

State of Connecticut
Department of Public Health

Preventive Health and Health
Services Block Grant
Allocation Plan
FFY 2010

August 2009

**PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY 2010 ALLOCATION PLAN**

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

A. Purpose

The Preventive Health and Health Services Block Grant (PHHSBG) is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC). The 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 102-531, 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. 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. The PHHSBG affords each state much more latitude in determining how best to allocate their federal funding than 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 for the Year 2010, also known as Healthy People 2010. All PHHSBG-funded activities and budgets must be categorized under selected Year 2010 chapters and related risk reduction objectives.
2. Rodent control and fluoridation programs. Connecticut does not use funds for either of these services.
3. The planning, establishing and expanding of emergency medical services systems. Amounts for such systems may not be used for the costs of the operation of the systems or for the purchase of equipment for the systems, other than for the payment of not more than 50 percent of the costs of purchasing communications equipment for the systems.
4. Providing services for victims of sex offenses.
5. Planning, administration and educational activities related to items 1 through 3.
6. Monitoring and evaluation of 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, which 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 to
5. satisfy any requirements for the expenditure of non-federal funds as a condition for the receipt of federal funds.

Additionally, 31 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, which became 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 the grant. The administrative costs for the 2010 PHHSBG budget represents only .11 percent of the estimated FFY 2010 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 2010 Maintenance of Effort (MOE) is \$3,150,668. 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 desire to fund priority health areas identified in the agency's *Looking Toward 2010 – An Assessment of Health Status and Health Services*, the 2010 PHHSBG basic award will support the following prevention programs: Cardiovascular Disease, Cancer, Intentional Injuries (Youth Violence/Suicide and Intimate Partner Violence), Emergency Medical Services, and Childhood Lead Poisoning. The 2010 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), cancer (including Lung Cancer in Women, Skin Cancer and Comprehensive Cancer Planning), the non-intentional injuries of motor vehicle crash-related injuries and accidents and falls, 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 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, Fluoridation, Rodent Control and Comprehensive Public Health. For Connecticut, the FFY 2009 basic appropriation was \$1,385,040. The mandated Sex Offense Set-Aside portion of the PHHSBG is based on the State's population. Connecticut receives \$83,396 (or 5.68%) of the total federal funding reserved for the Sex Offense Set-Aside award.

D. Estimated Federal Funding

Connecticut's 2009 PHHSBG award was increased by \$65,486, providing total funding of \$1,468,436. The 2010 estimate is predicated on the assumption of level funding for each of the two separate PHHSBG appropriations:

Basic Award	\$1,385,040
Sex Offense Set-Aside	\$ 83,396
Total 2010 Estimated Award	\$1,468,436

E. Estimated Expenditures and Proposed Allocations

The estimated expenditure of \$1,629,523 in FFY 2009 will utilize \$161,087 of the balance forward from the prior year to supplement the \$1,468,436 award. For the proposed FFY 2010 budget of \$1,618,558, a total of \$150,122 of the balance forward will supplement the \$1,385,040 estimated federal allocation for basic programs and \$83,396 for rape crisis services. This would leave an estimated balance forward of \$321,896 to fund cost increases in future years. The balance forward during the previous years is the result of unfilled budgeted positions and unexecuted contracts with local departments of public health.

In FFY 2002-2009, there was State funding for some of the programs supported by the Preventive Health and Health Services Block Grant. Due to the budget deficit, there will be no state funding appropriated. The following programs will no longer be supplemented with state funds: Local Health Departments - \$71,585; Intimate Partner Violence - \$11,041; and Youth Violence/Suicide Prevention - \$46,706.

F. Proposed Allocation Changes From Last Year

The health priorities and program categories for FFY 2010 (July 1, 2009 through June 30, 2010) remain the same as in FFY 2009. Minor changes made are as follows:

- Effective January 2009, one FTE laboratory position was removed from the Preventive Block grant budget.
- Effective FFY 2009, the Surveillance and Evaluation program supports a .25 FTE Epidemiologist 4.

G. Contingency Plan

The Department of Public Health, with input from the PHHSBG Advisory Committee, is prepared to revise the FFY 2010 proposed budget, as needed, to accommodate any changes in the \$1,468,436 estimated award presented in this Allocation Plan. Should an increase or reduction occur, the Department would review the recommendations of the Advisory Committee to identify reductions in programming. Savings due to vacant, budgeted positions, contractor refunds and other unexpended amounts will also be added to the carry forward reserve and used to offset any decrease in funding levels.

H. State Allocation Planning Process

The Preventive Health Amendment of 1993 requires each state to develop a plan for achieving the Year 2010 Health 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:
 - (a) the activities to be carried out by the grant;
 - (b) the allocation of funds;
 - (c) the coordination of activities funded by the grant with other appropriate organizations;
 - (d) the conduct of assessments of the public's health; and,
 - (e) the collection and reporting of 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 2010 Objectives.

2. To jointly hold a public hearing with the state health officer, or his designee, on the state plan.

The Commissioner's designee, Dr. Mary Lou Fleissner, chaired the meeting of this year's Preventive Health and Health Services Block Grant Advisory Committee. The FY 09-10 Committee was comprised of 4 representatives from local health departments, community-based organizations, educational institutions and the general public.

The Committee met on May 11, 2009 to discuss priorities and funding options and to make recommendations to the Commissioner for the FFY 2010 Allocation Plan. A public hearing on the allocation plan will be held on August 25, 2009.

As in prior years, the allocation plan will be effective with DPH staff funded through the Preventive Health and Health Services Block Grant beginning on October 1, 2009 and with DPH contracts beginning July 1, 2010.

- 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 Year 2010 Health Objective (HO);
 - (b) a description of each of the HO 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.
2. If a state adds or deletes a Health Status Objective (HSO), or makes other substantial revisions to its Allocation Plan *after* the Application has been submitted to the CDC, it must conduct a public hearing on the revised plan and submit a revised Application. Each state must also submit an annual report on the attainment of each health status and risk reduction objectives and related activities funded during the preceding year. The Governor and the chief health officer, or his designee, must sign a certification and assurance statement for inclusion in the Application to CDC, which certifies adherence to the mandated provisions outlined in this Allocation Plan.

TABLE A
Summary of Appropriations and Expenditures

PROGRAM CATEGORY	FFY 08 Expenditures	FFY 09 Estimated Expenditures	FFY 10 Proposed Expenditures
Administrative Support	12,046	1,000	1,500
Cancer Program	38,718	46,664	47,576
Cardiovascular Disease	397,349	378,123	374,882
Childhood Lead Poisoning/Lab	172,821	131,998	108,718
Emergency Medical Services	184,475	203,961	198,802
Local Health Departments	485,467	492,223	498,769
Rape Crisis Service	83,396	83,396	83,396
Surveillance and Data	6,291	21,935	37,059
Intimate Partner Violence	76,920	76,920	76,920
Youth Violence/Suicide Prevention	176,529	193,303	190,936
TOTAL	1,634,012	1,629,523	1,618,558
SOURCE OF FUNDS			
Block Grant	1,402,350	1,468,436	1,468,436
Balance Forward From Previous Year [1][2]	864,767	633,104	472,017
TOTAL FUNDS AVAILABLE	2,267,117	2,101,541	1,940,454

1 The FFY 08 expenditures of \$1,634,012 used carry forward amount of \$231,662.

A total of \$161,087 of the balance forward will supplement the \$1,468,436 estimated federal allocation for the proposed FFY 2009 budget of \$1,629,523. The proposed budget for FFY 2010 of \$1,618,558 is projected to use \$150,122 in carryover. This would leave an estimated \$321,896 in a balance forward to fund cost increases in future years.

2 Due to rounding in the Personal Service and Fringe lines, the balance forward from previous years are off by \$1.00.

**TABLE B – ALL PROGRAMS
 PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 08 Expenditures	FFY 09 Estimated Expenditures	FFY 10 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	7.70/7.34	7.70/6.09	6.70/5.59
Personal Services	404,660	393,008	387,457
Fringe Benefits	241,789	243,934	234,916
Other Expenses	2,460	1,572	2,100
Equipment	0	0	0
Contracts	66,750	45,000	45,000
Grants to:	0	0	0
Local Government	529,946	595,693	598,769
Other State Agencies	0	0	0
Private agencies	388,408	350,316	350,316
TOTAL EXPENDITURES ¹	1,634,012	1,629,523	1,618,558
SOURCE OF FUNDS			
Block Grant	1,402,350	1,468,436	1,468,436
Balance Forward From Previous Year 1	864,767	633,104	472,017
TOTAL FUNDS AVAILABLE	2,267,117	2,101,541	1,940,454

¹ Due to rounding in the Personal Service and Fringe lines, total expenditures and balance forward from previous years figures are off by \$1.00.

**TABLE C – ADMINISTRATIVE SUPPORT
 PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 08 Expenditures	FFY 09 Estimated Expenditures	FFY 10 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	.45/.45 1	0/0	0/0
Personal Services	6,314	0	0
Fringe Benefits	4,236	0	0
Other Expenses	1,497	1,000	1,500
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies			
TOTAL EXPENDITURES	12,047	1,000	1,500

1 This position, which was split-funded between administrative support and local health, is now supported with state funds.

**TABLE D – CANCER PREVENTION
 PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 08 Expenditures	FFY 09 Estimated Expenditures	FFY 10 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	1.0/64	1.0/64	1.0/64
Personal Services	24,718	26,755	29,482
Fringe Benefits	13,999	19,910	18,094
Other Expenses			
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies			
TOTAL EXPENDITURES	38,717	46,665	47,576

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

PROGRAM CATEGORY	FFY 08 Expenditures	FFY 09 Estimated Expenditures	FFY 10 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	1.0/1.0	1.0/1.0	1.0/1.0
Personal Services	77,437	74,228	74,476
Fringe Benefits	46,638	45,425	45,406
Other Expenses	524	0	0
Equipment			
Contracts	66,750	45,000	45,000
Grants to:			
Local Government 1	49,000	103,470	100,000
Other State Agencies			
Private agencies 1	157,000	110,000	110,000
TOTAL EXPENDITURES	397,349	378,123	374,882

1 Contracts funded through the cardiovascular program are awarded through an ongoing Request for Proposal process, which results in funds being awarded to local government and private agencies. This distribution changes from year to year based on the category of contracts awarded funding through this competitive process.

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

PROGRAM CATEGORY	FFY 08 Expenditures	FFY 09 Estimated Expenditures	FFY 10 Proposed Expenditures
Number of Positions (FTE) budgeted/filled ¹	2.0/2.0	2.0/1.5	1.0/1.0
Personal Services	109,185	82,568	67,995
Fringe Benefits	63,636	49,430	40,723
Other Expenses			
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies			
TOTAL EXPENDITURES	172,821	131,998	108,718

¹ When a position became available in the childhood lead poisoning program, the department moved a position funded by the Preventive Health Block Grant to the available general fund position in order to reduce the burden on the diminishing federal funds.

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

PROGRAM CATEGORY	FFY 08 Expenditures	FFY 09 Estimated Expenditures	FFY 10 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	1.7/1.7	1.7/1.7	1.7/1.7
Personal Services	110,069	121,141	119,170 ¹
Fringe Benefits	74,407	82,820	79,632 ¹
Other Expenses			
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies			
TOTAL EXPENDITURES	184,476	203,961	198,802¹

¹ The salary and fringe levels decreased due to projections for furloughs during FFY 2010.

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

PROGRAM CATEGORY	FFY 08 Expenditures	FFY 09 Estimated Expenditures	FFY 10 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	.30/.30 ¹	0/0	0/0
Personal Services	2,706	0	0
Fringe Benefits	1,815	0	0
Other Expenses			
Equipment			
Contracts			
Grants to:			
Local Government	480,946	492,223	498,769
Other State Agencies			
Private agencies			
TOTAL EXPENDITURES	485,467	492,223	498,769

¹ This position, which was split-funded between administrative support and local health, is now supported with state funds.

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

PROGRAM CATEGORY	FFY 08 Expenditures	FFY 09 Estimated Expenditures	FFY 10 Proposed Expenditures
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	83,396	83,396
TOTAL EXPENDITURES	83,396	83,396	83,396

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

PROGRAM CATEGORY	FFY 08 Expenditures	FFY 09 Estimated Expenditures	FFY 10 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	.25/.25	.25/.25 1	.25/.25 1
Personal Services	4,013	13,264	22,744
Fringe Benefits	2,278	8,671	14,315
Other Expenses			
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies			
TOTAL EXPENDITURES	6,291	21,935	37,059

1 For three months in FFY 2008, this position was staffed with an Epidemiologist 3 who retired mid year. In order to continue the work in this program, available funds will be used to support .25 FTE of an existing Epidemiologist 4 position.

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

PROGRAM CATEGORY	FFY 08 Expenditures	FFY 09 Estimated Expenditures	FFY 10 Proposed Expenditures
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
TOTAL EXPENDITURES	76,920	76,920	76,920

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

PROGRAM CATEGORY	FFY 08 Expenditures	FFY 09 Estimated Expenditures	FFY 10 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	1.0/1.0	1.0/1.0	1.0/1.0
Personal Services	70,219	75,053	73,590 ¹
Fringe Benefits	34,779	37,678	36,746 ¹
Other Expenses	439	572	600
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies	71,092	80,000	80,000
TOTAL EXPENDITURES	176,529	193,303	190,936¹

¹ The salary and fringe levels decreased due to projections for furloughs during FFY 2010.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES

Program Category	Objective	Activity	Number Served FFY 2008
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 a 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.	3 local health departments selected this program option
		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.	908
		Recruit community organizations and/or agencies for participation in a skin cancer prevention program. New Target Goal – 6 agencies total	3 - (2 senior centers, 1 hospital)
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
		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
Cancer Planning	Increase the proportion of LHDs that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs (specifically, cancer).	Provide funds to LHDs to develop community-based cancer prevention and control plan that parallels the Connecticut Comprehensive Cancer Control Plan, 2005-2008.	2 local health departments served 615 individuals

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

Program Category	Objective	Activity	Number Served FFY 2008
Heart Disease and Stroke Prevention	Cholesterol screening/referral, education and counseling aimed at assisting client action to reduce elevated cholesterol.	Four (4) LHD's conducted five (5) High Blood Cholesterol Education programs and fourteen (14) cholesterol screenings.	329
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.	Four (4) LHDs held nine (9) Diabetes Education Programs.	84
Obesity	Develop and implement policy and environmental initiatives designed to increase physical activity and improved nutritional practices at the community level.	Six (6) LHDs implemented 12 policy and/or environmental changes increasing physical activity, and improving nutritional practices at the community level.	8,500
Physical Inactivity	Develop and implement multi-session physical activity programs to assist individuals to establish a moderate level of physical activity into their lifestyles.	Six (6) LHDs conducted a total of twenty (20) physical activity programs.	218
Smoking Cessation	Provide smoking cessation programs that provide smokers with the information and tools to successfully quit smoking.	During 2008, three (3) local health departments/districts conducted smoking cessation programs and counseling. At the end of the program 49% quit, 60% decreased tobacco intake and 53% had their homes smoke free.	53

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

Program Category	Objective	Activity	Number Served FFY 2008
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.	Eight (8) LHDs conducted ninety-one (91) nutrition education programs.	409
High Blood Pressure	Develop and implement high blood pressure screening, referral, education and counseling programs to initiate action to control high blood pressure.	Three (3) LHDs conducted six (6) high blood pressure screenings and six (6) educational programs	213
Childhood Lead Poisoning Prevention	Reduce the number of children less than six years of age with blood lead levels $\geq 10 \mu\text{g/dL}$ to less than 1.4%, and those with levels $\geq 20 \mu\text{g/dL}$ to less than 0.25%.	Conduct primary prevention activities and identify children at risk through a comprehensive program of blood lead screening that is required for all children. Offer intervention and risk reduction education to caregivers, parents and guardians, and medical professionals. Provide surveillance, case management (child and environmental), and follow-up of elevated blood-lead level cases.	In calendar year 2008, 76,723 children under 6 years of age were screened for lead poisoning.* *Most current data available
African-American Initiative	Provide culturally specific community-level heart disease and stroke prevention programs to address disparities among black residents in Connecticut. The program focus will be on: recognition of signs and symptoms of heart attack and stroke, and the need to call 9-1-1; controlling high cholesterol; controlling high blood pressure; reducing other heart disease and stroke risk factors (including but not limited to tobacco use, diabetes, physical inactivity, and poor nutrition).	Four contractors established local coalitions to promote cardiovascular health improvements, developed plans and conducted health promotion campaigns utilizing local radio, cable television, faith community settings and developed and conducted twenty four (24) educational programs targeting Black residents.	Approximately 124,830

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

Program Category	Objective	Activity	Number Served FFY 2008
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.	<p>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 to:</p> <p>Complete a Traumatic and Acquired Traumatic Brain Injury Prevalence Report based on ED discharge data for 2000-2004.</p> <p>Increase the percentage of sudden out-of-hospital cardiac arrest patients successfully defibrillated by emergency service pre-hospital providers to 22%, as indicated on the EMS Provider Activity Reports sent quarterly to OEMS.</p>	<p>The ED data has not been obtained. The report will be completed by September 30, 2009.</p> <p>128 or 25% of the 511 defibrillations provided to 2,212 cardiac patients transported during 2007 were successful.</p>
		Begin to receive Trauma Data in an electronic format from hospitals with a Trauma designation.	OEMS has been receiving data since July 30, 2008.
		Receive EMS data in an electronic format from field provider agencies.	OEMS has been receiving data since August 30, 2008.
		Distribute a laptop computer to the EMS services that have acquired electronic patient care reporting (E-PCR) software.	This is an on-going activity. As soon as a service acquires the software, a laptop is provided. To date, 490 laptops have been distributed.

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

Program Category	Objective	Activity	Number Served FFY 2008
EMS – continued		<p>Complete a needs assessment to identify priority injury problems and develop a system wide consensus plan towards injury prevention.</p> <p>Sponsor at least five (5) pediatric specific training courses for EMS providers.</p>	<p>The needs assessment has been completed.</p> <p>Five courses have been completed and a total of 176 EMS providers have been trained.</p>
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.	<p>Please see the specific program options available to the local health departments: Cancer Prevention, Cancer Planning, Lung Cancer in Women, 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.</p>

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

Program Category	Objective	Activity	Number Served FFY 2008
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. Four Local Health Departments (LHDs) used these funds to track health behaviors. Meriden and Newtown each administered a Behavioral Risk Factor Surveillance System (BRFSS) type telephone survey to a random selection of households in each town. New Britain administered sexual violence surveys to attendees of the New Britain Health Department Sexual Health Center. The sexual violence questions were taken from the BRFSS. Stamford evaluated the risk of being overweight or obese among all kindergarten students.	Four local health departments collected data. The population served: Meriden = 59,225 New Britain = 502 Newtown = 26,790 Stamford = 1179 Total served = 87,606
Unintentional Injury Prevention Motor Vehicle Crashes	Reduce the rate of motor vehicle crashes to no more than 7.5/100,000.	Provide funding and technical assistance to local health departments (LHDs) who choose to use their PHHS funds for community-based motor vehicle injury prevention programs. Activities focus on child passenger safety (CPS), safety belt use, pedestrian safety and development of community coalitions to effect <u>environmental/policy changes</u> .	80 persons were served by child passenger safety educational programs
Fall-related Injuries: Fall Prevention for Older Adults Fall Prevention for Children in the home setting	Reduce the rate of deaths from falls to no more than 3.0/100,000,	Provide funding and technical assistance to LHDs who chose to use their local health allocation for community-based unintentional injury prevention activities that include fall prevention programs for older adults and home safety for young children. Activities for older adults include home safety visits (HSV), educational presentations, medication safety reviews and fall prevention exercise classes. Activities for children include home safety visits.	137 older adults were served by home safety visits; 29 older adults were served by educational sessions; 12 older adults were served by exercise programs; 33 children were served by home safety visits

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

Program Category	Objective	Activity	Number Served FFY 2008
Rape Crisis Services	<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>2726 new primary victims (315 males and 2411 females)</p>
Intimate Partner Violence Prevention	<p>Increase training regarding intimate partner violence to incarcerated women within York Correctional Institute by 10%.</p> <p>Increase training regarding intimate partner violence to correctional personnel within York Correctional Institute by 80%.</p>	<p>Provide educational and support about intimate partner violence to both incarcerated and soon-to-be released women at York Correctional Institute.</p>	<p>A total of 66 women were trained between 10/1/07 and 9/30/08</p>
		<p>Provide education to correctional personnel at York Correctional Institute to be responsive to the needs of the incarcerated women related to intimate partner violence.</p>	<p>A total of 530 York Correctional Institute staff were trained between 10/1/07 and 9/30/08</p>
Youth Violence/Suicide Prevention	<p>Reduce assault injuries to no more than 16 per 100,000 and suicides to no more than 7.7 per 100,000, respectively.</p>	<p>Provide funding and technical assistance to LHDs 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.</p>	<p>Youth Violence/ Suicide Prevention -11,887 Adult/Elder Suicide Prevention Programs - 278</p>

TABLE N
SUMMARY OF PROGRAM EXPENDITURES ¹ BY SUB-CATEGORY

Preventive Health & Health Services Block Grant (PHHSBG)	FFY 2009 Estimated Expenditures (including carry-over funds)	FFY 2010 PROPOSED Expenditures (including carry-over funds)
Cardiovascular Disease	258,470	255,000
Local Health Departments	492,223	498,769
Rape Crisis	83,396	83,396
Intimate Partner Violence	76,920	76,920
Youth Violence/Suicide Prevention	80,000	80,000
TOTAL	991,009	994,085

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