

State of Connecticut
Department of Public Health

Preventive Health and Health
Services Block Grant
Allocation Plan
FFY 2013

**PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY 2013 ALLOCATION PLAN**

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I. Narrative Overview of the Preventive Health & 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 Connecticut Department of Public Health (DPH) is designated as the principal state agency for the allocation and administration of the PHHSBG within the State of Connecticut.

The PHHSBG, under the Omnibus Reconciliation Act of 1981, Public Law 97-35, as amended by the Preventive Health Amendment of 1993, Public Law 102-530, 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. Priority health problems and related resource capacity of states vary. For that reason, Congress, in 1981, redirected the funding previously awarded through six separate categorical public health grants to the newly created PHHSBG. Thus, the PHHSBG affords each state much latitude in determining how best to allocate these federal funds as compared to the categorical grants it replaced.

B. Major Uses of Funds

The Preventive Health Amendment of 1993 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 for the health status of the population, 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 or 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.

Besides the basic award, each state's total PHHSBG award includes one mandated sex offense allocation: the Sex Offense Set-Aside. This mandated sex offense allocation may only be used for providing rape crisis services to rape victims.

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

1. provide inpatient services;
2. make cash advances to intended recipients of health services;
3. purchase land, buildings or major medical equipment;
4. provide financial assistance to any entity other than a public or non-profit private entity; or
5. satisfy any requirements 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 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.

No more than 5 percent of the award may be spent on the administration of this grant. Administrative cost for the 2013 PHHSBG budget represents approximately 1 percent of the estimated FFY 2013 Annual Basic Award.

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 2013 Maintenance of Effort (MOE) is \$2,411,686. The MOE total includes state-funded personnel costs and other expense funds directed at the attainment of the Health Status Objectives funded by the PHHSBG.

Because of the DPH's long time commitment to fund priority health areas identified in the agency's *Looking Toward 2010 -- An Assessment of Health Status and Health Services*, and consistent with national *Healthy People 2020* leading health indicators, the 2013 PHHSBG basic award will support the following prevention programs: Cardiovascular Disease (Heart Disease & Stroke), Diabetes, Cancer, Chronic Disease Risk Factors, Intentional Injuries (Youth Violence/Suicide and Intimate Partner Violence), Unintentional Injuries, Emergency Medical Services, Childhood Lead Poisoning, and Healthy Home and School Environments. The 2013 PHHSBG basic award will also provide for 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), chronic disease self-management, cancer (including skin cancer and comprehensive cancer planning), unintentional injuries (motor vehicle crashes and fall prevention), healthy homes and school environments, and surveillance/monitoring. The mandated Sex Offense Set-Aside portion of the block grant will fund rape crisis services.

C. Federal Allotment Process

Each state's share of the total federal basic PHHS Block Grant 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 2012 basic appropriation was \$999,798. The mandated Sex Offense Set-Aside portion of the PHHS Block Grant is based on the State's population. In FFY 2012, the Sex Offense Set-Aside for Connecticut was \$79,914, or 1.1%, of the total federal funding reserved for the Sex Offense Set-Aside award (\$7 million). Total PHHSBG funding to Connecticut was \$1,079,712 in FFY 2012.

D. Estimated Federal Funding – FFY 2013

In his FFY 2013 budget request to Congress, President Obama eliminated funds for the PHHSBG; however, Congressional action to date indicates continued support for the Block Grant. The CDC has provided the following draft 2013 funding estimates for Connecticut:

Basic Award	\$ 934,861
Sex Offense Set-Aside	<u>\$ 79,914</u>
Total 2013 Estimated Award	\$1,014,775

E. Total Available and Estimated Expenditures

For the proposed FFY 2013 budget of \$1,308,680, a carry forward of \$293,905 will supplement the \$1,014,775 award. The balances carried forward from the previous years are the result of unfilled budgeted positions and unexecuted contracts with local departments of public health and other contractors.

F. Proposed Allocation Changes From Last Year

The health priorities and program categories for FFY 2013 (October 1, 2012 through September 30, 2013) remain the same as in FFY 2013. However, with level funding anticipated from the CDC for FFY 2013, the decision to remove most staff salaries from this Allocation Plan remains in effect. An exception is a .25 F.T.E. position under Surveillance and Evaluation. This decision was made by Commissioner Mullen and adopted in the 2012 plan.

Based on the fact that for the last, two consecutive years it was proposed that PHHSBG funding be eliminated from the federal budget, Connecticut's proposed allocation changes for

FFY 2013 includes activities that can be implemented in the short-term; yet remain consistent with achieving progress toward Healthy People objectives. For example, in addition to continued programming, it is proposed that cardiovascular disease and cancer allocations for FFY 2013 be utilized to conduct trainings for relevant public health staff and key stakeholders to develop and/or enhance their skills to assess, implement and evaluate policy-based strategies and interventions. Emergency medical services' (EMS) proposed allocation will be used to conduct a Statewide Community Paramedicine Forum, led by national experts. This Forum will serve as one of the first steps toward implementing community paramedicine in Connecticut. EMS will also assume management of the HeartSafe Communities Program. In addition, proposed funding of local health options will require outcome measures after one year.

G. Contingency Plan

The Department of Public Health is prepared to revise the FFY 2013 proposed budget, as needed, to accommodate any changes in the \$1,014,775 estimated award presented in this Allocation Plan, including any change due to implementation of the Budget Control Act of 2011. The PHHSBG Advisory Committee met on June 5, 2012, and made the following recommendations for the FFY 2013 budget: 1) Propose activities that can be implemented in the short-term; 2) continue to implement the decision to remove staff salaries from this Allocation Plan with the exception of the .25 F.T.E. in Surveillance and Evaluation, and 3) savings due to contractor refunds and other unexpended amounts should be added to the carry forward reserve. This FFY 2013 Allocation Plan is consistent with the Advisory Committee's recommendations.

H. State Allocation Planning Process

The Preventive Health Amendment of 1993 requires each state to develop a plan for achieving the national *Healthy People* Objectives addressed by the PHHSBG, in consultation with a PHHSBG Advisory Committee. The committee must include representatives of the general public and local health services. The duties of the committee are:

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

The Commissioner's designee, Margaret Hynes, chaired the meeting of this year's Preventive Health and Health Services Block Grant Advisory Committee. The FFY 2012-13 Committee

was comprised of five representatives from local health departments, community-based organizations, educational institutions, and the general public.

The Committee met on June 5, 2012 to discuss priorities and funding options and to make recommendations to the Commissioner for the FFY 2013 Allocation Plan.

As in prior years, the Allocation Plan is effective beginning on **October 1, 2012**, with DPH contracts beginning **July 1, 2013**.

I. Grant Provisions

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

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

If a state adds or deletes a Health Status Objective, or makes other substantial revisions to its Allocation Plan *after* the Application has been submitted to the CDC, it must conduct a public hearing on the revised plan and submit a revised Application. Connecticut's FFY 2013 PHHSBG Application has not yet been submitted to the CDC. Each state must also submit an Annual Report on the attainment of each health status and risk reduction objectives and related activities funded during the preceding year. The Governor and the chief health officer, or designee, must sign a certification and assurance statement for inclusion in the Application to the CDC, which certifies adherence to the mandated provisions outlined in this Allocation Plan.

TABLE A
Summary of Appropriations and Expenditures

PROGRAM CATEGORY	FFY 11 Expenditures	FFY 12 Estimated Expenditures	FFY 13 Proposed Expenditures	Percentage Change from FY 12 to FY 13
Administrative Support	752	1,000	5,000	400.00%
Cancer Program	52,860	0	49,000	100.00%
Cardiovascular Disease	337,291	235,354	49,000	-79.18%
Childhood Lead Poisoning/Lab	113,568	15,389	0	-100.00%
Emergency Medical Services	216,269	0	20,000	100.00%
Local Health Departments	463,881	502,220	677,500	34.90%
Rape Crisis Service	83,396	79,914	79,914	0.00%
Surveillance and Evaluation	39,694	41,449	226,933	447.50%
Intimate Partner Violence	76,920	76,920	76,920	0.00%
Youth Violence/Suicide Prevention	167,640	82,608	124,413	50.61%
TOTAL	1,552,271	1,034,854	1,308,680	26.46%
SOURCE OF FUNDS				
Block Grant	1,111,658	1,079,712	1,014,775	-6.01%
Balance Forward From Previous Year [1]	689,660	249,047	293,905	-18.01%
TOTAL FUNDS AVAILABLE	1,801,318	1,328,759	1,308,680	-1.51%

1. FFY 2011 expenditures of \$1,552,271 included \$440,613 of the prior year's balance carried forward to supplement the \$1,111,658 federal award.

The proposed budget for FFY 2013 of \$1,308,680 will use the remaining balance of \$293,905 to supplement the projected \$1,014,775 federal award.

**TABLE B – ALL PROGRAMS
 PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 11 Expenditures	FFY 12 Estimated Expenditures	FFY 13 Proposed Expenditures	Percentage Change from FY 12 to FY 13
Number of Positions (FTE) budgeted/filled [1]	6.70/5.59	.25/.25	.25/.25	0.00%
Personal Services	396,386	43,706	24,202	-44.63%
Fringe Benefits	269,109	30,494	17,247	-43.44%
Other Expenses	845	1,600	1,000	-37.50%
Equipment	0	0	0	0.00%
Contracts	5,000	10,000	125,484	1154.84%
Grants to:				
Local Government	563,881	602,220	677,500	12.50%
Other State Agencies	0	0	0	0.00%
Private agencies	317,050	346,834	439,247	26.64%
TOTAL EXPENDITURES	1,552,271	1,034,854	1,308,680	26.46%
SOURCE OF FUNDS				
Block Grant	1,111,658	1,079,712	1,014,775	-6.01%
Balance Forward From Previous Year	689,660	249,047	293,905	18.01%
TOTAL FUNDS AVAILABLE	1,801,318	1,328,759	1,308,680	-1.51%

1. Staff funded for FFY 2013 includes a 0.25 FTE Epidemiologist in Surveillance and Evaluation.

**TABLE C – ADMINISTRATIVE SUPPORT
 PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 11 Expenditures	FFY 12 Estimated Expenditures	FFY 13 Proposed Expenditures	Percentage Change from FY 12 to FY 13
Number of Positions (FTE) budgeted/filled	0/0	0/0	0/0	0/0
Personal Services	0	0	0	0
Fringe Benefits	0	0	0	0
Other Expenses	752	1,000	5,000	400.00%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	752	1,000	5,000	400.00%

**TABLE D – CANCER PREVENTION
 PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 11 Expenditures	FFY 12 Estimated Expenditures	FFY 13 Proposed Expenditures	Percentage Change from FY 12 to FY 13
Number of Positions (FTE) budgeted/filled	1.0/.64	0.0/0	0.0/0	0.00%
Personal Services	31,203	0	0	0.00%
Fringe Benefits	21,656	0	0	0.00%
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies			49,000	100.00%
TOTAL EXPENDITURES [1]	52,860	0	49,000	100.00%

1. Due to rounding, the FFY 11 total is off by \$1.00.

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

PROGRAM CATEGORY	FFY 11 Expenditures	FFY 12 Estimated Expenditures	FFY 13 Proposed Expenditures	Percentage Change from FY 12 to FY 13
Number of Positions (FTE) budgeted/filled	1.0/1.0	0/0	0/0	0.00%
Personal Services	74,325	9,143	0	0.00%
Fringe Benefits	51,232	6,211	0	0.00%
Other Expenses				
Equipment				
Contracts	5,000	10,000		-100.00%
Grants to:				
Local Government	100,000	100,000		-100.00%
Other State Agencies				
Private agencies	106,734	110,000	49,000	-51.00%
TOTAL EXPENDITURES	337,291	235,354	49,000	-79.18%

**TABLE F – CHILDHOOD LEAD POISONING
 PREVENTION/LABORATORY
 PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 11 Expenditures	FFY 12 Estimated Expenditures	FFY 13 Proposed Expenditures	Percentage Change from FY 12 to FY 13
Number of Positions (FTE) budgeted/filled	1.0/1.0	0/0	0/0	0.00%
Personal Services	68,860	9,081	0	-100.00%
Fringe Benefits	44,709	6,308	0	-100.00%
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES [1]	113,568	15,389	0	-100.00%

1. Due to rounding, the FFY 11 total is off by \$1.00.

**TABLE G – EMERGENCY MEDICAL SERVICES
 PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 11 Expenditures	FFY 12 Estimated Expenditures	FFY 13 Proposed Expenditures	Percentage Change from FY 12 to FY 13
Number of Positions (FTE) budgeted/filled	1.7/1.7	0/0	0/0	0.00%
Personal Services	123,744	0	0	0.00%
Fringe Benefits	92,525	0	0	0.00%
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies			20,000	100.00%
TOTAL EXPENDITURES	216,269	0	20,000	100.00%

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

PROGRAM CATEGORY	FFY 11 Expenditures	FFY 12 Estimated Expenditures	FFY 13 Proposed Expenditures	Percentage Change from FY 12 to FY 13
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government	463,881	502,220	677,500	39.40%
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	463,881	502,220	677,500	39.40%

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

PROGRAM CATEGORY	FFY 11 Expenditures	FFY 12 Estimated Expenditures	FFY 13 Proposed Expenditures	Percentage Change from FY 12 to FY 13
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies	83,396	79,914	79,914	0.00%
TOTAL EXPENDITURES	83,396	79,914	79,914	0.00%

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

PROGRAM CATEGORY	FFY 11 Expenditures	FFY 12 Estimated Expenditures	FFY 13 Proposed Expenditures	Percentage Change from FY 12 to FY 13
Number of Positions (FTE) budgeted/filled	1.0/.25	.25/.25	.25/.25	0.00%
Personal Services	23,120	24,202	24,202	0.00%
Fringe Benefits	16,574	17,247	17,247	0.00%
Other Expenses				
Equipment				
Contracts			125,484	100.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies			60,000	100.00%
TOTAL EXPENDITURES	39,694	41,449	226,933	447.50%

**TABLE K – INTIMATE PARTNER VIOLENCE
 PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 11 Expenditures	FFY 12 Estimated Expenditures	FFY 13 Proposed Expenditures	Percentage Change from FY 12 to FY 13
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies	76,920	76,920	76,920	0.00%
TOTAL EXPENDITURES	76,920	76,920	76,920	0.00%

**TABLE L – YOUTH VIOLENCE/SUICIDE PREVENTION
 PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 11 Expenditures	FFY 12 Estimated Expenditures	FFY 13 Proposed Expenditures	Percentage Change from FY 12 to FY 13
Number of Positions (FTE) budgeted/filled	1.0/1.0	0/0	0/0	0.00%
Personal Services	75,134	1,280	0	-100.00%
Fringe Benefits	42,413	728	0	-100.00%
Other Expenses	93	600	0	-100.00%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies	50,000	80,000	124,413	55.52%
TOTAL EXPENDITURES	167,640	82,608	124,413	50.61%

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2012	Performance Measures
Cancer Prevention Skin Cancer	Increase the proportion of persons who use at least one of the following protective measures that may reduce the risk of skin cancer: avoid the sun between 10 a.m. and 4 p.m., wear sun-protective clothing when exposed to sunlight, use sunscreen with an SPF of 15 or higher, and avoid artificial sources of ultraviolet light.	Provide funds to local health departments (LHDs) and other community agencies to develop and implement educational programs and materials, which will reduce an individual's risk of skin cancer.	1 local health department selected this program option	Contracts executed and payments made on time to contractors contingent upon completion of deliverables.
		Conduct community-based skin cancer educational programs to increase awareness and inform and educate populations of the harmful effects of the sun's ultraviolet rays and influence sun safety practices.	23 participants	2 community-based cancer education programs conducted. Results of post-program surveys show that 82% of participants report an increase in knowledge of sun safety practices.
		Recruit community organizations and/or agencies for participation in a skin cancer prevention program. New Target Goal – 6 agencies in total.	1 agency	Did not meet target goal of 6 agencies.
Lung Cancer in Women	Reduce cigarette smoking by adult females.	Provide funds to LHDs to develop and implement educational programs and materials, which will reduce a woman's risk of lung cancer.	Option not selected by any local health dept./health district	N/A
		Conduct community-based educational programs, including evidence-based smoking cessation program information, to increase awareness of the harmful effects of smoking and other risk factors in relation to lung cancer.	Option not selected by any local health dept./health district	N/A
Cancer Planning	Increase the proportion of LHDs that have established culturally appropriate and linguistically competent community health promotion and cancer prevention programs.	Provide funds to LHDs to develop community-based cancer prevention and control plan that parallels the Connecticut Comprehensive Cancer Control Plan, 2009-2013.	2 local health departments served 3,736 individuals	The number of LHDs that selected the cancer planning remained the same during this period.

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2012	Performance Measures
Heart Disease and Stroke Prevention Elevated Cholesterol Levels	Cholesterol screening/referral, education and counseling aimed at assisting client action to reduce elevated cholesterol.	Four (4) LHDs conducted five (5) High Blood Cholesterol Education programs and fourteen (14) cholesterol screenings.	379	At least 65% of program participants with elevated cholesterol levels report taking physician directed action to control their cholesterol through lifestyle change and/or medication.
Diabetes	Develop and implement multi-session self-care education programs to reduce risk for CVD and other diabetes-related complications including peripheral vascular disease, neuropathy, end-stage renal disease and blindness. Enables client to practice self-care behaviors to reduce diabetes and complications.	During the time period of 7/1/10-6/30/11, five (5) LHDs held a total of nine (9) Diabetes Education classes.	154	At least 65% of participants with diabetes report practicing at least three self-care behaviors.
Obesity	Develop and implement policy and environmental initiatives designed to increase physical activity and improved nutritional practices at the community level.	Twelve (12) LHDs implemented a total of twenty-four (24) policy and/or environmental changes increasing physical activity, and improved nutritional practices at the community level.	6,300	Each LHD implements two to four policy and/or environmental changes to promote healthy nutrition habits. Each LHD implements two to four policy and/or environmental changes to increase access to, or the availability of, areas in which people can engage in physical activity.

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2012	Performance Measures
Physical Inactivity	Develop and implement multi-session physical activity programs to assist individuals to establish a moderate level of physical activity into their lifestyles.	Seven (7) LHDs conducted a total of thirty-one (31) physical activity programs.	434	At least 70-85% of participants report, at program end, they can correctly identify recommended levels of physical activity to promote heart health. At least 60-75% of participants report, at program end, their intent to continue exercising three or more days per week, 30 minutes per day.
Smoking Cessation	Provide smoking cessation programs that provide smokers with the information and tools to successfully quit smoking.	One (1) LHD conducted smoking cessation programs and counseling.	7	Client takes action to reduce or eliminate harmful effects of tobacco. At least 40% report making protective environmental changes, reduce or quit smoking and at 3 months, 25% reduce or quit smoking.
Nutrition/Excess Dietary Fat	Develop and implement multi-session education programs that provide needed information and practical skills to establish healthy eating patterns including the reduction of excess dietary fat in the diet.	Six (6) LHDs conducted forty (40) nutrition education programs.	794	At least 50-75% of program participants can accurately identify at least three dietary practices to reduce fat intake and promote heart health. At least 25-40% of program participant report, at program end, taking action to reduce dietary fat intake.
High Blood Pressure	Develop and implement high blood pressure screening, referral, education and counseling programs to initiate action to control high blood pressure.	One (1) LHDs conducted six (6) high blood pressure screenings and one (1) educational program.	14	At least 65% or program participants with elevated blood pressure (BP) report taking physician directed action to control their BP through lifestyle change and/or medication.

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2012	Performance Measures
African-American Initiative	Provide culturally specific community-level heart disease and stroke prevention programs to address disparities among black residents in Connecticut. Program focus: recognition of signs and symptoms of heart attack and stroke; the need to call 9-1-1; controlling high cholesterol and high blood pressure; reducing other heart disease and stroke risk factors (e.g., tobacco use).	Four (4) contractors established local coalitions to promote cardiovascular health improvements, developed plans and conducted health promotion campaigns utilizing local radio, cable television, newspapers, public schools, civic organizations, and faith community settings developed and conducted four hundred and forty eight (448) presentations, screenings and educational programs targeting Black residents.	Approx. 8,548	100% of program participants with elevated screening results for blood pressure, cholesterol and glucose are referred to physician for follow-up. 60% of smokers follow-up on cessation efforts. 50% of participants engage in light to moderate physical activity for 30 minutes 5 days per week.
Emergency Medical Services (EMS)	Reduce the number of preventable deaths and disabilities by minimizing the time between the occurrence of a sudden, serious illness or injury and the provision of definitive care at the scene, during transport and at the destination hospital.	Increase the proportion of CT residents who have access to rapidly responding and appropriate pre-hospital emergency medical services by partnering with community EMS and public safety professionals via the following activities:	23,541 providers statewide	Enhancing training for EMS responders through the implementation of the EMS Educational Agenda for the future including updated treatment protocols.
		Staffs funded through the Block Grant coordinate the distribution of federal EMS for Children funding for pediatric medical equipment to EMS organizations. Maintain percentage of sudden out-of-hospital cardiac arrest patients successfully defibrillated by emergency service pre-hospital providers at 25%, as indicated on the EMS electronic patient data submission sent to Office of Emergency Medical Services (OEMS).	191 services	Increase the number of providers by 5%.
		Complete a needs assessment to identify priority injury problems and develop a system wide consensus plan towards injury prevention.	The needs assessment has not been completed	Protocols being modified to meet data.
		Sponsor Statewide EMS Annual Educational Conference.	485 providers trained over three days.	Ongoing training until 100% completion statewide is reached.

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2012	Performance Measures
Local Health Departments	Address priority PHHSBG-funded health needs of communities.	Provide funding and program assistance to local health departments for approved health promotion services of their choice.	Please see the specific program options available to local health departments: Cancer Prevention, Cancer Planning, Skin Cancer, Heart Disease and Stroke Prevention (including High Blood Pressure, Smoking Cessation, Excess Dietary Fats/Nutrition Education, Cholesterol, Physical Activity and Obesity), Unintentional Injury Prevention, Surveillance and Evaluation, Intimate Partner Violence and Youth Violence/ Suicide Prevention.	Please see the specific program options available to local health departments and their performance measures.

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2012	Performance Measures
Surveillance and Evaluation	Increase the proportion of leading health indicators, health status indicators, and priority data needs for which data, especially for selected populations, are available at the State and local levels.	Funds are used to collect data about behavioral risk factors that are related to leading causes of death and disability. Two (2) LHDs used these funds to track health behaviors. The East Shore Health District (ESHD) and the New Britain Department of Health administered a Behavioral Risk Factor Surveillance System (BRFSS) type survey to a convenience sample of households in their Health Districts.	Two (2) LHDs collected data. The population served: East Shore Health District and Central Connecticut Health District = 96,306 New Britain = 70,548 Total served = 166,854	Complete a Behavioral Risk Factor Surveillance System (BRFSS) type survey for the East Shore Health District and the New Britain Health Department and produce a report of the results.
Unintentional Injury Prevention Motor Vehicle Crashes	Reduce the rate of motor vehicle crashes to no more than 8.5/100,000.	Provide funding and technical assistance to three (3) LHDs who used their PPHS funds for community-based motor vehicle injury prevention programs. Activities focus on child passenger safety (CPS), safety belt use, pedestrian safety and implementation of public awareness activities and environmental or policy changes.	Total served= 61 61 parents served by 7 child passenger safety educational programs	At least 75% of program participants demonstrate awareness of correct use of child restraint systems.

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2012	Performance Measures
<p>Fall-related Injuries:</p> <p>Fall Prevention for Older Adults</p> <p>Fall Prevention for Children in the Home Setting</p>	<p>Reduce the rate of deaths from falls to no more than 5.3/100,000,</p>	<p>Provide funding and technical assistance to eight (8) LHDs who used their local health allocation for community-based fall prevention programs:</p> <p>Seven (7) LHDs conduct older adult fall prevention programs. Activities for older adults include home safety visits (HSV), educational presentations, medication safety reviews and fall prevention exercise classes.</p> <p>One (1) LHD conducts a home safety program for children. Activities for children include home safety visits.</p>	<p>Total = 496</p> <p>11 older adults were served by home safety visits.</p> <p>50 older adults were served by medication safety reviews.</p> <p>35 older adults were served by fall prevention education programs.</p> <p>370 older adults were served by exercise programs</p> <p>17 children and 13 adults were served by home safety visits</p>	<p>At least 50% of home safety hazards corrected in homes receiving home safety visits.</p> <p>At least 75% of participants in fall education and medication safety programs are aware of and report taking action to reduce fall risks.</p> <p>At least 75% of participants in fall prevention exercise programs report that they plan to continue with exercises after program ends.</p>

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2012	Performance Measures
<p>Healthy Homes</p>	<p>Develop and implement a Healthy Homes Assessment program in LHD service areas to increase identification and remediation of the number and types of home health hazards.</p>	<p>Contractors identify the existence of health hazards by conducting “Healthy Homes” Assessments for property owners and tenants in the Contractor’s local geographical services area. For any health hazards found the contractor shall:</p> <ul style="list-style-type: none"> • Provide applicable educational information and remediation guidance to affected property owners and tenants. • Enforce all applicable statutes, regulations and associated technical standards. <p>Take steps necessary to confirm compliance with such enforcement actions.</p>	<p>364,000</p>	<p>100% adoption and implementation of a Healthy Homes initiative at the LHD level.</p> <p>100% training of LHD staff using the national Essentials for Healthy Homes Practitioners.</p> <p>100% increase in the number of homes assessed for home health hazards.</p> <p>100% of property owners and/or tenants receive education and awareness materials related to specific health hazards identified during their respective dwelling’s Healthy Homes assessment.</p> <p>100% of property owners and/or tenants whose dwellings have a Healthy Homes Assessment receive written remediation recommendations that outline measures that can be taken to reduce the risk of the identified potential and actual health hazard(s).</p>

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2012	Performance Measure
<p>Healthy Homes – cont'd</p>				<p>At least 50% of property owners and/or tenants implement one or more of the remediation or correction recommended by the 90-day Follow-up Assessment.</p> <p>100% of the Public Health Code violations identified through Healthy Homes assessments are ordered to be remediated or corrected, citing applicable Statutes, Regulations, and Technical Standards.</p> <p>100% reporting of assessment findings to DPH for tracking and analysis.</p>

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2012	Performance Measure
<p>Childhood Lead Poisoning Prevention</p>	<p>Provide screening/referral and follow up case management services to children under the age of six years and education to parents or legal guardians of such children.</p> <p>Provide environmental management services.</p> <p>Provide education and awareness services.</p>	<p>Conduct primary prevention activities and identify children under the age of six years at risk through a comprehensive program of blood lead screening that is required for all children at ages one and two years, ages 3 through 5, if not previously screened.</p> <p>Offer intervention and risk reduction education to caregivers, parents and guardians, and medical professionals.</p> <p>Provide surveillance, case management (child and environmental), and follow-up of elevated blood-lead level cases.</p>	<p>241,400</p>	<p>100% of children < 6 yrs in the contractor's service area(s) requiring a confirmatory test for blood lead levels (BLLs) are tested and managed under case management activities conducted under contract.</p> <p>At least 85% of children with confirmatory BLLs ≥ 10 $\mu\text{g/dL}$ (microliters per deciliter) as determined through case management activities conducted under contract receive follow-up testing as outlined in the LPPCP Requirements and Guidance</p> <p>At least 75% of children with elevated BLLs who were retested will show a decrease in their BLLs.</p> <p>At least 90% of dwellings requiring hazard identification are inspected within one month of notification of a $\text{BLL} \geq 20\mu\text{g/dL}$ or two BLLs between $15\mu\text{g/dL}$ - $19\mu\text{g/dL}$ taken 3 mo. apart in a child < 6 yrs.</p>

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2012	Performance Measures
<p>Rape Crisis Services</p>	<p>Reduce the annual rate of rape or attempted rapes to 0.7 rapes or attempted rapes per 1,000 persons.</p> <p>CT's current attainment: 35 per 1,000 persons (2006 - latest available data from the FBI Uniform Crime Report)</p>	<p>Contract with the statewide sexual assault coalition and nine member centers for the provision of direct services for victims of rape and other sexual assaults, including crisis intervention, individual/group counseling; medical, police and court accompaniment; free and confidential hotlines; and transportation as necessary.</p>	<p><i>CT's current attainment: 599 reported rapes (16.76 per 100,000 persons) 2010 - latest available data from the CT Uniform Crime Report</i></p> <p><i>CONNSACS Data: 2,567 new primary victims</i></p> <p><i>(309 males, 2,251 females and 7 intersex)</i></p> <p><i>Note: Primary victims are those who contacted CONNSACS for services. Cases are not substantiated.</i></p> <p><i>Intersex is persons whose sex cannot be determined, therefore, data is not reported.</i></p>	<p><i>Reduce the occurrence of rape or attempted rape in CT by 2% as measured by CT's Uniform Crime Report.</i></p>

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2012	Performance Measures
Intimate Partner Violence Prevention	Increase knowledge about intimate partner violence among incarcerated and soon-to-be released female inmates.	Contractor conducts educational trainings about intimate partner violence using an evidence-based, gender-responsive, culturally-competent curriculum to incarcerated and soon-to-be released women at York Correctional Institute, the CT Department of Corrections' only jail/prison for females (Niantic).	51 incarcerated and soon-to-be released women at the CT York Correctional Institute (YCI).	10% increase in knowledge among incarcerated women after receiving intimate partner violence training, as measured by participants' pre- and post-tests survey scores.
	Increase knowledge about intimate partner violence among recently released women who are living in halfway houses.	Contractor conducts educational trainings about intimate partner violence using an evidence-based, gender-responsive, culturally-competent curriculum to recently released women who are living in halfway houses.	39 women recently released from the YCI and living in halfway houses.	10% increase in knowledge among recently released women who are living in halfway houses after receiving intimate partner violence training, as measured by participants' pre- and post-tests survey scores.

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

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2012	Performance Measures
Youth Violence/ Suicide Prevention	Reduce assault injuries to no more than 16 per 100,000 and suicides to no more than 7.4 per 100,000, respectively.	Provide funding and technical assistance to (1) LHD and contractors for youth violence prevention programs to decrease violence by increasing youth awareness of and skill development related to nonviolent alternatives to fighting and for suicide prevention programs to increase knowledge of suicide facts, protective factors, risk factors and referral sources.	School Based Youth Violence/ Suicide Prevention = 5,702 School Based Health Center (SBHC) at Roger Park Middle School provided information about SBHC programs and resources during orientation to all incoming students, parents/guardians = 2,951	80% of program participants are able to identify nonviolent alternatives to fighting as determined by participant survey, participant self-report and/or contractor report. Outcome =100% 80% of program participants are able to identify suicide facts, risk factors, protective factors and referral sources as determined by participant self-report and /or contractor report. Outcome =100%

TABLE N
SUMMARY OF PROGRAM EXPENDITURES^[1] BY SUB-CATEGORY

Preventive Health & Health Services Block Grant (PHHSBG)	FFY 2012 Estimated Expenditures (including carry over funds)	FFY 2013 PROPOSED Expenditures (including carry over funds)
Cancer	0	49,000
Cardiovascular Disease	220,000	49,000
EMS	0	20,000
Local Health Departments	502,220	677,500
Rape Crisis	79,914	79,914
Surveillance and Evaluation	0	185,484
Intimate Partner Violence	76,920	76,920
Youth Violence/Suicide Prevention	80,000	124,413
TOTAL	959,054	1,262,231

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