

**Pennsylvania FY 2019
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2019

Submitted by: Pennsylvania

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Governor: Tom Wolf

State Health Officer: Dr. Rachel L. Levine, MD

Block Grant Coordinator:

Tomas J. Aguilar

10th Floor, Rm. 1000, Health & Welfare Bldg.

625 Forster Street

Harrisburg PA 17120

Phone: 717-787-6214

Fax: 717-783-5498

Email: taguilar@pa.gov

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Executive Summary

This **Executive Summary** reflects the 2019 Work Plan and provides an overview of the Pennsylvania Department of Health's (*PA DOH*), **Preventive Health and Health Services Block Grant (PHHSBG) Application for Federal Fiscal Year 2019**.

PA's funding assumption is based on the allocation table provided to PA by CDC which changes FFY 2017 of \$7,433,418 to **\$8,028,754**, for **FFY 2018**. This grant covers the time period 10/1/2018 to 9/30/2020. For FFY 2019, the PHHSBG Advisory Committee Meetings (teleconference calls) were held on Monday, August 20, 2018 and Wednesday, June 19, 2019. The Public Hearing was held on June 19, 2019. Below reflects the summary of PA DOH plans to use the allocation.

Accredited Public Health Agencies - PHI-17 Accreditation - \$200,000: The PA Department of Health is engaged in the process to achieve and maintain Public Health Accreditation Board (PHAB) accreditation. Funding will support developing and implementing a plan to engage employees and external stakeholders in the tasks needed to achieve accreditation. Twelve domain teams will identify documents and prior to submission outside experts maybe engaged to provide technical assistance.

Asthma Control Program – RD-6 Patient Education - \$210,000: The Asthma program uses its funds to work on improving systems of asthma care and management for residents of Pennsylvania, specifically, via the Community Asthma Prevention Program (CAPP) that provides in-home and patient education to patient's ages 2-16 and their families on how to self-manage their asthma. The CAPP program will be educating 75 patients and their families in Philadelphia, Delaware and Montgomery counties. This education will include identification of triggers, pest management, medical device usage and steps to re-mediate the home environment to better manage asthma.

Diabetes Prevention & Control (DPC) - D-1 New Cases of Diabetes and D-14 Diabetes Education – \$1,078,000: The DPC works to prevent diabetes; prevent complications, disabilities and burden associated with diabetes; and eliminate diabetes-related health disparities. We will continue to support Diabetes Prevention Programs (DPP) across the state of Pennsylvania to achieve and maintain pending, preliminary and full CDC-recognition. Our efforts will also include providing support and engaging the lifestyle coaches that deliver DPP at the existing sites in Pennsylvania through regional meetings;; and addressing Diabetes Self-Management Education and Support (DSMES) access and use by supporting pharmacist-led DSMES, delivering enhanced DSMES classes to targeted refugee populations, and increasing participation of people with intellectual disabilities in DSMES.

Health Promotion and Disease Prevention Programs - HC/HIT-13 Social Marketing in Health Promotion and Disease Prevention - \$50,000: This program goal is to increase availability of evidence-based chronic disease prevention programs and activities available in communities across Pennsylvania. We will continue to implement strategies to promote the LiveHealthyPA website and engage organizations and individuals in collecting information on promising practices in chronic disease prevention and injury prevention occurring across Pennsylvania. Healthy Living Practices that highlight chronic disease and injury prevention initiatives occurring across Pennsylvania will be published on the LiveHealthyPA website so this information can be shared and used as a learning tool for other organizations planning engagement in similar initiatives.

Health Literacy: HC/HIT-1 Health Literacy - \$825,000: This program's desired outcome is to improve the health literacy of the population through health professional education and health system change. Our main goal is to implement education programs and provide training for health professionals to foster

policy/environmental, and systems changes. The program activities include:

- Improved Communication through Health Literacy Education
- Expansion of Health Literacy Training for both health professionals and consumers
- Addressing Chronic Disease Health Literacy through Policy and Environment Change

Nutrition & Physical Activity Program: MICH-21 Increase the proportion of infants who are breastfed; NWS-10 Reduce the proportion of children and adolescents who are considered obese; NWS-14 Increase the contribution of fruits to the diets of the population aged 2 years and older; and, Program PA-1 Reduce the proportion of adults who engage in no leisure-time Physical Activity - \$1,368,518:

This program strengthens and builds the capacity of organizations to promote and implement environmental approaches and systems changes to improve population health. Focus is dedicated to providing early childhood education centers an evidence-based program with tools and resources that will increase their ability to implement supportive nutrition and physical activity standards within their centers. Focus is also to increase the capacity within schools to implement supportive nutrition environments and increase physical activity. In addition, increase opportunities for physical activity by planning, implementing and marketing community-based walking routes and active transportation plans and policies. Also, focus will be on increasing access to healthy foods and beverages by providing access to healthier options in food pantries and hospitals. In addition, there is a focus on improving breastfeeding support and increasing breastfeeding rates in hospitals and community care settings. Funding also supports access to Healthy Weight and Your Child, an evidence- and community-based obesity program.

Oral Health Program: OH-1 Dental Caries Experience - \$350,000: This program strives to promote optimal oral health for Pennsylvanians by fostering partnerships by maintaining the 3 school-based dental sealant initiatives at CMHDs and working with a statewide oral health coalition. The three CMHDs provide guidance and support to develop school-based dental sealant programs at high-need schools to reach 1,500 students. The statewide oral health coalition provides technical assistance to state and local partners to implement oral health evidence-based interventions and to foster policy, environmental, and systems change.

Safe and Healthy Communities (SHC): ECBP-10 Community-Based Primary Prevention Services - \$1,975,000: The program is devoted to increasing the quality, availability and effectiveness of educational and community-based programs designed to prevent disease and improve health and quality of life. The program seeks to enhance and align the capacity of County and Municipal Health Departments to focus on population-based primary prevention services by using policy, environmental and systems change strategies to improve the overall health and safety of their communities.

Sexual Violence Prevention and Education (Mandate): IVP-40 Sexual Violence (Rape Prevention) - \$284,015. This CDC mandated provides funding to reduce rape and attempted rape through primary prevention (education, etc.) programs at each level of the socio-ecological model. PA DOH through the Pennsylvania Coalition Against Rape and its 50 Rape Crisis Centers will provide education services to reduce the impact of rape and decrease the risk of subsequent re-victimization. Activities include maintaining provision of Crisis Intervention, Counseling, Advocacy and Accompaniment Services to approximately 300 victims and 3,000 direct service hours to victims of sexual assault.

Tuberculosis Control Program: IID-29 TB - \$170,000: The Tuberculosis (TB) Program has a goal of maintaining the incidence of active tuberculosis at fewer than 1.5 cases per 100,000 persons for 2017-18. 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.

Violence and Injury Prevention (VIPP): IVP-11 Unintentional Injury Deaths - \$445,000: VIPP funding supports PA efforts to reduce the incidence of unintentional injuries and deaths through the staffing and operational support of the program. The program's initiatives include such things as 1) Evaluation of Program Activities, 2) Maintain Capacity for Injury Prevention Surveillance, 3) Maintain partnerships in support of injury prevention, 4) Provide Technical Assistance and Training.

Domestic Violence IVP-33 Physical Assaults: \$100,000: This program seeks to increase the awareness of primary prevention of domestic violence across the state. 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: \$389,260: 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, Under or Unfunded, State Plan (2018), Other (Each existing or proposed program was scored based on the following factors: budget, cost effectiveness, target population, availability of other funding, reach, ability to address the disease burden, level of focus on policy, health system or environmental changes, level of evidence base, level of the program's ability to address risk factors. These ranked scores were used to provide an objective assessment for the allocation of a reduced overall grant level.)

Statutory Information

Advisory Committee Member Representation:

College and/or university, Community-based organization, Community health center, County and/or local health department, Public and/or private school (K-12), State health department, State or local government

Dates:

Public Hearing Date(s):

6/19/2019

Advisory Committee Date(s):

8/20/2018

6/19/2019

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for PA 2019 V0 R1

Total Award (1+6)	\$7,444,793
A. Current Year Annual Basic	
1. Annual Basic Amount	\$7,160,778
2. Annual Basic Admin Cost	(\$389,260)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$6,771,518
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)	\$7,055,533
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)	\$7,055,533

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$6,771,518
Sex Offense Set Aside	\$284,015
Available Current Year PHHSBG Dollars	\$7,055,533
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	\$7,055,533

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	\$210,000	\$0	\$210,000
Sub-Total		\$210,000	\$0	\$210,000
Diabetes Prevention & Control	D-1 New Cases of Diabetes	\$890,000	\$0	\$890,000
	D-14 Diabetes Education	\$188,000	\$0	\$188,000
Sub-Total		\$1,078,000	\$0	\$1,078,000
Health Literacy	HC/HIT-1 Health Literacy	\$825,000	\$0	\$825,000
Sub-Total		\$825,000	\$0	\$825,000
Health Promotion and Disease Prevention Programs	HC/HIT-13 Social Marketing in Health Promotion and Disease Prevention	\$50,000	\$0	\$50,000
Sub-Total		\$50,000	\$0	\$50,000
Nutrition & Physical Activity Program	MICH-21 Breastfeeding	\$105,098	\$0	\$105,098
	NWS-10 Obesity in Children and Adolescents	\$526,134	\$0	\$526,134
	NWS-14 Fruit Intake	\$471,186	\$0	\$471,186
	PA-1 No Leisure-Time Physical Activity	\$266,100	\$0	\$266,100
Sub-Total		\$1,368,518	\$0	\$1,368,518
Oral Health Program	OH-1 Dental Caries Experience	\$350,000	\$0	\$350,000
Sub-Total		\$350,000	\$0	\$350,000
Safe and Healthy Communities	ECBP-10 Community-Based Primary Prevention Services	\$1,975,000	\$0	\$1,975,000
Sub-Total		\$1,975,000	\$0	\$1,975,000
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	\$170,000	\$0	\$170,000
Sub-Total		\$170,000	\$0	\$170,000
Violence & Injury	IVP-11 Unintentional	\$445,000	\$0	\$445,000

Prevention	Injury Deaths			
Sub-Total		\$445,000	\$0	\$445,000
Violence and Injury Prevention - Domestic Violence	IVP-33 Physical Assaults	\$100,000	\$0	\$100,000
Sub-Total		\$100,000	\$0	\$100,000
Grand Total		\$7,055,533	\$0	\$7,055,533

State Program Title: Accredited Public Health Agency

State Program Strategy:

Program Goal:

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

Program Health Priority:

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

Program Primary Strategic Partners:

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

Program Evaluation Methodology:

There are 8 prerequisites for applying to PHAB for accreditation. When the prerequisites are complete, then the department will applied for accreditation. At that time, data will be collected to show the progress on documenting 109 measures included in the PHAB standards and measures. Each measure was rated by the accreditation coordinator and her team to assess whether the measures are fully, largely, somewhat, or not at all met. The evaluation of accreditation's success is achieving and maintaining an accredited status.

State Program Setting:

State health department

FTEs (Full Time Equivalent):

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

Position Name: William Sunday

Position Title: Public Health Program Administrator

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

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

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

State Health Objective(s):

Between 10/2018 and 09/2020, The PA Department of Health, in the process of becoming an accredited

public health agency, will host a two-day site visit with the Public Health Accreditation Board (PHAB), and will use the resulting PHAB site visit report and the internal assessment to identify and address opportunities for improving.

Baseline:

The PA Department of Health has actively engaged in the process to seek PHAB accreditation. It has determined that it meets the established standards and measures for PHAB accreditation and has submitted documentation to PHAB as evidence of its conformity to each of the 108 measures. Preparations for the site visit are underway. Once accredited, a new measure of success will be timely completion of each year's annual report.

Data Source:

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

State Health Problem:

Health Burden:

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

Target Population:

Number: 12,800,000

Infrastructure Groups: State and Local Health Departments

Disparate Population:

Number: 12,800,000

Infrastructure Groups: State and Local Health Departments

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Public Health Accreditation Board Standards and Measures version 1.5

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

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

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

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

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

75-99% - Primary source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Identify requirements for the first PHAB annual report

Between 01/2019 and 09/2019, Program administrator for accreditation will identify 19 of the questions to be answered in the first year PHAB annual report and the responsible person for each question's response.

Annual Activities:

1. Review PHAB Annual Report requirements

Between 01/2019 and 09/2019, Review the requirements for each of the 19 annual report questions, as well as requirements for any measures rated slightly demonstrated, and identify domain responsibility for each requirement.

2. Quality Improvement Opportunities from the PHAB Site Visit Report

Between 01/2019 and 09/2019, Identify quality improvement opportunities from the site visit report to help improve the department's infrastructure and to continue building a culture of quality improvement in the department.

Objective 2:

Prepare domain teams for PHAB site visit

Between 10/2018 and 11/2018, Accreditation Coordinator, Program administrator will increase the number of trainings for each of the 12 domain teams from 2 to 3.

Annual Activities:

1. Training for the PHAB site visit

Between 10/2018 and 11/2018, Each of the 12 domain teams will complete mock interviews to prepare for the PHAB site visit. At each session interview questions will be asked by the program administrator and accreditation coordinator, and the standards will be reviewed along with the documentation submitted as evidence of conformity. Teams will then be evaluated based on the practice sessions and any additional trainings will be provided to teams that may more practice.

Objective 3:

State Health Assessment Update

Between 10/2018 and 09/2019, Two program administrators and two interns will develop 3 updated sections of the State Health Assessment to include: Health Care Services, Major Risk and Protective Factors, and Maternal and Child Health.

Annual Activities:

1. State Health Assessment update

Between 10/2018 and 09/2019, The interns and division staff will work with others on a stakeholder group to discuss and agree upon the data updates that will be included during this update. After collecting and compiling the statistics, the staff will present these to the stakeholder group for revisions and recommendations for how to highlight and present the information most effectively.

State Program Title: Asthma Control Program

State Program Strategy:

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

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

Program Primary Strategic Partners:

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

Program Evaluation Methodology:

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

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

State Program Setting:

Home, Medical or clinical site

FTEs (Full Time Equivalent):

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO RD-6 Patient Education

State Health Objective(s):

Between 10/2018 and 09/2019, The Community Asthma Prevention Program (CAPP) will provide in-home and in-clinic patient education to patients ages 2-16 and their families, on how to self-manage their asthma. The CAPP program will educate a minimum of 150 families in Pennsylvania.

Baseline:

As of June 2018, 114 patients and their families have received education in their homes on asthma self-management.

Data Source:

Children's Hospital of Philadelphia

State Health Problem:**Health Burden:**

In 2016, the percentage of adults that were ever told that they have asthma in Pennsylvania was 14.8 percent or approximately 1,496,450 adults. 10.6 percent of adults had current asthma or approximately 1,071,782.

In 2016, the percentage of children that were ever told that they have asthma in Pennsylvania was 12.7 percent or approximately 339,480. 8.9 percent of children had current asthma or approximately 237,903. Statewide asthma inpatient hospitalization crude rate: 8.3 per 10,000; age-adjusted rate: 8.7 per 10,000. Statewide asthma inpatient hospitalization, children under five, crude rate: 31.0 per 10,000; age-adjusted rate: 2.1 per 10,000.

Statewide asthma inpatient hospitalization, five years and older, crude rate: 7.0 per 10,000; age-adjusted rate: 6.5 per 10,000.

Philadelphia County stats: In 2016, 2,445 children ages 0-17 were hospitalized for asthma in Philadelphia County. Philadelphia County represents 54.9% of all child asthma hospitalizations age 0-17 in Pennsylvania.

Allegheny County stats: in 2016, Allegheny County represented 3.8% of all child hospitalizations (age 0-17) for asthma in Pennsylvania. In 2016, 172 children aged 0-17 were hospitalized for asthma in Allegheny County.

During the 2015-2016 school year 18,896 students in Allegheny County, and 42,494 in Philadelphia County were reported as having asthma.

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: \$210,000

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

Funds Allocated to Disparate Populations: \$210,000

Funds to Local Entities: \$208,500

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 75 patients and their families

Between 10/2018 and 09/2019, The CAPP program will provide asthma education to 75 patients and their families.

Annual Activities:

1. Provide CAPP in-home education

Between 10/2018 and 09/2019, The CAPP program will provide in-home asthma education to patients ages 2-16 and their families. This education will include identification of triggers, pest management, medical device usage and steps to remediate the home environment to better manage asthma. The CAPP will focus on Philadelphia and Allegheny Counties as these counties have the higher asthma prevalence rates for children.

2. Conduct evaluation of CAPP

Between 10/2018 and 09/2019, The Public Health Management Corporation will conduct an ongoing evaluation of the CAPP program and its effectiveness as it expands its reach.

State Program Title: Diabetes Prevention & Control

State Program Strategy:

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

Program Health Priority:

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

Program Primary Strategic Partners:

Internal:

Heart Disease and Stroke Program
Tobacco Prevention and Control Program
Safe and Healthy Communities Program
Erie County Department of Health

External:

Community-based Organizations
American Diabetes Association (ADA)
American Association of Diabetes Educators (AADE)
Division of Tobacco Prevention and Control Regional Primary Contractors
Public Health Management Corporation (PHMC)
Pennsylvania Pharmacists Association (PPA)
Special Olympics Pennsylvania
Multi-Cultural Health Evaluation & Delivery System (MHEDS)

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 DPP sites, including participant recruitment. Data will be analyzed and evaluated by PHMC. Additional data will be collected to analyze the reach of community-based education.

State Program Setting:

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Local health department, Medical or clinical site, Senior residence or center, State health department, Work site, Other: Pharmacies

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 D-1 New Cases of Diabetes

State Health Objective(s):

Between 07/2019 and 09/2020, community-based partners will support 63 existing CDC-recognized Diabetes Prevention Program (DPP) sites across Pennsylvania, targeting adults at high risk for type 2 diabetes.

Baseline:

As of March 2019, per the CDC National Registry of Recognized Diabetes Prevention Programs, there were 83 CDC-recognized DPP programs in Pennsylvania, of which 63 were supported by the Department.

Data Source:

Data will be collected from community-based organizations and from the CDC National Registry of Recognized DPPs and analyzed by PHMC.

State Health Problem:

Health Burden:

PA is ranked among the states with highest prevalence of diabetes, with a value of 11.2% in 2017. On an average day in 2017 there were 10 deaths caused by diabetes (7th leading cause of death), per National Center for Health Statistics (NCHS), and National Vital Statistics System, 2018. Adults in PA also have a high prevalence of modifiable risk factors for diabetes with: 18.1% smokers, 33% hypertensive, and 32% obese (BRFSS 2017). Poor nutrition and physical inactivity are two main contributors to obesity, the risk factor with greatest prevalence in PA. PA is the 24th most obese state for adults (2016 State Obesity Report), 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: 3,328,484

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 3,328,484

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

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)
Promising Practices Network (RAND Corporation)

Other: 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>

MENSA-WILMOT, Y. V. O. N. N. E., BOWEN, S. A., BROWN, R. I., BONNER, T., FARRIS, K. D., & RUTLEDGE, G. E. (2018). Evaluating Evidence-Based Strategies to Build and Support Lifestyle Change Programs for People at High Risk for Type 2 Diabetes. Retrieved from http://diabetes.diabetesjournals.org/content/67/Supplement_1/648-P?utm_source=TrendMD&utm_medium=cpc&utm_campaign=Diabetes_TrendMD_0

Lisa J. Woodard, PharmD, MPH, Skye McKennon, PharmD, Jennifer Danielson, PharmD, MBA, Judy Knuth, MS, Peggy Odegard, PharmD. INSTRUCTIONAL DESIGN AND ASSESSMENT; An Elective Course to Train Student Pharmacists to Deliver a Community-based Group Diabetes Prevention Program. American Journal of Pharmaceutical Education 2016; 80 (6) Article 106.

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

Total Current Year Funds Allocated to Health Objective: \$890,000
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$611,872
Funds to Local Entities: \$673,792
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:

Continue to support DPP sites with CDC recognition

Between 07/2019 and 06/2020, community-based partners in collaboration with the Department will maintain **63** DPP program sites with CDC-recognition implemented between 07/2014 - 06/2019.

Annual Activities:

1. Program Maintenance & Recognition

Between 07/2019 and 06/2020, community-based partners in collaboration with the Department will provide ongoing technical assistance and support to the 63 sites implemented between 07/2014 and 06/2019 to maintain CDC-recognition.

2. Evaluation

Between 07/2019 and 06/2020, the selected community-based partner will update and continue to implement the evaluation plan to evaluate the efficacy of the efforts to increase capacity for DPP to prevent or delay the onset of type 2 diabetes, provide technical assistance around use of data collection tools, and continue to analyze data and submit reports to the Department.

Objective 2:

Increase awareness about prediabetes and DPP

Between 07/2019 and 06/2020, Department of Health in collaboration with Feeding Pennsylvania will conduct **2** promotional initiatives to increase awareness of prediabetes and DPP.

Annual Activities:

1. Promote awareness of prediabetes and DPP to clients of food pantries

Between 07/2019 and 06/2020, train and engage health educators involved with Pennsylvania Healthy Pantry Initiative about prediabetes and DPP, to encourage the clients of food pantries in 2 health district areas to take the Prediabetes Risk Test and, if assessed as being at risk for type 2 diabetes, to be referred for participation in local DPPs.

Objective 3:

Support and engage Lifestyle Coaches

Between 07/2019 and 06/2020, community-based partner will conduct **6** lifestyle coach meetings.

Annual Activities:

1. Plan and organize lifestyle coach meetings

Between 07/2019 and 06/2020, the community-based partner, in collaboration with the Department, will plan and organize in-person meetings of lifestyle coaches in each of the six health districts of Pennsylvania. The purpose of these meetings will be to promote the online platform of resources for lifestyle coaches housed on LiveHealthyPa.org website and the DPP Action Plan, to share successes and best practices, and to identify needs of lifestyle coaches that can be met by the Department.

National Health Objective: HO D-14 Diabetes Education

State Health Objective(s):

Between 07/2019 and 06/2020, Increase access to and participation in American Diabetes Association (ADA)-recognized and American Association of Diabetes Educators (AADE)-accredited Diabetes Self-Management Education and Support (DSMES) programs.

Baseline:

Number of pharmacist-led DSMES sites, baseline as of April 2019, 29

Proportion of people with diabetes in targeted settings who have at least one encounter at an ADA-recognized, AADE-accredited DSME program during the fiscal year, baseline as of April 2018, Total number 51,089, Rate 4.9%

Data Source:

Data collected from:

ADA and AADE state site list

CDC DSME State Participation Data

State Health Problem:

Health Burden:

PA is ranked among the states with highest prevalence of diabetes. On an average day in 2016 there were 10 deaths caused by diabetes (7th leading cause of death) National Center for Health Statistics (NCHS), National Vital Statistics System 2016). Adults in PA also have a high prevalence of modifiable risk factors for diabetes with: 19% smokers, 33% hypertensive, and 32% obese (BRFSS 2017). Poor nutrition and physical inactivity are two main contributors to obesity, the risk factor with greatest prevalence in PA. PA is ranked as the 26th most obese state for adults according to the 2018 State of Obesity Report, and is an epidemic. 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: 1,075,178

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: 1,075,178

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: \$188,000
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$85,700
Funds to Local Entities: \$185,700
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:

Increase awareness of diabetes education for people with intellectual disabilities

Between 07/2019 and 06/2020, the Department with community-based partner will provide information to **1** community of Special Olympics member athletes.

Annual Activities:

1. Outreach to people with intellectual disabilities

Between 07/2019 and 06/2020, The Department with a community-based partner will outreach to Special Olympics Pennsylvania adult athletes to promote diabetes prevention and control.

Objective 2:

Provide culturally-enhanced DSMES to resettled refugees

Between 07/2019 and 06/2020, the Department in collaboration with a community-based partner will provide enhanced DSMES programming to **4** cohorts of resettled refugees with diabetes.

Annual Activities:

1. Develop culturally-tailored DSMES curricula

Between 07/2019 and 06/2020, the Department in collaboration with the Multi-Cultural Health Evaluation and Delivery System (MHEDS) will develop culturally-tailored curricula to include food and customs familiar to Asian (Bhutanese-Nepali; Burmese) and Middle Eastern (Iraqi; Syrian) resettled refugee populations.

2. Provide culturally-tailored DSMES to resettled refugee populations

Between 07/2019 and 06/2020, the Department in collaboration with MHEDS will provide 4 six-class DSMES programs, 2 to Asian (Bhutanese-Nepali; Burmese) and 2 to Middle Eastern (Iraqi; Syrian) resettled refugee cohorts, with the assistance of bi-lingual cultural navigators.

3. Provide experiential learning sessions

Between 07/2019 and 06/2020, the Department in collaboration with MHEDS will provide 2 additional sessions per cohort incorporating experiential learning. One session will involve assisted grocery shopping for healthy foods at local, familiar food stores; one session will involve a cooking lesson and meal.

Objective 3:

Support pharmacist-led DSMES programs

Between 07/2019 and 06/2020, the Department in collaboration with a community-based partner will provide support to **25** pharmacy-led DSMES programs.

Annual Activities:

1. Create and present sustainability webinar

Between 07/2019 and 10/2019, The Department in collaboration with a community-based partner will create

and present a webinar to AADE-accredited or ADA-recognized pharmacy-led DSMES programs to support program sustainability. The webinar will focus on recruitment of participants, retention of participants and medical insurance billing practices.

2. Create and present educational program for pharmacy support staff

Between 07/2019 and 06/2020, The Department in collaboration with a community-based partner will create and present a program to pharmacy-led DSMES program support staff to educate and inform them about DSMES and how to strengthen their organization's program.

3. Provide support for pharmacy-led DSMES billing

Between 07/2019 and 06/2020, The Department in collaboration with a community-based partner will provide education and resources to pharmacy-led DSMES programs to assist with medical insurance billing practices and clinical information technology to support program sustainability.

State Program Title: Health Literacy

State Program Strategy:

Program Goal: Reduce the burden of chronic disease through health professional education and health system change.

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

Primary Strategic Partners:

Internal: Divisions of Nutrition and Physical Activity, Tobacco Prevention and Control, and Cancer Prevention and Control; Community Health Systems; Health Statistics and Research

External: Community-Based Organizations, Centers for Disease Control and Prevention, and the Health Care Improvement Foundation.

Evaluation Methodology: Reports from contractors; analysis of BRFSS, American Community Survey and other applicable data sources.

State Program Setting:

Community based organization, Medical or clinical site

FTEs (Full Time Equivalent):

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

Position Name: Whitney Kerr

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: Jun Yang

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 HC/HIT-1 Health Literacy

State Health Objective(s):

Between 10/2017 and 09/2019, increase the percent of patients that report that healthcare staff always explain about medicines before providing it to them to 69% and increase the percent of patients who strongly agree that they understood their care when they left the hospital to 57%.

Baseline:

64% - patients that report that healthcare staff always explain about medicines
52% - patients who strongly agree that they understood their care when they left the hospital

Data Source:

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Patient Survey, 2017

State Health Problem:

Health Burden:

Health literacy is a stronger predictor of an individual's health status than age, income, employment status, education level, or racial/ethnic group (Weiss, B.D. Health Literacy and Patient Safety: Help Patients Understand, 2007). An individual's health literacy level is determined by a variety of factors, one of which is education. According to the 2016 American Community Survey, 89.5% of Pennsylvanians 18 years of age and older have completed high school and only 29.3% have completed a bachelor's degree or higher.

Target Population:

Number: 12,784,227

Ethnicity: Hispanic, Non-Hispanic

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

Age: 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: 2,363,082

Ethnicity: Hispanic, Non-Hispanic

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

Age: 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: U.S. Census Bureau, 2017

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

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

Other: National Action Plan to Improve Health Literacy (DPHP)

Gateway to Health Communication & Social Marketing Practice (CDC)

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

Total Current Year Funds Allocated to Health Objective: \$825,000

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

Funds Allocated to Disparate Populations: \$560,790

Funds to Local Entities: \$560,790

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:

Chronic Disease Reduction through Patient Empowerment

Between 10/2018 and 09/2019, Health Care Improvement Foundation (HCIF) will increase the number of peer educators trained to conduct patient activation programs from 144 to **150**.

Annual Activities:

1. Increased Patient Activation through Health Literacy Education

Between 10/2018 and 09/2019, 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 in turn 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:

Chronic Disease Reduction through Provider Education

Between 10/2018 and 09/2019, HCIF will increase the number of medical providers with a knowledge of health literacy and effective patient/provider communication techniques from 15,048 to **16,000**.

Annual Activities:

1. Improved Communication through Health Literacy Education

Between 10/2018 and 09/2019, multidisciplinary teams from participating hospitals/health systems will attend one initial or advanced training program and subsequently lead/support health literacy promotion and advocacy efforts at their institutions.

2. Expansion of Health Literacy Training

Between 10/2018 and 09/2019, develop and implement 6 train-the-trainer courses and online trainings with CE credits to improve health literacy communication.

Objective 3:

Policy, Environmental, and Systems Change in Health Care Settings

Between 10/2018 and 09/2019, HCIF will implement **10** health literacy interventions in a minimum of 10 hospitals/health systems.

Annual Activities:

1. Addressing Health Literacy through Policy and Environmental Change

Between 10/2018 and 09/2019, 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: Health Promotion and Disease Prevention Programs

State Program Strategy:

Program Goal(s):

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

Program Health Priority:

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

Program Primary Strategic Partners:

Internal:

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

External:

Public Health Management Corporation
Penn State PRO Wellness Center

Program Evaluation Methodology:

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

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

State Program Setting:

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

FTEs (Full Time Equivalents):

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

Position Name: Eric Gormont

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

Total Number of Positions Funded: 1

Total FTEs Funded: 1.00

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

State Health Objective(s):

Between 10/2019 and 09/2020, Increase the use of the LiveHealthyPA 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:

314 users per month October 2016 through September 2017

Data Source:

Website Analytics

State Health Problem:

Health Burden:

The 2016 BRFSS survey found that 23% of Pennsylvania adults had no leisure time physical activity in the past month; 18% 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 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: \$50,000
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$11,000
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:

Statewide Health Improvement and Disease Prevention

Between 10/2019 and 09/2020, The Pennsylvania Department of Health will implement **5** strategies to promote the LiveHealthyPA website and engage organizations and individuals in collecting information on promising practices in chronic disease prevention and injury prevention occurring across Pennsylvania.

Annual Activities:

1. Maintain advisory work group

Between 10/2019 and 09/2020, Maintain the advisory group established to determine the appropriateness of materials submitted for inclusion on the LiveHealthyPA website. The website shall use the standard of "Emerging Practice" as the minimal requirement for inclusion. "Emerging Practice" include practices assessed through field-based summaries or evaluations in progress that show some evidence of effectiveness and at least plausible evidence of reach, feasibility, sustainability, and transferability. Emerging practices are generally newer, with a plausible theoretical basis and preliminary evidence of impact. These practices require more implementation and further evaluation to determine whether their potential impact can be replicated over time and in other settings and populations.

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

Between 10/2019 and 09/2020, Healthy Living Practices that highlight chronic disease and injury prevention initiatives occurring across Pennsylvania will be published on the LiveHealthyPA website so this information can be shared and used as a learning tool for other organizations planning engagement in similar initiatives. The goal is to populate the Healthy Living Practices database with ___ practices from 07/2019 to 09/2020.

3. Monitor online analytics

Between 10/2019 and 09/2020, The Department will establish measures of online analytics to measure and evaluate performance of the website on a quarterly basis. In addition to monitoring incoming and outgoing traffic, analytics will help the Department to determine which parts or pages are popular and if there are trends occurring. Measures include: visitors/audience, referral tracking, bounce rate of first time visitors, exit rate of visitors, conversion rate, top pages viewed, and pages viewed per session. These analyses will be used to improve website performance. Website usage reports will be developed for the Department by Public Health Management Corporation.

4. Maintain the LiveHealthyPA.com website

Between 10/2019 and 09/2020, The LiveHealthyPA.com website, will continue to be maintained (hosting the server) by the Public Health Management Corporation (PHMC). Ownership of the website and its content remains with the Pennsylvania Department of Health. PHMC will continue to utilize the Telerik Sitefinity Content Management System to manage this website and will update, edit, and create graphics and pages

as needed.

5. Continue publishing a newsletter for the LiveHealthyPA website

Between 10/2019 and 09/2020, The LiveHealthyPA Workgroup within the Bureau of Health Promotion and Risk Reduction will develop 1 newsletter to send out to external partners and individuals who have registered on the LiveHealthyPA website. The content will include website updates, program updates, highlighted Healthy Living Practices, and other relevant information from the Bureau.

State Program Title: Nutrition & Physical Activity Program

State Program Strategy:

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

Program Health Priority:

Strengthen and build capacity of organizations to promote and implement environmental approaches and systems changes to improve population health. Focus will be on providing early childhood education centers an evidence-based program with tools and resources that will increase their ability to implement supportive nutrition and physical activity policy within their centers. Focus will be on increasing capacity within schools to implement supportive nutrition environments and comprehensive school physical activity programs. In addition, increase opportunities for physical activity by planning, implementing and marketing community-based walking routes and active transportation plans and policies. Also, focus will be on increasing access to healthy foods and beverages by providing access to healthier options in food pantries and hospitals. In addition, there is a focus on improving breastfeeding support and increasing breastfeeding rates in hospitals and community care settings.

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
Pennsylvania Department of Education
University of Pittsburgh Graduate School of Public Health
Department of Conservation and Natural Resources
The Food Trust
Tuscarora Intermediate Unit
Division of Tobacco Prevention and Control Regional Primary Contractors
Feeding Pennsylvania
Pennsylvania Feeding America Food Banks
PA Dept. of Conservation and Natural Resources
PA Dept. of Transportation

Program Evaluation Methodology:

State surveillance data from multiple sources is accessed and analyzed by the Department to target those counties with the greatest need. For the early childhood education initiative, data will be collected within the PA NAP SACC web-based platform via pre/post self-assessments and reflection survey to ascertain changes in nutrition and physical activity practices and policy development. For the school initiative, data

will be collected via pre/post self-assessments and through action plans that are developed by school wellness councils. Data will also be collected for hours of technical assistance provided and training and professional development attendance. For increasing opportunities for physical activity, data will be collected at the community level, including the number of walking routes and groups implemented in targeted communities. Data on increasing healthy food options is tracked in food banks and food pantries. Regarding increasing food access within hospitals, participating hospitals undergo an environmental scan followed by technical assistance and tracking to determine the number of guidelines implemented toward program recognition. Attendance at biannual task force meetings will also be tracked. For breastfeeding, the number of participating birthing facilities is tracked as well as the number of trainings for staff. In addition, the number of trainings and participants for the breastfeeding continuity of care training is tracked.

State Program Setting:

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

FTEs (Full Time Equivalent):

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

Position Name: Tiffany Ricci

Position Title: Public Health Program Administrator

State-Level: 50% Local: 50% Other: 0% Total: 100%

Position Name: Vacant

Position Title: Public Health Program Administrator

State-Level: 50% Local: 50% Other: 0% Total: 100%

Position Name: Dr. Jun Yang

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 MICH-21 Breastfeeding

State Health Objective(s):

Between 07/2019 and 09/2020, increase the number of babies who are ever breastfed by maintaining the 85 birthing facilities that are currently participating in Keystone 10. Keystone 10 is a quality improvement initiative aimed at improving the protection, promotion and support of breastfeeding.

Baseline:

As of June 21, 2018, 85 birthing facilities throughout Pennsylvania participate in Keystone 10.

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 24th most obese state for adults and 39th for 2-4 year old WIC participants, according to the 2017 State of Obesity Report. According to the 2015-2016 Pennsylvania Growth Screening/BMI-for-age percentiles: for grades K-6: 15.23% had overweight and 16.66% obesity and for grades 7-12: 16.47% had overweight and 19.05% obesity.

Target Population:

Number: 140,698

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, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 19,851

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black

Age: Under 1 year, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: PA birth records, 2015-2016 Pennsylvania Department of Health Growth Screening Assessment Program, EPIQMS, BRFSS

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: \$105,098

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:

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:

EPIC BEST trainings

Between 07/2019 and 06/2020, The Department in collaboration with the PA Chapter, American Academy of Pediatrics will conduct 2 in-person Educating Physicians in their Communities (EPIC) Breastfeeding Education, Support and Training (BEST) presentations to physician offices that support mother and baby after birth, such as OB/GYNs and pediatric offices to support continuity of care and breastfeeding support.

Annual Activities:

1. EPIC BEST in-person presentations

Between 07/2019 and 06/2020, PA Chapter, American Academy of Pediatrics and EPIC BEST presenters will hold 2 in-person trainings.

2. EPIC BEST web-based trainings

Between 07/2019 and 06/2020, The EPIC BEST presentation has been made available as a web-based, on demand training. The presentation will reach at least 80 health care staff.

Objective 2:

Participating birthing facilities

Between 07/2019 and 06/2020, The Department in collaboration with the Bureau of Family Health and PA Chapter, American Academy of Pediatrics will maintain **84** birthing facilities that are currently participating in the Keystone 10 initiative.

Annual Activities:

1. Technical assistance to participating birthing facilities

Between 07/2019 and 06/2020, PA Chapter, American Academy of Pediatrics will provide technical assistance to participating birthing facilities. Technical assistance will be given to help birthing facilities progress through the Keystone 10 steps to become designated as a Keystone 10 facility.

2. Webinar

Between 07/2019 and 06/2020, PA Chapter, American Academy of Pediatrics will host one webinar on a relevant breastfeeding topic for birthing facilities participating in Keystone 10.

3. Regional collaborative meetings

Between 07/2019 and 06/2020, PA Chapter, American Academy of Pediatrics will implement two regional collaborative meetings for each of the 5 breastfeeding regions. Regional collaborative meetings bring participating birthing facilities in the region together to learn about relevant breastfeeding topics, share resources and ideas and hear Keystone 10 updates.

4. Keystone 10 curriculum training

Between 07/2019 and 06/2020, PA Chapter, American Academy of Pediatrics will have the Keystone 10 curriculum training available as a web-based training, with at least 50 health care professionals participating in the training.

5. Evaluation

Between 07/2019 and 06/2020, Between 07/2019 and 06/2020, Department of Health (DOH) in collaboration with external evaluators and PA Chapter, American Academy of Pediatrics will develop an evaluation plan to assess the effectiveness of the program and collect data in order to report outcomes.

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

State Health Objective(s):

Between 10/2018 and 09/2020, partner with community-based organizations, early childhood education centers (ECE) and school districts to implement policies and programs to improve nutrition environments and increase opportunities for physical activity among children and adolescents with a long-term goal of reducing the proportion of children who are considered obese.

Baseline:

12.9% of 2-4 year olds and 16.8% of 10-17 year olds in Pennsylvania have obesity.

Data Source:

Trust for America's Health and Robert Wood Johnson Foundation's annual report: The State of Obesity 2018

State Health Problem:

Health Burden:

Pennsylvania is ranked as the 14th most obese state for youth ages 10-17, according to the 2018 State of Obesity Report.

Target Population:

Number: 2,686,300

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: 2,686,300

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 2015, PA EpiQMS

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)

Other: Caring for Our Children (CFOC)

National Academies of Sciences, Engineering, and Medicine

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

Total Current Year Funds Allocated to Health Objective: \$526,134

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

Funds Allocated to Disparate Populations: \$383,557

Funds to Local Entities: \$70,000

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:

Healthy Weight and Your Child Program

Between 10/2019 and 09/2020, Harrisburg Area YMCA will implement 2 Healthy Weight and Your Child Programs to serve disparate families in the Harrisburg, PA area.

Annual Activities:

1. Implementation of Healthy Weight and Your Child Program

Between 10/2019 and 09/2020, Harrisburg Area YMCA will partner with health systems, including local FQHCs to promote and obtain referrals of children ages 7-13 with obesity (BMI of the 95th percentile or higher) and begin implementation of two cohorts of Healthy Weight and Your Child Programs.

Objective 2:

Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)

Between 07/2019 and 06/2020, Department of Health (DOH) in collaboration with the Tuscarora Intermediate Unit (TIU) will implement a continuous quality improvement process with 60 ECEs to improve nutrition and physical activity policies and practices in early care settings.

Annual Activities:

1. Technical Assistance

Between 07/2019 and 06/2020, Department of Health in collaboration with TIU will provide technical assistance to 60 ECEs to complete self-assessments of nutrition environments and physical activity policies and practices, develop action plans, complete implementation, develop or revise policies and conduct post assessment and reflection.

2. Policy Development

Between 07/2019 and 06/2020, DOH in collaboration with TIU and the Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP) Early Childhood Education Linkage System (ECELS) will work with participating ECEs to develop policies that align with national standards and recommendations. Centers will be provided with existing tools and resources, as well as technical assistance from ECELS to support the development or revision of policies.

3. Evaluation

Between 07/2019 and 06/2020, Department of Health (DOH) in collaboration with external evaluators and TIU will develop evaluation materials to assess the effectiveness of the program and collect data in order to report outcomes.

Objective 3:

School Wellness

Between 07/2019 and 06/2020, Department of Health in collaboration with school wellness consultant will implement a continuous quality improvement process with 6 school districts to improve nutrition and physical activity practices and policies.

Annual Activities:

1. Technical Assistance

Between 07/2019 and 06/2020, Department of Health in collaboration with school wellness consultant will recruit 6 school districts and provide orientation on school wellness continuous quality improvement process. School wellness consultant will provide technical assistance to school districts to maintain active

wellness councils, complete self-assessments of nutrition environments and physical activity policies and practices, develop action plans, implement nutrition and physical activity strategies and revise local wellness policies.

2. Professional Development

Between 07/2019 and 06/2020, Slippery Rock University (SRU) School Wellness Education faculty (SWE) shall provide school wellness professional development (PD) to the six school districts. PD will consist of a one-day collaborative training event to be held at SRU campus and individual follow-up by SWE faculty on-site in the six districts. The follow-up site visits at individual districts will focus on aligning their K-12 health and physical education (H/PE) programs to the Whole School, Whole Community, Whole Child (WSCC) framework and other nutrition and physical education/physical activity topics with a goal of supporting district participation in a school wellness continuous quality improvement program.

3. Evaluation

Between 07/2019 and 06/2020, Department of Health (DOH) in collaboration with external evaluators and school wellness consultant will develop evaluation materials to assess the effectiveness of the program and collect data in order to report outcomes.

National Health Objective: HO NWS-14 Fruit Intake

State Health Objective(s):

Between 07/2019 and 09/2020, Objective 1: Increase access to healthy foods and beverages, including fruit, by providing access to healthier options in 1 additional health system outside of Philadelphia, increasing participating health systems from 2 to 3.

Objective 2: Increase access to healthy foods and beverages, including fruit, by providing access to healthier options in 35 food pantries throughout Pennsylvania.

Baseline:

Objective 1: As of 4/2019, the number of participating health care systems outside of Philadelphia is 2.

Objective 2: As of 4/2019, the anticipated total number of participating food pantries throughout Pennsylvania is 35.

Data Source:

Objective 1: Philadelphia Department of Public Health

Objective 2: Feeding Pennsylvania and Food Bank Data

State Health Problem:

Health Burden:

Since 1980, adult obesity rates have doubled, and child obesity rates have tripled. Pennsylvania is ranked as the 24th most obese state for adults and 39th for 2-4 year old WIC participants, according to the 2017 State of Obesity Report. According to the 2015-2016 Pennsylvania Growth Screening/BMI-for-age percentiles: for grades K-6: 15.23% had overweight and 16.66% obesity and for grades 7-12: 16.47% had overweight and 19.05% obesity.

Target Population:

Number: 4,661,334

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: 4,661,334
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: Food Bank data, US Bureau of Census 2015, 2015-2016 Pennsylvania Growth Screening/BMI-for-age percentiles, EPIQMS, BRFSS 2015

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: Good Food, Healthy Hospitals (Philadelphia Department of Public Health)
Dietary Guidelines for Americans 2015-2020 (U.S. Department of Health and Human Services and U.S. Department of Agriculture)

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

Total Current Year Funds Allocated to Health Objective: \$471,186
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$314,606
Funds to Local Entities: \$256,000
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:

Good Food, Healthy Hospitals (GFHH)

Between 10/2019 and 09/2020, the Department of Health in collaboration with the Philadelphia Department of Public Health (PDPH) and The Common Market (TCM) will increase the number of Health systems outside of Philadelphia enrolled in Good Food, Healthy Hospital (GFHH) from 2 to 3.

Annual Activities:

1. New Participant Enrollment

Between 10/2019 and 09/2020, The Department in collaboration with PDPH and TCM will identify and

recruit 2 new health care systems outside of Philadelphia to participate in GFHH. Recruitment will be prioritized using an obesity risk analysis and Public Health 3.0 target counties.

2. Technical Assistance

Between 10/2019 and 09/2020, The Department in collaboration with PDPH and TCM will provide technical assistance/consultation to hospital leadership and food service operators to support them in adopting and implementing nutrition standards. Technical assistance can include but is not limited to nutritional analysis, menu planning, procurement, policy development and resource sharing.

3. Biannual Stakeholders Meeting

Between 10/2019 and 09/2020, The Department in collaboration with PDPH and TCM will conduct bi-annual stakeholder convenings to support implementation of food service guidelines through sharing of best practices, challenges and stories among peer groups.

4. Evaluation

Between 10/2019 and 09/2020, Between 07/2019 and 06/2020, Department of Health (DOH) in collaboration with external evaluators and PDPH and TCM will develop an evaluation plan to assess the effectiveness of the program and collect data in order to report outcomes.

Objective 2:

Participating food pantries

Between 07/2019 and 06/2020, Feeding Pennsylvania and participating food banks will increase the number of food pantries participating in the Pennsylvania Healthy Pantry Initiative (PA HPI) from 5 to 35.

Annual Activities:

1. Yearly convening

Between 07/2019 and 06/2020, Feeding Pennsylvania in collaboration with the Department will hold an in-person statewide convening of all Feeding Pennsylvania member food banks to discuss program updates and share resources and best practices.

2. Participating food pantries

Between 07/2019 and 06/2020, Feeding Pennsylvania and food banks in collaboration with the Department will recruit 30 food pantries into the PA HPI program.

3. Nutrition Policy

Between 07/2019 and 06/2020, Feeding Pennsylvania will create a nutrition policy to demonstrate the importance of its food banks providing and promoting nutritious food to their clients.

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

State Health Objective(s):

Between 07/2019 and 09/2020, reduce the number of individuals that report no leisure time physical activity in the past month in Pennsylvania from 25% to 24% by increasing the number of safe community-based walking routes and community social supports via walking groups and fund local governmental entities to assist with the development of a master transportation plan, bike/pedestrian master plans, active transportation plans or Complete Streets policy to improve pedestrian, bicycle and transit transportation systems.

Baseline:

Objective baseline is 25% as this is the most recent percent of adults that report no leisure time physical activity in Pennsylvania.

Data Source:

Metrics and reports will come from the Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS 2017).

State Health Problem:

Health Burden:

Since 1980, adult obesity rates have doubled, and child obesity rates have tripled. Pennsylvania is ranked as the 25th most obese state for adults and 39th for 2-4 year old WIC participants, according to the 2017 State of Obesity Report. In 2017, 67.1% of adults in PA were overweight or obese (BRFSS 2017). According to the 2012-2013 Pennsylvania Growth Screening/BMI-for-age percentiles, 39% of school aged children in grades K through 12 were either overweight or obese. In 2017, 24.9% of adults in PA did not participate in any type of physical activity in the past month (BRFSS 2017).

Target Population:

Number: 4,800,549

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: 4,800,549

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 2015, PA EpiQMS, BRFSS 2017, 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: \$266,100

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

Funds Allocated to Disparate Populations: \$250,000

Funds to Local Entities: \$104,007

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 a master trans. plan, bike/ped master plan, active trans. plan or related policy

Between 10/2019 and 09/2020, Department of Health in collaboration with the University of Pittsburgh - Graduate School of Public Health will provide awards to **4** municipal or similar entities for the development of a master transportation plan, bike/pedestrian master plan, active transportation plan or related policy to improve pedestrian, bicycle and transit transportation systems that supports environmental changes to enhance places for physical activity. The University of Pittsburgh will provide technical assistance throughout the development of the plans and/or policies.

Annual Activities:

1. Distribute Request for Application to enhance plans and policies to increase physical activity

Between 10/2019 and 09/2020, Department of Health in collaboration with the University of Pittsburgh will distribute a Request for Application (RFA) to municipal and similar entities to assist with the development of a master transportation plan, bike/pedestrian master plan, active transportation plan or related policy to improve pedestrian, bicycle and transit transportation systems that include language that support environmental changes to enhance places for physical activity.

2. Select communities to enhance plans and policies to increase physical activity

Between 10/2019 and 09/2020, Department of Health in collaboration with the University of Pittsburgh will select applicants to assist with the development of a master transportation plan, bike/pedestrian master plan, active transportation plan or related policy to improve pedestrian, bicycle and transit transportation systems that include language that support environmental changes to enhance places for physical activity. The University of Pittsburgh will provide technical assistance throughout the development of the plans and/or policies.

3. Evaluation

Between 10/2019 and 09/2020, Between 07/2019 and 06/2020, Department of Health (DOH) in collaboration with external evaluators and the University of Pittsburgh will develop an evaluation plan to assess the effectiveness of the program and collect data in order to report outcomes.

Objective 2:

Increase physical activity through development of walking routes

Between 10/2019 and 09/2020, Department of Health in collaboration with the University of Pittsburgh - Graduate School of Public Health will implement **6** community-based walking routes in target counties utilizing the built environment; establishing and promoting walking groups for social support and encouraging policies designed to increase opportunities for physical activity through the WalkWorks affiliate program.

Annual Activities:

1. Add a minimum of one walking route per affiliate community

Between 10/2019 and 09/2020, Department of Health in collaboration with the University of Pittsburgh will scale WalkWorks to more communities throughout Pennsylvania through affiliate partners. Affiliates receive technical assistance to help identify, implement and sustain a minimum of one walking route in their community. Once a walking route has been implemented, signage is provided to the affiliate to help mark and promote the walking route.

2. Host one kick-off event per walking route

Between 10/2019 and 09/2020, WalkWorks affiliate partners will host a minimum of one kick-off event per walking route. The kick-off events will help promote WalkWorks and will launch the walking groups to help sustain the walking routes.

Objective 3:

Offer professional development opportunities to increase active transportation and physical activity

Between 10/2019 and 09/2020, Department of Health in collaboration with the University of Pittsburgh - Graduate School of Public Health will conduct 2 professional development opportunities for local government officials, planners, community organizations on Complete Streets and walkable communities.

Annual Activities:

1. Offer 2 professional development opportunities to increase active transportation & physical activity

Between 10/2019 and 09/2020, the University of Pittsburgh will offer 2 webinars on Complete Streets policies and walkable communities. The first webinar will promote the benefits of Complete Streets and best practices. The second webinar will highlight examples of Pennsylvania communities that have adopted Complete Streets policies, completed infrastructure improvements to enhance walkability and increase connectivity to everyday destinations. The webinars will be recorded and archived on the WalkWorks website and promoted as a resource to partners.

State Program Title: Oral Health Program

State Program Strategy:

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

Program Health Priority:

To implement School-based Dental Sealant Programs and provide technical assistance to state and local partners to foster policy, environmental, and systems change.

Program Primary Strategic Partners:

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

External:

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

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

State Program Setting:

Child care center, Community based organization, Community health center, Faith based organization, Local health department, Medical or clinical site, Schools or school district, Senior residence or center, State health department, Work site

FTEs (Full Time Equivalent):

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

Position Name: Jun Yang

Position Title: Epidemiologist

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

Position Name: Jan Miller

Position Title: Public Health Program Administrator

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

Total Number of Positions Funded: 2

Total FTEs Funded: 1.20

National Health Objective: HO OH-1 Dental Caries Experience

State Health Objective(s):

Between 10/2018 and 09/2019, Increase the number of Pennsylvania children and adolescents receiving dental sealants in Allegheny and Chester Counties and York City from 1,451 to 1,500.

Baseline:

1451 Pennsylvania children and adolescents received dental sealants in 2017-2018.

Data Source:

Oral Health Program Grantee Reports.

State Health Problem:

Health Burden:

According to an October 2016 article in [Morbidity and Mortality Weekly Report \(MMWR\)](#), CDC found that increasing sealant use prevalence could substantially reduce untreated decay, associated problems, and dental treatment costs. Providing sealants through school-based programs is an effective way to increase sealant use. The benefits of school-based dental sealant programs exceed their cost when they serve children at high risk for tooth decay. The programs become cost-saving after 2 years and save \$11.70 per sealed tooth over 4 years. Providing sealants to the approximately 6.5 million low-income children who currently do not have them would prevent 3.4 million cavities over 4 years. 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: 458,818

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, 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: 103,153

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: 2017 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: \$350,000

Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$90,000
Funds to Local Entities: \$173,835
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 10/2018 and 09/2019, Oral Health Program will maintain 3 oral health programs at CMHDs.

Annual Activities:

1. Partner with 3 CMHDs to maintain oral health programs

Between 10/2018 and 09/2019, Continue to partner with 3 CMHDs to provide guidance and support to develop school-based dental sealant programs to reach 1,500 children.

2. Increasing awareness of the need for good oral health

Between 10/2018 and 09/2019, increase awareness of the need for good oral health by providing technical assistance to state and local partners to implement oral health evidence-based interventions and to foster policy, environmental, and systems change.

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, injury and improve the health and quality of life.

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

Program Primary Strategic Partners:

Internal: Violence and Injury Prevention Program, Cardiovascular Health Section, and the Division of Nutrition and Physical Activity

External: CMHDs, American Heart Association, Community-Based Organizations, Statewide Non-Profit Organizations, State Health Improvement Partnerships, and other State Agencies

Program Evaluation Methodology: Reports from the CMHD grantees; analysis of BRFSS, morbidity, and mortality data.

State Program Setting:

Community based organization, Community health center, Local health department, Parks or playgrounds, Schools or school district, Senior residence or center, State health department, Work site

FTEs (Full Time Equivalent):

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

Position Name: Dr. Jun Yang

Position Title: Chronic Disease 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 10/2018 and 09/2020, The funded CMHDs will implement a minimum of 25 local health policy and/or sustainable environmental changes to reduce the prevalence of cardiovascular disease and unintentional injuries and to increase opportunities for improved nutrition and physical activity within community settings.

Baseline:

30% of Allegheny County adults are obese and 65% are overweight; 31% of Lehigh and Northampton County adults are obese and 66% are overweight; 18% of Chester County adults are obese and 57% are overweight; 33% of Erie County adults are obese and 70% are overweight; 24% of Montgomery County adults are obese and 62% are overweight; 30% of Luzerne County adults are obese and 65% are

overweight; and 35% of York County adults are obese and 69% are overweight.

Additionally, there were 61.5 deaths from unintentional injuries in 2016 (age-adjusted rate per 100,000 persons of all ages)

Data Source:

2014-2016 Pennsylvania BRFSS and Pennsylvania Department of Health Bureau of Health Statistics and Research

State Health Problem:

Health Burden:

The 2014-2016 BRFSS survey found that 24% of Pennsylvania adults had no leisure time physical activity in the past month; 19% of Pennsylvania adults were current smokers and 30% of Pennsylvania adults aged 18 and above were obese and 65% were overweight. According to NACDD, chronic diseases accounted for seven of the top 10 causes of death in 2014 and 46% of all deaths in 2014 were caused by heart disease and cancer. Furthermore, chronic diseases account for 86% of health care costs in the U.S., which means preventive health measures should be prioritized.

In 2016, unintentional injury was the leading cause of death among children and adults ages 1 through 49. There were 8,230 unintentional injury deaths reported in Pennsylvania in 2016, accounting for 74.4 percent of all injury deaths. Overall, unintentional injury death age-adjusted rates increased by 17.8 percent from 43.7 deaths per 100,000 population in 2012 to 61.5 deaths per 100,000 population in 2016.

Target Population:

Number: 12,784,227

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, 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

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: Yes

Location: Specific Counties

Target and Disparate Data Sources: 2014-2016 Pennsylvania BRFSS; PA Bureau of Informatics and Information Technology; Pennsylvania Health Care Cost Containment Council; Penn State Data Center

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)

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

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: \$1,975,000

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

Funds Allocated to Disparate Populations: \$1,955,250

Funds to Local Entities: \$1,955,250

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 Settings

Between 10/2018 and 09/2019, selected CMHDs will implement **16** policy, environmental, and systems changes that can increase physical activity and nutrition and enhance the overall health and safety of communities.

Annual Activities:

1. Increased Healthy Nutrition

Between 10/2018 and 09/2019, selected CMHDs will each implement 2 policy, systems, or environmental changes to increase access to healthy foods within the community.

2. Increased Physical Activity

Between 10/2018 and 09/2019, selected CMHDs will each implement 2 policy, systems, or environmental changes to increase access to safe physical activity opportunities and transportation within the community.

Objective 2:

Injury Prevention Education and Awareness

Between 10/2018 and 09/2019, selected county/municipal health departments (CMHDs) receiving PHHSBG funds will implement **24** injury prevention education/awareness activities addressing the four priority focus areas.

Annual Activities:

1. Traumatic Brain Injury

Between 10/2018 and 09/2019, at least five CMHDs will implement at least one prevention activity focusing on reducing injuries related to traumatic brain injury.

2. Falls Prevention

Between 10/2018 and 09/2019, at least 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 10/2018 and 09/2019, at least five CMHDs will implement at least one motor vehicle injury prevention activity focusing on reducing injuries and deaths.

4. Prevention of Child Maltreatment/ Intimate Partner Violence

Between 10/2018 and 09/2019, at least five CMHDs will implement at least one prevention of child maltreatment/ Intimate Partner Violence activity focusing on reducing injuries and deaths as a result of child maltreatment/ intimate partner violence.

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 2017, there were 4,201 rape offenses reported to law enforcement agencies representing a decrease from the 4,444 offenses reported in 2016.

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 10/2018 and 09/2020, 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) 2010-2012 State Report published in April 2017 found that nearly 1 in 5 women (19.1%) and 1 in 6 men (1.5%) in the United States have been raped at some time in their lives.

There were 4,201 rape offenses reported by Pennsylvania police agencies in 2017, an average of 11.5 each day or one every 2 hours. This is a decrease of 5.0 percent from the 4,444 offenses reported the previous year. Rape offenses comprised 1.6 percent of the Crime Index and 10.6 percent of the Violent Crime Index. The rape rate was 33.3 per 100,000 population.

Target Population:

Number: 6,538,129

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: 1,558,368

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: PA Bureau of Informatics and Information Technology; Penn State Data Center, 2015

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 10/2018 and 09/2019, Pennsylvania Coalition Against Rape and 50 Rape Crisis Centers will maintain **3,000** direct service hours to victims of sexual assault to reduce the impact of rape and decrease the risk of subsequent re-victimization of approximately 300 persons.

Annual Activities:

1. Maintain Direct Service Hours

Between 10/2018 and 09/2019, 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 3,000 direct service hours to 300 persons.

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

Between 10/2018 and 09/2019, Maintain provision of crisis intervention, counseling, advocacy and accompaniment services to 300 victims. Services include accompaniment to aid the victim in testifying against the accused perpetrator(s).

State Program Title: Tuberculosis Control Program

State Program Strategy:

Program Goal(s): The Tuberculosis (TB) Program has a goal of maintaining the incidence of active tuberculosis at fewer than 1.5 cases per 100,000 persons for 2018-19.

Program Health Priority: TB continues to be a significant public health issue within the Commonwealth of Pennsylvania. In calendar year 2018, Pennsylvania reported 212 verified cases of tuberculosis- Foreign-born individuals are disproportionately impacted by tuberculosis more than any other population within the state. Tuberculosis cases reported among foreign-born individuals represent 75% (158/212) of all the reported cases in 2018 and 70% in 2017.

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

Internal:

PA DOH Bureau of Community Health

PA DOH Bureau of Laboratories

PA DOH District Health Offices

PA DOH Bureau of Information Technology

External:

Medical Community Systems

PA County and Municipal Health Departments

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

State Program Setting:

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

FTEs (Full Time Equivalents):

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO IID-29 TB

State Health Objective(s):

Between 10/2018 and 09/2019, Reduce tuberculosis to an incidence rate of less than 1.5 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)
PALIMS (Laboratory Information Management System)
NTIP (National Tuberculosis Indicators Project) reports
TBGIMS (Tuberculosis Genotyping Information Management System)

State Health Problem:

Health Burden:

Tuberculosis continues to be a significant public health issue in Pennsylvania. During CY 2018, a total of 212 new cases of tuberculosis were reported in the Commonwealth. This represents an overall increase of 9% from the previous year. The number of TB cases over the five-year period are listed in table 1. Tuberculosis cases reported among foreign-born individuals represent XX% (XXX/212) and 67% in 2016. 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. Early detection and treatment of TB infection (TBI) has proven reduce TB disease. Many foreign borne patients may be unnecessarily treated due to false positives rates of the tuberculin skin test. The QuantiFERON (QFT) is utilized for detection of TBI and can distinguish a false positive in the foreign borne BCG vaccinated population. Since 70% of the TB cases are foreign borne, the increased use of this laboratory test can save on TB control and prevention resources.

Table 1

Year	2013	2014	2015	2016	2017	2018
Confirmed TB cases in PA	214	208	200	175	192	212

Target Population:

Number: 12,802,503

Ethnicity: Hispanic, Non-Hispanic

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

Best Practice Initiative (U.S. Department of Health and Human Service)
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: American Thoracic Society (ATS) Guidelines/recommendations
Healthy People 2020
CDC National Tuberculosis Indicator Project (NTIP)
Centers for Disease Control and Prevention
Infectious Disease Society of America

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

Total Current Year Funds Allocated to Health Objective: \$170,000
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:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

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

Objective 1:

Enhance QuantiFERON testing (QFT)

Between 10/2018 and 09/2019, TB Control staff, Bureau of Community Health System, and the BOL will increase the number of QFT testing sites from 13 Public Health Centers to **15 public health sites**.

Annual Activities:

1. Increase the number of QFT testing sites

Between 10/2018 and 09/2019, Transition from tuberculosis skin testing to interferon gamma-released assay, QuantiFeron TB Gold Plus (QFT).

- Investigate phlebotomy and incubation capabilities of the public health centers.
- TB control staff, BCHS and BOL will select new sites based on needs and increased foreign-borne populations.

2. Staffing Training and Outreach

Between 10/2018 and 09/2019,

- Train the sites on collection and targeted use of the QFT
- Train the sites on collection and incubation
- Update and distribute collection guidance and supply order forms
- Attend the biannual CDC TB Laboratory Conference
- Attend annual TB Cohort Review
- Attend annual National TB Controllers Association Conference

3. Increase the number of QFT test resulted to the PA TB Control program

Between 10/2018 and 09/2019,

- Perform the QFT TB Gold Plus test an automatic platform
- Purchase reagents and supplies
- Perform annual competency assessment on the three laboratorians performing the QFT Gold Plus
- Successfully complete proficiency testing
- In the grant year, increase the number of QFT performed from 600 to 1000 tests.

Objective 2:

Ensure Availability of High-Quality and Prompt TB Laboratory Services

Between 10/2018 and 09/2019, 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. 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 98% to **99%**.

Annual Activities:

1. Staff training

Between 10/2018 and 09/2019,

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

2. Surveillance

Between 10/2018 and 09/2019,

- TB Control staff and TB staff in the local health departments will monitor all TB suspect and case laboratory test results for completeness and accuracy.
- TB Control staff performs a two tier review process in the completion of data for the definition of a TB case.
- TB Control staff, TB staff in the local health departments and Bureau of Laboratory staff will ensure that all TB culture specimens are submitted for drug susceptibility testing and genotyping.
- TB Control staff and BOL will perform a quarterly review of the laboratory confirmed TB cases.

3. Outreach Activities

Between 10/2018 and 09/2019,

- 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.
- TB Control staff will continue to work with Bureau of Information Technology in the efforts of onboarding clinical laboratories to electronic laboratory reporting (ELR).
- BOL's TB website laboratory services will provide a link the to the PA DOH Tuberculosis website.

Objective 3:

Increase Molecular Laboratory Testing

Between 10/2018 and 09/2019, 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 45% to **52%**.

Annual Activities:

1. Increase the use of TB NAAT

Between 10/2018 and 09/2019, Between 10/2018 and 09/2019, 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 to the BOL for nucleic acid testing. The staff will provide education on the use of the courier service to reduce the delivery time of the samples and provide faster laboratory results.

- TB control will develop a one page informational document for health care providers regarding information about NAAT.
- TB control staff and BOL will distribute the TB molecular guidelines and courier instruction to the stakeholders as needed.
- Implement GeneXpert for NAAT and rifampin resistance testing.
- Train three staff to perform the GeneXpert.

State Program Title: Violence & Injury Prevention

State Program Strategy:

Staff and operation support for the VIPP section in the Division of Health Risk Reduction.

State Program Setting:

Community based organization, Community health center, Home, Local health department, Medical or clinical site, 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: Cynthia Malinen

Position Title: Public Health Program Manager

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

Position Name: Abiodun Bowale

Position Title: Statistical Analyst 2

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

Position Name: Suzanne Hoedemaker

Position Title: Public Health Program Administrator

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

Position Name: Jun Yang

Position Title: Epidemiologist

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

Total Number of Positions Funded: 5

Total FTEs Funded: 3.35

National Health Objective: HO IVP-11 Unintentional Injury Deaths

State Health Objective(s):

Between 10/2018 and 09/2020, Reduce deaths from unintentional injuries to 55 per 100,000 (age adjusted rate per 100,000 persons of all ages).

Baseline:

61.5 deaths from unintentional injuries in 2016 (age adjusted rate per 100,000, persons of all ages).

Data Source:

Pennsylvania Department of Health Bureau of Informatics and Information Technology.

State Health Problem:

Health Burden:

In 2016, unintentional injury was the leading cause of death among children and adults ages 1 through 49.

There were 8,320 unintentional injury deaths reported in Pennsylvania in 2016, accounting for 74.4 percent of all injury deaths. Overall, unintentional injury death age-adjusted rates increased by 17.8 percent from 43.7 deaths per 100,000 population in 2012 to 61.5 deaths per 100,000 population in 2016.

Target Population:

Number: 12,784,227

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: 7,952,083

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 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 Informatics and Information Technology; Pennsylvania Health Care Cost Containment Council, Penn State Data Center

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: \$445,000

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

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$75,650

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:

Evaluate Program Activities

Between 10/2018 and 09/2019, the Violence and Injury Prevention Program will evaluate 32 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 10/2018 and 09/2019, the Violence and Injury Prevention Program will evaluate all progress reports for activities and impact objectives.

2. Conduct Site Visits

Between 10/2018 and 09/2019, the Violence and Injury Prevention Program will administer a survey and interview its grantees to obtain feedback on the overall grant program, identify technical assistance needs and address any barriers to meeting deliverables.

Objective 2:

Maintain Capacity for Injury Prevention Surveillance

Between 10/2018 and 09/2019, the Violence and Injury Prevention Program will publish **1** injury data report to support state and local community needs assessment, prevention planning, and evaluation.

Annual Activities:

1. Analyze Data

Between 10/2018 and 09/2019, the Violence and Injury Prevention Program will access and analyze, when allowed through data sharing, data from vital records, inpatient hospitalization records, the Adult and Youth Behavioral Risk Factor Surveillance Systems, Emergency Medical Services, Pennsylvania Trauma Outcome Study, Uniform Crime Report, and PennDOT crash records

2. Publish Injury Prevention Reports

Between 10/2018 and 09/2019, the Violence and Injury Prevention Program will publish at least one Injury Data Report and one injury-specific monographs, as appropriate.

Objective 3:

Maintain Partnerships in Support of Injury Prevention

Between 10/2018 and 09/2019, grantees 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. Promote Injury and Violence Prevention activities

Between 10/2018 and 09/2019, grantees will maintain the number of local coalitions, committees or community groups they work with to promote 16 injury or violence prevention activities.

Objective 4:

Provide technical assistance and training

Between 10/2018 and 09/2019, Safe Kids Pennsylvania will conduct **5** activities through education, collaboration and advocacy throughout Pennsylvania.

Annual Activities:

1. Safe Kids Coordinator Training

Between 10/2018 and 09/2019, Safe Kids Pennsylvania will provide at least 5 technical assistance activities statewide to local Safe Kids affiliates, coalition and partners through a multi-faceted approach of public awareness, education, public policy and community activities.

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 2017, 78 women were victims of domestic violence incidents resulting in their deaths with the perpetrators of these violent incidents being all men. (PCADV Domestic Violence Fatality Report).

Program Primary Strategic Partners: Internal: PA Bureau of Informatics and Information Technology 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 10/2018 and 09/2020, 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: PA Bureau of Informatics and Information Technology; Pennsylvania State Data Center 2015

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: \$100,000

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

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: 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 10/2018 and 09/2019, Pennsylvania Coalition Against Domestic Violence will implement **100** social marketing activities including billboards, posters, radio spots and social media efforts such as Facebook for 10,000 males in identified individual Pennsylvania communities across the state.

Annual Activities:

1. Provide advanced training and technical assistance opportunities.

Between 10/2018 and 09/2019, Implement three quarterly meetings per year in each of the six regions of Pennsylvania, along with beginning an annual statewide prevention meeting during the summer months.

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

Between 10/2018 and 09/2019, Maintain training of 50 state prevention team members and community leaders on changing social norms and developing healthy relationships, along with working collaboratively with men and boys on increasing primary prevention of domestic violence.

3. Continue social marketing directed towards men and boys.

Between 10/2018 and 09/2019, Implement social marketing campaigns (to include radio spots, posters, billboards, newspaper promotion, social media and other recognized behavior change methods) in environments where we can more intensively study outcomes.