

**Pennsylvania FY 2020
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2020

Submitted by: Pennsylvania

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Contents	Page
Executive Summary	3
Statutory and Budget Information	6
Statutory Information	6
Budget Detail	7
Summary of Allocations	8
Program, Health Objectives	10
Accredited Public Health Agency	10
PHI-17 Accredited Public Health Agencies	11
Asthma Control	13
RD-6 Patient Education	13
Diabetes Prevention & Control	16
D-1 New Cases of Diabetes	16
D-14 Diabetes Education	19
Health Literacy	23
HC/HIT-1 Health Literacy	23
Health Promotion and Disease Prevention Programs	26
HC/HIT-13 Social Marketing in Health Promotion and Disease Prevention	26
Nutrition & Physical Activity Program	29
MICH-21 Breastfeeding	30
NWS-10 Obesity in Children and Adolescents	33
NWS-14 Fruit Intake	36
PA-1 No Leisure-Time Physical Activity	38
Oral Health Program	42
OH-1 Dental Caries Experience	42
Safe and Healthy Communities	45
ECBP-10 Community-Based Primary Prevention Services	45
Sexual Violence Prevention and Education (Mandate)	49
IVP-40 Sexual Violence (Rape Prevention)	49
Tuberculosis Program	52
IID-29 TB	52
Violence & Injury Prevention	57
IVP-11 Unintentional Injury Deaths	57
Violence and Injury Prevention - Domestic Violence	61
IVP-33 Physical Assaults	61

Executive Summary

This **Executive Summary** reflects the 2020 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 2020**.

PA's funding assumption is based on the allocation table provided to PA by CDC which changes FFY 2018 of \$8,028,754 to **\$7,444,794** for **FFY 2019**. This grant covers the time period 10/1/2019 to 9/30/2021. For FFY 2020, the PHHSBG Advisory Committee Meetings (teleconference calls) were held on Thursday, January 30, 2020 and Tuesday, May 12, 2020. The Public Hearing was held on Tuesday, May 5, 2020. 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 maintain public health agency accreditation through the Public Health Accreditation Board. The department will review and update plans and processes as it strives toward a culture of continuous quality improvement. The department will convene public health partners to assess the health of the commonwealth and draft a state health assessment that will be used to inform a state health improvement plan.

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 – \$1,022,961: The DPC Program works to prevent diabetes; prevent complications, disabilities and burden associated with diabetes; and eliminate diabetes-related health disparities. The Program will continue to support Diabetes Prevention Programs (DPP) across the state of Pennsylvania to achieve and maintain pending, preliminary and full CDC-recognition. The Program's 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 underserved 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 - \$116,797: 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 - \$876,169: 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 - \$1,395,897:

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 - \$357,049: This program strives to promote optimal oral health for Pennsylvanians by fostering partnerships 10 new school-based dental sealant programs provided by 3 health centers and working with a statewide oral health coalition. The three health centers provide guidance and support to develop school-based dental sealant programs at high-need schools to reach 1,600 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 - \$1,976,450: 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 mandate 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 - \$205,000: 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 2019-20. 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 - \$462,669: 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 - \$327,903: 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 (2019), 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):

5/5/2020

Advisory Committee Date(s):

1/30/2020

5/12/2020

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for PA 2020 V0 R0

Total Award (1+6)	\$7,534,910
A. Current Year Annual Basic	
1. Annual Basic Amount	\$7,250,895
2. Annual Basic Admin Cost	(\$327,903)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$6,922,992
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)	\$7,207,007
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)	\$7,207,007

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$6,922,992
Sex Offense Set Aside	\$284,015
Available Current Year PHHSBG Dollars	\$7,207,007
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	\$7,207,007

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	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	\$839,411	\$0	\$839,411
	D-14 Diabetes Education	\$183,550	\$0	\$183,550
Sub-Total		\$1,022,961	\$0	\$1,022,961
Health Literacy	HC/HIT-1 Health Literacy	\$876,169	\$0	\$876,169
Sub-Total		\$876,169	\$0	\$876,169
Health Promotion and Disease Prevention Programs	HC/HIT-13 Social Marketing in Health Promotion and Disease Prevention	\$116,797	\$0	\$116,797
Sub-Total		\$116,797	\$0	\$116,797
Nutrition & Physical Activity Program	MICH-21 Breastfeeding	\$116,639	\$0	\$116,639
	NWS-10 Obesity in Children and Adolescents	\$522,615	\$0	\$522,615
	NWS-14 Fruit Intake	\$482,427	\$0	\$482,427
	PA-1 No Leisure-Time Physical Activity	\$274,216	\$0	\$274,216
Sub-Total		\$1,395,897	\$0	\$1,395,897
Oral Health Program	OH-1 Dental Caries Experience	\$357,049	\$0	\$357,049
Sub-Total		\$357,049	\$0	\$357,049
Safe and Healthy Communities	ECBP-10 Community-Based Primary Prevention Services	\$1,976,450	\$0	\$1,976,450
Sub-Total		\$1,976,450	\$0	\$1,976,450
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 Program	IID-29 TB	\$205,000	\$0	\$205,000
Sub-Total		\$205,000	\$0	\$205,000
Violence & Injury	IVP-11 Unintentional	\$462,669	\$0	\$462,669

Prevention	Injury Deaths			
Sub-Total		\$462,669	\$0	\$462,669
Violence and Injury Prevention - Domestic Violence	IVP-33 Physical Assaults	\$100,000	\$0	\$100,000
Sub-Total		\$100,000	\$0	\$100,000
Grand Total		\$7,207,007	\$0	\$7,207,007

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:

Key staff include those who participate in 12 domain teams, one for each of the ten essential services of public health and for administration and governance. The teams are led by bureau directors and other key leaders, the accreditation implementation team, who champion the work of their domains. This team meets quarterly to support progress on measures that need greater collaboration. They use the PHAB standards and measures to identify opportunities for improvement, and assign staff as necessary to those key initiatives. Other primary strategic partners include the department's executive staff. Their role is to continue to highlight to all staff the role and value of maintaining accreditation, so that staff know why changes are needed and that taking risks to achieve the needed change is part of this [process](#). This team meets monthly and guides progress on accreditation, performance management, and each month recognizes a quality improvement project by hearing about the project and awarding that team with a QI award.

Program Evaluation Methodology:

Success in public health accreditation is evaluated through adherence to PHAB standards and measures. The department will need to be re-accredited in 2024, and as we work toward that goal, the accreditation team will be asked to evaluate the department's work by the specific PHAB standards. The accreditation administrator will work with each domain team to review their work and provide feedback to each domain team with an assessment for their compliance with the standards and measures in their domain. In each of the next three years, the accreditation administrator will evaluate and provide feedback on one third of the measures in each domain, so that in the fourth year, only those not meeting measures can have renewed [attention](#). The administrator will maintain information on progress toward reaccreditation goals on an online performance management system that, accessible to all department staff.

State Program Setting:

State health department

FTEs (Full Time Equivalents):

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

Position Name: currently unfilled

Position Title: Public Health Program Administrator

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

Position Name: Merhawi Gebrezgi

Position Title: Epidemiologist

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

Total Number of Positions Funded: 2

Total FTEs Funded: 1.50

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, is maintaining public health agency accreditation and will convene public health partners to assess the health of the commonwealth and draft one state health assessment that will be used to inform a state health improvement plan.

Baseline:

Currently the Pennsylvania State Health Assessment is more than five years old.

Data Source:

The department's performance management system.

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:

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

National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Promising Practices Network (RAND Corporation)

Other: Public Health Accreditation Board Standards and Measures version 1.5

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

Public Health Accreditation Board Standards and Measures version 1.5

The Guide to National Public Health Department Reaccreditation: Process and Requirements.

State Health Assessment Guidance and Resources, by the Association of State and Territorial Health Officials

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:

Develop data visualizations for the state health assessment

Between 03/2020 and 09/2020, Epidemiologist will develop 25 visualizations for key health indicators and certain populations with greatest impacts.

Annual Activities:

1. Using stakeholders select key health indicators

Between 04/2020 and 09/2020, stakeholder meetings and focus groups will be held to identify key health issues in Pennsylvania. During these meetings, data will be presented that will help partners understand the needs of the population. Based on data and stakeholder interests, the department will create a report to highlight key health issues, the populations most at risk, and the underlying causes of these health issues.

Objective 2:

Prepare for the second PHAB annual report

Between 10/2019 and 09/2020, Accreditation coordinator, program administrator will identify 19 questions to be answered in the second year PHAB annual report and the responsible person for each question's response.

Annual Activities:

1. Review annual report requirements

Between 06/2020 and 09/2020, the program administrator will review the requirements for each of the 19 annual report questions, as well as one measure rated slightly demonstrated, and identify domain team and individual responsibility for each requirement.

2. Quality improvement projects

Between 06/2020 and 09/2020, At least one quality improvement opportunity identified through the standards and measures and domain teams to help improve the department's process and to continue building a culture of quality improvement in the department will be implemented

State Program Title: Asthma Control

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 Pennsylvania. Focus will be on children referred from Children's Hospital of Philadelphia 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

Program Evaluation Methodology:

Children's Hospital of Philadelphia personnel collect and analyze performance measure 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.

State Program Setting:

Home, Medical or clinical site

FTEs (Full Time Equivalents):

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

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO RD-6 Patient Education

State Health Objective(s):

Between 10/2020 and 09/2021, The Community Asthma Prevention Program (CAPP) will provide in-home and in-clinic patient education to 60 new patients ages 2-16 and their families, on how to self-manage their asthma, for a total of 661 patients (an increase of 10% above baseline).

Baseline:

As of April 22, 2020, 601 patients and their families have received education in their homes on asthma self-management (since October 1, 2014).

Data Source:

Children's Hospital of Philadelphia

State Health Problem:

Health Burden:

In 2018, the percentage of adults that were ever told that they have asthma in Pennsylvania was 14.8 percent or approximately 1,503,683 adults. 10.0 percent of adults had current asthma or approximately 1,016,001 adults.

In 2018, the percentage of children that were ever told that they have asthma in Pennsylvania was 13.1 percent or approximately 346,762 children. 9.9 percent of children had current asthma or approximately 262,057 children.

Statewide asthma inpatient hospitalization crude rate (2018): 7.8 per 10,000; age-adjusted rate: 8.4 per 10,000.

Statewide asthma inpatient hospitalization, children under five, crude rate (2018): 27.6 per 10,000; age-adjusted rate: 1.9 per 10,000.

Statewide asthma inpatient hospitalization, five years and older, crude rate (2018): 6.7 per 10,000; age-adjusted rate: 6.5 per 10,000.

Philadelphia County stats: In 2018, 2179 children ages 0-19 were hospitalized for asthma in Philadelphia County. Philadelphia County represents 49.8% of all child asthma hospitalizations age 0-19 in Pennsylvania.

During the 2017-2018 school year, 38,045 students in Philadelphia County were reported as having asthma.

Target Population:

Number: 40,224

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: 40,224

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: 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:

Provide asthma education to 60 patients and their families

Between 10/2020 and 09/2021, The CAPP program will provide asthma education to **60** patients and their families.

Annual Activities:

1. Provide CAPP in-home education

Between 10/2020 and 09/2021, 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 Delaware Counties as these counties have the highest asthma prevalence rates for children.

2. Conduct evaluation of CAPP

Between 10/2020 and 09/2021, CAPP personnel will collect performance measure data to evaluate the CAPP program and its effectiveness.

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

External:

Community-based Organizations

American Diabetes Association (ADA)

Association of Diabetes Care and Education Specialists (ADCES)

Division of Tobacco Prevention and Control Regional Primary Contractors

Feeding Pennsylvania

Health Promotion Council

Public Health Management Corporation (PHMC)

Pennsylvania Pharmacists Association (PPA)

Special Olympics Pennsylvania(SOPA)

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, University or college, Work site, Other: Pharmacies

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 D-1 New Cases of Diabetes

State Health Objective(s):

Between 07/2020 and 09/2021, community-based partners will support 69 existing CDC-recognized Diabetes Prevention Program (DPP) sites across Pennsylvania, targeting adults at high risk for type 2 diabetes.

Baseline:

As of April 2020, per the CDC National Registry of Recognized Diabetes Prevention Programs, there were 89 CDC-recognized DPP programs in Pennsylvania, of which 69 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% in 2018 (BRFSS 2018). 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: 17% smokers, 33% hypertensive, and 30.9% obese (BRFSS 2018). Poor nutrition and physical inactivity are two main contributors to obesity, the risk factor with greatest prevalence in PA. PA is the 25th most obese state for adults (The State of Obesity in Pennsylvania, 2019), and is an epidemic with 38 % 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.

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, Ronald T. "From programs to policy and back again: the push and pull of realizing type 2 diabetes prevention on a national scale." *Diabetes care* 40.10 (2017): 1298-1301.

Cheyne, Kate, et al. "Peer Reviewed: Food Bank–Based Diabetes Prevention Intervention to Address Food Security, Dietary Intake, and Physical Activity in a Food-Insecure Cohort at High Risk for Diabetes." *Preventing Chronic Disease* 17 (2020).

Mensa-Wilmot, Y., 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.

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: \$839,411

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 07/2020 and 06/2021, community-based partners in collaboration with the Department will maintain **69** DPP program sites with CDC-recognition implemented between 07/2014 - 04/2020.

Annual Activities:

1. Program Maintenance & Recognition

Between 07/2020 and 06/2021, community-based partners in collaboration with the Department will provide ongoing technical assistance and support to the 69 sites implemented between 07/2014 and 04/2020 to maintain CDC-recognition.

2. Evaluation

Between 07/2020 and 06/2021, 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 07/2020 and 06/2021, 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 07/2020 and 06/2021, continue to train and engage health educators involved with the 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 07/2020 and 06/2021, community-based partner will conduct **3** lifestyle coach regional meetings.

Annual Activities:

1. Plan and organize lifestyle coach meetings

Between 07/2020 and 06/2021, the community-based partner, in collaboration with the Department, will plan and organize in-person regional meetings of lifestyle coaches where coaches of each of the six health districts of Pennsylvania can attend. The purpose of these meetings will be to encourage relationship building and networking among lifestyle coaches, to communicate and discuss updates on initiatives taking place at the state and national level, 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 10/2019 and 09/2021, Increase access to and participation in American Diabetes Association (ADA)-recognized and Association of Diabetes Care and Education Specialists (ADCES)-accredited Diabetes Self-Management Education and Support (DSMES) programs.

Baseline:

Number of pharmacist-led DSMES sites, baseline as of April 2020, 45
Proportion of people with diabetes in targeted settings who have at least one encounter at an ADA-recognized, ADCES-accredited DSME program during the fiscal year, baseline 2019 data, Total number 49,103

Data Source:

Data collected from:
ADA and ADCES state site list from January 2020
CDC DSME State Participation Data from March 2020

State Health Problem:

Health Burden:

PA is ranked among the states with highest prevalence of diabetes, with a value of 11% in 2018 (BRFSS

2018). 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: 17% smokers, 33% hypertensive, and 30.9% obese (BRFSS 2018). Poor nutrition and physical inactivity are two main contributors to obesity, the risk factor with greatest prevalence in PA. PA is the 25th most obese state for adults (The State of Obesity in Pennsylvania, 2019), and is an epidemic with 38 % 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.

Target Population:

Number: 1,417,000

Ethnicity: Hispanic, Non-Hispanic

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

Age: 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: 1,417,000

Ethnicity: Hispanic, Non-Hispanic

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

Age: 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: \$183,550

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

Funds Allocated to Disparate Populations: \$118,550

Funds to Local Entities: \$183,550

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 07/2020 and 06/2021, the Department with community-based partner will provide information to increase awareness of, access to and participation in DSMES programs to 1 community of Special Olympics member athletes.

Annual Activities:

1. Outreach to people with intellectual disabilities

Between 07/2020 and 06/2021, The Department with a community-based partner, Special Olympics Pennsylvania, will outreach to DSMES providers to identify providers who are interested in serving people with intellectual disabilities; maintain a directory of DSMES providers available to treat people with intellectual disabilities; and train DSMES providers on inclusive practices to effectively treat this population. The community-based partner will seek opportunities to work with community stakeholders to screen and refer adult Special Olympics athletes to DSMES when appropriate.

Objective 2:

Provide culturally-enhanced DSMES to underserved populations

Between 07/2020 and 06/2021, the Department in collaboration with a community-based partner will provide enhanced DSMES programming to 8 cohorts of underserved populations with diabetes.

Annual Activities:

1. Develop and update culturally-tailored DSMES curricula

Between 07/2020 and 06/2021, the Department in collaboration with the Multi-Cultural Health Evaluation and Delivery System (MHEDS) will develop new culturally-tailored curricula and will update existing curricula to include food and customs familiar to targeted underserved populations. Populations may include Asian (Bhutanese-Nepali; Burmese), Middle Eastern (Iraqi; Syrian), and African (Somali; Congolese) resettled refugees; Latino (Puerto Rican; Mexican); and African American populations.

2. Provide culturally-tailored DSMES to underserved populations

Between 07/2020 and 06/2021, the Department in collaboration with MHEDS will provide 8 six-class DSMES programs. Underserved populations may include Asian (Bhutanese-Nepali; Burmese), Middle Eastern (Iraqi; Syrian), and African (Somali; Congolese) resettled refugees; Latino (Puerto Rican; Mexican); and African American populations. Where necessary, cohorts will be educated with the assistance of bi-lingual cultural navigators.

3. Provide experiential learning sessions

Between 07/2020 and 06/2021, 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 07/2020 and 06/2021, the Department in collaboration with a community-based partner will provide support to 40 pharmacy-led DSMES programs.

Annual Activities:

1. Create and present sustainability programming

Between 07/2020 and 06/2021, The Department in collaboration with a community-based partner will create and present programming either in-person or virtually to ADCES-accredited or ADA-recognized pharmacy-led DSMES programs to support program sustainability. The programming will focus on topics identified by the pharmacists and may include recruitment of participants, retention of participants and medical insurance billing practices.

2. Provide support for pharmacy-led DSMES billing

Between 07/2020 and 06/2021, 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 10/2019 and 09/2021, 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, 2018

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: \$876,169

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 10/2020 and 09/2021, Health Care Improvement Foundation (HCIF) will increase the number of peer educators trained to conduct patient activation programs from 144 to **160**.

Annual Activities:

1. Increased Patient Activation through Health Literacy Education

Between 10/2020 and 09/2021, 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 10/2020 and 09/2021, HCIF will increase the number of medical providers with a knowledge of health literacy and effective patient/provider communication techniques from 17,725 to **18,725**.

Annual Activities:

1. Improved Communication through Health Literacy Education

Between 10/2020 and 09/2021, 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 10/2020 and 09/2021, 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 10/2020 and 09/2021, HCIF will implement **5** health literacy interventions in a minimum of 10 hospitals/health systems.

Annual Activities:

1. Addressing Health Literacy through Policy and Environmental Change

Between 10/2020 and 09/2021, 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 access to 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.

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: Monica Fisher

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 10/2020 and 09/2021, Increase the use of the LiveHealthyPA website to share information, knowledge and resources of chronic disease with internal and external partners and showcase policy, system and environmental approaches to prevent chronic disease.

Baseline:

2000 users per quarter.

Data Source:

Website Analytics

State Health Problem:

Health Burden:

LiveHealthyPA.com (LHPA) does not deliver evidence-based interventions, it is the vehicle for collecting and promoting evidence-based interventions that are being implemented across Pennsylvania to enable organizations and communities to learn of successful practices or innovations with the hope of replicating or modifying these practices/innovations to address similar needs. LHPA adopted the framework of Healthy Living Practices, defined as a continuum of interventions from Emerging Practices to Best Practices where outcomes have been formally evaluated and could be collected from across Pennsylvania and provide readers with potential resource and ideas for improving health outcomes. This framework enables LHPA to collect a continuum of practices that have made a healthy impact on Pennsylvanians without restricting submissions to those that meet a specific definition.

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: \$116,797

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 10/2020 and 09/2021, The Pennsylvania Department of Health will implement **3** 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 10/2020 and 09/2021, LiveHealthyPA.com (LHPA) has an internal advisory group who provide oversight and work to monitor and improve the website. LHPA is innovative as it is the only website of its type in Pennsylvania. It is not bound by the restrictions of the official Department website and allows for input from individuals and organizations outside of government. The advisory group is representative of all the divisions within the Bureau of Health Promotion and Risk Reduction so all Bureau programs have a voice. LiveHealthyPA.com's target audience is health care professionals, program administrators and community based organizations and many of these are partners or contractors with the Bureau. The Health Communications Manager is the coordinator and interface between the wishes of the advisory group and the contractor, PHMC.

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

Between 10/2020 and 09/2021, 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 10 practices from 09/2020 to 09/2021.

3. Monitor online analytics

Between 10/2020 and 09/2021, The Department has established 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.

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 improve nutrition and physical activity practices and policies. 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
Public Health Management Corporation

Program Evaluation Methodology:

Public Health Management Corporation is the external evaluation partner of the Obesity Prevention and Wellness Section. 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 Go NAPSACC 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 and policies and plans implemented in target 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, Child care center, 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: Kimberly Mehaffey

Position Title: Public Health Program Administrator
State-Level: 25% Local: 25% Other: 0% Total: 50%

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: 1.70

National Health Objective: HO MICH-21 Breastfeeding

State Health Objective(s):

Between 07/2020 and 09/2021, increase the number of primary care practices (including Pediatric Practices, Family Practices, OB-Gyn Practices, and Federally Qualified Health Centers (FQHCs)) that are working to improve the protection, promotion and support of breastfeeding by recruiting 15 primary care practices into the Community-Based Breastfeeding-Friendly Practice Program (CBFP), a breastfeeding management educational curriculum.

Baseline:

As of 4/20/2020, 0 practices are participating in the Community-Based Breastfeeding-Friendly Practice Program; recruitment is slated to begin 7/1/2020.

Data Source:

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

State Health Problem:**Health Burden:**

According to the 2018 CDC Breastfeeding Report Card, Pennsylvania has surpassed five of the six Healthy People 2020 objectives for breastfeeding initiation and duration; however, this is not the case for all demographic groups. Statewide, racial disparities are evident. Data from the 2017 Pennsylvania Birth Certificate Dataset show that 75.6% of Black women initiate breastfeeding compared to 82.5% of their White counterparts. According to 2015 Pennsylvania Pregnancy Risk Assessment Monitoring System data, this racial disparity increases for breastfeeding duration. While 58.9% of White women in Pennsylvania breastfeed for 24 weeks or longer, only 42.8% of Black women breastfeed for this duration. Regional breastfeeding initiation disparities are also apparent; county-level data from the 2017 Pennsylvania Birth Certificate Dataset reveal breastfeeding initiation disparities across the entire population for 34 of 67 counties, many of which are disadvantaged rural counties plagued by unique factors such as poverty, lack of transportation infrastructure, no local health departments, and insufficient access to nutritious foods and safe and accessible physical activity. Significantly lower breastfeeding initiation rates in these counties range from 59.1% (Fayette County) to 76.9% (Columbia County) compared to the overall statewide breastfeeding initiation rate of 81.8%.

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, 2017-2018 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: \$116,639

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

Funds Allocated to Disparate Populations: \$100

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:

Community-Based Breastfeeding-Friendly Practice Program

Between 07/2020 and 06/2021, The Department, in collaboration with PA Chapter, American Academy of Pediatrics will increase the number of primary care practices and Federally Qualified Health Centers that are currently participating in the Community-Based Breastfeeding-Friendly Practice Program (CBFP). from 0 to **10**.

Annual Activities:

1. Technical assistance to participating birthing facilities

Between 07/2020 and 06/2021, PA Chapter, American Academy of Pediatrics will provide technical assistance to participating primary care practices and Federally Qualified Health Centers. Technical assistance will be given to help practices progress through the CBFP steps to become designated as a CBFP practice.

2. Webinar

Between 07/2020 and 06/2021, PA Chapter, American Academy of Pediatrics will host one webinar on a relevant breastfeeding topic for primary care practices and FQHCs participating in CBFP.

3. Regional collaborative meetings

Between 07/2020 and 06/2021, PA Chapter, American Academy of Pediatrics will implement one regional collaborative meeting for each of 2 breastfeeding regions. Regional collaborative meetings bring participating practices in the region together to learn about relevant breastfeeding topics, share resources and ideas and hear CBFP updates.

4. Community-Based Breastfeeding-Friendly Practice Program (CBFP) curriculum training

Between 07/2020 and 06/2021, PA Chapter, American Academy of Pediatrics will have 4 of the 5 total hours of the Community-Based Breastfeeding-Friendly Practice Program (CBFP) curriculum available as a web-based training, with at least 25 health care professionals participating in the training.

5. Evaluation

Between 07/2020 and 06/2021, 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.

Objective 2:

EPIC BEST trainings

Between 07/2020 and 06/2021, 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, that are not participating in the Community-Based Breastfeeding-Friendly Practice Program (CBFP).

Annual Activities:

1. EPIC BEST web-based trainings

Between 07/2020 and 06/2021, The EPIC BEST presentation is available as a web-based, on demand training. The presentation will reach at least 80 health care staff that are not participating in the Community-Based Breastfeeding-Friendly Practice Program (CBFP).

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

State Health Objective(s):

Between 07/2020 and 09/2021, Partner with community-based organizations, 60 early childhood education centers (ECE) and 4 school districts to increase the number of settings with improved nutrition and physical activity environments for children and adolescents.

Baseline:

Currently zero, but 60 ECEs and 4 school districts will be recruited.

Data Source:

Program data collected by partners.

State Health Problem:

Health Burden:

Pennsylvania is ranked as the 14th most obese state for youth ages 10-17, according to the 2019 State of Obesity Report. The report breaks down the percent of children and adolescents who have obesity as 12.9% of 2-4 year old WIC participants, 16.8% of 10-17 year olds in the National Survey of Children's Health and 13.7% of high school students according to Youth Risk Behavior Survey.

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: \$522,615
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$512,615
Funds to Local Entities: \$174,924
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:

Farm to School

Between 07/2020 and 06/2021, Pennsylvania Department of Health, in collaboration with The Food Trust and the Pennsylvania Farm to School Network will implement **3** Farm to School strategies in the state to reach children and adolescents and build the capacity of the state-wide Farm to School Network.

Annual Activities:

1. Farm to School Network

Between 07/2020 and 06/2021, Partner with The Food Trust to facilitate monthly meetings of the Pennsylvania Farm to School Network and develop network capacity to implement collaborative activities throughout the state.

2. Farm to Early Childhood Education (ECE)

Between 07/2020 and 06/2021, Leverage the Keystone Kids Go State-wide Access subcommittee action plan to implement farm to ECE initiatives in accordance with National Farm to School Network equity strategies.

3. Farm to School Grant Program

Between 07/2020 and 06/2021, Collaborate with the Pennsylvania Department of Agriculture (PDA) to implement farm to school grant program through the Pennsylvania Farm to School Act.

4. Harvest of the Month

Between 07/2020 and 09/2020, Collaborate with the Pennsylvania Department of Education (PDE) to support implementation of the Harvest of the Month (HOM) program. The HOM program will offer resources and materials including informational posters, table tents and signage for monthly featured fruits or vegetables. Block grant funding will support implementation kits containing expanded promotional materials for 100 schools as well as three on-site consultations conducted by a professional chef with school food service experience.

5. Evaluation

Between 07/2020 and 09/2020, External evaluators will evaluate implementation of the Harvest of the Month (HOM) program. Evaluation activities will include: developing an evaluation plan, determining data to be

collected from recipients of HOM implementation kits and districts receiving on-site culinary consultations and reporting implementation outcomes.

Objective 2:

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

Between 07/2020 and 06/2021, 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 and education settings.

Annual Activities:

1. Technical Assistance

Between 07/2020 and 06/2021, 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. The technical assistance to the 60 ECEs to complete the steps of the continuous quality improvement process will utilize the Go NAPSACC on-line tool and resources. Block grant funding will provide state-wide access of the Go NAPSACC tool to any interested program, organization or technical assistance provider.

2. Policy Development

Between 07/2020 and 06/2021, 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 07/2020 and 06/2021, Department of Health (DOH) in collaboration with external evaluators and TIU will implement the evaluation plan and collect data in order to report outcomes.

Objective 3:

School Wellness

Between 07/2020 and 06/2021, Department of Health (DOH) in collaboration with school wellness consultant will implement a continuous quality improvement process with 4 school districts to improve nutrition and physical activity practices and policies.

Annual Activities:

1. Technical Assistance

Between 07/2020 and 06/2021, Department of Health in collaboration with school wellness consultant will recruit 4 school districts and assess district progress in the continuous quality improvement process to determine action plan implementation. School wellness consultant will provide technical assistance to school districts to maintain active wellness councils, revise self-assessments of nutrition environments and physical activity policies and practices, revise action plans, implement nutrition and physical activity strategies and revise local wellness policies.

2. Professional Development

Between 07/2020 and 06/2021, Slippery Rock University (SRU) School Wellness Education faculty (SWE) shall provide school wellness professional development (PD) to the 4 school districts. PD will consist of a one-day collaborative training event to be held at SRU campus and personalized follow-up by SWE faculty with the 4 districts. The follow-up with 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 the school wellness continuous quality improvement program.

3. Evaluation

Between 07/2020 and 06/2021, Department of Health (DOH) in collaboration with external evaluators and school wellness consultant will develop evaluation materials to assess the effectiveness of the programs and collect data in order to report outcomes.

National Health Objective: HO NWS-14 Fruit Intake

State Health Objective(s):

Between 07/2020 and 09/2021, 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 3 to 4.

Objective 2: Increase access to healthy foods and beverages, including fruit, by providing access to healthier options in 55 food pantries throughout Pennsylvania.

Baseline:

Objective 1: As of 4/2020, the number of participating health care systems outside of Philadelphia is 2, with recruitment of a third health system in progress.

Objective 2: As of 4/2020, the total number of participating food pantries throughout Pennsylvania is 33.

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 2019 State of Obesity Report. According to the 2017-2018 Pennsylvania Growth Screening/BMI-for-age percentiles: for grades K-6: 15.7% had overweight and 16.8% obesity and for grades 7-12: 17.09% had overweight and 19.52% obesity. According to Feeding America's Map the Meal Gap, 2017, 12% of all Pennsylvanians and 16.4% of Pennsylvania children are food insecure. The 2017 Behavioral Risk Factor Surveillance System found that only 8% of Pennsylvanians consume 5 or more fruits and vegetables per day.

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, 2017-2018 Pennsylvania Growth Screening/BMI-for-age percentiles, EPIQMS, BRFSS 2017

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)

Other: Community-Based Breastfeeding-Friendly Practice Program (Pennsylvania Chapter of the American Academy of Pediatrics)

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

Total Current Year Funds Allocated to Health Objective: \$482,427

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

Funds Allocated to Disparate Populations: \$482,427

Funds to Local Entities: \$176,999

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:**Good Food, Healthy Hospitals (GFHH)**

Between 10/2020 and 09/2021, 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 Hospitals (GFHH) from 3 to 4.

Annual Activities:**1. New Participant Enrollment**

Between 10/2020 and 09/2021, The Department in collaboration with PDPH and TCM will identify and recruit 1 new health care system outside of Philadelphia to participate in GFHH. Recruitment will be prioritized using an obesity prevalence risk analysis.

2. Technical Assistance

Between 10/2020 and 09/2021, The Department in collaboration with PDPH and TCM will provide technical assistance/consultation to hospital leadership and food service operators in the 33 participating plus newly recruited hospitals 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 10/2020 and 09/2021, 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 10/2020 and 06/2021, Department of Health (DOH) in collaboration with external evaluators and PDPH and TCM will implement an evaluation plan to assess the effectiveness of the program and collect data in order to report outcomes.

Objective 2:

Participating food pantries

Between 07/2020 and 06/2021, Feeding Pennsylvania and participating food banks will increase the number of food pantries participating in the Pennsylvania Healthy Pantry Initiative (PA HPI) from 33 to **55**.

Annual Activities:

1. Yearly convening

Between 07/2020 and 06/2021, Feeding Pennsylvania in collaboration with the Department will hold an in-person convening of participating Feeding Pennsylvania member food banks to discuss program updates and share resources and best practices.

2. Continued participation of food pantries

Between 07/2020 and 06/2021, Feeding Pennsylvania and food banks in collaboration with the Department will continue working with the 33 food pantries that were recruited between 07/2019-06/2020.

3. Conversion Materials

Between 07/2020 and 06/2021, Feeding Pennsylvania will assist the food banks in providing conversion materials, such as shelves, baskets and other display or storage materials, to 20 food pantries in the PA HPI program.

4. Recruitment of food pantries

Between 07/2020 and 06/2021, Feeding Pennsylvania and food banks in collaboration with the Department will recruit 22 new food pantries into the PA HPI program.

5. Task force meetings

Between 07/2020 and 06/2021, Feeding Pennsylvania will convene 4 task force meetings to provide updates on PA HPI implementation, gain feedback and share resources.

6. Evaluation

Between 07/2020 and 06/2021, Between 07/2020 and 06/2021, the Department and Feeding Pennsylvania in collaboration with the external evaluator will implement the PA HPI evaluation plan, collect data and report outcomes.

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

State Health Objective(s):

Between 07/2020 and 09/2021, Objective 1: Increase the number of municipal or similar entities that develop

and adopt a master transportation plan, bike/pedestrian master plan, active transportation plan or related policy to improve pedestrian, bicycle and transit transportation systems by eight.

Objective 2: Increase the number of activity-friendly walking routes to everyday destinations to increase physical activity by six.

Baseline:

Objective 1: Baseline is 14 municipal or similar entities that have developed and adopted an active transportation plan or related policy in Pennsylvania.

Objective 3: Baseline is 97 activity-friendly walking routes to everyday destinations in Pennsylvania.

Data Source:

Metrics and reports will come from the Pennsylvania Department of Health and the University of Pittsburgh Graduate School of Public Health.

State Health Problem:

Health Burden:

Since 1980, adult obesity rates have doubled, and child obesity rates have tripled. Pennsylvania is ranked as the 25th state for percentage of adults who have obesity and 37th for percent of children ages 10-17 who have obesity, according to the 2019 State of Obesity Report. In 2018, 65.9% of adults in PA were overweight or obese (BRFSS 2017). In 2018, 24% of adults in PA did not participate in any type of physical activity in the past month (BRFSS 2018).

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 2018, 2019 State of Obesity Report

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: \$274,216

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

Funds Allocated to Disparate Populations: \$256,577

Funds to Local Entities: \$92,001

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:

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

Between 10/2020 and 09/2021, the 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 connect activity-friendly routes to everyday destinations to increase physical activity. The University of Pittsburgh will provide technical assistance throughout the development of the plans and/or policies.

Annual Activities:

1. Distribute Funding Opportunity Announcement to enhance plans/policies to increase physical activity

Between 10/2020 and 09/2021, The Department of Health in collaboration with the University of Pittsburgh will distribute a Funding Opportunity Announcement (FOA) 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 connect activity-friendly routes to everyday destinations to increase physical activity.

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

Between 10/2020 and 12/2020, The 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 connect activity-friendly routes to everyday destinations to increase physical activity.

3. Evaluation

Between 10/2020 and 09/2021, The Department of Health in collaboration with external evaluators and the University of Pittsburgh will implement the evaluation plan to assess the effectiveness of the program and collect data in order to report outcomes.

Objective 2:

Host web conferences for WalkWorks partners to relay program information, share best practices

Between 10/2020 and 09/2021, the Department of Health in collaboration with the University of Pittsburgh - Graduate School of Public Health will conduct 2 network web conferences for all partners to relay program information, share successes and best practices, resolve barriers and provide technical assistance.

Annual Activities:

1. Host an annual Active Transportation Plan web conference for new mini-grant awardees

Between 10/2020 and 09/2021, The University of Pittsburgh- Graduate School of Public Health will host an annual Active Transportation Plan web conference for new mini-grant awardees to learn successes, challenges, additional suggestions and the benefits of stakeholder groups.

Objective 3:

Increase physical activity through development of walking routes

Between 10/2020 and 09/2021, 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 10/2020 and 09/2021, The 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 10/2020 and 09/2021, 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.

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

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

State Program Setting:

Community based organization, Community health center, Local health department, Medical or clinical site, Schools or school district

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 10/2019 and 09/2021, Increase the number of Pennsylvania children and adolescents receiving dental sealants in Pennsylvania from 1,580 to 1,600.

Baseline:

1,580 Pennsylvania children and adolescents received dental sealants in 2019-2020.

Data Source:

Oral Health Program Grantee Reports.

State Health Problem:

Health Burden:

According to CDC (downloaded April 23, 2020), a school-based dental sealant program is a highly effective way to deliver sealants to children who are less likely to receive private dental care. Programs that deliver sealants to children at high risk for tooth decay also save money. Each tooth sealed saves more than \$11 in dental treatment costs. Applying sealants in schools to the nearly 7 million low-income children who don't have them could prevent more than 3 million cavities and save up to \$300 million in dental treatment costs. In Pennsylvania, the Behavioral Risk Factor Surveillance System 2018 shows that only 66.4% of adults over age 18 reported having a dental visit in the last year; 40.5% of adults over age 65 report they lost 6 or more teeth; and 16.6% of adults over age 65 report they lost all their teeth.

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: \$357,049
Total Prior Year Funds Allocated to Health Objective: \$0
Funds Allocated to Disparate Populations: \$185,000
Funds to Local Entities: \$185,000
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:

Foster Local Partnerships to Establish Oral Health Programs

Between 10/2020 and 09/2021, Oral Health Program will develop **10** new school-based dental sealant programs provided by 3 health centers.

Annual Activities:

1. Partner with 3 CMHDs to maintain oral health programs

Between 10/2020 and 09/2021, Partner with 3 health centers to provide guidance and support to develop school-based dental sealant programs to reach 1,600 children.

2. Increasing awareness of the need for good oral health

Between 10/2020 and 09/2021, 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, Tobacco Program, 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 10/2019 and 09/2021, 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:

29% of Allegheny County adults are obese and 64% are overweight; 33% of Lehigh and Northampton County adults are obese and 65% are overweight; 19% of Chester County adults are obese and 56% are overweight; 36% of Erie County adults are obese and 71% are overweight; 26% of Montgomery County

adults are obese and 63% are overweight; 30% of Philadelphia County adults are obese and 65% are overweight; 30% of Luzerne County adults are obese and 66% are overweight; and 30% of York County adults are obese and 65% are overweight.

Additionally, there were 69.5 deaths from unintentional injuries in 2017 (age-adjusted rate per 100,000 persons of all ages)

Data Source:

2018 Pennsylvania BRFSS and Pennsylvania Department of Health Bureau of Health Statistics and Research

State Health Problem:

Health Burden:

The 2018 BRFSS survey found that 24% of Pennsylvania adults had no leisure time physical activity in the past month; 17% of Pennsylvania adults were current smokers and 31% of Pennsylvania adults aged 18 and above were obese and 35% were overweight. According to NACDD, chronic diseases accounted for seven of the top 10 causes of death in 2017 and 44% of all deaths in 2017 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 2017, unintentional injury was the leading cause of injury death among Pennsylvanians of all ages except ages 15-19 where assault by firearm was the leading cause of death. There were 9,464 unintentional injury deaths reported in Pennsylvania in 2017, accounting for 75.7 percent of all injury deaths. Overall, unintentional injury death age-adjusted rates increased by 56.5 percent from 44.4 deaths per 100,000 population in 2013 to 69.5 deaths per 100,000 population in 2017.

Target Population:

Number: 5,864,127

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: 813,129

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: 2018 Pennsylvania BRFSS; PA Bureau of Informatics and Information Technology; Pennsylvania Health Care Cost Containment Council; Penn State Data Center; 2018 US Census Bureau

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: \$1,976,450
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 10/2020 and 09/2021, selected CMHDs will implement **18** 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 10/2020 and 09/2021, 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 10/2020 and 09/2021, 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 10/2020 and 09/2021, selected county/municipal health departments (CMHDs) receiving PHHSBG funds will implement **27** injury prevention education/awareness activities addressing the four priority focus areas.

Annual Activities:

1. Falls Prevention

Between 10/2020 and 09/2021, selected CMHDs will implement at least one evidence based fall prevention activity focusing on reducing falls among persons' ages 55 and older.

2. Motor Vehicle Safety

Between 10/2020 and 09/2021, selected CMHDs will implement at least one evidence based motor vehicle injury prevention activity focusing on reducing motor vehicle related injuries and deaths.

3. Prevention of Adverse Childhood Experiences (ACEs)

Between 10/2020 and 09/2021, at least seven CMHDs will each implement one policy, systems, or environmental changes supported by evidence-based educational and outreach activities to reduce the prevalence of ACEs.

4. Suicide Prevention

Between 10/2020 and 09/2021, at least six CMHDs will each implement 1 policy, systems, or environmental change supported by evidence-based educational and outreach activities to decrease suicide within their community.

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 2018, there were 4,483 rape offenses reported to law enforcement agencies representing an increase from the 4,201 offenses reported in 2017.

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, Pennsylvania Commission Against Crime and Delinquency, Pinnacle Health Children's Resource Center, Department of Human Services, 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 10/2019 and 09/2021, reduce rape/attempted rape of persons age 12 and older to no more than 27 per 100,000.

Baseline:

29.5 per 100,000 persons age 12 years and older in 2018.

Data Source:

Uniform Crime Report; National Crime Victimization Survey

State Health Problem:

Health Burden:

The rate of rape or sexual assault increased from 1.4 victimizations per 1,000 persons age 12 or older in 2017 to 2.7 per 1,000 persons in 2018. In addition, the number and percentage of people who were victims of rape or sexual assault in 2018 was 1,277,820 or 0.46%. (National Crime Victimization Survey 2018, US Department of Justice)

There were 4,483 rape offenses reported by Pennsylvania police agencies in 2018. This is an increase from the 4,201 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: 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: 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

Location: Entire state

Target and Disparate Data Sources: PA Bureau of Informatics and Information Technology; Crime Victimization Survey 2018; Uniform Crime Report 2018

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

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 10/2020 and 09/2021, 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 10/2020 and 09/2021, 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 10/2020 and 09/2021, 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 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 2019-20.

Program Health Priority: TB continues to be a significant public health issue within the Commonwealth of Pennsylvania. In calendar year 2019, Pennsylvania reported 198 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 represented 75% of all the reported cases in 2019 (149/198) and 2018 (160/213), up from 62% (123/200) in 2015.

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

Internal (PA-DOH):

Bureau of Community Health Systems (BCHS)
Bureau of Laboratories (BOL)
District Health Offices
Bureau of Information Technology (BIT)

External:

Medical Community Systems
PA County/Municipal Health Depts. (CMHDs)

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 10/2019 and 09/2020, reduce tuberculosis to an incidence rate of less than 1.5 per 100,000 population.

Baseline:

Tuberculosis incidence in Pennsylvania for 2018 was 1.7 per 100,000 persons.

Data Source:

PA-NEDSS (Pennsylvania National Electronic Disease Surveillance System)
PALIMS (Pennsylvania 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 2019, a total of 198 new cases of tuberculosis were reported in the Commonwealth. This represents an overall decrease of 7% from the previous year. The number of TB cases per year for the past five-years are shown in Table 1. Tuberculosis cases reported among foreign-born individuals represented 75% of PA TB cases in 2019 (160/212) and 2018 (160/213), up from 62% in 2015 (123/200). 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 of persons with TB, contacts of those persons with infectious TB, and persons suspected of having TB will facilitate reducing the number of cases in the foreign-born population. Early detection and treatment to completion of latent TB infection (LTBI) prevents TB disease. Because the tuberculin skin test (TST) often yields a false-positive result in BCG-vaccinated persons, many foreign-born patients may be unnecessarily treated for LTBI. The QuantiFERON-TB (QFT) blood test is highly specific for *Mycobacterium tuberculosis* but, unlike the TST, does not yield a false-positive result in BCG-vaccinated persons. Since 75% of the TB cases in Pennsylvania are foreign-born, the increased use of the QFT blood test can save TB Program resources.

Table 1

Year	2014	2015	2016	2017	2018	2019
Confirmed TB cases in PA	206	200	169	192	213	198

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 (CDC)
Infectious Disease Society of America (IDSA)

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

Total Current Year Funds Allocated to Health Objective: \$205,000
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-TB testing (QFT)

Between 10/2019 and 09/2020, BOL staff will increase the percent of QFT test results reported within 2 days from 92% to **95%**.

Annual Activities:

1. Increase Efficiency in Processing of QFT tests

Between 10/2019 and 09/2020, report results for 95% of QFT tests within 2 days of receipt.

- Perform the QFT test on an automatic platform.

2. Staff Training and Competency

Between 10/2019 and 09/2020,

- Perform annual competency assessment on the laboratorians performing the QFT test.
- Train additional staff to perform the QFT test.
- Successfully complete QFT proficiency testing.

3. Maintain capacity to perform the current volume of QFT tests

Between 10/2019 and 09/2020,

- Manage resources effectively to maintain the current volume of QFT tests performed at between 800 and 1,000 tests annually.
- Maintain adequate levels of QFT test kits and shipping supplies.

Objective 2:

Ensure Availability of High-Quality and Prompt TB Laboratory Services

Between 10/2019 and 09/2020, TB Program, state health center (SHC), CMHD and BOL staff will maintain **the 99** percent level of positive tuberculosis cultures submitted for drug susceptibility testing. The laboratory test results will be used to guide patient treatment and contact investigation activities.

Annual Activities:

1. Staff training

Between 10/2019 and 09/2020,

- Identify gaps in end-user knowledge and understanding of drug-susceptibility and other laboratory tests and reporting by using PA-NEDSS surveillance data, TB cohort review findings and staff needs assessment survey results.
- BOL and TB Program staff will develop and implement the necessary education or training using the appropriate training format (e.g., webinars, teleconferences, or self-study materials).
- Laboratory staff will participate in laboratory training sessions such as teleconferences and workshops.
- TB Program, BOL, BCHS and CMHD staff will discuss meeting the goals of the grant as part of their work in support of the TB Elimination Advisory Committee.

2. Surveillance

Between 10/2019 and 09/2020,

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

3. Outreach Activities

Between 10/2019 and 09/2020,

- TB Program and BOL staff will continue to collaborate with hospital laboratories and public health centers regarding the submission of TB samples to the BOL for nucleic acid amplification (NAA) testing, TB culture, drug susceptibility testing and genotyping.
- TB Program staff will continue to work with Bureau of Information Technology (BIT) staff to onboard clinical laboratories to electronic laboratory reporting (ELR).
- BOL's website for TB laboratory services will maintain laboratory submission guidance documents and the link to the PA-DOH Tuberculosis website.

Objective 3:

Increase Molecular Laboratory Testing

Between 10/2019 and 09/2020, TB Program, SHC, CMHD, and BOL staff will increase the percent of TB cases that undergo rapid detection of tuberculosis by nucleic acid testing (NAAT) from 56% to **61%**.

Annual Activities:

1. Implement GeneExpert TB/RIF testing at the BOL

Between 10/2019 and 09/2020,

- BOL staff will implement the GeneExpert TB/RIF NAAT after completing the necessary validation and training.

2. Educate stakeholders how to submit TB samples to the BOL for NAA testing

Between 10/2019 and 09/2020,

- BOL and TB Program Staff will continue their collaboration with hospital laboratories, SHCs and CMHDs regarding the submission of TB samples to the BOL for NAA testing.
- The two-page NAA testing information document co-developed by TB Program and BOL staff will be posted to both the TB Program and BOL websites for easy reference.
- Update the BOL molecular testing guideline document and distribute to partners.

Objective 4:

Promote use of PALIMS

Between 10/2019 and 09/2020, the TB Program Manager and BOL Division Director will identify **10** state health centers in high TB morbidity areas for priority onboarding to the Pennsylvania laboratory information management system (PALIMS).

Annual Activities:

1. Inform PA-DOH stakeholders how to access PALIMS

Between 10/2019 and 09/2020, write and distribute a letter instructing PA-DOH stakeholders how to access and navigate PALIMS.

2. Develop PALIMS training documents

Between 10/2019 and 09/2020, develop PALIMS training documents for search functionality.

3. Import QFT-TB values into PALIMS

Between 10/2019 and 09/2020, BOL staff will import QFT-TB values into PALIMS.

- Provide IT with specifications of data import.
- Test the import function from the instrument to PALIMS.
- Implement import into laboratory reporting process.
- Electronically message the QFT-TB values to PA-NEDSS.

State Program Title: Violence & Injury Prevention

State Program Strategy:

Staff and operation support for the VIPP section.

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 10/2019 and 09/2021, Maintain deaths from unintentional injuries at 69.5 per 100,000 (age adjusted rate per 100,000 persons of all ages).

Baseline:

69.5 deaths from unintentional injuries in 2017 (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 2017, unintentional injury was the leading cause of injury death among Pennsylvanians of all ages except

ages 15-19 where assault by firearm was the leading cause of death. There were 9,464 unintentional injury deaths reported in Pennsylvania in 2017, accounting for 75.7 percent of all injury deaths. Overall, unintentional injury death age-adjusted rates increased by 56.5 percent from 44.4 deaths per 100,000 population in 2013 to 69.5 deaths per 100,000 population in 2017.

Target Population:

Number: 12,807,000

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, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 7,032,833

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, 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: 2018 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: \$462,669

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 10/2019 and 09/2020, 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 10/2019 and 09/2020, the Violence and Injury Prevention Program will evaluate all progress reports for activities and impact objectives.

2. Conduct Site Visits

Between 10/2019 and 09/2020, 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 10/2019 and 09/2020, the Violence and Injury Prevention Program will publish **3** injury data report to support state and local community needs assessment, prevention planning, and evaluation.

Annual Activities:

1. Analyze Data

Between 10/2019 and 09/2020, 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 10/2019 and 09/2020, the Violence and Injury Prevention Program will publish at least one Injury Data Report and one injury-specific monographs, as appropriate.

3. Data Dashboard

Between 10/2019 and 09/2020, the Violence and Injury Prevention Program will draft and publish one Violence Dashboard.

Objective 3:

Maintain Partnerships in Support of Injury Prevention

Between 10/2019 and 09/2020, 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 10/2019 and 09/2020, 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 10/2020 and 09/2021, Safe Kids Pennsylvania will conduct **5** activities through education, collaboration and advocacy throughout Pennsylvania.

Annual Activities:

1. Safe Kids Coordinator Training

Between 10/2020 and 09/2021, 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 2018 there were 123 victims of domestic violence of various ages and genders, with 68% being killed by current or former intimate partners. (2018 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 10/2020 and 09/2021, Increase community and societal prevention efforts across the commonwealth and increase data available on the impact of these prevention efforts by ten percent.

Baseline:

Gathering a baseline is part of this objective. Baseline will be determined by end of project period, as well as any growth that has accumulated.

Data Source:

PCADV internal evaluation and data collection.

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: 6,553,000

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: 1,580,000

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

Location: Entire state

Target and Disparate Data Sources: PA Bureau of Informatics and Information Technology; Pennsylvania State Data Center 2018

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:

Increase community level, evidence based or evidence informed initiatives across the commonwealth.

Between 10/2020 and 09/2021, The Pennsylvania Coalition Against Domestic Violence will provide a

minimum of 4 trainings to local domestic violence centers on implementation of community level prevention strategies, funding for a minimum of 5 local domestic violence centers to implement community level prevention strategies and produce prevention materials and resources as needed. to 50 local domestic violence centers.

Annual Activities:

1. Provide advanced training and technical assistance opportunities.

Between 10/2020 and 09/2021, 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. Trainings

Between 10/2020 and 09/2021, **Provide at least 4 trainings to local DV programs on community level prevention best practices.**

Between 10/01/2020 and 09/30/2021, PCADV will provide trainings through two in-person regional meetings (Spring and Fall), one webinar (Winter) and a statewide summit (Summer) in collaboration with the state sexual assault coalition and local sexual assault programs.

3. Provide professional training opportunities

Between 10/2020 and 09/2021, **Provide at least one professional development opportunity for PCADV Prevention Team staff to ensure we are aware of current research and best practices.**

Between 10/01/2020 and 09/30/2021, PCADV will ensure the completion of this activity based on available opportunities that exist in the form of a conference, workshop, etc.

4. Provide funding for implementation of community level program efforts.

Between 10/2020 and 09/2021, **Provide funding for at least 5 local DV programs to implement community level prevention efforts.**

Between 10/01/2020 and 09/30/2021, PCADV will provide this funding by first identifying which prevention efforts will be asked of programs to implement. Interested programs will apply for funding via an internal competitive process. PCADV will closely monitor implementation and ensure proper implementation and evaluation

5. Provide prevention materials to local domestic violence centers.

Between 10/2020 and 09/2021, **Provide/produce prevention materials and resources as needed to support this objective.**

Between 10/01/2020 and 09/30/2021, PCADV will provide and/or produce prevention materials and resources as needed to support this objective.

Objective 2:

Increase societal-level, evidence-informed prevention efforts across the Commonwealth.

Between 10/2020 and 09/2021, The Pennsylvania Coalition Against Domestic Violence will conduct 1 statewide campaign geared towards targeted populations who are able to influence the prevention of DV across the Commonwealth; and develop a new five-year statewide prevention plan for 2020-2025, with state and community stakeholders.

Annual Activities:

1. Conduct at least one statewide campaign geared towards targeted populations who are able to influence

Between 10/2020 and 09/2021, PCADV will conduct at least one statewide campaign geared towards targeted populations who are able to influence the prevention of DV across the Commonwealth. Targeted

populations include men and boys.

2. Construct newly-developed five-year statewide prevention plan for 2020-2025, with state and community

Between 10/2020 and 09/2021, Between 10/01/2020 and 09/30/2021, PCADV will work with state and community stakeholders to construct a new five-year statewide prevention plan that is intersectional, inclusive and built with a health equity lens. Expected completion of the plan is March 2021.