

**Pennsylvania FY 2016  
Preventive Health and Health Services  
Block Grant**

**Work Plan**

**Original Work Plan for Fiscal Year 2016**

**Submitted by: Pennsylvania**

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## Executive Summary

This **Executive Summary** provides an overview of the Pennsylvania Department of Health's (*PA DOH*), **Preventive Health and Health Services Block Grant (PHHSBG) Application for Federal Fiscal Year 2016**. The funding assumption was based on the allocation table provided by CDC per the formula funding to PA in the amount of **\$7,390,984**. This grant covers the time period 10/1/2015 to 9/30/2017. The PHHSBG Advisory Committee Meeting (teleconference call) was held on Thursday, June 16, 2016 and Public Hearing convened June 21, 2016. Below reflects the summary of PA DOH plans to use the allotted resources already in existence.

**Accredited Public Health Agencies - PHI-17 Accreditation - \$200,000**: The PA Department of Health is engaged in the process to seek Public Health Accreditation Board (PHAB) accreditation. Funding will support developing and implementing a communications plan to engage employees and external stakeholders in the tasks needed to achieve accreditation. These tasks include selecting documentation that shows conformity to measures, improving the quality of programs in the department to meet the standards, and reviewing and rating documentation to verify it meets the standards.

**Asthma Control Program – RD-6 Patient Education - \$255,000**: The Asthma program uses its funds to work on improving systems of asthma care and management for residents of Pennsylvania, specifically, via the Community Asthma Prevention Program (CAPP) that provides in-home and patient education to patient's ages 2-16 and their families on how to self-manage their asthma. The CAPP program will be educating 80 patients and their families in Philadelphia, Bucks and Montgomery counties. This education will include identification of triggers, pest management, medical device usage and steps to remediate the home environment to better manage asthma.

**Diabetes Prevention & Control (DPC) - D-1 New Cases of Diabetes and D-14 Diabetes Education – \$1,222,552**. The DPC works to prevent diabetes; prevent complications, disabilities and burden associated with diabetes; and eliminate diabetes-related health disparities. We plan to have community-based partners implement 24 new CDC-recognized Diabetes Prevention Programs across the state of Pennsylvania, targeting adults at high risk for cardiovascular disease and diabetes. Our efforts will also include providing support to 4 certified DPP Master trainers; and addressing Diabetes Self-Management Education and Support (DSME) service gaps, by increasing the number of Accredited and Recognized DSME sites, from 167 to 390.

**Health Promotion and Disease Prevention Programs - HC/HIT-13 Social Marketing in Health Promotion and Disease Prevention: \$100,000**. This program goal is to increase availability of evidence-based chronic disease prevention programs and activities available in communities across Pennsylvania. We are developing plans and analysis to promote the LiveHealthyPA website and engage organizations and individuals in collecting information on promising practices in chronic disease prevention and injury prevention. The Live Healthy PA website will facilitate users to learn about and find the availability of health promotion and disease prevention programs including policy, system and environmental approaches for preventing chronic disease.

**Heart Disease and Stroke Prevention: HDS-2 Coronary Heart Disease Deaths and HDS-3 Stroke Deaths: \$1,070,208**, this program desired outcome is to reduce the burden of heart disease and stroke through population education and health system change. Our main goal in this program is to increase the awareness and importance of blood pressure control by working with Public Health Management Corp to develop a webpage on the Live Healthy PA website to promoting the Million Hearts Campaign in Pennsylvania to include a stakeholder group listserv and resources; Quality Health Improvement in the Practice Setting whereby practice sites screen all patients for high blood pressure, collecting NQF 18 and collecting NQF 59 for diabetes patients, and striving to keep all patients at a blood pressure at or below 140/90. Professional health and clinical organizations will educate physicians and clinical staff about the application of evidence-based cardiovascular practices in order to improve cardiovascular health outcomes.

HDS-3 Stroke Deaths, we are also seeking to reduce the age-adjusted death rate from stroke to 36.0 in the general population, and to 47.1 in the black population through Patient Empowerment. The organization, Health Care Improvement Foundation will increase the number of peer educators trained to conduct patient activation programs from 103 to 133. This will consist of training partner organizations to implement a peer educator curriculum, designed to enhance patients' communication with healthcare providers. The curriculum will feature the National Patient Safety Foundation's Ask Me 3 program and include interactive scenarios and discussion. The program activities include:

- Increase the number of medical providers with knowledge of health literacy and effective patient/provider communication techniques.
- Improved Communication through Health Literacy Education
- Expansion of Health Literacy Training
- Addressing Cardiovascular Health Literacy through Policy and Environment Change

**Lyme Disease Education and Prevention Program: ECBP-10 Community-Based Primary Prevention Services: \$125,000.** Program efforts are designed to reduce the burden of Lyme disease in Pennsylvania by increasing awareness to the citizens of the state. The Pennsylvania Department of Health (DOH) will increase the number of community based organizations offering Lyme Disease Education and Awareness Programs in five counties in Pennsylvania that are at high risk for Lyme Disease cases from 0 to 5. We plan to inform the community-based organizations and members twice per year on the dangers of Lyme disease and how to prevent it.

**Nutrition & Physical Activity Program: NWS-4 Retail Access to Foods Recommended by Dietary Guidelines for Americans, NWS-5 Primary Care Physicians Who Measure Patients' Body Mass Index (BMI), NWS-10 Obesity in Children and Adolescents, and Program PA-1 No Leisure-Time Physical Activity: \$1,369,495.** Funds numerous HO's which work towards addressing chronic disease prevention initiatives to impact associated premature deaths and disabilities by focusing on the leading preventable risk factors.

The program goal is to increase access to healthy foods and beverages by providing access to healthier food retail, by increasing the number of stores that sell healthier food options. Targeted communities were selected based on highest populated metropolitan cities. Our other objectives are as follows:

- Work to increase the EPIC Obesity trainings from 226 to 300.
- Increase the number of Early Care and Education Centers (ECEs) from 190 to 400 that adopt improved food service guidelines/nutrition standards and physical activity practices and policies through the Pennsylvania Nutrition and Physical Activity Self-Assessment for Child Care (PA NAP SACC).
- Partner with 15 school districts to reduce the proportion of children aged 6 to 11 years and adolescents aged 12 to 19 years who are obese from 28% to 26.6% by implementing nutrition and physical activity initiatives. Implementation spans a period of 2 years per school. School district recruitment and implementation is staggered over a five year period.
- Reduce the number of individuals that report no leisure time physical activity in the past month in our 15 target school districts in 12 counties from 25% to 24% by increasing the number of safe walking routes and community social supports via walking groups in communities within a minimum of nine targeted school districts that were selected based on low-income and quartile of highest obesity rates and a minimum of three target communities identified as disparate populations.

**Oral Health Program: OH-1 Dental Caries Experience: \$298,871.** This program attempts to promote optimal oral health for Pennsylvanians by fostering Local Partnerships by maintaining the 3 oral health programs at CMHDs. These programs provide guidance and support to develop oral health programs to reach 1,854 children and they increase the awareness of the need for good oral health by providing technical assistance to state and other partners.

**Safe and Healthy Communities (SHC): ECBP-10 Community-Based Primary Prevention Services: \$851,053.** The program is devoted to increasing the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life. The program seeks to enhance and align the capacity of County and Municipal Health Departments to focus on population-based primary prevention services by using policy, environmental and systems change strategies to improve the overall health and safety of their communities.

**Sexual Violence Prevention and Education (Mandate): IVP-40 Sexual Violence (Rape Prevention): \$284,015.** This CDC mandated provides funding to reduce rape and attempted rape through primary prevention (education, etc.) programs at each level of the socio-ecological model. PA DOH through the Pennsylvania Coalition Against Rape and its 50 Rape Crisis Centers will provide education services to reduce the impact of rape and decrease the risk of subsequent re-victimization. Activities include maintaining provision of Crisis Intervention, Counseling, Advocacy and Accompaniment Services to 270 victims and 2,700 direct service hours to victims of sexual assault.

**Tuberculosis Control Program: IID-29 TB: \$189,030.** The Tuberculosis (TB) Program has a goal of maintaining the incidence of active tuberculosis at fewer than 1.6 cases per 100,000 persons for 2016-17. The TB Program will ensure the availability of High-Quality and prompt TB Laboratory Services. The Bureau of Laboratories will be working to increase the percent of positive tuberculosis cultures submitted for drug susceptibility testing and genotyping. The laboratory test results will be used to guide the care of patients' treatment and contact investigation activities. Our goal is to increase the submission of isolates from 95% to 97%.

**Violence and Injury Prevention (VIPP): IVP-11 Unintentional Injury Deaths: \$1,123,643.** VIPP funding supports PA efforts to reduce the incidence of unintentional injuries and deaths through the development of surveillance systems and prevention programs aimed at high-risk populations. The program's initiatives include such things as developing and implementing Evaluation Plans, Implement Evaluation Tools, Evaluate Program Activities, Conduct Site Visits of providers, Implement Falls Prevention Efforts in Rural Counties through activities via A Matter of Balance Fear-of-Falling Prevention Program, Implement the CDC STEADI tool kit. The program also focuses on Injury Prevention Education and Awareness in the following areas (activities): 1. Unintentional Poisoning Prevention, 2. Falls Prevention, 3. Motor Vehicle Safety, 4. Prevention of Violence Against Children.

**Domestic Violence IVP-33 Physical Assaults: \$75,000,** this program seeks to increase the awareness of primary prevention of domestic violence across the state by targeting men and boys. The program conducts primary prevention social marketing campaigns to prevent first time perpetration. Annual Activities include: social marketing opportunities (radio spots, posters, billboards) to men and boys in identified target communities across the state to support youth development and healthy relationships. Provides training to state prevention team members and community leaders on changing social norms and developing healthy relationships.

**Administrative costs: \$227,117-** These costs include a portion of funding for administrative support staff and operational costs for activities of the grant with the Preventive Health Block Grant which is less than the 10% requirement of the grant. The grant application has been prepared under federal guidelines that require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People (HP) 2020.

**Funding Priority:** Data Trend, State Plan (2016), Under or Unfunded, Other (PLan for FFY 2016 application.)

## Statutory Information

**Advisory Committee Member Representation:**

Advocacy group, College and/or university, Community-based organization, Community health center, County and/or local health department, Dental organization, Environmental organization, Federal government, Hospital or health system, Primary care provider, Schools of public-health, State health department, State or local government, Tobacco control organization

**Dates:**

**Public Hearing Date(s):**

6/21/2016

**Advisory Committee Date(s):**

6/16/2016

6/29/2016

**Current Forms signed and attached to work plan:**

Certifications: Yes

Certifications and Assurances: Yes

**Budget Detail for PA 2016 V0 R1**

<b>Total Award (1+6)</b>	\$7,390,984
<b>A. Current Year Annual Basic</b>	
1. Annual Basic Amount	\$7,106,969
2. Annual Basic Admin Cost	(\$227,117)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$6,879,852
<b>B. Current Year Sex Offense Dollars (HO 15-35)</b>	
6. Mandated Sex Offense Set Aside	\$284,015
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$284,015
<b>(9.) Total Current Year Available Amount (5+8)</b>	\$7,163,867
<b>C. Prior Year Dollars</b>	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
<b>13. Total Available for Allocation (5+8+12)</b>	\$7,163,867

<b>Summary of Funds Available for Allocation</b>	
<b>A. PHHSBG \$'s Current Year:</b>	
Annual Basic	\$6,879,852
Sex Offense Set Aside	\$284,015
Available Current Year PHHSBG Dollars	\$7,163,867
<b>B. PHHSBG \$'s Prior Year:</b>	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0
<b>C. Total Funds Available for Allocation</b>	\$7,163,867

## Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Accredited Public Health Agency	PHI-17 Accredited Public Health Agencies	\$200,000	\$0	\$200,000
<b>Sub-Total</b>		<b>\$200,000</b>	<b>\$0</b>	<b>\$200,000</b>
Asthma Control Program	RD-6 Patient Education	\$255,000	\$0	\$255,000
<b>Sub-Total</b>		<b>\$255,000</b>	<b>\$0</b>	<b>\$255,000</b>
Diabetes Prevention & Control	D-1 New Cases of Diabetes	\$1,022,517	\$0	\$1,022,517
	D-14 Diabetes Education	\$200,035	\$0	\$200,035
<b>Sub-Total</b>		<b>\$1,222,552</b>	<b>\$0</b>	<b>\$1,222,552</b>
Health Promotion and Disease Prevention Programs	HC/HIT-13 Social Marketing in Health Promotion and Disease Prevention	\$100,000	\$0	\$100,000
<b>Sub-Total</b>		<b>\$100,000</b>	<b>\$0</b>	<b>\$100,000</b>
Heart Disease and Stroke Prevention	HDS-2 Coronary Heart Disease Deaths	\$423,709	\$0	\$423,709
	HDS-3 Stroke Deaths	\$646,499	\$0	\$646,499
<b>Sub-Total</b>		<b>\$1,070,208</b>	<b>\$0</b>	<b>\$1,070,208</b>
Lyme Disease Education and Prevention Program	ECBP-10 Community-Based Primary Prevention Services	\$125,000	\$0	\$125,000
<b>Sub-Total</b>		<b>\$125,000</b>	<b>\$0</b>	<b>\$125,000</b>
Nutrition & Physical Activity Program	NWS-4 Retail Access to Foods Recommended by Dietary Guidelines for Americans	\$188,374	\$0	\$188,374
	NWS-5 Primary Care Physicians Who Measure Patients' Body Mass Index (BMI)	\$188,374	\$0	\$188,374
	NWS-10 Obesity in Children and Adolescents	\$567,747	\$0	\$567,747
	PA-1 No Leisure-Time Physical Activity	\$425,000	\$0	\$425,000
<b>Sub-Total</b>		<b>\$1,369,495</b>	<b>\$0</b>	<b>\$1,369,495</b>
Oral Health Program	OH-1 Dental Caries Experience	\$298,871	\$0	\$298,871

<b>Sub-Total</b>		<b>\$298,871</b>	<b>\$0</b>	<b>\$298,871</b>
Safe and Healthy Communities	ECBP-10 Community-Based Primary Prevention Services	\$851,053	\$0	\$851,053
<b>Sub-Total</b>		<b>\$851,053</b>	<b>\$0</b>	<b>\$851,053</b>
Sexual Violence Prevention and Education (Mandate)	IVP-40 Sexual Violence (Rape Prevention)	\$284,015	\$0	\$284,015
<b>Sub-Total</b>		<b>\$284,015</b>	<b>\$0</b>	<b>\$284,015</b>
Tuberculosis Control Program	IID-29 TB	\$189,030	\$0	\$189,030
<b>Sub-Total</b>		<b>\$189,030</b>	<b>\$0</b>	<b>\$189,030</b>
Violence and Injury Prevention	IVP-11 Unintentional Injury Deaths	\$1,123,643	\$0	\$1,123,643
<b>Sub-Total</b>		<b>\$1,123,643</b>	<b>\$0</b>	<b>\$1,123,643</b>
Violence and Injury Prevention - Domestic Violence	IVP-33 Physical Assaults	\$75,000	\$0	\$75,000
<b>Sub-Total</b>		<b>\$75,000</b>	<b>\$0</b>	<b>\$75,000</b>
<b>Grand Total</b>		<b>\$7,163,867</b>	<b>\$0</b>	<b>\$7,163,867</b>

**State Program Title: Accredited Public Health Agency**

**State Program Strategy:**

**Program Goal:**

Build capacity of the PA DOH to achieve and maintain accreditation by the Public Health Accreditation Board (PHAB).

**Program Health Priority:**

Accreditation of health departments is an investment in infrastructure. While it does not focus on any particular health priority, it more generally advances the quality and performance of all of the health priorities in the department.

**Program Primary Strategic Partners:**

All of the staff in the department will be engaged in the accreditation process. Domain Teams will be formed, one for each of the ten essential services of public health and for administration and governance. The teams will be led by bureau directors and other key leaders, who will identify the documents that show the department is meeting PHAB standards. These leaders include bureau or office directors of Communicable Diseases, Epidemiology, Health Promotion & Risk Reduction, Community Health Systems, Public Health Preparedness, Legal Counsel, Health Innovation Center, Human Resources, Performance Management and Quality Improvement, Family Health, Administrative and Financial Services, Legislative Affairs. In addition, there is a leadership team made up of the Secretary of Health, the Executive Deputy Secretary, the Deputy of Health Innovation, the Deputy of Administration, the Bureau Director of Health Planning, the Accreditation Coordinator, and the Accreditation Program Administrator.

**Program Evaluation Methodology:**

There are 8 prerequisites for applying to PHAB for accreditation. When the prerequisites are complete, then the department will apply for accreditation. At that time, data will be collected to show the progress on documenting 109 measures included in the PHAB standards and measures. Each measure will be rated by the accreditation coordinator and her team to assess whether the measures are fully, partially, somewhat, or not at all met. Successful application to PHAB will be measured by the number of measures that are rated as fully demonstrated.

**State Program Setting:**

State health department

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Position Name:** Accreditation Program Administrator

**Position Title:** Public Health Program Administrator

State-Level: 100% Local: 0% Other: 0% Total: 100%

**Position Name:** Accreditation Analyst

**Position Title:** Intern/Annuitant

State-Level: 100% Local: 0% Other: 0% Total: 100%

**Total Number of Positions Funded:** 2

**Total FTEs Funded:** 2.00

**National Health Objective: HO PHI-17 Accredited Public Health Agencies**

**State Health Objective(s):**

Between 10/2015 and 09/2016, The PA Department of Health is in the process of becoming an accredited public health agency, will complete the application and complete the document submission to the Public Health Accreditation Board.

**Baseline:**

The PA Department of Health has actively engaged in the process to seek Public Health Accreditation Board (PHAB) accreditation. It has determined that it has met the established standards and measures for PHAB accreditation and has submitted a registration to PHAB. A team has been established for each of the 12 domains, which are engaged in the process of selecting and preparing documentation to show conformity to standards.

**Data Source:**

Public Health Accreditation Board (PHAB)'s e-PHAB system will demonstrate the department's progress toward accreditation. Also, the department's Accreditation SharePoint site, will show the progress of identifying documentation for the standards.

**State Health Problem:**

**Health Burden:**

Public health system infrastructure improvement will lead to quality improvements of the programs and services offered throughout the health department.

**Target Population:**

Number: 12,800,000

Infrastructure Groups: State and Local Health Departments

**Disparate Population:**

Number: 12,800,000

Infrastructure Groups: State and Local Health Departments

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: Public Health Accreditation Board Standards and Measures version 1.5

Public Health Accreditation Board Guide to National Public Health Department Initial Accreditation

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$200,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**DOH has promoted the importance and value of accreditation**

Between 10/2015 and 09/2016, Accreditation Coordinator and Program administrator will increase the number of promotions of the importance and value of accreditation through a variety of communications methods. from 0 (current) to **3 (total)**.

**Annual Activities:**

**1. Interdisciplinary DOH Accreditation Team Formed**

Between 10/2015 and 09/2016, staff and external partners will learn about accreditation and the department's progress through a variety of training and communications methods.

**Objective 2:**

**Domain teams identify documents to demonstrate conformity**

Between 10/2015 and 09/2016, staff throughout the department, working through domain teams will identify **95** of the 105 total measures, in which the documentation fully or largely demonstrates conformity to the standards.

**Annual Activities:**

**1. Training domain teams**

Between 10/2015 and 09/2016, Each of the 12 domain teams will identify documents and submit them to a SharePoint accreditation documentation site, describing which measure it demonstrates, and how it demonstrates this.

**2. Technical assistance for gaps in services**

Between 10/2015 and 09/2016, To achieve conformity with the measures, outside experts may be engaged to provide technical assistance.

**State Program Title: Asthma Control Program**

**State Program Strategy:**

**Program Goal:** To improve systems of asthma care and management for residents of Pennsylvania

**Program Health Priority:** To reduce asthma disparities among children ages 2-16 and their families living in Southeastern and Southwestern Pennsylvania. Focus will be on children referred from Children's Hospitals with uncontrolled asthma, are on a controller medication and have been seen in the emergency room at least one time in the last year.

**Program Primary Strategic Partners:**

Children's Hospital of Philadelphia  
Public Health Management Corporation  
East Stroudsburg University  
Children's Hospital of Pittsburgh  
Managed Care Organizations  
Other Health Care Organizations

**Program Evaluation Methodology:**

Continue to coordinate with multiple partners, contractors, and Department of Health (DOH) staff to execute the activities outlined in the evaluation plan, addressing both the process and outcome evaluation indicators and performance measures of the grant. ESU and PHMC have been collecting data to document changes tied to the implementation of the grant, including: the coordination with critical partners; program replication; increases in program capacity, and technical assistance.

Analyze data collected via assessment instruments and provided an evaluation report to the DOH summarizing the impact of program activities to date.

**State Program Setting:**

Home, Medical or clinical site

**FTEs (Full Time Equivalent):**

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

**Total Number of Positions Funded:** 0

**Total FTEs Funded:** 0.00

**National Health Objective: HO RD-6 Patient Education**

**State Health Objective(s):**

Between 07/2014 and 06/2019, The Community Asthma Prevention Program (CAPP) will provide in-home and in-clinic patient education to patients ages 2-16 and their families, on how to self-manage their asthma. The CAPP program will educate a minimum of 200 families in Pennsylvania.

**Baseline:**

As of September 2015, 40 patients and their families have received education in their homes on asthma self-management.

**Data Source:**

Children's Hospital of Philadelphia

**State Health Problem:****Health Burden:**

In 2014, the percentage of adults that were ever told that they have asthma in Pennsylvania was 14.4 percent or approximately 1,412,475 adults. 10.0 percent of adults had current asthma or approximately 1,008,911.

In 2014, the percentage of children that were ever told that they have asthma in Pennsylvania was 15.0 percent or approximately 404,715. 11.0 percent of children had current asthma or approximately 296,791. Asthma remains a serious health concern in Pennsylvania. Asthma is the third leading cause of hospitalization among persons under 18 years of age. Asthma remains the most common chronic condition of childhood in the United States, exceeded only by pneumonia and injuries.

Statewide asthma inpatient hospitalization rate: 13.6 per 10,000.

Statewide asthma inpatient hospitalization children under five: 2.3 per 10,000.

Statewide asthma inpatient hospitalization anyone five and older: 11.6 per 10,000.

Philadelphia County stats: In 2014, 2,140 children ages 2-16 were hospitalized for asthma in Philadelphia County. Philadelphia County represents 51.3% of all child asthma hospitalizations age 2-16 in Pennsylvania.

Bucks County stats: In 2014, 88 children ages 2-16 were hospitalized for asthma in Bucks County. Bucks County represents 2.1% of all child asthma hospitalizations age 2-16 in Pennsylvania.

Montgomery County stats: In 2014, 204 children ages 2-16 were hospitalized for asthma in Montgomery County. Montgomery County represents 4.9% of all child asthma hospitalizations age 2016 in Pennsylvania.

Allegheny County stats: Allegheny County represents 6.6% of all child hospitalizations (age 2-16) for asthma in Pennsylvania. Only Philadelphia County and Delaware County have a higher percentage. In 2014, 277 children aged 2-16 were hospitalized for asthma in Allegheny County.

During the 2012-13 school year 19,929 students in Allegheny County, 11,950 in Bucks County, 16,957 in Montgomery County and 42,617 in Philadelphia County were reported as having asthma.

**Target Population:**

Number: 91,453

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

Age: 1 - 3 years, 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

**Disparate Population:**

Number: 91,453  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, White  
Age: 1 - 3 years, 4 - 11 years, 12 - 19 years  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes  
Location: Specific Counties  
Target and Disparate Data Sources: U.S. Census Bureau: State and County QuickFacts, BRFSS, PHC4, School health data

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Community Preventive Services (Task Force on Community Preventive Services)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$255,000  
Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$250,000  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
75-99% - Primary source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Provide asthma education to 80 patients and their families**

Between 10/2015 and 06/2016, The CAPP program will provide asthma education to **80** patients and their families.

**Annual Activities:**

**1. Provide CAPP in-home education**

Between 10/2015 and 06/2016, The CAPP program will provide in-home asthma education to patients ages 2-16 and their families. This education will include identification of triggers, pest management, medical device usage and steps to remediate the home environment to better manage asthma. The CAPP will focus on Philadelphia, Bucks and Montgomery Counties as these counties have the higher asthma prevalence rates for children.

**2. Conduct evaluation of CAPP**

Between 10/2015 and 06/2016, East Stroudsburg University will conduct an ongoing evaluation of the CAPP program and its effectiveness as it expands its reach.

**Objective 2:**

**Provide asthma education to 80 patients and their families**

Between 07/2016 and 06/2017, CAPP will conduct **80** in-home asthma education sessions.

**Annual Activities:**

**1. Provide asthma education in 80 patients' homes**

Between 07/2016 and 06/2017, The CAPP program will provide in-home asthma education to patients ages

2-16 and their families. This education will include identification of triggers, pest management, medical device usage and steps to remediate the home environment to better manage asthma. The CAPP will focus on Philadelphia, Bucks and Montgomery Counties as these counties have the higher asthma prevalence rates for children.

**2. Conduct evaluation of program**

Between 07/2016 and 06/2017, The Public Health Management Corporation (PHMC) will conduct an ongoing evaluation of the CAPP program and its effectiveness as it expands its reach.

**State Program Title: Diabetes Prevention & Control**

**State Program Strategy:**

**Program Goal(s):** Prevent diabetes; prevent complications, disabilities and burden associated with diabetes; and eliminate diabetes-related health disparities.

**Program Health Priority:**

Increase community-clinical linkages to support access, referral and utilization of CDC-recognized lifestyle change programs/Diabetes Prevention Program (DPP) and Diabetes Self-Management Education (DSME) to prevent and control diabetes.

**Program Primary Strategic Partners:**

Internal:

Heart Disease and Stroke Program  
Tobacco Prevention and Control Program

External:

Community-based Organizations  
Health Promotion Council (HPC)  
East Stroudsburg University (ESU)  
American Diabetes Association (ADA)  
American Association of Diabetes Educators (AADE)  
Division of Tobacco Prevention and Control Regional Primary Contractors  
Public Health Management Corporation (PHMC)

**Program Evaluation Methodology:**

Data is accessed and analyzed from the DOH Bureau of Health Statistics and Research data sets to target those communities with the greatest need. Partners will collect data on establishment of new DSME and DPP sites, including utilization rates. Data will be analyzed and evaluated by ESU and PHMC.

**State Program Setting:**

Community based organization, Community health center, Faith based organization, Medical or clinical site, Work site, Other: Health Systems

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Position Name:** Camelia Rivera

**Position Title:** Chronic Disease Prevention PHPA

State-Level: 100% Local: 0% Other: 0% Total: 100%

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 1.00

**National Health Objective:** HO D-1 New Cases of Diabetes

**State Health Objective(s):**

Between 07/2014 and 09/2018, community-based partners will implement 24 new CDC-recognized Diabetes Prevention Program sites across Pennsylvania, targeting adults at high risk for cardiovascular disease and diabetes.

**Baseline:**

As of October 2014, according to The CDC National Registry of Recognized Diabetes Prevention Programs (DPP), there were nine CDC Recognized DPP programs in Pennsylvania.

**Data Source:**

Data will be collected from community-based organizations and The CDC National Registry of Recognized Diabetes Prevention Programs and analyzed by PHMC.

**State Health Problem:**

**Health Burden:**

In Pennsylvania, 8% of adults have ever been told by a health professional that they have prediabetes or borderline diabetes (BRFSS, 2014). However, only about 10% of people with prediabetes are aware they have it, and without treatment, about one-third will develop diabetes within five years. PA is ranked among the states with highest prevalence of diabetes. On an average day in 2014 there were 11 deaths caused by diabetes (6<sup>th</sup> leading cause of death) CDC, National Center for Health Statistics (NCHS). Adults in PA also have a high prevalence of modifiable risk factors for diabetes with: 20% smokers, 34% hypertensive, and 30% obese (BRFSS 2013, and BRFSS 2014). Poor nutrition and physical inactivity are two main contributors to obesity, the risk factor with greatest prevalence in Pa. Pa has the 22<sup>nd</sup> highest prevalence of obesity (BRFSS 2014), and is an epidemic with 24 % of 55-64 year olds obese. Hypertension and obesity are modifiable risk factors for diabetes (BRFSS, 2014). Among 35+ year olds with hypertension, 23.0% have diabetes; among those who are obese, 22.9% have diabetes. In a multivariable model, after simultaneously taking into account smoking status, age, race/ethnicity, gender, income, education, high cholesterol, physical inactivity and stroke comorbidity, those with hypertension were 2.8 times, and those who were obese were 2.9 times more likely to have both diabetes and heart disease (BRFSS 2011).

**Target Population:**

Number: 3,328,484

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 3,328,484

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Census, BRFSS

### **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: Other: Agency for Healthcare Research and Quality

<http://www.ahrq.gov/professionals/prevention-chronic-care/improve/community/>

Ackermann RT, Finch EA, Brizendine E, Zhou H, Marrero DG. Translating the Diabetes Prevention Program into the Community: The DEPLOY Study. *Am J Prev Med.* 2008;35(4):357-363.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2610485/pdf/nihms69685.pdf>

Crandal JP, Knowler WC, Kahn SE et. al for the Diabetes Prevention Program Research Group. The prevention of type 2 diabetes. *Nature Clinical Practice Endocrinology & Metabolism.* 2008 July;4(7):382–393. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2573045/pdf/nihms58701.pdf>

Community Preventive Services Task Force. Combination of mass media health campaigns and health-related product distribution is recommended to improve healthy behaviors [PDF - 1.36 MB]. *Am J Prev Med* 2014;47(3):372-4.

### **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$1,022,517

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$830,000

Funds to Local Entities: \$540,000

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

#### **Continue to**

Between 10/2015 and 09/2016, community-based partners will provide support to the 4 certified DPP Master Trainers to **deliver** 8 free lifestyle coach trainings.

### **Annual Activities:**

#### **1. Lifestyle coach trainings**

Between 10/2015 and 09/2016, community-based partner, in collaboration with the Department, will promote the free lifestyle coach trainings, identify opportunities for trainings with organizations outside of the DPP network, and facilitate training planning and delivery by the 4 certified DPP Master Trainers to provide a total of 8 free lifestyle coach trainings across the state.

### **Objective 2:**

#### **Continue to support sites with CDC-pending recognition**

Between 10/2015 and 09/2016, community-based partners in collaboration with the Department will maintain **32** DPP program sites with pending CDC-recognition implemented between 7/2014 - 09/2016.

**Annual Activities:**

**1. Program Maintenance & Recognition**

Between 10/2015 and 09/2016, community-based partners in collaboration with the Department, will provide ongoing technical assistance and support to the 32 sites implemented between 7/2014 and 9/2016 to maintain pending CDC-recognition.

**2. Evaluation**

Between 10/2015 and 09/2016, the selected community-based partner will update and continue to implement the evaluation plan to evaluate weight loss and cardio metabolic risk reduction achieved through Diabetes Prevention Program, provide technical assistance around use of data collection tools, and continue to analyze data and submit reports to the Department.

**Objective 3:**

**Plan and host**

Between 07/2016 and 06/2017, the Department in collaboration with a community-based partner will establish 1 DPP State Coordinating Team to plan and host a DPP Statewide Conference.

**Annual Activities:**

**1. Convene the DPP State Coordinating Team**

Between 07/2016 and 06/2017, a community-based partner, in collaboration with the Department, will convene a State Coordinating Team to plan and identify goals and objectives of the DPP Statewide Conference, that will bring together DPP organizations and champions that are vested in sustaining DPP.

**2. Host the Statewide DPP Conference**

Between 07/2016 and 06/2017, the selected community-based partner in collaboration with the Department and DPP State Coordinating Team, will develop a best practices document, with a focus on DPP sustainability – reimbursement and payment models, and will plan and host a DPP Statewide Conference, to address topics of interest identified through formative analysis. The best practices document will be presented, discussed and disseminated at the Conference.

**Objective 4:**

**Social marketing to increase awareness of prediabetes and DPP**

Between 07/2016 and 09/2016, the Department, in collaboration with a communication firm will implement 1 social marketing campaign to increase awareness of prediabetes and National DPP.

**Annual Activities:**

**1. Social marketing campaign**

Between 07/2016 and 09/2016, the Department, in collaboration with a communication firm, will continue to implement the marketing campaign developed in the previous year, to increase awareness of prediabetes and the National DPP. For prediabetes awareness, the communication firm will use the National Prediabetes Awareness Campaign materials and messages. For awareness of National DPP, promotion of and participant recruitment at the local DPP sites, the campaign messages and delivery methods will be tailored to the targeted populations.

**National Health Objective: HO D-14 Diabetes Education**

**State Health Objective(s):**

Between 10/2013 and 09/2017, Address Diabetes Self-Management Education and Support (DSME) service gaps, by increasing the number of Accredited and Recognized DSME sites, from 167 to 390.

**Baseline:**

As of January 2014, there are 167 accredited or recognized DSME sites in Pennsylvania.

**Data Source:**

Data collected from ADA and AADE and reported by the Health Promotion Council of SE Pennsylvania.

**State Health Problem:****Health Burden:**

PA is ranked among the states with highest prevalence of diabetes. On an average day in 2013 there were 11 deaths caused by diabetes (6th leading cause of death) National Center for Health Statistics (NCHS), National Vital Statistics System 2013). Adults in PA also have a high prevalence of modifiable risk factors for diabetes with: 21% smokers, 34% hypertensive, and 30% obese (BRFSS 2013). Poor nutrition and physical inactivity are two main contributors to obesity, the risk factor with greatest prevalence in PA. PA has the 28th highest prevalence of obesity (2014 America's Health Rankings), and is an epidemic with 37 % of 55-64 year olds obese. Hypertension and obesity are modifiable risk factors for diabetes. Among 35+ year olds with hypertension, 23.0% have diabetes; among those who are obese, 22.9% have diabetes. In a multivariable model, after simultaneously taking into account smoking status, age, race/ethnicity, gender, income, education, high cholesterol, physical inactivity and stroke comorbidity, those with hypertension were 2.8 times, and who were obese were 2.9 times more likely to have both diabetes and heart disease (BRFSS 2011).

**Target Population:**

Number: 1,109,801

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 1,109,801

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Census, BRFSS

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Balamurugan, A et al. Barriers to Diabetes Self-Management Education Program in Underserved Rural Arkansas: Implications for Program Evaluation. *Prev Chronic Dis* 2006;3(1):1-8. (<http://www.ncbi.nlm.nih.gov/pubmed/16356368>)

• Duncan I, Birkmeyer C, Coughlin S, Li QE, Sherr D, Boren S. Assessing the value of diabetes education. *Diabetes Educ.* 2009 Sep-Oct;35(5):752-60. (<http://www.ncbi.nlm.nih.gov/pubmed/19783766>)

• Norris, SL et al. Increasing Diabetes Self-Management Education in Community Setting: A Systematic Review. *Am J Prev Med* 2002;22(4S):39–66. (<http://www.ncbi.nlm.nih.gov/pubmed?term=11985934>)

### **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$200,035

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$100,000

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

#### **Establish new DSME sites**

Between 10/2015 and 06/2016, The Department in collaboration with a community-based partner will establish **15** ADA-recognized and AADE-accredited diabetes self-management education sites in service gap areas.

### **Annual Activities:**

#### **1. Identify potential DSME sites**

Between 10/2015 and 06/2016, The Department in collaboration with a community-based partner will continue to disseminate outreach materials to promote the availability of technical assistance and one-time stipends, as well as identify community-based providers interested in establishing an ADA-recognized or AADE-accredited DSME site. Sites who are interested in receiving a one-time stipend will be evaluated based on readiness for implementation; proximity to service gap area/community-need and sustainability.

#### **2. Assess capacity and identify service gap areas**

Between 10/2015 and 06/2016, The Department will continue to assess DSME capacity quarterly, by GIS mapping all AADE and ADA primary and satellite DSME sites overlaid with BRFSS diabetes county-level prevalence estimates.

#### **3. Provide training, technical assistance and stipends**

Between 10/2015 and 06/2016, The Department in collaboration with a community-based partner will provide technical assistance and one-time stipends to continue working to increase the number of accredited or recognized DSME sites in service gap areas.

### **Objective 2:**

#### **Increase the number of DSME sites**

Between 07/2016 and 06/2017, The Department in collaboration with a community-based partner will provide support to **10** chronic disease self-management programs in service gap areas to assist them in expanding

to include DSME and obtaining DSME ADA-recognition or AADE-accreditation.

**Annual Activities:**

**1. Identify potential DSME sites**

Between 07/2016 and 06/2017, The Department in collaboration with a community-based partner will identify existing chronic disease self-management programs who do not currently offer DSME, in locations such as local Area Agencies on Aging and senior centers, in DSME service gap areas, to expand their services to include DSME.

**2. Assess programs to isolate gaps**

Between 07/2016 and 06/2017, The Department in collaboration with a community-based partner will assess the chronic disease self-management programs to isolate gaps in their ability to provide DSME and to achieve DSME ADA-recognition or AADE-accreditation.

**3. Provide training and technical assistance**

Between 07/2016 and 06/2017, The Department in collaboration with a community-based partner will provide training and technical assistance to 10 chronic disease self-management programs to increase the number of accredited or recognized DSME sites in service gap areas.

**Objective 3:**

**Social marketing to increase awareness and utilization of diabetes self-management education**

Between 07/2016 and 06/2017, The Department in collaboration with a communication firm will implement **1** social marketing campaign to increase awareness and utilization of ADA-recognized or AADE-accredited DSME programs.

**Annual Activities:**

**1. Social marketing campaign**

Between 07/2016 and 06/2017, The Department in collaboration with a communication firm, will continue to implement a social marketing campaign to increase awareness and utilization of ADA-recognized or AADE-accredited DSME programs to people with type 2 diabetes. The communication firm will continue or build on previous marketing strategies. Messages and delivery methods will be tailored to the target population.

**Objective 4:**

**Support DSME Program Sustainability**

Between 07/2016 and 06/2017, The Department in collaboration with a community-based partner will provide technical assistance to **a minimum of 4** existing ADA-Recognized and AADE-Accredited diabetes self-management education sites to improve sustainability.

**Annual Activities:**

**1. Identify sites with barriers to sustainability**

Between 07/2016 and 06/2017, The Department in collaboration with a community-based partner will outreach directly with statewide ADA and AADE DSME programs with barriers to sustainability such as reimbursement or referral infrastructure. The programs will be identified through existing technical assistance recruitment and engagement activities.

**2. Facilitate partnerships to improve reimbursement**

Between 07/2016 and 06/2017, The Department in collaboration with a community-based partner will link and facilitate partnerships between 4 DSME programs and health systems, hospital-based programs or other turnkey programs to address identified barriers and improve DSME program sustainability.

**State Program Title: Health Promotion and Disease Prevention Programs**

**State Program Strategy:**

**Program Goal(s):**

Increase availability of evidence-based chronic disease prevention programs and activities available in communities across Pennsylvania.

**Program Health Priority:**

Increase the knowledge of primary prevention services available on the LiveHealthyPA website to improve overall health and safety in their communities. Encourage collaboration among organizations and promote policy, system and environmental approaches for preventing chronic disease.

**Program Primary Strategic Partners:**

Internal:

Division of Health Risk Reduction  
Division of Nutrition and Physical Activity  
Division of Tobacco Prevention and Control  
Division of Cancer Prevention and Control

External:

Public Health Management Corporation  
Penn State PRO Wellness Center

**Program Evaluation Methodology:**

Website analytics will be used to track user access and behaviors. The analytics will also be able to track how often users share a page through the social media share tool located on the website. This information will be used to assess successful areas of the website and areas where adjustments or improvements may be needed.

The number of submissions to the database along with the chronic disease area addressed in the submission will be tracked throughout the year. This will allow us to focus marketing to chronic disease areas that are seeing low numbers of submissions.

**State Program Setting:**

Business, corporation or industry, Community based organization, Faith based organization, Local health department, Medical or clinical site, State health department, Other: employer coalitions

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Position Name:** Eric Gormont

**Position Title:** Public Health Program Administrator  
State-Level: 100% Local: 0% Other: 0% Total: 100%

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 1.00

**National Health Objective: HO HC/HIT-13 Social Marketing in Health Promotion and Disease Prevention**

**State Health Objective(s):**

Between 10/2013 and 09/2017, Increase the use of the Live Healthy PA website to learn about and find the availability of health promotion and disease prevention programs including policy, system and environmental approaches for preventing chronic disease.

**Baseline:**

0 website hits

**Data Source:**

Website use reports

**State Health Problem:**

**Health Burden:**

The 2012 BRFSS survey found that 23% of Pennsylvania adults had no leisure time physical activity in the past month; 21% of Pennsylvania adults were current smokers and 29% of Pennsylvania adults aged 18 and above were obese and 65% were overweight. According to the World Health Organization, tobacco use, poor diet and lack of physical activity contribute to the four major chronic diseases of cardiovascular diseases, cancer, chronic pulmonary disease and type 2 diabetes. These four major chronic diseases are responsible for 60 percent of deaths in the world.

**Target Population:**

Number: 9,649,908

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 506,029

Ethnicity: Non-Hispanic

Race: African American or Black

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: U.S. Census Bureau, population division. Release date June 2013

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Promising Practices Network (RAND Corporation)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$100,000  
Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$0  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: No other existing federal or state funds  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
100% - Total source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

#### **Statewide Health Improvement and Disease Prevention**

Between 07/2016 and 06/2017, The Pennsylvania Department of Health will implement **6** strategies to promote the LiveHealthyPA website and engage organizations and individuals in collecting information on promising practices in chronic disease prevention and injury prevention occurring across Pennsylvania.

### **Annual Activities:**

#### **1. Establish a statewide advisory work group**

Between 07/2016 and 06/2017, A statewide advisory group will be established to determine the appropriateness of materials submitted for inclusion on the LiveHealthyPA website. The website shall use the standard of "Emerging Practice" as the minimal requirement for inclusion. "Emerging Practice" include practices assessed through field-based summaries or evaluations in progress that show some evidence of effectiveness and at least plausible evidence of reach, feasibility, sustainability, and transferability. Emerging practices are generally newer, with a plausible theoretical basis and preliminary evidence of impact. These practices require more implementation and further evaluation to determine whether their potential impact can be replicated over time and in other settings and populations.

#### **2. Publish and promote chronic disease and injury prevention Health Living Practices**

Between 07/2016 and 06/2017, Healthy Living Practices that highlight chronic disease and injury prevention initiatives occurring across Pennsylvania will be published on the LiveHealthyPA website so this information can be shared and used as a learning tool for other organizations planning engagement in similar initiatives. The goal is to populate the Healthy Living Practices database with 100 practices from 07/2016 to 06/2017.

#### **3. Monitor online analytics**

Between 07/2016 and 06/2017, The Department will establish measures of online analytics to measure and evaluate performance of the website on a quarterly basis. In addition to monitoring incoming and outgoing traffic, analytics will help the Department to determine which parts or pages are popular and if there are trends occurring. Measures include: visitors/audience, referral tracking, bounce rate of first time visitors, exit rate of visitors, conversion rate, top pages viewed, and pages viewed per session. These analyses will be used to improve website performance. Website usage reports will be developed for the Department by Public Health Management Corporation.

#### **4. Implement marketing campaign to promote the website**

Between 07/2016 and 06/2017, The marketing of the LiveHealthyPA website is a crucial part of increasing viewership and directing traffic to the website. The Public Health Management Corporation will implement the website marketing campaign to announce the availability of LiveHealthyPA.com and how this website can benefit users.

**5. Maintain the LiveHealthyPA.com website**

Between 07/2016 and 06/2017, The LiveHealthyPA.com website, will continue to be maintained (hosting the server) by the Public Health Management Corporation (PHMC). Ownership of the website and its content remains with the Pennsylvania Department of Health. PHMC will continue to utilize the Telerik Sitefinity Content Management System to manage this website and will update, edit, and create graphics and pages as needed.

**6. Publish a newsletter for the LiveHealthyPA website**

Between 07/2016 and 06/2017, The LiveHealthyPA workgroup within the Bureau of Health Promotion and Risk Reduction will develop 1 newsletter to send out to external partners and individuals who have registered on the LiveHealthyPA website. The content will include website updates, program updates, highlighted Healthy Living Practices, and other relevant information from the bureau.

**State Program Title: Heart Disease and Stroke Prevention**

**State Program Strategy:**

**Program Goal(s):** Reduce the burden of heart disease and stroke through population education and health system change.

**Program Health Priority:** Implement education programs and provide training for health professionals to foster policy/environmental, and systems change.

**Program Primary Strategic Partners:**

**Internal**

Tobacco Prevention and Control  
Nutrition and Physical Activity  
Cancer Prevention and Control  
Community Health Systems  
Health Statistics and Research

**External**

County and Municipal Health Departments  
American Heart/American Stroke Association  
Community-Based Organizations  
Centers for Disease Control and Prevention  
WVMI

**Program Evaluation Methodology:** Reports from contractors; analysis of BRFSS, morbidity, and mortality data.

**State Program Setting:**

Medical or clinical site, University or college

**FTEs (Full Time Equivalent):**

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

**Position Name:** Andrea Smith

**Position Title:** Public Health Program Administrator  
State-Level: 100% Local: 0% Other: 0% Total: 100%

**Position Name:** Keri-Ann Faley

**Position Title:** Public Health Program Manager  
State-Level: 100% Local: 0% Other: 0% Total: 100%

**Position Name:** Marshal Ma

**Position Title:** Epidemiologist  
State-Level: 20% Local: 0% Other: 0% Total: 20%

**Total Number of Positions Funded:** 3

**Total FTEs Funded:** 2.20

**National Health Objective: HO HDS-2 Coronary Heart Disease Deaths**

**State Health Objective(s):**

Between 10/2015 and 09/2016, Reduce the age-adjusted death rate from coronary heart disease to 113.8 in the general population, and to 139.3 in the black population.

**Baseline:**

114.3 – general population/139.8 – black population (age-adjusted death rate per 100,000 persons of all ages).

**Data Source:**

Pennsylvania Certificates of Death, 2013

**State Health Problem:****Health Burden:**

Heart disease is the leading cause of death in Pennsylvania among both men and women. On an average day in 2014, there were 352 deaths in Pennsylvania, 86 of which were due to heart disease, 19 deaths were due to stroke, and 11 deaths were due to diabetes (heart disease comorbidity). In 2014, there were 31,353 deaths due to heart disease in Pennsylvania, representing 24.4% of all deaths.

**Target Population:**

Number: 7,300,390

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

Age: 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 689,081

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black

Age: 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: U.S. Census Bureau, Population Division Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: Promising Practices in Chronic Disease Prevention and Control (U.S. Depart. HHS)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$423,709

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$186,432

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
100% - Total source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

#### **Increase awareness of the importance of blood pressure control**

Between 10/2015 and 09/2016, Public Health Management Corporation (PHMC) will develop 1 webpage on the Live Healthy PA website to increase awareness of the Million Hearts Campaign in Pennsylvania to include a stakeholder group listserv and resources.

### **Annual Activities:**

#### **1. Million Hearts campaign awareness**

Between 10/2015 and 09/2016, Engage and increase the number of Million Hearts partners and stakeholders in Pennsylvania through education and promotion of the initiative in communities.

### **Objective 2:**

#### **Quality Health Improvement in the Practice Setting**

Between 10/2015 and 09/2016, a professional health care quality improvement organization will increase the number of practice sites screening all patients for high blood pressure, collecting NQF 18 and collecting NQF 59 for diabetes patients, and striving to keep all patients at a blood pressure at or below 140/90 from 160 to 170.

### **Annual Activities:**

#### **1. Implement Quality Improvement initiatives in practice sites and health systems.**

Between 10/2015 and 09/2016, Professional health and clinical organizations will educate physicians and clinical staff about the application of evidence-based cardiovascular practices in order to improve cardiovascular health outcomes.

## **National Health Objective: HO HDS-3 Stroke Deaths**

### **State Health Objective(s):**

Between 10/2015 and 09/2016, Reduce the age-adjusted death rate from stroke to 36.0 in the general population, and to 47.1 in the black population.

### **Baseline:**

37.0 – general population/48.1 – black population (age-adjusted death rate per 100,000 persons of all ages)

### **Data Source:**

Pennsylvania Death Certificates, 2013

### **State Health Problem:**

#### **Health Burden:**

Stroke is the 4th leading cause of death in Pennsylvania; 6,576 deaths or 5.1 percent (%) of all deaths in Pennsylvania in 2014. On an average day in 2014, there were 18 deaths due to stroke.

#### **Target Population:**

Number: 7,052,847  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, White  
Age: 35 - 49 years, 50 - 64 years, 65 years and older  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes

**Disparate Population:**

Number: 129,982  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black  
Age: 35 - 49 years, 50 - 64 years, 65 years and older  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes  
Location: Entire state  
Target and Disparate Data Sources: U.S. Census Bureau, 2006-2010 American Community Survey

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Best Practice Initiative (U.S. Department of Health and Human Service)  
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)  
Guide to Community Preventive Services (Task Force on Community Preventive Services)  
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)  
National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: Promising Practices in Chronic Disease Prevention and Control (U.S. Depart. HHS)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$646,499  
Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$530,129  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: No other existing federal or state funds  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
100% - Total source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Cardiovascular Risk Reduction through Patient Empowerment**

Between 10/2015 and 09/2016, the Health Care Improvement Foundation will increase the number of peer educators trained to conduct patient activation programs from 103 to 133.

**Annual Activities:**

**1. Increased Patient Activation through Health Literacy Education**

Between 10/2015 and 09/2016, Training staff will work with partner organizations to implement a peer educator curriculum, designed to enhance patients' communication with healthcare providers. The

curriculum will feature the National Patient Safety Foundation's *Ask Me 3* program and include interactive scenarios and discussion. Trainers will train peer educators who will conduct patient activation programs in a variety of community venues. Each trainee will conduct peer education programs reaching a minimum total of 20 community members.

**Objective 2:**

**Cardiovascular Risk Reduction through Provider Education**

Between 10/2015 and 09/2016, the Health Care Improvement Foundation will increase the number of medical providers with a knowledge of health literacy and effective patient/provider communication techniques from 8820 to **10000**.

**Annual Activities:**

**1. Improved Communication through Health Literacy Education**

Between 10/2015 and 09/2016, Multidisciplinary teams from participating hospitals/health systems will attend one full-day or advanced training program and subsequently lead/support health literacy promotion and advocacy efforts at their institutions. At least three people from each institution will be trained.

**2. Expansion of health literacy training**

Between 10/2015 and 09/2016, Expand the health literacy program in Southeast Pennsylvania to hospitals statewide by developing and implementing six train-the-trainer courses and online trainings with CE credits to reduce the burden of heart disease and other chronic diseases.

**Objective 3:**

**Policy, Environmental and Systems Change in Health Care Settings**

Between 10/2015 and 09/2016, the Health Care Improvement Foundation will implement **10** cardiovascular health and/or chronic disease interventions in a minimum of 10 hospitals/health systems.

**Annual Activities:**

**1. Addressing Cardiovascular Health Literacy through Policy and Environment Change**

Between 10/2015 and 09/2016, Participating hospitals/health systems will adopt at least 5 policies or procedures designed to promote health literacy among its patient and/or provider population.

**State Program Title: Lyme Disease Education and Prevention Program**

**State Program Strategy:**

**Program Goal(s):** Reducing the burden of Lyme Disease in Pennsylvania by increasing awareness.

**Program Health Priority:** Implement awareness and education programs in at least five counties in Pennsylvania that are at high risk for Lyme Disease cases.

**Program Primary Strategic Partners:**

**Internal**

Community Health Systems  
Bureau of Epidemiology

**External**

Medical Professional  
Community Based Organizations  
Insurers  
Patients  
Department of Education  
Game Commission  
Department of Conservation and  
Natural Resources

**Program Evaluation Methodology:** Reports from Community-based providers, Epi, and prevalence and incidence rates.

**State Program Setting:**

Community based organization, Community health center, Faith based organization, Local health department, Medical or clinical site, Parks or playgrounds, Schools or school district, Senior residence or center, State health department, University or college

**FTEs (Full Time Equivalent):**

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

**Total Number of Positions Funded:** 0

**Total FTEs Funded:** 0.00

**National Health Objective: HO ECBP-10 Community-Based Primary Prevention Services**

**State Health Objective(s):**

Between 10/2013 and 09/2017, increase the number of Pennsylvania counties that have been offered Lyme Disease awareness and primary prevention education through community based organizations.

**Baseline:**

In 2013, 0 community based organizations were offering Lyme Disease awareness and primary prevention education directly due to the Department of Health.

**Data Source:**

Activity reports

**State Health Problem:**

**Health Burden:**

In 2014, there were 7,400 cases of Lyme Disease in Pennsylvania.

**Target Population:**

Number: 12,802,503

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 3,305,775

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Specific Counties

Target and Disparate Data Sources: 2015 Census

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$125,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Lyme Disease Awareness and Education Programs**

Between 10/2015 and 09/2016, the Pennsylvania Department of Health will increase the number of PA counties being offered Lyme Disease Education and Awareness Programs by community based programs

in at least five counties in Pennsylvania that are at high risk for Lyme Disease from 0 to 5.

**Annual Activities:**

**1. Awareness and Education programs**

Between 10/2015 and 09/2016, community based organizations will educate and inform community members on the dangers of Lyme Disease and how to prevent it.

## **State Program Title: Nutrition & Physical Activity Program**

### **State Program Strategy:**

**Program Goal(s):** Prevent chronic disease and associated premature death and disabilities by focusing on the leading preventable risk factors.

#### **Program Health Priority:**

Strengthen and build capacity of organizations to promote and implement environmental approaches and systems changes to improve population health. Focus will be on providing early childhood education centers the Pennsylvania Nutrition and Physical Activity Self-Assessment for Child Care (PA NAP SACC), an evidence-based program with tools and resources that will increase their ability to promote nutrition and physical activity policy and change within their centers. Focus will be on providing a comprehensive pediatric obesity education program for physician and practice staff to encourage practice changes to support universal BMI screening, prevention and treatment of pediatric obesity. Focus will also be on increasing capacity within schools to implement supportive nutrition environments and comprehensive school physical activity programs. In addition, increase opportunities for physical activity by planning, implementing and marketing community-based walking routes and groups utilizing the built environment. Focus will also be on increasing access to healthy food and beverages by providing access to healthier food retail.

#### **Program Primary Strategic Partners:**

##### Internal:

Heart Disease and Stroke Program  
Cancer Prevention and Control Program  
Office of Health Equity  
Bureau of Family Health  
Tobacco Prevention and Control Program  
Diabetes Prevention and Control Program

##### External:

Local Health Departments  
Primary Care Practice Teams  
Pediatric Care Practice Teams  
Community-based Organizations  
PA Chapter, American Academy of Pediatrics  
Penn State PRO Wellness Center  
Pennsylvania Department of Education  
Action for Healthy Kids Pennsylvania Chapter  
Alliance for a Healthier Generation  
University of Pittsburgh Graduate School of Public Health  
Department of Conservation and Natural Resources  
The Food Trust  
Division of Tobacco Prevention and Control Regional Primary Contractors

#### **Program Evaluation Methodology:**

Data is accessed and analyzed from the DOH Bureau of Health Statistics and Research Vital Statistics data set to target those communities with the greatest need. EPIC will provide a course evaluation as well as establish practice champions and follow up evaluations three months out to identify any practice changes

and policies enacted. Data collected from EPIC program evaluator will be utilized. For early childhood education initiative, data will be collected via self-assessment, action plans, post assessment and policy development within the PA NAP SACC web-based platform. For the school initiative, data will be collected via needs assessments, results of self-assessments, action plans that are developed and annual Pennsylvania Growth Screening/BMI-for-age percentiles. Data will also be collected for webinar participation, hours of technical assistance provided and training and professional development attendance. For increasing opportunities for physical activity, data will be collected at the community level, including the number of walking routes and groups implemented in communities within the targeted school districts. For increasing access to healthy food and beverages, data will be collected at the community level by completion of store intake survey/baseline assessments in targeted highest populated metropolitan cities.

**State Program Setting:**

Business, corporation or industry, Community based organization, Community health center, Local health department, Medical or clinical site, Parks or playgrounds, Schools or school district, Work site, Other: Communities

**FTEs (Full Time Equivalent):**

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

**Position Name:** Tiffany Edwards-Pierce

**Position Title:** Public Health Program Administrator  
State-Level: 50% Local: 50% Other: 0% Total: 100%

**Position Name:** Tonya Holloway

**Position Title:** Public Health Program Administrator  
State-Level: 50% Local: 50% Other: 0% Total: 100%

**Position Name:** Dr. Marshal Ma

**Position Title:** Chronic Disease Epidemiologist  
State-Level: 20% Local: 0% Other: 0% Total: 20%

**Total Number of Positions Funded:** 3

**Total FTEs Funded:** 2.20

**National Health Objective: HO NWS-4 Retail Access to Foods Recommended by Dietary Guidelines for Americans**

**State Health Objective(s):**

Between 10/2013 and 09/2017, Increase access to healthy foods and beverages by providing access to healthier food retail, by increasing the number of stores that sell healthier food options from 630 to 710. Targeted communities were selected based on highest populated metropolitan cities.

**Baseline:**

As of 2010, the objective baseline is 630 stores that sell healthier food options in underserved areas, based on the Philadelphia Healthy Corner Store Network Store Intake/Survey Baseline Assessments.

**Data Source:**

Philadelphia Healthy Corner Store Network & Store Intake/Survey Baseline Assessment  
Pennsylvania Healthy Corner Store Network & Store Intake/Survey Baseline Assessment

## **State Health Problem:**

### **Health Burden:**

Since 1980, adult obesity rates have doubled, and child obesity rates have tripled. Pennsylvania is ranked as the 20th most adult and 25th childhood obese state, according to the F as in Fat 2011 and 2013 Reports (2011 most recent child data). In 2013, 65% of adults in PA were overweight or obese (BRFSS 2013). According to the 2012-2013 Pennsylvania Growth Screening/BMI-for-age percentiles, 39% of school aged children in grades K through 12 were either overweight or obese.

### **Target Population:**

Number: 894,692

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Urban

Primarily Low Income: No

### **Disparate Population:**

Number: 894,692

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Urban

Primarily Low Income: No

Location: Specific Counties

Target and Disparate Data Sources: Census, 2010-2011 Pennsylvania Department of Health Growth Screening Assessment Program, EPIQMS, BRFSS

## **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Community Preventive Services (Task Force on Community Preventive Services)

## **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$188,374

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$87,500

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

Less than 10% - Minimal source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

### **Increase participating corner stores**

Between 10/2015 and 09/2016, The Department in collaboration with Tobacco Regional Primary Contractors, Community-based Organization and The Food Trust will identify **20** corner stores in targeted communities to participate in the Pennsylvania Healthy Corner Store Initiative.

### **Annual Activities:**

#### **1. Identify Potential Target Corner Stores**

Between 10/2015 and 09/2016, Regional Primary Contractors and community partners within targeted cities will expand the number of Supplemental Nutrition Assistance Program (SNAP), Women Infants and Children (WIC) certified businesses and Licensed Tobacco Retailers participating in the Pennsylvania Healthy Corner Store Initiative.

#### **2. Training & Technical Assistance**

Between 10/2015 and 09/2016, The Food Trust will provide ongoing training and technical assistance to Regional Primary Contractors and community partners representing targeted communities. The training will focus on: 1) how to conduct inventory assessments to verify recruited stores have met basic participation requirements; 2) how to complete Inventory Assessment Forms to capture healthy inventory changes made since enrollment; 3) basic introductory in-store training explaining how promote the new healthy food and beverage products; 4) how to implement the Healthy Food Identification marketing campaign, which provides customers with easy tips for shopping, eating, and living healthy; and 5) how to deliver incentive checks to compliant store owners; 6) The Sell Healthy! Guide, which provides useful information on how to sell healthy foods, increase sales, and attract more customers to increase profits; 8) healthy food items displays, pricing and promotion; and 8) how to complete the Store Training Audit Form, which captures trainings provided to store owners, and length of time or reasons why a training was not performed (such as owner unavailable); 10) how to perform equipment assessment of participating stores; 11) how to complete the Store Conversion Intake Form; and 12) how to determine store equipment conversion criteria.

### **National Health Objective: HO NWS-5 Primary Care Physicians Who Measure Patients' Body Mass Index (BMI)**

#### **State Health Objective(s):**

Between 10/2013 and 09/2016, increase the number of EPIC Pediatric Obesity Evaluation, Treatment and Prevention in Community Settings trainings conducted in pediatric and primary care practices from 226 to 300 to assure universal childhood obesity screening of all children.

#### **Baseline:**

As of September 30, 2014, 175 trainings have been completed. These were presented throughout Pennsylvania.

#### **Data Source:**

Data collected and reported by the PA Chapter, Academy of Pediatrics.

#### **State Health Problem:**

**Health Burden:**

Since 1980, adult obesity rates have doubled, and child obesity rates have tripled. Pennsylvania is ranked as the 20th most adult and 25th childhood obese state, according to the F as in Fat 2011 and 2013 Reports (2011 most recent child data). According to the 2012-2013 Pennsylvania Growth Screening/BMI-for-age percentiles: for grades K-6: 22.0% were overweight and 16.4% obese and for grades 7-12: 22.1% were overweight and 18.0% obese.

**Target Population:**

Number: 2,680,309  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other  
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes

**Disparate Population:**

Number: 2,680,309  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other  
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes  
Location: Entire state  
Target and Disparate Data Sources: U.S. Bureau of Census 2014, 2010-2011, 2012-2013 and 2013-2014  
Pennsylvania Department of Health Growth Screening Assessment Program, EPIQMS, BRFSS

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other:

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$188,374  
Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$0  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: No other existing federal or state funds  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
100% - Total source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Conduct Trainings**

Between 10/2015 and 09/2016, The Department in collaboration with the PA Chapter, American Academy of Pediatrics will conduct **60** trainings to pediatric care practice teams throughout Pennsylvania that provide clinical education and practice tools for evaluation, treatment and prevention of pediatric obesity.

**Annual Activities:**

**1. Conduct Trainings**

Between 10/2015 and 09/2016, Conduct 60 trainings to pediatric practice teams throughout Pennsylvania that provide clinical education and office practice tools for evaluation, treatment and prevention of pediatric obesity.

**2. Professional Development**

Between 10/2015 and 09/2016, The Department in collaboration with the PA Chapter, American Academy of Pediatrics will provide two professional development opportunities to physicians and dieticians that provide educational training session to clinical practices.

**National Health Objective: HO NWS-10 Obesity in Children and Adolescents**

**State Health Objective(s):**

Between 10/2013 and 06/2018, Objective 1: increase the number of Early Care and Education Centers (ECEs) from 190 to 400 that adopt improved food service guidelines/nutrition standards and physical activity practices and policies through the Pennsylvania Nutrition and Physical Activity Self-Assessment for Child Care (PA NAP SACC). This increase will support/complement efforts being done through 1305 grant. Licensed ECEs across the state are invited to participate through a mini grant application process. Selected centers will enroll in the PA NAP SACC. PA NAP SACC is an online continuous quality improvement intervention designed to help child care providers improve the nutrition and physical activity practices within their early child and education settings.

Objective 2: partner with 15 school districts to reduce the proportion of children enrolled in these districts aged 6 to 11 years and adolescents aged 12 to 19 years who are obese from 28% to 20.5% by implementing nutrition and physical activity initiatives. Implementation spans a period of 2 years per school. School district recruitment and implementation is staggered over a five year period. The 15 districts will be split into three rounds of five. 10/2013-9/2015 = Round 1. 10/2014-9/2016 = Round 2. 10/2015-9/2017 = Round 3. Targeted school districts were selected based on low-income and quartile of highest obesity rates. Goal is to provide technical assistance directly to 15 targeted school districts, but promote professional development and resources to all 500 school districts in Pennsylvania.

**Baseline:**

Objective 1 baseline is 190 early care and education centers that successfully completed the PA NAP SACC program, based on 2010 Child and Adult Care Food Program (CACFP) Wellness Grant pilot program.

Objective 2 baseline is 28% obesity for grades K-12 in a group of 15 targeted school districts, based on 2010-2011 Pennsylvania Growth Screening/BMI-for-age percentiles data.

**Data Source:**

2010 Child and Adult Care Food Program (CACFP) Wellness Grant Final Project Report.

Pennsylvania Nutrition and Physical Activity Self-Assessment for Child Care

Pennsylvania Growth Screening/BMI-for-age percentiles reported annually by targeted school districts.

## **State Health Problem:**

### **Health Burden:**

Since 1980, adult obesity rates have doubled, and child obesity rates have tripled. Pennsylvania is ranked as the 20th most adult and 25th childhood obese state, according to the F as in Fat 2011 and 2013 Reports (2011 most recent child data). According to the 2012-2013 Pennsylvania Growth Screening/BMI-for-age percentiles: for grades K-6: 22.0% were overweight and 16.4% obese and for grades 7-12: 22.1% were overweight and 18.0% obese.

### **Target Population:**

Number: 2,723,676

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 1 - 3 years, 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

### **Disparate Population:**

Number: 2,723,675

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 1 - 3 years, 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: US Bureau of Census 2014, PA EpiQMS, BRFSS, 2012-2013 Pennsylvania Growth Screening/BMI-for-age percentiles

## **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: Caring for Our Children (CFOC)

## **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$567,747

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$212,665

Funds to Local Entities: \$34,000

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

50-74% - Significant source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

## **Objective 1:**

### **Early Care and Education (ECE)**

Between 10/2015 and 09/2016, Department of Health (DOH) in collaboration with the Tuscarora Intermediate Unit (TIU) and Department of Education will provide access to and technical assistance for the Pennsylvania Nutrition and Physical Activity Self Assessment in Child Care (PA NAP SACC) program to **40** Early Care and Education centers (ECEs).

### **Annual Activities:**

#### **1. Technical Assistance**

Between 10/2015 and 07/2016, Department of Health in collaboration with the Tuscarora Intermediate Unit and Department of Education will provide technical assistance to 40 ECEs to complete self-assessments of nutrition environments and physical activity policies and practices, develop policies, complete implementation, conduct post assessment and reflection.

#### **2. Consultant Training and Toolkit**

Between 10/2015 and 09/2016, Department of Health in collaboration with the Tuscarora Intermediate Unit, the Pennsylvania Chapter of the Academy of Pediatrics (PA AAP) and Department of Education will work to increase the capacity of professional developers and consultants who serve child care providers to provide support for the PA NAP SACC. Existing models, including Child Care Consultants will be provided the training necessary to support child care providers participating in the PA NAP SACC. It is intended that these consultants will be available to deliver resources to address particular needs or provide professional development in response to needs identified through the PA NAP SACC Self-Assessment and Action Planning. Consultants will be provided with a PA NAP SACC toolkit and resources necessary to provide technical assistance around nutrition and physical activity policy development and implementation. Regional Consultants will assist in planning, promoting and organizing regional wellness conferences to promote education opportunities for ECE teachers.

#### **3. Policy Development and Technical Assistance**

Between 10/2015 and 07/2016, The Department of Health (DOH) in collaboration with the Tuscarora Intermediate Unit (TIU), Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP) and Department of Education (PDE) will work with participating ECE's to develop food service guidelines/nutrition standards and physical activity policies that align with the "Caring for Our Children: National Health and Safety Performance Standards" recommendations. Centers will be provided existing tools, such as, "Model Child Care Health Policies, 5th Edition" and technical assistance from the Pennsylvania Chapter of the American Academy of Pediatrics through the Early Childhood Education Linkage System (PA AAP/ECELS) to support the development of policies in participating centers.

#### **4. Web-based Platform Maintenance and Learning Modules**

Between 10/2015 and 09/2016, The Department of Health (DOH) will collaborate with the Tuscarora Intermediate Unit and Department of Education to support and maintain the Pennsylvania Nutrition and Physical Activity Self Assessment for Child Care (PA NAP SACC) web-based platform. The platform contains all components of the PA NAP SACC process, as well as, learning modules to assist centers in implementing food guidelines/nutrition standards and physical activity policy change. DOH and partners will work with the University of North Carolina to incorporate pre and post-self assessment questions and resources for children ages 0-3. Learning modules are reviewed, editing and added to meet the needs of the audience. Additional modules will be developed to address physical activity for children in ECE settings.

#### **5. New Participant Enrollment**

Between 10/2015 and 09/2016, Department of Health in collaboration with the Tuscarora Intermediate Unit and Department of Education will recruit and enroll 40 additional ECEs to participate in the PA NAP SACC program beginning in October 2016. Recruitment will include promotion of the PA NAP SACC program

through partnerships with the Keystone Kids Go! work group members, LiveHealthy PA partners, the Division of Tobacco Prevention and Control's Regional Primary Contractors, and the Bureau of Health Promotion and Risk Reduction programs and partners. Additional promotion and recruitment will be conducted through conference presentations and tables, existing early child care and education list serves, available social media outlets and through current PA NAP SACC participants. DOH and partners will work with a marketing company to update promotional materials and website appearance, as well as, provide guidance on promotion best practices.

## **Objective 2:**

### **School Environments**

Between 10/2015 and 09/2016, Department of Health in collaboration with Penn State PRO Wellness Center will develop **15** partnerships with targeted school districts to promote school environments that support healthy eating and physical activity. Six districts will be recruited (Round 3), 5 districts will implement action plans (Round 1) and 4 districts will complete self-assessments and develop action plans (Round 2).

### **Annual Activities:**

#### **1. Technical Assistance**

Between 10/2015 and 09/2016, Department of Health in collaboration with Penn State PRO Wellness Center will provide technical assistance to targeted school districts (Rounds 1 and 2) to convene wellness councils, complete self-assessments of nutrition environments and physical activity policies and practices, develop action plans, implement nutrition and physical activity strategies and revise local wellness policies.

#### **2. Professional Development and Training**

Between 10/2015 and 09/2016, Department of Health (DOH) in collaboration with the Pennsylvania Department of Education (PDE), Penn State PRO Wellness Center and Pennsylvania Action for Healthy Kids (AFHK) will facilitate professional development and training events to offer school district staff opportunities to increase their skills and knowledge related to supportive nutrition environments, physical activity and quality physical education. AFHK, DOH and PDE will collaborate to offer local wellness policy training on the School Health Index to teach districts how to complete self-assessments and create action plans that are linked to local wellness policy revisions to ensure sustainability. DOH, PDE and PRO Wellness Center will also facilitate a two-day professional development event tailored for Round 2 Wellness Council members to gain knowledge and skills related to Smart Snacks in Schools, comprehensive school physical activity programs (CSPAP) and local wellness policy revision.

#### **3. Webinar Series**

Between 10/2015 and 09/2016, Department of Health in collaboration with the Center for PRO Wellness will conduct quarterly webinars on nutrition and physical activity topics. Webinars will be promoted to all school districts in Pennsylvania.

## **National Health Objective: HO PA-1 No Leisure-Time Physical Activity**

### **State Health Objective(s):**

Between 10/2013 and 09/2018, reduce the number of individuals that report no leisure time physical activity in the past month in our 15 target school districts in 12 counties from 25% to 24% by increasing the number of safe walking routes and community social supports via walking groups in communities within a minimum of nine targeted school districts that were selected based on low-income and quartile of highest obesity rates and a minimum of three target communities identified as disparate populations.

### **Baseline:**

Objective baseline is 25% as this is the percent of adults that report no leisure time physical activity in the past month in our 12 target counties.

**Data Source:**

Metrics and reports will come from the Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS).

**State Health Problem:****Health Burden:**

Since 1980, adult obesity rates have doubled, and child obesity rates have tripled. Pennsylvania is ranked as the 20th most adult and 25th childhood obese state, according to the F as in Fat 2011 and 2013 Reports (2011 most recent child data). In 2014, 64% of adults in PA were overweight or obese (BRFSS 2014). According to the 2012-2013 Pennsylvania Growth Screening/BMI-for-age percentiles, 39% of school aged children in grades K through 12 were either overweight or obese. In 2014, 23% of adults in PA did not participate in any type of physical activity in the past month (BRFSS 2014).

**Target Population:**

Number: 2,366,533

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

**Disparate Population:**

Number: 2,366,533

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: US Bureau of Census 2013, PA EpiQMS, BRFSS, 2012-2013 Pennsylvania Growth Screening/BMI-for-age percentiles

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Best Practice Initiative (U.S. Department of Health and Human Service)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$425,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$400,000

Funds to Local Entities: \$50,000

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Identify Target Communities and Community-based Partners**

Between 07/2016 and 09/2016, Department of Health in collaboration with the University of Pittsburgh - Graduate School of Public Health will identify **4** target school districts and community-based partners to create a minimum of twelve walking routes utilizing the built environment to increase opportunities for physical activity and support pedestrian transportation.

**Annual Activities:**

**1. Identify target communities**

Between 07/2016 and 09/2016, Department of Health in collaboration with the University of Pittsburgh will identify a minimum of four target school districts selected based on low-income and quartile of highest obesity rates to create a minimum of twelve walking routes utilizing the built environment to increase opportunities for physical activity and support pedestrian transportation.

**2. Identify community-based partners**

Between 07/2016 and 09/2016, Department of Health in collaboration with the University of Pittsburgh will help identify one community-based partner, per community. The community-based partner will help identify and implement walking routes that are safe, accessible, impact local policy and prompt less active individuals to utilize marked and less stressful walking routes. According to the Task Force on Community Preventive Studies, social support increases the frequency of physical activity by approximately 20 percent and time spent in physical activity by approximately 44 percent.

**Objective 2:**

**Physical Activity with a Focus on Walking**

Between 10/2015 and 09/2016, Department of Health in collaboration with the University of Pittsburgh - Graduate School of Public Health will implement **13** walking routes in three low income and high BMI school districts; a minimum of one target community identified as a disparate population; and in a minimum of one affiliate community to encourage sustainable physical activity through the built environment, social supports, and healthy lifestyle behaviors.

**Annual Activities:**

**1. Identify a minimum of 3 walking routes per target school district**

Between 10/2015 and 09/2016, Department of Health in collaboration with the University of Pittsburgh will provide technical assistance to each community-based partner to identify a minimum of three walking routes in each target school district. The community-based partner will identify three walking routes and the University of Pittsburgh will assist in the completion of a walkability assessment on a minimum of one of the walking routes. The walkability assessment, completed by engineers, will include written recommendations and short, intermediate and long-term goals which will be made available in written format to the community-based partner, school district or local planning agency.

**2. Host one kick-off event per target school district**

Between 10/2015 and 09/2016, Department of Health in collaboration with the University of Pittsburgh will host a minimum of one kick-off event per target school district. The kick-off events will help promote WalkWorks and will launch the walking groups to help sustain the walking routes.

**3. Add a minimum of 1 walking route per affiliate community**

Between 10/2015 and 09/2016, Department of Health in collaboration with the University of Pittsburgh will look to scale WalkWorks to more communities throughout Pennsylvania

through affiliate partners. Affiliates receive technical assistance to help identify, implement and sustain a minimum of one walking route in their community. Once a walking route has been implemented, signage is provided to the affiliate to help mark and promote the walking route.

**State Program Title: Oral Health Program**

**State Program Strategy:**

**Program Goal(s):** To promote optimal oral health for all Pennsylvanians.

**Program Health Priority:**

Dental decay is the most common chronic disease among children with the greatest impact on low-income families. Preventing decay by sealing permanent molars, the most important of chewing teeth, provides a lifetime of benefits. According to the American Dental Association 2011 Survey of Dental Fees, the average cost of sealing a molar is \$46.67 is 60% less than the cost of filling a cavity \$117.65. <sup>1</sup> Pennsylvania Department of Health is taking action through a school-based program that provides dental sealants to students living in low-income areas.

**Program Primary Strategic Partners:**

Internal: Bureaus of Family Health, Community Health Systems, Health Planning, Health Statistics and Research; and the Bureau of Health Promotion and Risk Reduction's Division of Tobacco Prevention and Control; and WiseWoman Program.

External: Pennsylvania Dental Association; Pennsylvania dental schools; community colleges; Association of State and Territorial Dental Directors; American Dental Association; County/Municipal Health Departments; Pennsylvania Head Start Association; Pennsylvania Coalition for Oral Health; Pennsylvania Chapter of Academy of Pediatrics; Pennsylvania Association of Community Health Centers.

**Program Evaluation Methodology:** Data is accessed and analyzed from the state's Medical Assistance Program, the School Health Program, the Bureau of Health Statistics and Research, Pennsylvania's Health and Human Services Call Center, oral health program educational initiatives, and community based contractors. These data will be analyzed to assess the impact on access to oral health initiatives focused on improving the oral health status of underserved populations and at-risk groups.

**State Program Setting:**

Community health center, Local health department, Schools or school district, State health department

**FTEs (Full Time Equivalent):**

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

**Position Name:** Marshal Ma

**Position Title:** Epidemiologist

State-Level: 20% Local: 0% Other: 0% Total: 20%

**Position Name:** Jan Miller

**Position Title:** Public Health Program Administrator

State-Level: 100% Local: 0% Other: 0% Total: 100%

**Total Number of Positions Funded:** 2

**Total FTEs Funded:** 1.20

**National Health Objective: HO OH-1 Dental Caries Experience**

**State Health Objective(s):**

Between 10/2013 and 09/2017, maintain the number of Pennsylvania children and adolescents receiving prevention and education services/programs regarding oral disease in Allegheny and Chester Counties and York City.

**Baseline:**

1,854 Pennsylvania children and adolescents received dental sealants in 2014-2015.

**Data Source:**

Oral Health Program Grantee Reports.

**State Health Problem:****Health Burden:**

Dental decay is the most common chronic disease among children with the greatest impact on low-income families. Preventing decay by sealing permanent molars, the most important of chewing teeth, provides a lifetime of benefits. According to the American Dental Association 2011 Survey of Dental Fees, the average cost of sealing a molar is \$46.67 is 60% less than the cost of filling a cavity \$117.65. Pennsylvania Department of Health is taking action through a school-based program that provides dental sealants to students living in low-income areas.

**Target Population:**

Number: 327,282

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 50,785

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, White

Age: 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: U.S. Census Bureau: 2013 American Community Survey

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Other: Healthy People 2020

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$298,871

Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$212,198  
Funds to Local Entities: \$212,198  
Role of Block Grant Dollars: No other existing federal or state funds  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
100% - Total source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

#### **Foster Local Partnerships to Establish Oral Health Programs**

Between 10/2015 and 09/2016, Oral Health Program will maintain 3 oral health programs at CMHDs.

### **Annual Activities:**

#### **1. Partner with 3 CMHDs to maintain oral health programs**

Between 10/2015 and 09/2016, Continue to partner with 3 CMHDs to provide guidance and support to develop oral health programs to reach 1,854 children.

#### **2. Increasing awareness of the need for good oral health**

Between 10/2015 and 09/2016, increase awareness of the need for good oral health by providing technical assistance to state and local partners.

**State Program Title: Safe and Healthy Communities**

**State Program Strategy:**

**Program Goal(s):** Increase the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life.

**Program Health Priority:** Enhance and align the capacity of county and municipal health departments to focus on population-based primary prevention services by using policy, environmental and systems change strategies to improve the overall health and safety of their communities.

**Program Primary Strategic Partners:**

Internal: Violence and Injury Prevention Program, Division of Nutrition and Physical Activity

External: County/Municipal Health Departments, American Heart Association, Community-based Organizations

**Program Evaluation Methodology:** Reports from the County/Municipal Health Department grantees; analysis of BRFSS, morbidity, and mortality data.

**State Program Setting:**

Community based organization, Work site

**FTEs (Full Time Equivalent):**

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

**Position Name:** Marshal Ma

**Position Title:** Epidemiologist

State-Level: 20% Local: 0% Other: 0% Total: 20%

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 0.20

**National Health Objective: HO ECBP-10 Community-Based Primary Prevention Services**

**State Health Objective(s):**

Between 10/2015 and 09/2016, Reduce the prevalence of cardiovascular disease and increase opportunities for improved nutrition and increased physical activity within community and work site settings. The 5 funded County/Municipal Health Departments will each implement 5 local health policy and sustainable environmental changes.

**Baseline:**

21% of Chester County adults are obese and 57% are overweight; 31% of Erie County adults are obese and 68% are overweight; 29% of Lehigh County adults are obese and 66% are overweight; 24% of Montgomery County adults are obese and 62% are overweight; and 35% of York County adults are obese and 67% are overweight.

**Data Source:**

2012-2014 Pennsylvania BRFSS.

**State Health Problem:**

**Health Burden:**

The 2014 BRFSS survey found that 23% of Pennsylvania adults had no leisure time physical activity in the past month; 20% of Pennsylvania adults were current smokers and 30% of Pennsylvania adults aged 18 and above were obese and 64% were overweight. According to the World Health Organization, tobacco use, poor diet and lack of physical activity contribute to the four major chronic diseases of cardiovascular diseases, cancer, chronic pulmonary disease and type 2 diabetes. These four major chronic diseases are responsible for 60 percent of deaths in the world.

**Target Population:**

Number: 10,176,726

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 554,340

Ethnicity: Non-Hispanic

Race: African American or Black

Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: U.S. Census Bureau, Population Division Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Choosing our Communities Future (Smart Growth America)

Strategies for Enhancing the Built Environment to Support Healthy Eating and Active Living (Prevention Institute)

Promising Practices in Chronic Disease Prevention and Control (U.S. Department of Health and Human Services).

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$851,053

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$851,053

Funds to Local Entities: \$851,053

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

## OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

#### **Health Improvement in Community and Worksite Settings**

Between 10/2015 and 09/2016, selected County/Municipal Health Departments will implement **10** policy, environmental, and systems changes that shape local policies to promote Smart Growth principals that can prevent injuries, increase physical activity and enhance the overall health and safety of communities.

### **Annual Activities:**

#### **1. Local Health Policy Implementation**

Between 10/2015 and 09/2016, Selected County/Municipal Health Departments will each identify and influence 5 local health policies in its communities.

#### **2. Implement Sustainable Organizational/Community Level Change**

Between 10/2015 and 09/2016, Five (5) County and Municipal health departments will implement a minimum of 5 sustainable evidence-based changes in community level environments.

#### **3. Ensure compliance with federal lactation accommodation law**

Between 10/2015 and 09/2016, 5 county and municipal health departments will each implement 2 policies in community organizations or work sites to ensure they are breastfeeding friendly, supportive, and in compliance with the federal lactation accommodation law.

#### **4. Hypertension Awareness**

Between 10/2015 and 09/2016, Educate local leaders and partners on the Million Hearts initiative and discuss and identify potential collaborative opportunities to increase hypertension control; and increase physical activity, nutrition, and overall health improvement in communities and work site settings.

**State Program Title: Sexual Violence Prevention and Education (Mandate)**

**State Program Strategy:**

**Program Goal(s):** Reduce rape and attempted rape through primary prevention programs at each level of the socio-ecological model, along with providing direct victim services to those individuals who have suffered a sexual assault.

**Program Health Priority:** In Pennsylvania in 2014, there were 3,828 rapes reported to law enforcement agencies representing an increase of 1.1 percent from the 3,787 offenses reported in 2013. The rape rate for 2014 was 29.9 per 100,000 persons.

**Program Primary Strategic Partners:**

Internal: Bureau of Facility Licensure and Certification, Bureau of Family Health, Bureau of Communicable Diseases/Division of HIV/AIDS.

External: Pennsylvania Coalition Against Rape, Statewide Non-Profit Organizations, and other state agencies; Luzerne County Community College, Disabilities Rights Network of Pennsylvania, Security On Campus, PCCD, Pinnacle Health Children's Resource Center, DPW, the United States Army, West Chester University, Lancaster General Hospital SAFE Program, Department of Drug and Alcohol and Pennsylvania Association of Immigrants and Refugees.

**Program Evaluation Methodology:** Data is collected from the local rape crisis centers who conduct primary prevention programs by the Pennsylvania Coalition Against Rape (PCAR). PCAR then shares the data and numbers obtained from the local programs with the Department of Health (DOH). The data and numbers are used by PCAR and DOH to engage in future planning at the statewide and local levels, particularly in adapting the Statewide Primary Prevention Plan's goals and objectives.

**State Program Setting:**

Rape crisis center, Schools or school district, State health department, University or college

**FTEs (Full Time Equivalent):**

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

**Total Number of Positions Funded:** 0

**Total FTEs Funded:** 0.00

**National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)**

**State Health Objective(s):**

Between 10/2013 and 09/2017, reduce rape/attempted rape of persons age 13 and older to no more than 27 per 100,000.

**Baseline:**

29.6 per 100,000 persons age 13 years and older in 2013.

**Data Source:**

Uniform Crime Report

## **State Health Problem:**

### **Health Burden:**

The National Intimate Partner and Sexual Violence Survey (NISVS) found that nearly 1 in 5 women (18.3%) and 1 in 71 men (1.4%) in the United States have been raped at some time in their lives. With regards to Pennsylvania, the NISVS estimates there were 960,000 victims of rape and 2,313,000 victims of sexual violence other than rape over the course of a lifetime (CDC, NISVS, 2010). In Pennsylvania, a forcible rape occurs every two hours and nineteen minutes (Pennsylvania Uniform Crime Report 2013). There were 3,781 forcible rapes reported to law enforcement agencies (Pennsylvania Uniform Crime Report 2013).

### **Target Population:**

Number: 6,528,324

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female

Geography: Rural and Urban

Primarily Low Income: No

### **Disparate Population:**

Number: 710,580

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, Asian

Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years

Gender: Female

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Penn State Data Center, 2011

## **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: Sexual Violence and the Spectrum of Prevention, and 2) Sexual Violence prevention: Beginning the Dialogue.

## **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$284,015

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$55,602

Funds to Local Entities: \$284,015

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Reduce the Impact of Rape and Decrease the Risk of Subsequent Re-victimization**

Between 10/2015 and 09/2016, Pennsylvania Coalition Against Rape and 50 Rape Crisis Centers will maintain **2,700** direct service hours to victims of sexual assault to reduce the impact of rape and decrease the risk of subsequent re-victimization of approximately 270 persons.

**Annual Activities:**

**1. Maintain Direct Service Hours**

Between 10/2015 and 09/2016, maintain the number of direct service hours to victims of sexual assault to reduce the impact of rape and decrease the risk of subsequent re-victimization at 2,700 direct service hours to 270 persons.

**2. Maintain provision of crisis intervention, counseling, advocacy and accompaniment services.**

Between 10/2015 and 09/2016, Maintain provision of crisis intervention, counseling, advocacy and accompaniment services to 270 victims. Services include accompaniment to aid the victim in testifying against the accused perpetrator(s).

**State Program Title: Tuberculosis Control Program**

**State Program Strategy:**

**Program Goal(s):** The Tuberculosis (TB) Program has a goal of maintaining the incidence of active tuberculosis at fewer than 1.6 cases per 100,000 persons for 2016-17.

**Program Health Priority:** TB continues to be a significant public health issue within the Commonwealth of Pennsylvania. In calendar year 2015, Pennsylvania reported 200 verified cases of tuberculosis representing an 4% decrease compared to the 208 cases reported in 2014. Foreign-born individuals are disproportionately impacted by tuberculosis more than any other population within the state. Tuberculosis cases reported among foreign-born individuals represent 65% of all reported cases in 2014 and (122/200) 61% in 2015.

**Program Primary Strategic Partners:** The TB Program of the Pennsylvania Department of Health (PA DOH) collaborates with numerous internal and external strategic partners:

**Internal:**

PA DOH Bureau of Community Health

PA DOH Bureau of Laboratories

PA DOH District Health Offices

PA DOH Bureau of Information Technology

**External:**

Medical Community Systems

PA County and Municipal Health Departments

**Program Evaluation Methodology:** The TB Program's efforts will be evaluated by examination of surveillance data captured by the Pennsylvania National Electronic Disease Surveillance System (PA-NEDSS). Analysis of surveillance data (i.e., confirmed cases, case rates, demographics, use of Directly Observed Therapy (DOT), completion rates for therapy, and TB laboratory testing including drug susceptibility testing and genotyping) provide a measurable indication of progress toward the overall goal of reducing tuberculosis cases.

**State Program Setting:**

Community health center, Local health department, Medical or clinical site, State health department, Other: State Health Department Laboratory

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Total Number of Positions Funded:** 0

**Total FTEs Funded:** 0.00

**National Health Objective: HO IID-29 TB**

**State Health Objective(s):**

Between 10/2015 and 09/2016, Reduce tuberculosis to an incidence rate of less than 1.6 per 100,000 population.

**Baseline:**

Tuberculosis incidence in Pennsylvania for 2011, 2.05 per 100,000 persons.

**Data Source:**

PA-NEDSS (Pennsylvania National Electronic Disease Surveillance System)

LIMS (Laboratory Information Management System)

TBGIMS (Tuberculosis Genotyping Information Management System)

NTIP (National Tuberculosis Indicators Project) reports

**State Health Problem:**

**Health Burden:**

Tuberculosis continues to be a significant public health issue in Pennsylvania. During CY 2015, a total of 200 new cases of tuberculosis were reported in the Commonwealth. This represents an overall decrease of 4% from the previous year. The number of new TB cases has steadily declined over the past 5 years. See below for table 1 which represents the reported cases during this five year period. Tuberculosis cases reported among foreign-born individuals represent (122/200) 65% of all reported cases in 2014 and 61% in 2015. Everyone is at risk for exposure, so the target population includes all ages, genders, and races. However, close review of trend data and appropriate follow-up on TB cases, suspect and contact will facilitate reducing the number of cases in the foreign-born population.

Table 1

<b>Year</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
<b>Confirmed TB cases in PA</b>	260	234	214	208	200

**Target Population:**

Number: 12,702,379

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 2,027,386

Ethnicity: Hispanic

Race: African American or Black, Asian, Other

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Census Bureau

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**  
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: American Thoracic Society Guidelines/recommendations  
Healthy People 2020  
CDC National Tuberculosis Indicator Project (NTIP)

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$189,030  
Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$0  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
10-49% - Partial source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Enhance QuantiFERON testing (QFT)**

Between 10/2015 and 09/2016, TB Control staff, Bureau of Community Health System, and the BOL will increase the number of QFT testing sites from 6 State Health Centers to **10 sites including 2 counties public health sites**.

**Annual Activities:**

**1. Increase the number of QFT testing sites**

Between 10/2015 and 09/2016,

- Investigate phlebotomy and incubation capabilities of the public health centers.
- TB control staff, BCHS and BOL will select new sites based on needs and increased foreign-borne populations.
- Meet with County public health site that are selected as a testing site.

**2. Staffing Training and Outreach**

Between 10/2015 and 09/2016,

- Train the sites on collection and targeted use of the QFT
- Train the sites on collection and incubation
- Distribute collection guidance and supply order forms

**Objective 2:**

**Ensure Availability of High-Quality and Prompt TB Laboratory Services**

Between 10/2015 and 09/2016, Central Office, State, County, and Municipal Health Departments and the Bureau of Laboratories will increase the percent of positive tuberculosis cultures submitted for drug susceptibility testing and genotyping. The laboratory test results will be used to guide the care of patients' treatment and contact investigation activities. Our goal is to increase the submission of isolates from 95% to **97%**.

## **Annual Activities:**

### **1. Staff training**

Between 10/2015 and 09/2016,

- Identify gaps in understanding laboratory tests and reporting by using PA-NEDSS surveillance data in addition to results from TB cohort reviews and staff needs assessment survey results.
- Develop and implement the education or training using webinars and/or classroom style trainings.
- Laboratory staff will participate in laboratory training sessions such as teleconferences and workshops.
- The laboratory supervisor will attend one annual TB cohort review.
- The TB control staff, BOL and BCHS meets quarterly for the TB program evaluation committee, which discuss meeting the goals of the grant.

### **2. Surveillance**

Between 10/2015 and 09/2016,

- TB Control staff and TB staff in the local health departments will monitor all TB suspect and case laboratory test results for completeness and accuracy.
- TB Control staff performs a two tier review process in the completion of data for the definition of a TB case.
- TB Control staff, TB staff in the local health departments and Bureau of Laboratory staff will ensure that all TB culture specimens are submitted for drug susceptibility testing and genotyping.
- TB Control staff and BOL will perform a quarterly review of the laboratory confirmed TB cases.
- TB Control staff, TB staff in the local health departments and Bureau of Laboratory staff will monitor and promote the use of the nucleic acid testing on suspect cases. A procedure will be developed to assist the field staff to expedite molecular testing on specimens from high-suspect TB cases that are smear positive.

### **3. Outreach Activities**

Between 10/2015 and 09/2016,

- TB Control staff will coordinate with staff at the Bureau of Laboratories (BOL) to continue to collaborate with hospital laboratories and public health centers regarding the submission of TB samples to the BOL for nucleic acid testing, TB culture, drug susceptibility testing and genotyping. The staff will provide education on the availability and effective use of the courier service to reduce the delivery time of the samples and provide faster laboratory results.
- A notification letter will be sent to all PA clinical microbiology laboratories educating about goals of the TB program and providing the TB molecular guidelines.
- TB Control staff will continue to work with Bureau of Information Technology in the efforts of onboarding clinical laboratories to electronic laboratory reporting (ELR).
- TB control staff will link the BOL's TB website laboratory services to the PA DOH Tuberculosis website.
- The BOL staffing changes will announce in the TB newsletter.

## **Objective 3:**

### **Increase Molecular Laboratory Testing**

Between 10/2015 and 09/2016, Central Office, State, County, and Municipal Health Departments and the Bureau of Laboratories will increase the percent of TB cases that utilize rapid detection of tuberculosis by nucleic acid testing (NAAT) from 31% to **35%**.

## **Annual Activities:**

### **1. Increase the use of TB NAAT**

Between 10/2015 and 09/2016, TB Control staff will coordinate with staff at the Bureau of Laboratories (BOL) to continue the collaboration with hospital laboratories and public health centers regarding the submission of TB samples and isolate to the BOL for nucleic acid testing, TB culture, drug susceptibility testing and genotyping. The staff will provide education on the use of the courier service to reduce the delivery time of the samples and provide faster laboratory results.

- TB control staff and BOL will distribute the TB molecular guidelines and courier instruction to the stakeholders.
- A communication letter will be drafted and distributed to the stakeholder to increase awareness of the laboratory molecular testing services.
- Additional laboratory staff will be trained to review and release laboratory results to prevent any TAT delays.

**State Program Title: Violence and Injury Prevention**

**State Program Strategy:**

**Program Goal(s):** To reduce the incidence of unintentional injuries and deaths through the development of surveillance systems and prevention programs aimed at high-risk populations.

**Program Health Priority:**

Between 2008 and 2012, 28,935 Pennsylvanians died due to unintentional injury, accounting for nearly 65 percent of all injury deaths in this time period. The unintentional injury death rate for 2012 was 48.2 per 100,000 persons. Unintentional injury continues to be the leading cause of death among persons ages 1 to 44. During 2012, there were 138,474 injury-related hospital discharges reported by Pennsylvania hospitals. The most common types of injuries are falls, unintentional poisonings, motor vehicle and struck by/against and cut/pierce related injuries. Fire/Burn, suffocation, and drowning, make up 2% of injury hospitalizations combined. Annually, falls are the leading cause of injury hospitalization, with 46% of the hospitalizations in 2012. Over 80 percent of fall-related deaths are among persons ages 65 and older.

**Program Primary Strategic Partners:**

Internal: Bureaus of Health Statistics and Research, Community Health Systems, and Epidemiology; Office of Health Equity.

External: County/Municipal Health Departments, Statewide Non-Profit Organizations, Community-Based Organizations, State Health Improvement Partnerships, other state agencies.

**Program Evaluation Methodology:** Data is accessed and analyzed from the DOH Bureau of Health Statistics and Research Vital Statistics data set as well as the Pennsylvania Health Care Cost Containment Council data set for hospital discharges. Grantees utilize pre and post surveys for interventions. Quarterly and Annual reports are collected from grantees to monitor progress towards block grant activities. Behavioral Risk Factor Surveillance Survey (BRFSS) data is used for evaluation of essential services.

**State Program Setting:**

Community based organization, Community health center, Home, Local health department, Schools or school district, Senior residence or center, State health department

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

**Position Name:** Jenine Melo

**Position Title:** Public Health Program Administrator

State-Level: 15% Local: 0% Other: 0% Total: 15%

**Position Name:** Dr. Marshal Ma

**Position Title:** Epidemiologist

State-Level: 20% Local: 0% Other: 0% Total: 20%

**Position Name:** Alizabeth Dively

**Position Title:** Public Health Program Administrator

State-Level: 75% Local: 25% Other: 0% Total: 100%

**Total Number of Positions Funded:** 3

**Total FTEs Funded:** 1.35

## **National Health Objective: HO IVP-11 Unintentional Injury Deaths**

### **State Health Objective(s):**

Between 10/2013 and 09/2017, reduce deaths from unintentional injuries to 42 per 100,000 (age adjusted rate per 100,000 persons of all ages).

### **Baseline:**

44.1 deaths from unintentional injuries in 2010 (age adjusted rate per 100,000, persons of all ages).

### **Data Source:**

Pennsylvania Department of Health Bureau of Health Statistics and Research.

### **State Health Problem:**

#### **Health Burden:**

In 2012, among persons of all ages, unintentional injury was the seventh leading cause of death and was the leading cause of death among persons in the age group 1 to 44.

During 2012, there were 138,474 injury-related hospital discharges reported by Pennsylvania hospitals. Over 85 percent of these cases were unintentional.

#### **Target Population:**

Number: 12,602,091

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

#### **Disparate Population:**

Number: 7,668,052

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 1 - 3 years, 4 - 11 years, 12 - 19 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: PA Bureau of Health Statistics and Research; Pennsylvania Health Care Cost Containment Council; Penn State Data Center, 2011

### **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Community Preventive Services (Task Force on Community Preventive Services)

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

### **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$1,123,643

Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$598,891  
Funds to Local Entities: \$670,752  
Role of Block Grant Dollars: No other existing federal or state funds  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
100% - Total source of funding

## **OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Objective 1:**

#### **Develop and Implement Evaluation Plans**

Between 10/2015 and 09/2016, An Institution of Higher Education will develop **2** evaluation plans utilizing acquired, assessed, and adapted evidence-based research for two unintentional injury prevention focus areas, including the development of at least one evaluation tool in each evaluation plan.

### **Annual Activities:**

#### **1. Develop Evaluation Plans**

Between 10/2015 and 09/2016, The selected Institution of Higher Education will develop two evaluation plans, one each for each selected unintentional injury prevention focus areas. The plans will include stakeholder engagement, description of the program or policy, methodology and design, key evaluation questions, data analysis plan, dissemination plan, and management plan.

#### **2. Implement Evaluation Tools**

Between 10/2015 and 09/2016, The selected Institution of Higher Education will implement two evaluation tools, one from each of the two evaluation plans. The evaluation tools may be qualitative or quantitative to align with the evaluation plan. Implementation will include data collection and analysis.

### **Objective 2:**

#### **Evaluate Program Activities**

Between 10/2015 and 09/2016, the Violence and Injury Prevention Program and the five county/municipal health departments (CMHDs) that receive PHHSBG funds will evaluate **20** objectives in grant agreements to determine if the activities were accomplished as outlined and to identify problem areas or gaps.

### **Annual Activities:**

#### **1. Evaluate Progress Reports and Provide Feedback**

Between 10/2015 and 09/2016, the Violence and Injury Prevention Program will evaluate all progress reports for activities and impact objectives.

#### **2. Conduct Site Visits**

Between 10/2015 and 09/2016, the Violence and Injury Prevention Program will administer a survey and interview the five CMHDs to obtain feedback on the overall grant program, identify technical assistance needs and address any barriers to meeting deliverables.

### **Objective 3:**

#### **Implement Falls Prevention Efforts in Rural Counties**

Between 10/2015 and 09/2016, community-based programs will implement **5** fall prevention programs in five rural counties that rank the highest for hospitalization rates for older adults due to falls.

### **Annual Activities:**

### **1. Implement A Matter of Balance Fear-of-Falling Prevention Program**

Between 10/2015 and 09/2016, Five community-based programs will each implement two "A Matter of Balance" coaches trainings to establish the program in the selected rural county with at least 80 coaches.

### **2. Implement the CDC STEADI tool kit**

Between 10/2015 and 09/2016, Each community-based program will distribute the CDC STEADI tool kit to two health care systems and provide monthly technical assistance to the two health care systems. The CDC developed the tool kit for health care providers to screen and refer older adults at risk for falling.

### **Objective 4:**

#### **Injury Prevention Education and Awareness**

Between 10/2015 and 09/2016, five county/municipal health departments (CMHDs) receiving PHHSBG funds will implement **15** injury prevention education/awareness activities addressing at least two or more priority issues.

### **Annual Activities:**

#### **1. Unintentional Poisoning Prevention**

Between 10/2015 and 09/2016, at least two CMHDs will implement at least one prevention activity focusing on reducing unintentional poisonings among persons ages 35 to 54.

#### **2. Falls Prevention**

Between 10/2015 and 09/2016, The five CMHDs will implement at least one fall prevention activity focusing on reducing falls among persons ages 55 and older.

#### **3. Motor Vehicle Safety**

Between 10/2015 and 09/2016, at least one CMHD will implement at least one motor vehicle injury prevention activity focusing on reducing injuries and deaths.

#### **4. Prevention of Violence Against Children**

Between 10/2015 and 09/2016, at least one CMHD will implement at least one prevention of violence against children activity focusing on reducing injuries and deaths as a result of child maltreatment.

### **Objective 5:**

#### **Maintain Injury Prevention Staff**

Between 10/2015 and 09/2016, five county/municipal health departments (CMHDs) receiving PHHSBG funds will maintain **5** Injury Prevention Programs with a designated Injury Prevention (IP) Coordinator.

### **Annual Activities:**

#### **1. Safe Kids Coordinator Training**

Between 10/2015 and 09/2016, Safe Kids Pennsylvania will conduct four webinars, two addressing injury risks, and two addressing operations, infrastructure, and/or capacity building to affiliate members throughout Pennsylvania, including CMHD staff.

#### **2. Childhood Injury Prevention Conference**

Between 10/2015 and 09/2016, the Violence and Injury Prevention Program and Safe Kids Pennsylvania will plan and conduct a statewide childhood injury prevention conference, including CMHD staff.

### **Objective 6:**

#### **Maintain Partnerships in Support of Injury Prevention**

Between 10/2015 and 09/2016, five county/municipal health departments (CMHDs) receiving PHHSBG funds will maintain **10** partnerships with local community coalitions or organizations that promote safety, injury prevention, or violence prevention (such as Safe Kids, Safe Communities, Safe Routes to School, schools,

PTAs/PTOs, youth councils, law enforcement, businesses, etc.).

**Annual Activities:**

**1. Maintain Local Coalitions**

Between 10/2015 and 09/2016, five CMHDs will maintain the number of local coalitions, committees or community groups they work with to promote injury or violence prevention at a minimum of two per CMHD.

**State Program Title: Violence and Injury Prevention - Domestic Violence**

**State Program Strategy:**

**Program Goal(s):** Increase the primary prevention of domestic violence across the state by targeting men and boys.

**Program Health Priority:** In Pennsylvania in 2015, 68 women were victims of domestic violence incidents resulting in their deaths with the perpetrators of these violent incidents being all men. (PCADV Domestic Violence Homicide Report).

**Program Primary Strategic Partners:** Internal: Bureau of Health Statistics and Research and Bureau of Family Health. External: Pennsylvania Coalition Against Domestic Violence, Statewide Non-Profit Organizations, Community-Based Organizations, State Health Improvement Partnerships, other state agencies.

**Program Evaluation Methodology:** Upon implementation, the DOH will require domestic violence prevention programs to report activities on a quarterly basis to monitor implementation and opportunities to improve the activities.

**State Program Setting:**

Other: Statewide Prevention Team, Social Marketing Organization and local communities.

**FTEs (Full Time Equivalent):**

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

**Total Number of Positions Funded:** 0

**Total FTEs Funded:** 0.00

**National Health Objective: HO IVP-33 Physical Assaults**

**State Health Objective(s):**

Between 10/2013 and 09/2017, Increase awareness of risk factors associated with male perpetration of domestic violence across the state by 25 percent.

**Baseline:**

16.4% of male survey respondents in 2011.

**Data Source:**

Penn State University Survey of Knowledge and Attitudes

**State Health Problem:**

**Health Burden:**

Domestic violence is associated with 8 out of 26 of the leading indicators for Healthy People 2020 including smoking, high risk alcohol use, injuries and homicide, sexual risk taking, reproductive health, not receiving immunizations and poor nutritional behaviors. Increasing the number of men and boys engaged in the primary prevention of domestic violence will subsequently reduce the overall health burden as it relates to

this behavior.

**Target Population:**

Number: 10,000

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 8,400

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years

Gender: Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Pennsylvania State Data Center

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: Prevention guidance includes: Centers for Disease Control and Prevention: Adverse Childhood Experiences Study.

**Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$75,000

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$75,000

Funds to Local Entities: \$75,000

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

Less than 10% - Minimal source of funding

**OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

**Objective 1:**

**Conduct primary prevention social marketing campaigns to prevent first time perpetration**

Between 10/2015 and 09/2016, Pennsylvania Coalition Against Domestic Violence will implement **100** social marketing activities including billboards, posters, radio spots and social media efforts such as Facebook for 10,000 males in identified individual Pennsylvania communities across the state.

**Annual Activities:**

**1. Provide advanced training and technical assistance opportunities.**

Between 10/2015 and 09/2016, Implement three quarterly meetings per year in each of the six regions of Pennsylvania, along with beginning an annual statewide prevention meeting during the summer months.

**2. Maintain training to State Prevention Team Members and Community Leaders.**

Between 10/2015 and 09/2016, Maintain training of 100 state prevention team members and community leaders on changing social norms and developing healthy relationships, along with working collaboratively with men and boys on increasing primary prevention of domestic violence.

**3. Continue social marketing directed towards men and boys.**

Between 10/2015 and 09/2016, Implement social marketing campaigns (to include radio spots, posters, billboards, newspaper promotion, social media and other recognized behavior change methods) in environments where we can more intensively study outcomes.