

State of Connecticut
Department of Public Health

Preventive Health and Health
Services Block Grant
Allocation Plan
FFY 2011

August 2010

**PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY 2011 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. (Note: Healthy People 2020 objectives will be released in FFY 2012 and will be applied to the block grant programs at that time.)
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 2011 PHHSBG budget represents only .11 percent of the estimated FFY 2011 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 2011 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 2011 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, healthy homes, chronic disease self management 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 2010 basic appropriation was \$1,368,893. 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 2010 PHHSBG award was decreased by \$16,147, providing total funding of \$1,452,289. The 2011 estimate is predicated on the assumption of level funding for each of the two separate PHHSBG appropriations:

Basic Award	\$1,368,893
Sex Offense Set-Aside	<u>\$ 83,396</u>
Total 2011 Estimated Award	\$1,452,289

E. Estimated Expenditures and Proposed Allocations

The estimated expenditure of \$1,644,397 in FFY 2010 will utilize \$192,108 of the balance forward from the prior year to supplement the \$1,452,289 award. For the proposed FFY 2011 budget of \$1,694,428, a total of \$242,139 of the balance forward will supplement the \$1,368,893 estimated federal allocation for basic programs and \$83,396 for rape crisis services. This would leave an estimated balance forward of \$257,549 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.

F. Proposed Allocation Changes From Last Year

The health priorities and program categories for FFY 2011 (October 1, 2010 through September 30, 2011) remain the same as in FFY 2010. A minor change made is as follows:

- Chronic Disease Self-Management has been added as a new local health option program.

G. Contingency Plan

The Department of Public Health, with input from the PHHSBG Advisory Committee, is prepared to revise the FFY 2011 proposed budget, as needed, to accommodate any changes in the \$1,452,289 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:
 - the activities to be carried out by the grant;
 - the allocation of funds;
 - the coordination of activities funded by the grant with other appropriate organizations;
 - the conduct of assessments of the public's health; and,
 - 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, Julianne Konopka, chaired the meeting of this year's Preventive Health and Health Services Block Grant Advisory Committee. The FY 10-11 Committee was comprised of 4 representatives from local health departments, community-based organizations, educational institutions and the general public.

The Committee met on June 17, 2010 to discuss priorities and funding options and to make recommendations to the Commissioner for the FFY 2011 Allocation Plan. A public hearing on the allocation plan will be held on August 11, 2010.

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, 2010** and with DPH contracts beginning **July 1, 2011**.

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 09 Expenditures	FFY 10 Estimated Expenditures	FFY 11 Proposed Expenditures
Administrative Support	594	1,500	1,500
Cancer Program	38,644	47,576	51,882
Cardiovascular Disease	383,110	410,317	417,419
Childhood Lead Poisoning/Lab	142,320	108,718	113,984
Emergency Medical Services	200,364	198,802	212,807
Local Health Departments	490,544	489,173	498,769
Rape Crisis Service	83,396	83,396	83,396
Surveillance and Data	19,130	37,059	39,965
Intimate Partner Violence	[1] 0	76,920	76,920
Youth Violence/Suicide Prevention	150,315	190,936	197,786
TOTAL	[2] 1,508,416	1,644,397	1,694,428
SOURCE OF FUNDS			
Block Grant	1,468,436	1,452,289	1,452,289
Balance Forward From Previous Year [3]	731,775	691,795	499,688
TOTAL FUNDS AVAILABLE	2,200,211	2,144,084	1,951,977

- 1 The contract planned for FFY 09 was not executed due to delays in the approval process. All approvals are now in place and the contract is underway.
- 2 Due to rounding in the Personal Service and Fringe lines, the total is off by \$1.00.
- 3 The FFY 09 expenditures of \$1,508,416 used carry forward amount of \$39,980. A total of \$192,108 of the balance forward will supplement the \$1,452,289 estimated federal allocation for the proposed FFY 2010 budget of \$1,644,397. The proposed budget for FFY 2011 of \$1,694,428 is projected to use \$242,139 in carryover. This would leave an estimated \$257,549 in a balance forward to fund cost increases in future years.

**TABLE B – ALL PROGRAMS
 PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 09 Expenditures	FFY 10 Estimated Expenditures	FFY 11 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	7.70/6.09	[1] 6.70/5.59	6.70/5.59
Personal Services	385,571	387,457	400,482
Fringe Benefits [2]	244,930	234,916	262,326
Other Expenses	3,867	2,100	2,100
Equipment	0	0	0
Contracts	45,000	45,000	45,000
Grants to:	0	0	0
Local Government	665,294	624,608	634,204
Other State Agencies	9,000	0	0
Private agencies	154,754	350,316	350,316
TOTAL EXPENDITURES	1,508,416	1,644,397	1,694,428
SOURCE OF FUNDS			
Block Grant	1,468,436	1,452,289	1,452,289
Balance Forward From Previous Year	731,775	691,795	499,688
TOTAL FUNDS AVAILABLE	2,200,211	2,144,084	1,951,977

- 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.
- 2 Fringe benefit amounts can vary from year to year depending on individual staff benefit package selections.

**TABLE C – ADMINISTRATIVE SUPPORT
 PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 09 Expenditures	FFY 10 Estimated Expenditures	FFY 11 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	0/0	0/0	0/0
Personal Services	0	0	0
Fringe Benefits	0	0	0
Other Expenses	594	1,500	1,500
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies			
TOTAL EXPENDITURES	594	1,500	1,500

**TABLE D – CANCER PREVENTION
 PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 09 Expenditures	FFY 10 Estimated Expenditures	FFY 11 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	1.0/.64	1.0/.64	1.0/0.64
Personal Services	21,923	29,482	30,747
Fringe Benefits	16,721	18,094	21,135
Other Expenses			
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies			
TOTAL EXPENDITURES	38,644	47,576	51,882

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

PROGRAM CATEGORY	FFY 09 Expenditures	FFY 10 Estimated Expenditures	FFY 11 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	1.0/1.0	1.0/1.0	1.0/1.0
Personal Services	72,815	74,476	76,309
Fringe Benefits	45,898	45,406	50,676
Other Expenses	789	0	0
Equipment			
Contracts	45,000	45,000	45,000
Grants to:			
Local Government [1]	174,750	135,435	135,435
Other State Agencies			
Private agencies [1]	43,858	110,000	110,000
TOTAL EXPENDITURES	383,110	410,317	417,419 [2]

1 Contracts funded through the cardiovascular program are awarded through an ongoing Request for Proposal process that 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.

2 Due to rounding in the Personal Service and Fringe lines, the expenditures for FFY 2011 are off by \$1.00

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

PROGRAM CATEGORY	FFY 09 Expenditures	FFY 10 Estimated Expenditures	FFY 11 Proposed Expenditures
Number of Positions (FTE) budgeted/filled [1]	2.0/1.5	1.0/1.0	1.0/1.0
Personal Services	88,133	67,995	69,668
Fringe Benefits	54,188	40,723	44,316
Other Expenses			
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies			
TOTAL EXPENDITURES	[2] 142,320	108,718	113,984

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.
2. Due to rounding in the Personal Service and Fringe lines, the expenditures for FFY 2100 are off by \$1.00.

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

PROGRAM CATEGORY	FFY 09 Expenditures	FFY 10 Estimated Expenditures	FFY 11 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	1.7/1.7	1.7/1.7	1.7/1.7
Personal Services	117,971	119,170	124,285
Fringe Benefits	82,213	79,632	88,522
Other Expenses	180		
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies			
TOTAL EXPENDITURES	200,364	198,802	212,807

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

PROGRAM CATEGORY	FFY 09 Expenditures	FFY 10 Estimated Expenditures	FFY 11 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	0/0	0/0	0/0
Personal Services	0	0	0
Fringe Benefits	0	0	0
Other Expenses			
Equipment			
Contracts			
Grants to:			
Local Government	490,544	489,173	498,769
Other State Agencies			
Private agencies			
TOTAL EXPENDITURES	490,544	489,173	498,769

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

PROGRAM CATEGORY	FFY 10 Expenditures	FFY 10 Estimated Expenditures	FFY 11 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 09 Expenditures	FFY 10 Estimated Expenditures	FFY 11 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	1.0/.25	1.0/.25	1.0/.25
Personal Services	11,381	22,744	23,619
Fringe Benefits	7,749	14,315	16,346
Other Expenses			
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies			
Private agencies			
TOTAL EXPENDITURES	19,130	37,059	39,965

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

PROGRAM CATEGORY	FFY 09 Expenditures	FFY 10 Estimated Expenditures	FFY 11 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	[1] 0	76,920	76,920
TOTAL EXPENDITURES	[1] 0	76,920	76,920

4 The contract planned for FFY 09 was not executed due to delays in the approval process. All approvals are now in place and the contract is underway.

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

PROGRAM CATEGORY	FFY 09 Expenditures	FFY 10 Estimated Expenditures	FFY 11 Proposed Expenditures
Number of Positions (FTE) budgeted/filled	1.0/1.0	1.0/1.0	1.0/1.0
Personal Services	73,348	73,590	75,856
Fringe Benefits	38,161	36,746	41,330
Other Expenses	2,305	600	600
Equipment			
Contracts			
Grants to:			
Local Government			
Other State Agencies	9,000		
Private agencies	27,500	80,000	80,000
TOTAL EXPENDITURES	[1] 150,315	190,936	197,786

1. Due to rounding in the Personal Service and Fringe lines, the expenditures for FFY 2009 are off by \$1.00.

TABLE M - SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES

Program Category	Objective	Activity	Number Served FFY 2009
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.	600 participants
		Recruit community organizations and/or agencies for participation in a skin cancer prevention program. New Target Goal – 6 agencies total	11 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
		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 3,432 individuals

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

Program Category	Objective	Activity	Number Served FFY 2009
Heart Disease and Stroke Prevention Elevate Cholesterol Levels	Cholesterol screening/referral, education and counseling aimed at assisting client action to reduce elevated cholesterol.	Three (3) LHDs conducted four (4) High Blood Cholesterol Education programs and twenty-three (23) cholesterol screenings	489
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.	Five (5) LHDs held nine (9) Diabetes Education classes.	109 estimated
Obesity	Develop and implement policy and environmental initiatives designed to increase physical activity and improved nutritional practices at the community level.	Seven (7) LHDs implemented a total of 14 policy and/or environmental changes increasing physical activity, and improved nutritional practices at the community level.	3,870
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.	262
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.	131

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

Program Category	Objective	Activity	Number Served FFY 2009
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 twenty-nine nutrition education programs.	679
High Blood Pressure	Develop and implement high blood pressure screening, referral, education and counseling programs to initiate action to control high blood pressure.	Two (2) LHDs conducted three (3) high blood pressure screenings and five (5) educational programs	157
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 care givers, 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 2009, 76,722 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, newspapers, public schools, civic organizations, and faith community settings developed and conducted two hundred and twenty seven (227) presentations and educational programs targeting Black residents.	Approximately 124,830

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

Program Category	Objective	Activity	Number Served FFY 2009
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:	
		<p>Staffs funded through the Block Grant coordinate the distribution of federal EMS for Children funding for pediatric medical equipment to the EMS organizations.</p> <p>Maintain the percentage of sudden out-of-hospital cardiac arrest patients successfully defibrillated by emergency service pre-hospital providers at 25%, as indicated on the EMS Provider Activity Reports sent quarterly to OEMS.</p>	Distribution of funds complete
		<p>Sponsor a data workshop focusing on quality improvement for EMS organizations.</p> <p>Distribute \$92,000 of federal EMS for Children funding to EMS organizations for data collection equipment and EMS training.</p> <p>Continue to distribute a laptop computer to the EMS services that have acquired electronic patient care reporting (E-PCR) software.</p>	<p>Distribution of funds complete.</p> <p>This is an on-going activity. As soon as a service acquires the software, a laptop is provided.</p>

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

Program Category	Objective	Activity	Number Served FFY 2009
EMS – continued		Complete a needs assessment to identify priority injury problems and develop a system wide consensus plan towards injury prevention.	The needs assessment has been completed.
		Sponsor at least five (5) pediatric specific training courses for EMS providers.	Five courses have been completed and a total of 188 EMS providers have been trained.
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 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.

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

Program Category	Objective	Activity	Number Served FFY 2009
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) Local Health Departments (LHDs) used these funds to track health behaviors. Wallingford administered a Behavioral Risk Factor Surveillance System (BRFSS) type telephone survey to a random selection of households in their 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.	Two local health departments collected data. The population served: New Britain = 71,538 Wallingford = 44,726 Total served = 116,264
Unintentional Injury Prevention Motor Vehicle Crashes	Reduce the rate of motor vehicle crashes to no more than 8.5/100,000.	Provided funding and technical assistance to three (3) local health departments (LHDs) who used 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 environmental/policy changes.	Total of 22,289 children served thru 3 car seat checks 18 parents served child passenger safety educational programs 115 children served in 4 pedestrian safety programs
Fall-related Injuries: Fall Prevention for Older Adults	Reduce the rate of deaths from falls to no more than 5.3/100,000,	Provide funding and technical assistance to four (4) LHDs who chose to use their local health allocation for community-based unintentional injury prevention activities that include fall prevention programs for older adults 3 LHDs and home safety for young children 1 LHD. Activities for older adults include home safety visits (HSV), educational presentations, medication safety reviews and fall prevention exercise classes.	Total = 289 126 older adults were served by home safety visits 113 older adults were served by 5 educational programs

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

Program Category	Objective	Activity	Number Served FFY 2009
Fall Prevention for Children in the Home Setting		Activities for children include home safety visits.	17 older adults were served by exercise programs 33 children were served by home safety visits
Healthy Homes	Develop and implement a Healthy Homes Assessment program in local health department service areas to increase identification and remediation of the number and types of home health hazards.	Contractors will 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: <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 • Take steps necessary to confirm compliance with such enforcement actions. 	New Program Option Starting July 2010

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

Program Category	Objective	Activity	Number Served FFY 2009
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>2504 new primary victims</p> <p>(257 males and 2247 females)</p>
Intimate Partner Violence Prevention	<p>Increase training regarding intimate partner violence to incarcerated women within York Correctional Institute by 10%.</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 134 women were trained between 10/1/08 and 9/30/09</p>
	<p>Increase training regarding intimate partner violence to correctional personnel within York Correctional Institute by 80%.</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 212 York Correctional Institute staff were trained between 10/1/08 and 9/30/09</p>
Youth Violence/ Suicide Prevention	<p>Reduce assault injuries to no more than 16 per 100,000 and suicides to no more than 7.4 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 =11,089</p> <p>Suicide Prevention = 515</p>

TABLE N
SUMMARY OF PROGRAM EXPENDITURES ¹ BY SUB-CATEGORY

Preventive Health & Health Services Block Grant (PHHSBG)	FFY 2010 Estimated Expenditures (including carry over funds)	FFY 2011 PROPOSED Expenditures (including carry over funds)
Cardiovascular Disease	290,435	290,435
Local Health Departments	489,173	498,769
Rape Crisis	83,396	83,396
Intimate Partner Violence	76,920	76,920
Youth Violence/Suicide Prevention	80,000	80,000
TOTAL	1,019,924	1,029,520

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.