the reduction of the identified triggers. | Number served: 35 participants | Performance Measure: Provide the total number of families served and the percentage of those families who are exposed to each identified trigger and evaluate the implementation of recommended strategies on reducing exposure to triggers. Outcome: Of 35 participants who completed the <u>first visit</u> , 32 (91%) received an environmental assessment. The percentage of families exposed to specific triggers are: 1. All families (100%) were exposed to volatile organic compounds (air fresheners, scented candles). |

| | | | | |
|--|--|---|--|--|
| | | | | <ol style="list-style-type: none"> 2. 91% of families were exposed to secondhand tobacco smoking. 3. A third of families (33%) were exposed to insect infestation. 4. For 19% of families, the assessment revealed exposure to rodents & pets and poor indoor air ventilation. 5. Mold was found in 10% of homes. <p>At the third home visit, the percentage of families who implemented recommended trigger reduction strategies are:</p> <ul style="list-style-type: none"> • 100% reduced using air fresheners and scented candles. • 100% reduced their exposure to dust • 100% implemented proper food storage to pests • 85% used pillow and mattress casing to reduce exposure to mites • 60-70% reduced exposure to secondhand tobacco smoking, mold and improved indoor air ventilation • 40-50% reduced exposure to pets and rodents |
| Cancer Prevention Cancer Health Disparities | <p>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> | <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>Number served: To be determined</p> <p>Potential reach: 3.6 million</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> |

Preventive Health and Health Services Block Grant
FFY 2025 Allocation Plan

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|--|--|--|---|---|
| <p>Cancer Prevention (cont.)</p> <p>Cancer Health Disparities, cont.</p> | | <p>Identified and implemented targeted initiatives to address the burden of cancer in Connecticut.</p> | <p>Lung Cancer- 120 people at 7 sessions.</p> <p>HPV- 2 drug store chains, CVS, and Walgreens. 600 AAP members received call to action letters.</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 by the partnership are Lung cancer screening and HPV vaccinations. The Lung cancer workgroup is providing community education through a speaker's bureau and conducting informational sessions across the state explaining the importance and location of lung cancer screening. The HPV vaccination workgroup has posted a call -to- action letter and sent to the American Academy of Pediatrics in CT as well has other organization to educate healthcare vaccination beginning at age 9 and through 45 years old. The group has been working with local pharmacists and drug store companies to discuss the best method to provide HPV vaccinations in the drug stores and where the vaccine can be readily ordered for physicians' offices providers on the importance of HPV.</p> |
|--|--|--|---|---|

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2023 | Performance Measures |
|---|--|---|--|---|
| Heart Disease, Stroke, and Diabetes 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. | As of June 2024: Chronic Disease Self-Management Program (CDSMP) contracts are pending execution. | Performance Measure: DPH will review and approve diabetes self-monitoring programs offered by LHDs to enable CT residents to control and manage their type 2 diabetes. |
| | 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. | 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. 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 | Outcome: CDSMP contract for 2023-2024 are still in process to be executed Performance Measure: DPH will implement and execute contracts with LHDs to conduct educational self-monitoring diabetes programs. Outcome: CDSMP contract for 2023-2024 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: DPH provided limited replacement supplies to 2 of 18 equipment sites as these sites requested supplies that were already on hand. Replacement training supplies were made available in January 2024 and again in May 2024. Supplies can be requested at any time other than the dates above as well but will depend on “on 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 |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2023 | Performance Measures |
|---|---|--|--|--|
| Policy/Environmental Change for Chronic Disease Prevention | Implement community-wide policy and/or environmental change initiatives to reduce chronic disease risk factors by decreasing obesity, improving dietary habits, increasing physical activity, and decreasing tobacco use. | Community needs are assessed and community-wide policy and/or environmental change initiatives that increase access to healthy foods, increase opportunities for physical activity, or decrease tobacco use are developed, implemented, and evaluated. | Based on population of communities | <p>Performance Measure: LHDs will develop, implement, and evaluate 1 or more community-wide policy and/or environmental change initiative that reduce chronic disease risk factors.</p> <p>Outcome: 4 LHDs will implement 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.</p> |
| Tobacco Use Cessation/Create Environmental Changes to Reduce Secondhand Smoke Exposure | Reduce tobacco use and exposure to secondhand smoke | LHDs will provide tobacco use cessation counseling programs that provide smokers with the information, skills and tools needed to successfully quit or reduce their tobacco use. | <p>Number Served:0</p> <p>As of June 2024, contract execution is pending</p> | <p>Performance Measure: LHDs selecting the "Reduce Tobacco Use - Cessation Program" option will identify three target geographic areas and populations within their community to implement intervention.</p> <p>Outcome: LHDs have selected the City of Middletown, North Central District Health Departments 9-town region, and Uncas Health District 9-town region to implement intervention. The LHDs have also identified youth, young adult, and veteran tobacco users as their target populations</p> |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2023 | 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: 0 As of June 2024, contracts with LHDs are pending execution. | Performance Measure: LHDs selecting the "Reduce Tobacco Use - Cessation Program" option will have three fully executed contracts and workplans developed. Outcome: Contracts pending execution. LHDs have been provided updates throughout the contract process, provided technical assistance on budget workbooks, shared resources such as updated educational materials and CT Quitline promotional materials to leverage once contracts are executed. |
| 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. | Number Served: 0 As of June 2024, contracts with LHDs are pending execution | Performance Measure: Conduct the process to execute contracts between DPH and LHDs to implement self-care and self-monitoring blood pressure programs. Outcome: LHD contracts for 2023-2024 are in the process of being executed. Performance Measure: DPH will review the local health department's schedule of blood pressure screenings and referrals as many CT residents are unaware that they may have high blood pressure, which is an indicator of heart disease. Outcome: LHD contracts for 2023-2024 are in the process of being executed. |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2023 | 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: Funds support 1,500 of 8,000 surveyed | <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 2024 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 8,000 CT residents. - As of June 1, 2024, there have been a total of 3 documents prepared with CT BRFSS data: 2022 Summary Tables, www.ct.gov/dph/BRFSS - Additional reports, including 2023 Summary Tables and Comprehensive 2021-2022 Summary Reports with county-level data, are under review for posting online. - The 2023 CT BRFSS Sampling Plan methodology was approved by the CDC to include 9 geographic levels of sampling for CT 9 counties with maintaining 2024 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 M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES (continued)

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2023 | Performance Measures |
|---------------------------------|----------------------------|---|---|--|
| Youth Suicide Prevention | Decrease in youth suicide. | <p>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.</p> <p>DPH staff, in collaboration with CT Suicide Advisory Board (CTSAB), implemented 2 strategies to reduce access to lethal means of suicide.</p> | <p>These trainings are planned for late summer.</p> <p>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 2024.</p> <p>Number served: All of CT Residents</p> | <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: Wheeler Clinic will, in partnership with the Jordan Porco Foundation sponsor Fresh Check Days on CT college campuses. These most often occur at the start of the academic year. Fresh Check Day, the signature program of the Jordan Porco Foundation, is an uplifting mental health promotion and suicide prevention event for colleges that includes interactive expo booths, peer-to-peer messaging, support of multiple campus departments and groups, free food, entertainment, and exciting prizes and giveaways. Fresh Check Day aims to create an approachable and hopeful atmosphere where students are encouraged to engage in dialogue about mental health and helps to build a bridge between students and the mental health resources available on campus, in the community, and nationally.</p> <p>Performance Measure: Implement 2 strategies to reduce access to lethal means of suicide among individuals with identified risks which include provider training, development of educational materials and suicide prevention signage.</p> <p>Outcome: The CT Suicide Advisory Board Lethal Means Committee is actively engaged in their strategic plan to reduce</p> |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2023 | Performance Measures |
|--|----------------------------|-------------------------|------------------------|--|
| Youth Suicide Prevention, cont. | Decrease in youth suicide. | | | <p>access to lethal means when someone appears to be at risk for suicide. This includes ‘Talk Saves Lives’ trainings for firearm retailers and public/private shooting range owners and staff. Suicide prevention signage is actively posted at train stations, bridges, public parks in collaboration with UWC and CT DOT. Addressing Lethal Means Through Partnerships For Suicide Awareness</p> <p>Performance Measure: Implement 2 strategies to reduce access to lethal means of suicide among individuals with identified risks which include provider training, development of educational materials and suicide prevention signage.</p> <p>Outcome: The CT Suicide Advisory Board Lethal Means Committee is actively engaged in their strategic plan to reduce access to lethal means when someone appears to be at risk for suicide. This includes ‘Talk Saves Lives’ trainings for firearm retailers and public/private shooting range owners and staff. Suicide prevention signage is actively posted at train stations, bridges, public parks in collaboration with UWC and CT DOT. Addressing Lethal Means Through Partnerships For Suicide Awareness</p> |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2023 | Performance Measures |
|---|-------------------------------------|---|---|--|
| Fall-related Injuries Fall Prevention for Older Adults | Decrease in unintentional injuries. | <p>Develop the Connecticut Falls Prevention Collective by identifying and establishing partnerships with key state agencies, professionals and community organizations interested in providing falls prevention programming for community-living older adults.</p> <p>LHDs conducted fall prevention training programs for health care providers.</p> | <p>Number Served: -Currently 5 local and state health partners</p> <p>Number served: LHD contracts are pending execution.</p> | <p>Performance Measure: LHDs, in collaboration with DPH and local and state partners, will implement a Connecticut Falls Prevention Collective to increase membership from a baseline of 5 to 15 to advance fall prevention efforts in the state for community-living older adults 65+ to enhance their quality of life.</p> <p>Outcome: CT DPH is implementing the Connecticut Falls Prevention Collective by collaborating with the CT Department of Rehabilitation Service Bureau of Aging, Community Healthy Living Collective, academic professions colleges and universities and three local health departments on identifying and establishing partnerships with key professional, academic and community organizations interested in establishing a CT Falls Prevention Coalition.</p> <p>Performance Measure: LHDs contracts are executed, and technical assistance provided for LHDs incorporating falls prevention strategies in their work with community-dwelling older adults.</p> <p>Outcome: LHD contracts are currently developed by CT DPH Office of Injury & Violence Prevention program staff and are under review with the CT DPH Legal Office.</p> |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2023 | Performance Measures |
|-----------------------------|---|---|--|---|
| Rape Crisis Services | Reduce the annual rate of rapes or attempted rapes. | 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. | Number Served: undetermined. Contractor report pending receipt by the DPH | Performance Measure: At least 7,113 female and male victims of sexual assault will be served at rape crisis centers. Outcome: Pending receipt of contractor report by the DPH. |
| | | Connecticut Alliance to End Sexual Violence assisted victims of completed or attempted rapes and/or sexual assault in filing a police report. | Number Served: In consultation with the CT Alliance to End Sexual Violence, it has been determined that this number is difficult to determine. Sexual assault victims are instructed on how to file a police report, however, there is not a reliable system of gathering information on this Performance Measure. | Performance Measure: At least 1,100 sexual assault victims will file a police report. Outcome: In consultation with the CT Alliance to End Sexual Violence, it has been determined that this number is difficult to determine. Sexual assault victims are instructed on how to file a police report, however, there is not a reliable system of gathering information on this Performance Measure. |

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

| Service Category | Objective | Grantor/Agency Activity | Number Served FFY 2023 | Performance Measures |
|---|--|---|------------------------|---|
| Policy Office (formerly, Public Health Infrastructure) | Achieve measurable improvements of public health systems and health outcomes for DPH and local public health entities. | <p>CT DPH ensured alignment of, at least 80%, of its centralized dashboard with agency Strategic Plan, key population health outcomes, and/or DPH program-specific performance metrics.</p> <p>CT DPH continued to work on accreditation maintenance and respond 100% to the Public Health Accreditation Board (PHAB) requirements made towards the DPH's reaccreditation application.</p> <p>CT DPH developed and made available to local health departments a total of 6 technical assistance resources on various topics supporting accreditation.</p> | All CT residents | <p>Performance Measure: Alignment of 80% of the DPH centralized dashboard with agency Strategic Plan and/or with program specific measures.</p> <p>Outcome: In total, DPH identified 65 new metrics related to its latest Strategic Plan and 100% have been brought into the internal performance dashboard. However, its implementation has been paused to allow time for the development of adequate staffing and accountability structure.</p> <p>Performance Measure: 100% response to PHAB's requirements made towards the DPH's reaccreditation application.</p> <p>Outcome: This measure was successfully met. In January 2024, PHAB requested additional clarification/documentation on 34 of the 126 measures submitted for reaccreditation. DPH successfully responded to the request and is currently awaiting a site visit from PHAB.</p> <p>Performance Measure: A total of 6 technical assistance resources on various topics supporting accreditation were developed and made available to local health departments.</p> <p>Outcome: DPH decided to pause implementation of this measure due to persistent staffing vacancies at local health level and the pressing need for local health staff and leaders to focus on priority issues related to maintenance/enhancement of essential public health services.</p> |

TABLE N
SUMMARY OF PROGRAM EXPENDITURES BY SUBCATEGORY

| Preventive Health & Health Services Block Grant (PHHSBG) | FFY 23 Actual/Estimated Expenditures | FFY 24 Actual/Estimated Expenditures | FFY 25 PROPOSED Expenditures |
|---|---|---|---|
| Asthma | \$0 | \$0 | \$97,356 |
| Cancer Prevention | \$42,727 | \$181,727 | \$42,727 |
| Cardiovascular Disease Prevention | \$0 | \$0 | \$0 |
| EMS | \$0 | \$0 | \$0 |
| Local Health Departments | \$1,083,322 | \$1,118,705 | \$1,021,349 |
| Rape Crisis Services | \$75,278 | \$75,278 | \$75,278 |
| Surveillance and Evaluation | \$276,799 | \$274,033 | \$271,775 |
| Youth Violence/Suicide Prevention | \$99,198 | \$99,198 | \$99,198 |
| Policy Office (Formerly Public Health Inf) | \$0 | \$0 | \$0 |
| TOTAL | \$1,577,324 | \$1,748,941 | \$1,607,683 |

¹ Program expenditures are for contractual services only. Salaries and fringe are not represented here.