

**Pennsylvania FY 2015
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2015

Submitted by: Pennsylvania

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Executive Summary

The **Executive Summary** outlines in detail the Pennsylvania Department of Health's (*PA DOH*) *Preventive Health and Health Services Block Grant (PHHSBG) Application for Federal Fiscal Year 2015*. The funding assumption is based on the allocation table shared with the States at the end of March 2015 with the formula funding amount to PA being **\$7,240,027**. This grant covers the period 10/1/2014 to 9/30/2016. Below reflects how the 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 actively engaged in the process to seek PHAB accreditation. Funding will support the Department in preparations to submit an application to PHAB by June 30, 2016 and the process that follows the submission of the application. An accreditation coordinator position will coordinate the application process. An accreditation team of DOH multidisciplinary staff will be established to provide leadership and direction in preparing for PHAB application. Domain teams for each of the 12 PHAB domains will be formed. Members of each team will include DOH staff experts reflective of programs and operations aligning with each domain. These teams will evaluate documentation for domain measures and standards and will address any gaps within each domain.

Asthma Control Program – RD-6 Patient Education - \$255,000: to improve systems of asthma care and management for residents of Pennsylvania, specifically, the Community Asthma Prevention Program (CAPP) will provide in-home and in-clinic patient education to patient's ages 2-16 and their families, on how to self-manage their asthma. The CAPP program will educate at least 40 families in Philadelphia County and 40 families in Allegheny County. 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 addressing Diabetes Self-Management Education and Support (DSME) service gaps, by increasing the number of Accredited and Recognized DSME sites, from 167 to 450.

Health Promotion and Disease Prevention Programs - HC/HIT-13 Social Marketing in Health Promotion and Disease Prevention: \$75,000. This program goal is to increase availability of evidence-based chronic disease prevention programs and activities available in communities across Pennsylvania. We are developing one work plan 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 Pennsylvania Academy of Family Physicians 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 from 44 to 150. 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 35.8 in the general population, and to 49.7 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 85 to 105. 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: \$75,000. 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 1,340 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 SHC work 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. Services include accompaniment to aid the victim in testifying against the accused perpetrator(s).

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 2.0 cases per 100,000 persons for 2015-16. 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 94% to 98%. The Bureau of Laboratory (BOL) annual activities consist of Staff training, Surveillance, Outreach Activities.

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: \$151,160- 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 (2015), Under or Unfunded, Other (Plans for FFY 2015 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):

6/23/2015

Advisory Committee Date(s):

6/26/2014

6/22/2015

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for PA 2015 V0 R0

Total Award (1+6)	\$7,240,027
A. Current Year Annual Basic	
1. Annual Basic Amount	\$6,956,012
2. Annual Basic Admin Cost	(\$151,160)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$6,804,852
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$284,015
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$284,015
(9.) Total Current Year Available Amount (5+8)	\$7,088,867
C. Prior Year Dollars	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
13. Total Available for Allocation (5+8+12)	\$7,088,867

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$6,804,852
Sex Offense Set Aside	\$284,015
Available Current Year PHHSBG Dollars	\$7,088,867
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0
C. Total Funds Available for Allocation	\$7,088,867

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
Sub-Total		\$200,000	\$0	\$200,000
Asthma Control Program	RD-6 Patient Education	\$255,000	\$0	\$255,000
Sub-Total		\$255,000	\$0	\$255,000
Diabetes Prevention & Control	D-1 New Cases of Diabetes	\$1,090,057	\$0	\$1,090,057
	D-14 Diabetes Education	\$132,495	\$0	\$132,495
Sub-Total		\$1,222,552	\$0	\$1,222,552
Health Promotion and Disease Prevention Programs	HC/HIT-13 Social Marketing in Health Promotion and Disease Prevention	\$75,000	\$0	\$75,000
Sub-Total		\$75,000	\$0	\$75,000
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
Sub-Total		\$1,070,208	\$0	\$1,070,208
Lyme Disease Education and Prevention Program	ECBP-10 Community-Based Primary Prevention Services	\$75,000	\$0	\$75,000
Sub-Total		\$75,000	\$0	\$75,000
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
Sub-Total		\$1,369,495	\$0	\$1,369,495
Oral Health Program	OH-1 Dental Caries Experience	\$298,871	\$0	\$298,871

Sub-Total		\$298,871	\$0	\$298,871
Safe and Healthy Communities	ECBP-10 Community-Based Primary Prevention Services	\$851,053	\$0	\$851,053
Sub-Total		\$851,053	\$0	\$851,053
Sexual Violence Prevention and Education (Mandate)	IVP-40 Sexual Violence (Rape Prevention)	\$284,015	\$0	\$284,015
Sub-Total		\$284,015	\$0	\$284,015
Tuberculosis Control Program	IID-29 TB	\$189,030	\$0	\$189,030
Sub-Total		\$189,030	\$0	\$189,030
Violence and Injury Prevention	IVP-11 Unintentional Injury Deaths	\$1,123,643	\$0	\$1,123,643
Sub-Total		\$1,123,643	\$0	\$1,123,643
Violence and Injury Prevention - Domestic Violence	IVP-33 Physical Assaults	\$75,000	\$0	\$75,000
Sub-Total		\$75,000	\$0	\$75,000
Grand Total		\$7,088,867	\$0	\$7,088,867

State Program Title: Accredited Public Health Agency

State Program Strategy:

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

State Program Setting:

State health department

FTEs (Full Time Equivalent):

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

Position Name: Accreditation Manager

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 accredited by the Public Health Accreditation Board.

Baseline:

The PA Department of Health has actively engaged in the process to seek PHAB accreditation, determined that it has met the established standards and measures for PHAB accreditation and has submitted an application for accreditation to PHAB by June 30, 2016.

Data Source:

PA Department of Health accreditation measure assessment contained in PA AccrediHUB electronic filing system.

State Health Problem:

Health Burden:

Public health system infrastructure improvement

Target Population:

Number: 12,000,000

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 12,000,000
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

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 completed all activities in the PHAB readiness checklist

Between 10/2015 and 05/2016, Accreditation Manager and Program Analyst will increase the number of Tasks on the Initial, Prerequisite, Process Readiness and Organizational Readiness PHAB checklists as being completed from 10 (current) to **31 (total)**.

Annual Activities:

1. Interdisciplinary DOH Accreditation Team Formed

Between 10/2015 and 05/2016, A multidisciplinary accreditation team of DOH staff will be established. Each member will complete PHAB online orientation and team will provide leadership and direction in preparing for PHAB application and meeting all requirements.

2. 12 Domain teams are formed

Between 10/2015 and 05/2016, Domain teams representative of program experts are formed for each of the 12 PHAB domains and are evaluating documentation for each measure in the domain and addressing any gaps.

State Program Title: Asthma Control Program

State Program Strategy:

To improve systems of asthma care and management for residents of Pennsylvania

State Program Setting:

Home, Medical or clinical site

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 RD-6 Patient Education

State Health Objective(s):

Between 07/2015 and 06/2016, 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 at least 40 families in Philadelphia County and 40 families in Allegheny County.

Baseline:

Statewide asthma rate of 157.33 per 100,000

Statewide rate of children five and under is 438.93 per 100,000

Statewide rate for anyone older than 5 years is 140.5 per 100,000

Philadelphia stats: In 2012, 2,828 children ages 2-16 were hospitalized for asthma in Philadelphia County. Philadelphia County represents 57.1% of all child asthma hospitalizations age 2-16 in Pennsylvania.

Allegheny County stats: Allegheny County represents 6.84% of all child hospitalizations (age 2-16) for asthma in Pennsylvania. Only Philadelphia County has a higher percentage. In 2012, 339 children aged 2-16 were hospitalized for asthma in Allegheny County.

Data Source:

Pennsylvania Health Care Cost Containment Council

State Health Problem:

Health Burden:

In 2012, the percentages of Pennsylvanians ever told they had asthma was 14 percent, or approximately 1,787,026 and 10 percent have current asthma or approximately 1,276,448 people. (PA BRFSS)

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.

During the 2012-13 school year 19,929 students in Allegheny County were reported as having asthma and

an additional 42,617 in Philadelphia County.

Target Population:

Number: 62,546
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: 62,546
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 07/2015 and 06/2016, The CAPP program will provide asthma education to **80** patients and their families.

Annual Activities:

1. Provide in-home asthma education

Between 07/2015 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.

2. Evaluation of CAPP

Between 07/2015 and 06/2016, East Stroudsburg University will conduct an ongoing evaluation of the CAPP program and its effectiveness as it expands.

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, 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 Programs 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 are 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 ESU and PHMC.

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: 4,358,848

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: 4,358,848

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: 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>

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

Total Current Year Funds Allocated to Health Objective: \$1,090,057

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

Funds Allocated to Disparate Populations: \$900,000

Funds to Local Entities: \$625,500

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:

Build a Competent Diabetes Prevention Workforce

Between 10/2014 and 09/2015, community-based partners will establish 3 certified DPP Master Trainers.

Annual Activities:

1. Facilitate training for three Master Trainers

Between 10/2014 and 09/2015, facilitate recruitment and training of three Master Trainers that represent three Department community health districts to increase capacity and grow the DPP network in PA.

2. Lifestyle coach trainings

Between 10/2014 and 09/2015, master trainers will provide free lifestyle coach trainings in their respective community health districts. A total of four lifestyle coach trainings will be held by 9/2015.

Objective 2:

Continue to support sites with CDC-pending recognition

Between 10/2014 and 09/2015, community-based partners in collaboration with the Department will maintain 12 DPP program sites with pending CDC-recognition implemented between 7/2014 - 06/2015.

Annual Activities:

1. Program Maintenance & Recognition

Between 10/2014 and 09/2015, community-based partners in collaboration with the Department, will provide ongoing technical assistance and support to the 12 sites implemented between 7/2014 and 6/2015 to

maintain pending CDC-recognition.

2. Evaluation

Between 10/2014 and 09/2015, the selected community-based partner will 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:

Create a statewide alliance of stakeholders to build support for DPP and DSME

Between 01/2015 and 09/2015, the Department in collaboration with a community-based partner will establish **1** statewide alliance of stakeholders to build support for DPP and DSME.

Annual Activities:

1. Identify stakeholders for a statewide alliance

Between 01/2015 and 09/2015, the Department, in collaboration with community-based partners, will identify stakeholders to create a statewide alliance to build support for DPP and DSME. The members of the alliance will represent community-based organizations, health care systems, medical associations, health information technology organizations, government agencies, employers, academia, commercial health insurers, and Medicaid managed care organizations.

2. Draft a comprehensive strategic plan

Between 04/2015 and 09/2015, the statewide alliance will draft a comprehensive plan to increase access, referral and utilization of DPP and DSME, and to increase insurance coverage for DPP.

Objective 4:

Identify sites for new Diabetes Prevention Programs

Between 07/2015 and 09/2015, community-based partners will identify **10** sites for new Diabetes Prevention Programs, targeting adults at high risk for cardiovascular disease and diabetes.

Annual Activities:

1. Identify Sites & Train Lifestyle Coaches

Between 07/2015 and 09/2015, community-based partners will identify sites for a minimum of 10 new Diabetes Prevention Programs, and receive lifestyle coach training.

Objective 5:

Social marketing to increase awareness of prediabetes and DPP

Between 07/2015 and 09/2015, the Department, in collaboration with a communication firm will develop **1** social marketing campaign to increase awareness of prediabetes and National DPP.

Annual Activities:

1. Social marketing campaign

Between 07/2015 and 09/2015, the Department, in collaboration with a communication firm, will plan a social marketing campaign to increase awareness of prediabetes and the National DPP. The campaign will increase DPP enrollment of people at risk for type 2 diabetes. Communication materials, campaign messages and delivery methods will be based on research and 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 450.

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: 1,005,888

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: 1,005,888

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: \$132,495

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

Funds Allocated to Disparate Populations: \$88,497

Funds to Local Entities: \$16,500

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:

Create a statewide alliance of stakeholders to build support for DPP and DSME

Between 01/2015 and 09/2015, the Department, in collaboration with community-based partners will establish **1** statewide alliance of stakeholders to build support for DPP and DSME.

Annual Activities:

1. Identify stakeholders for a statewide alliance

Between 01/2015 and 09/2015, the Department, in collaboration with community-based partners, will identify stakeholders to create a statewide alliance to build support for DPP and DSME. The members of the alliance will represent community-based organizations, health care systems, medical associations, health information technology organizations, government agencies, employers, academia, commercial health insurers, and Medicaid managed care organizations.

2. Draft a comprehensive strategic plan

Between 01/2015 and 09/2015, the statewide alliance will draft a comprehensive plan to increase access, referral and utilization of DPP and DSME, and to increase insurance coverage for DPP.

Objective 2:

Establish new DSME sites

Between 10/2014 and 09/2015, The Department in collaboration with community-based partners 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 10/2014 and 09/2015, The Department in collaboration with community-based partner will develop outreach materials to identify potential DSME sites, via interested organizations and health systems.

2. Access capacity and identify service gap areas

Between 10/2014 and 09/2015, The Department will 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. Training, technical assistance and stipends

Between 10/2014 and 09/2015, The Department, in collaboration with community-based partners will provide technical assistance and one-time stipends to increase the number of accredited or recognized DSME sites in service gap areas.

Objective 3:

Identify Potential DSME Sites

Between 07/2015 and 09/2015, The Department in collaboration with community-based partner will identify **15** sites in service gap areas to establish new ADA-Recognized and AADE-Accredited DSME programs.

Annual Activities:

1. Identify Potential DSME sites

Between 07/2015 and 09/2015, The Department in collaboration with community-based partner 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.

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

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.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

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: \$75,000
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 07/2015 and 06/2016, The Pennsylvania Department of Health will develop 1 work plan 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 07/2015 and 06/2016, 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 "promising practices" include practices assessed through unpublished intervention evaluations that have not been peer reviewed and that demonstrate some evidence of effectiveness, reach, feasibility, sustainability, and transferability. The Department is working with the Pennsylvania State

University PRO Wellness program to evaluate the concept of promising practices. The framework was piloted to Center's Advisory Council in April 2015 who estimated it would require 20-30 minutes to complete a promising practices application, and considered this time duration to be reasonable.

2. Publish and promote chronic disease and injury prevention Promising Practices

Between 07/2015 and 06/2016, Promising practices and success stories 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.

3. Measure ease of use and relevancy of information

Between 01/2016 and 06/2016, Beta-testers who participated in the initial review of the LiveHealthyPA website will be once again surveyed to measure ease of locating information on the website and whether they regard this information as useful and relevant. The key is to keep customers returning to the website and continue to grow the customer base.

4. Incorporate GIS Software

Between 07/2015 and 06/2016, Geographic Information System (GIS) software will be added to the website to enable viewers to capture, manipulate, and analyze spatial or geographic data to understand relationships, patterns, and trends. The Pennsylvania Academy of Family Physicians, the contractor for this project, will complete the implementation of GIS functionality on the website with the assistance of MAD Technologies to facilitate this function.

5. Monitor online analytics

Between 09/2015 and 06/2016, 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 the Pennsylvania Academy of Family Physicians (PAFP).

6. Implement marketing campaign to promote the website

Between 07/2015 and 06/2016, The marketing of the LiveHealthyPA website is a crucial part of increasing viewership and directing traffic to the website. The Pennsylvania Academy of Family Physicians, through support of subcontractors, will implement the website marketing campaign designed during the previous funding period to announce the availability of LiveHealthyPA.com and how this website can benefit users. A specific promotional campaign to increase the usage of the Community Assembled Resource Listing (CARL), a database of services for obesity, will be rolled out to targeted audiences.

7. Maintain the LiveHealthyPA.com website

Between 07/2015 and 06/2016, The LiveHealthyPA.com website, operational September, 2015, will continue to be maintained (hosting the server) by the Pennsylvania Academy of Family Physicians (PAFP). Ownership of the website and its content remains with the Pennsylvania Department of Health. PAFP 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. PAFP will subcontract with MAD Technologies and TCG Advertising and Design to facilitate these functions.

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
PA Academy of Family Physicians Foundation
Community-Based Organizations
Centers for Disease Control and Prevention
Quality Insights of Pennsylvania (QIO)

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 10/2014 and 09/2015, Reduce the age-adjusted death rate from coronary heart disease to 114.8 in the general population, and to 141.7 in the black population.

Baseline:

115.3 – general population/142.2 – black population (age-adjusted death rate per 100,000 persons of all ages).

Data Source:

Pennsylvania Certificates of Death, 2012

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 2011, there were 349 deaths in Pennsylvania, 87 of which were due to heart disease, 19 deaths were due to stroke, and 9 deaths were due to diabetes (heart disease comorbidity). In 2011, there were 31,643 deaths due to heart disease in Pennsylvania, representing 24.9% of all deaths.

Target Population:

Number: 7,183,851

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: 670,537

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: \$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 10/2014 and 09/2015, Pennsylvania Academy of Family Physicians 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 44 to 150.

Annual Activities:

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

Between 10/2014 and 09/2015, 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 10/2014 and 09/2015, Reduce the age-adjusted death rate from stroke to 35.8 in the general population, and to 49.7 in the black population.

Baseline:

36.8 – general population 50.7 – black population (age-adjusted death rate per 100,000 persons of all ages)

Data Source:

Pennsylvania Death Certificates, 2012

State Health Problem:

Health Burden:

Stroke is the 3rd leading cause of death for women in Pennsylvania and the 5th leading cause of death for men; 6,746 deaths or 5.3 percent (%) of all deaths in Pennsylvania in 2011. On an average day in 2011, there were 19 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 10/2014 and 09/2015, the Health Care Improvement Foundation will increase the number of peer educators trained to conduct patient activation programs from 85 to 105.

Annual Activities:

1. Increased Patient Activation through Health Literacy Education

Between 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 5500 to 7000.

Annual Activities:

1. Improved Communication through Health Literacy Education

Between 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 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

State Program Setting:

Community based organization, Community health center, Home, Local health department, Medical or clinical site, Parks or playgrounds, State health department

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 community-based organizations in Pennsylvania that offer Lyme Disease awareness and primary prevention education.

Baseline:

0 organizations offering Lyme Disease awareness and primary prevention directly due to the Department of Health.

Data Source:

Activity reports

State Health Problem:

Health Burden:

In 2012, there were 4,146 confirmed diagnoses and 887 probable cases of Lyme Disease in Pennsylvania.

Target Population:

Number: 12,773,801

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: 3,940,950

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: 2013 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: \$75,000

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 10/2014 and 09/2015, the Pennsylvania Department of Health will increase the number of media campaigns on Lyme Disease prevention as well as 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 from 0 to 5.

Annual Activities:**1. Awareness and Education programs**

Between 10/2014 and 09/2015, 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 building capacity of organizations to promote and implement environmental approached and systems changes to improve population health. Focus will be on providing early childhood education center 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 provided 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
The Center for PRO Wellness
The Pennsylvania State University, Center for Food Innovation
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 and provided regarding state-wide participation in webinars and technical assistance. 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 Equivalents):

Full Time Equivalents 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: \$103,605

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:**Identification of target corner stores**

Between 10/2014 and 09/2015, The Department in collaboration with Tobacco Regional Primary Contractors,

Community-based Organization and The Food Trust will identify **40** corner stores in communities to implement the PA Healthy Corner Store Initiative.

Annual Activities:

1. Identify Potential Target Corner Stores

Between 10/2014 and 09/2015, Potential stores will be identified using a list of Supplemental Nutrition Assistance Program (SNAP), Women Infants and Children (WIC) certified businesses and Licensed Tobacco Retailers and street canvassing conducted by the Regional Primary Contractors and community-based partners.

2. Training & Technical Assistance

Between 10/2014 and 09/2015, The Food Trust will provide training and support to Regional Primary Contractors and community partners. 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; 7) 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); 9) how to perform equipment assessment of participating stores; 10) 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 09/2017, will increase the EPIC Obesity trainings from 226 to 300.

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: 12,787,209

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: 12,787,209

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: Entire state

Target and Disparate Data Sources: Census, 2012-2013 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 10/2014 and 09/2015, The Department in collaboration with the PA Chapter, American Academy of Pediatrics will conduct **75** 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 10/2014 and 09/2015, conduct 75 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 10/2014 and 09/2015, 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 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. 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: \$89,000

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 10/2014 and 09/2015, 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 10/2014 and 09/2015, Department of Health in collaboration with the Tuscarora Intermediate Unit and Department of Education will provide technical assistance to 60 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 10/2014 and 09/2015, Department of Health in collaboration with the Tuscarora Intermediate Unit 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 District Health Centers, Child Care Consultants, and PA Keys to Quality child care instructors 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 as well as assist in planning, promoting and organizing regional wellness conferences to promote educational opportunities for ECE teachers.

3. Policy Development and Technical Assistance

Between 10/2014 and 09/2015, The Department of Health (DOH) in collaboration with the Tuscarora Intermediate Unit (TIU) 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 10/2014 and 09/2015, 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. Learning modules are reviewed, editing and added to meet the needs of the audience. Additional modules will be developed to address oral health and addressing physical activity for children with special needs. An existing module, "Keystone Kids Go! Healthy-It All Begins with You" will be updated and adapted from a face to face professional development activity to an online delivery. Adapting the content to online delivery will allow the modules to be more accessible and merge with the online content of PA NAP SACC.

5. New Participant Enrollment

Between 07/2015 and 09/2015, Department of Health in collaboration with the Tuscarora Intermediate Unit and Department of Education will recruit and enroll 60 additional ECEs to participate in the PA NAP SACC program beginning in October 2015. 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.

Objective 2:

School Environments

Between 10/2014 and 09/2015, Department of Health in collaboration with the Center for PRO Wellness will develop 5 partnerships with targeted school districts to promote school environments that support healthy eating and physical activity. These 5 districts (Round 2) will be in addition to the 5 districts DOH partnered with 10/2013-9/2015 (Round 1).

Annual Activities:

1. Professional Development Webinar Series

Between 10/2014 and 09/2015, 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.

2. Technical Assistance

Between 10/2014 and 09/2015, Department of Health in collaboration with the Center for PRO Wellness will provide technical assistance to five school districts (Round 2) to convene wellness councils and begin self-assessments of nutrition environments and physical activity policies and practices. The five Round 1 districts will receive technical assistance to complete self-assessments and develop action plans identifying nutrition and physical activity initiatives.

3. Training

Between 10/2014 and 09/2015, Department of Health in collaboration with the Pennsylvania Department of Education (PDE) and the Center for PRO Wellness will facilitate nutrition and physical activity trainings/professional development for school districts. Nutrition training will utilize The Smarter Lunchrooms Movement which applies evidence-based lunchroom focused principles that promote healthful eating with the goal of creating sustainable research-based lunchrooms that guide smarter choices. Physical activity training will utilize Society of Health and Physical Educators (SHAPE) America's Comprehensive School Physical Activity Programs (CSPAP) training which is based on CDC's Comprehensive School Physical Activity Programs: A Guide For Schools. Training/professional development opportunities will be promoted to all schools in Pennsylvania.

4. Evaluation

Between 10/2014 and 09/2015, DOH in collaboration with the Pennsylvania Department of Education (PDE) will administer and analyze the 2015 Youth Risk Behavioral Survey (YRBS) in order to determine a baseline of nutrition and physical activity measures within the 15 targeted school districts. These results will be compared with future YRBS results to measure effectiveness of webinars, technical assistance and training.

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 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: 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 07/2015 and 09/2015, 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 07/2015 and 09/2015, 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 07/2015 and 09/2015, 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 create signage to highlight 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 10/2014 and 06/2015, Department of Health in collaboration with the University of Pittsburgh - Graduate School of Public Health will implement **12** walking routes in three low income and high BMI school districts and a minimum of one target community identified as a disparate population 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 10/2014 and 06/2015, Department of Health in collaboration with the University of Pittsburgh will help each target school district identify a minimum of three walking routes. The community-based partner will identify the three walking routes and the University of Pittsburgh will complete a walkability assessment on a minimum of one of the walking routes. The walkability assessment, completed by engineers, will include written recommendations which will be presented to the community-based partner, school district or local planning agency.

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

Between 10/2014 and 06/2015, 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.

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. ¹ 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.

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: To Be Determined

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:

1,340 Pennsylvania children and adolescents received dental sealants in 2012-2013.

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. ¹ 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 10/2014 and 09/2015, Oral Health Program will maintain 3 oral health programs at CMHDs.

Annual Activities:

1. Partner with 3 CMHDs to maintain oral health programs

Between 10/2014 and 09/2015, Continue to partner with 3 CMHDs to provide guidance and support to develop oral health programs to reach 1,340 children.

2. Increasing awareness of the need for good oral health

Between 10/2014 and 09/2015, 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.

State Program Setting:

Community based organization, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents 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 10/2014 and 09/2015, 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:

23% of Chester County adults are obese and 59% are overweight; 32% of Erie County adults are obese and 68% are overweight; 29% of Lehigh County adults are obese and 66% are overweight; 25% of Montgomery County adults are obese and 62% are overweight; and 33% of York County adults are obese and 67% are overweight.

Data Source:

2011-2013 Pennsylvania BRFSS.

State Health Problem:

Health Burden:

The 2013 BRFSS survey found that 26% of Pennsylvania adults had no leisure time physical activity in the past month; 32% of adults participated in no physical activity per week; 21% of Pennsylvania adults were current smokers and 30% 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 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 10/2014 and 09/2015, selected County/Municipal Health Departments; worksites 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 2013, there were 3,781 victims age 13 and older of forcible rapes who reported their crimes to law enforcement agencies. Of this number, 94 percent were female and 6 percent were male.

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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 2.0 cases per 100,000 persons for 2015-16.

Program Health Priority: TB continues to be a significant public health issue within the Commonwealth of Pennsylvania. In calendar year 2014, Pennsylvania reported 209 verified cases of tuberculosis representing an 2.4% decrease compared to the 214 cases reported in 2013. Foreign-born individuals are disproportionately impacted by tuberculosis more than any other population within the state. Tuberculosis cases reported among foreign-born individuals represent 66% of all reported cases in 2013 and 65% in 2014.

Program Primary Strategic Partnerships: 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 07/2015 and 06/2016, Reduce tuberculosis to an incidence rate of less than 2.0 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)

State Health Problem:

Health Burden:

Tuberculosis continues to be a significant public health issue in Pennsylvania. During CY 2014, a total of 209 new cases of tuberculosis were reported in the Commonwealth. This represents an overall decrease of 2.4% from the previous year. The number of new TB cases has steadily declined over the past 5 years, except for slight increase in 2011. The following represents the reported cases during this five year period: in 2009, there were 236 cases; in 2010, 238 cases; in 2011, 260 cases; in 2012, 234 cases and there were 214 cases in 2013. Tuberculosis cases reported among foreign-born individuals represents 65% of all reported cases in 2014 and 66% in 2013. 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

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:

Ensure Availability of High-Quality and Prompt TB Laboratory Services

Between 07/2015 and 06/2016, 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 94% to **98%**.

Annual Activities:

1. Staff training

Between 07/2015 and 06/2016,

- 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.
- The TB Program Manager and Human Resources Development staff person will work with the Local Health Departments to identify specific topics for education and training regarding TB laboratory testing services and interpretation laboratory test 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.

2. Surveillance

Between 07/2015 and 06/2016,

- 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, 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 07/2015 and 06/2016,

- 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 provide education during large outbreaks as needed.

Objective 2:

Implement QuantiFERON testing (QFT)

Between 07/2015 and 06/2016, TB Control staff and BOL will implement QFT in selected State Health Centers. will implement **50** tests.

Annual Activities:

1. Develop a QFT Implementation Plan

Between 07/2015 and 06/2016,

- Meet with QFT sales representative to inquire about the specifics of the test including training staff and cost.
- Investigate phlebotomy and incubation capabilities of the public health centers.
- Develop a collection and testing guidance document.
- Train staff at both the collection sites and the laboratory testing site
- Verify the performance of the testing kit with known samples
- TB control staff, Bureau of Community Health System and BOL will work together

Objective 3:

Increase Molecular Laboratory Testing

Between 07/2015 and 06/2016, 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 25% to **30%**.

Annual Activities:

1. Increase the use of TB NAAT

Between 07/2015 and 06/2016, 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. BOL will develop TB molecular guidelines that will be distributed to the stakeholders. BOL and TB control staff will draft a letter to be sent with the molecular guidelines that will explain the goals of drug susceptibility testing and genotyping submissions.

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 Equivalent):

Full Time Equivalent 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, the Violence and Injury Prevention Program will evaluate all progress reports for activities and impact objectives.

2. Conduct Site Visits

Between 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 10/2014 and 09/2015, 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 2014, 59 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 10/2014 and 09/2015, Pennsylvania Coalition Against Domestic Violence will maintain **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. Maintain provision of 100 social marketing activities to 10,000 men and boys.

Between 10/2014 and 09/2015, Maintain the provision of 100 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.

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

Between 10/2014 and 09/2015, 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.