



# Preventive Health and Health Services Block Grant A Critical Public Health Resource 2008



*“The PHHS Block Grant is the only source of funding for a range of disease interventions that are important to the public but which do not have designated funding. It also allows states to address the underlying causes of the major chronic disease killers—cardiovascular disease, diabetes, stroke, and cancer.”*

*J. Nick Baird, MD  
Former Director, Ohio Department of Health*

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# The Role of Block Grant Funding

In 1981, Congress authorized the Preventive Health and Health Services (PHHS) Block Grant. The PHHS Block Grant gives its 61 grantees—which include all 50 states, the District of Columbia, 2 American Indian tribes, and 8 U.S. territories—the autonomy and flexibility to tailor prevention and health promotion programs to their particular public health needs. States are expected to align their programs with *Healthy People 2010* national health goals. The overarching goals of the PHHS Block Grant are to

- Create healthy communities.
- Improve disease surveillance.
- Increase life expectancy.
- Promote healthy aging.
- Achieve health equity.

As a critical public health resource, the PHHS Block Grant is used to

- Address basic health issues such as water fluoridation, food safety, and preventing falls among older adults.
- Respond rapidly to emerging health threats in states.
- Fund critical prevention efforts to address specific health issues, such as skin cancer, child safety, and untreated dental decay, that lack categorical state funding.
- Protect investments in and increase the effectiveness of categorically funded programs that address specific health problems.
- Leverage small amounts of money for greater impact.

## Flexible Funding for Public Health Efforts

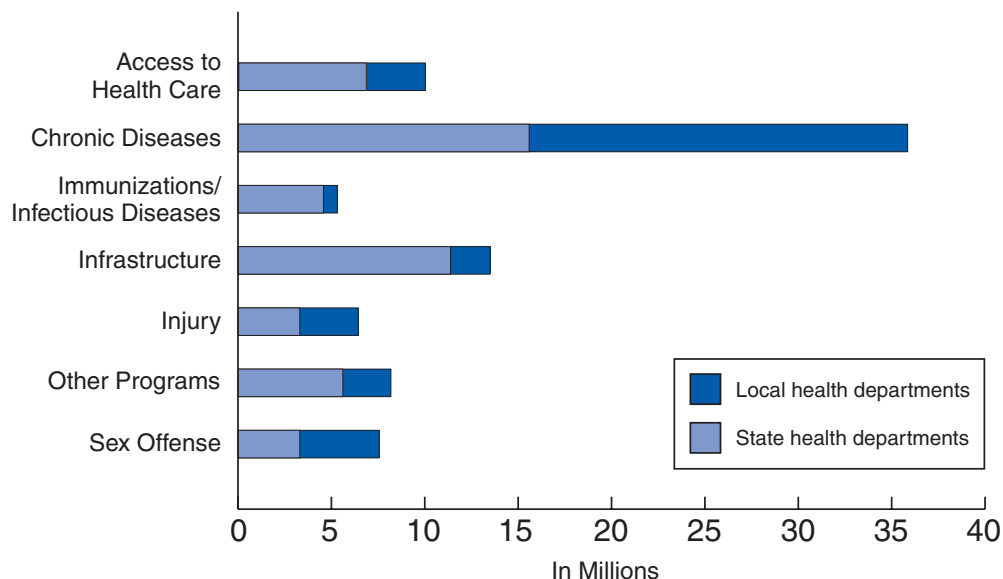
As states continue to undergo significant budget challenges, they must make every dollar count to meet the needs of their residents. The PHHS Block Grant allows states to target funds to prevent and control chronic diseases such as heart disease, diabetes, and arthritis or to direct funds to meet the challenges of outbreaks of infectious and waterborne diseases. PHHS Block Grant funds are a significant portion of CDC funds for states to address some chronic diseases and related risk factors. For some chronic diseases, it is the only source of CDC funding available to states.

## Funding Local Communities

Nearly 42% of PHHS Block Grants are distributed by states to local governments and organizations to address local public health problems. For example, PHHS Block Grant funds support nurse-managed clinics throughout rural Indiana. These clinics allow people living in rural areas to receive health care services without having to travel long distances or pay high prices. As a result of this program, some patients who had never been screened before learned they had chronic conditions such as diabetes, high blood pressure, and cancer. Some patients also received life-saving treatments and services.

In Alaska, a PHHS Block Grant helped staff at Central Peninsula General Hospital develop and implement a program to reduce overweight and obesity rates among local residents by helping people walk 10,000 steps a day. In 2 years, a total of nearly 4 million steps (equal to more than 198,000 miles) were recorded, and 62% of participants reported weight loss that totaled nearly 1,100 pounds.

**Block Grant Funding for State and Local Health Departments, FY 2007**



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## Leveraging Block Grant Funds

PHHS Block Grant funds also have provided start-up money for programs that are now supported by other sources. These programs have become self-sustaining, which allows PHHS Block Grant funds to be redirected to other public health priorities. For example, PHHS Block Grant dollars are used to fund many physical activity and nutrition programs for children younger than age 18 in Kansas. The success of these programs has helped the state obtain additional funding from foundations such as the Kansas Health Foundation and the Sunflower Foundation.

In 1989, California used PHHS Block Grant funds to develop the California Epidemiological Investigation Service (Cal-EIS), an intensive, 2-year training program for epidemiologists. The PHHS Block Grant provided the only funding for this program, which was the first of its kind offered by a state health department.

Since 1989, the Cal-EIS program has become a model for the nation and is being replicated in other states, including North Carolina and Florida. PHHS Block Grant dollars also have helped to bring in more than \$1.7 million in state and county funds to support this program.

## CDC's National Leadership

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CDC plays a vital role in ensuring that states are accountable for the use of funds and that state block grant coordinators have the necessary knowledge and skills. In 2007, CDC published *Public Health at Work*, which provides examples of how state, territorial, and tribal grantees use the PHHS Block Grant to address state and local public health needs.

Overviews and success stories illustrate the wide range of activities for which PHHS Block Grant funds are used and how these activities help grantees improve health, save lives, and secure and leverage health care dollars.

### Developing the Electronic Grant Application and Reporting System

Since 1994, states have been required to submit a state plan that includes selected health objectives from *Healthy People 2010* and descriptions of health problems, target populations, and planned activities.

To help track states' progress toward achieving their objectives, CDC worked with states to develop the electronic Grant Application and Reporting System (GARS). This accountability tool helps to focus interventions on specific health problems and ensure that grantees are responsible for outcomes. GARS software can perform the following functions:

## Meeting Health Care Needs When No Other Funds Exist

In Puerto Rico, the PHHS Block Grant is being used to address a leading public health problem—the high rate of diabetes among Hispanics. In 2003, the grant provided the sole funding for a pilot health literacy intervention called Know Your Health. This intervention targeted people with type 2 diabetes who live in three socially isolated, economically disadvantaged communities in Puerto Rico. Know Your Health sought to improve participants' knowledge of diabetes, their diet and physical activity levels, and their ability to manage their own blood sugar levels and perform self-evaluations.

After they completed the four required educational sessions, participants' knowledge about diabetes had increased by 15.7%. This change parallels an improvement in blood sugar levels among the project's participants—from 8 to 8.8. A follow-up survey indicated that participants' visits to emergency rooms for diabetes complications had decreased by 35%. Since 2003, the Know Your Health project has expanded to 30 additional communities, and more than 850 people with type 2 diabetes have participated.

- Tie award amounts to national *Healthy People 2010* objectives and establish state-level health status objectives that reflect national goals.
- Describe health problems and their associated target populations, as well as impact and outcome objectives.
- Allow states to relate program activities to public health's 10 essential services, as identified by the Institute of Medicine.
- Allow states to identify the PHHS Block Grant's role in funding health priorities.
- Enable states to complete an electronic annual report that describes changes in health objectives and progress toward completing program activities.

*“As progress is made in identifying associated disease risk factors and local disparities, the PHHS Block Grant is the first and often only funding to be made available to address new issues in a timely fashion.”*

**Gregg A. Pane, MD**  
Director

**District of Columbia Department of Health**

## PHHS Block Grants in Action

### District of Columbia

About 300,000 District of Columbia (DC) residents (50%) have adequate health insurance but have trouble finding a doctor close to home. About 52% of DC residents live in federally designated primary care Health Professional Shortage Areas (HPSAs), and 30% live in federally designated Medically Underserved Areas (MUAs). To steer low-income patients who need basic care away from emergency rooms and into neighborhood clinics, the PHHS Block Grant funded the District of Columbia Area Health Education Center (DC AHEC) to develop a comprehensive training manual and hire 18 community health navigators. The community health navigators helped 1,323 residents in two of DC's poorest areas understand and navigate the health care system. As a result, emergency room visits for the targeted population decreased about 80%. This improvement in local health services can reduce residents' risk for developing disabilities and chronic conditions and save DC thousands of dollars in health care costs. The success of this program also helped to secure \$600,000 in support from the local DC governing body.

### Connecticut

More than any other preventable injury, falls can affect the quality of life of older adults. PHHS Block Grant funding allows the state health department's Public Health Injury Prevention Program to work with local health agencies to provide critical fall prevention programs to older adults. These programs decrease home hazards and help participants reduce adverse medication interactions and improve their strength and balance through exercise. These programs also increase awareness about fall risks and prevention among older adults and their families.

The PHHS Block Grant is the only funding source for many local health agencies to provide these services, which can prevent nursing home admissions, reduce health care costs, and help older adults stay active and independent longer. As a result of these programs,

- Local health departments, usually working with home health care agencies, made more than 550 home safety visits and corrected at least 77% of fall hazards identified.
- Only 3% of recipients reported falling 4 months after the safety visit, compared with 50% who reported falling during the year before the safety visit.

- About 87% of the approximately 900 people who participated in fall prevention seminars or medication safety review programs were able to identify fall risk factors, and 79% reported taking action to reduce their fall risks.

### New Mexico

Because of the vastness of rural New Mexico, a trip to the closest hospital in a medical emergency can take an hour or more. The state's three regional Emergency Medical Services (EMS) offices each cover a geographic area about the size of Kentucky. The only Level 1 trauma center (certified to handle all types of medical emergencies) is in Albuquerque, which is a 4- to 5-hour drive from some parts of the state. EMS is the only health care service available to all of the state's 1.9 million residents regardless of ability to pay. New Mexico's investment of PHHS Block Grant funding has allowed the state health department to generate significant state, private, and federal funds from other sources to support EMS state-wide. The state also has used additional grants and matching funds to buy Advanced Life Support training mannequins, Pediatric Advanced Life Support equipment, and portable cardiac defibrillators.

These funds enable New Mexico to provide training and equipment to emergency medical responders. This support is especially important in rural New Mexico, where nearly 80% of emergency medical responders are volunteers. In addition, the state's Bureau of Emergency Medical Services receives support from PHHS Block Grant funds to

- Examine, license, and provide regular continuing education to more than 7,000 first responders, emergency medical technicians, and emergency medical dispatchers.
- Inspect, certify, regulate, and support about 400 municipal and county EMS services, 19 air ambulance services, and 70 public dispatch agencies.
- Support New Mexico's three regional EMS offices.

### Future Directions

The PHHS Block Grant program will continue to strengthen grantee capacity to identify and use evidence-based guidelines and best practices to design and implement effective public health programs in communities across the nation. The program also will provide training and support to grantees to help them evaluate their programs to ensure their effectiveness.

**For more information, please contact the Centers for Disease Control and Prevention  
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