

REAL PEOPLE



REAL PROBLEMS



REAL IMPACT

THE PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT





PUBLIC HEALTH AT WORK

THE PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

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INTRODUCTION

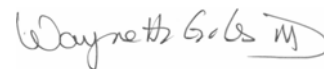
Since 1982, the Preventive Health and Health Services (PHHS) Block Grant, administered by the Centers for Disease Control and Prevention, has provided 50 states, the District of Columbia, 2 American Indian tribes, and 8 U.S. territories with funding to address their own unique public health needs and challenges in innovative and locally defined ways. Natural disasters, disease outbreaks, and other crises can strike at any time, and departments of health must quickly respond to these new critical and unexpected health issues. At the same time, state, jurisdictional, and tribal health agencies face continuing challenges such as death from motor vehicle crashes, elderly falls, and the increasing numbers of those living with chronic diseases such as heart disease, cancer and diabetes. They must also work to reduce risk factors, such as poor nutritional choices, smoking, and the lack of physical activity and ensure that community residents maintain a high quality of life and have a healthy future. Finally, official health agencies are responsible for establishing and maintaining essential health services, such as emergency medical services and public health clinics, with staff who are trained and up-to-date on the latest technologies and practices.

The PHHS Block Grant provides a source of flexible funding to the states, territories, and tribes. The PHHS Block Grant allows grantees to direct resources and work collaboratively with other funding sources. In many instances, PHHS Block Grant funds are used to leverage further funding for public health in their respective state, territory, or tribe.

“Public Health at Work” provides a glimpse of how all 50 states, the District of Columbia, the Virgin Islands, Puerto Rico and the Western Pacific Islands use the PHHS Block Grant to address state and local public health needs. The state, territory, and tribe overviews and success stories found in this publication illustrate the wide range of activities for which PHHS Block Grant funds are used to improve health, save lives, and leverage or secure health care dollars.



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ALABAMA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Alabama that range from food-borne infections to tuberculosis. PHHS Block Grant dollars fund five different Alabama health programs. PHHS Block Grant funds allow Alabama to use dollars **where** we need them, **when** we need them to protect the public's health. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Waterborne Diseases

PHHS Block Grant funds are used to reduce waterborne disease outbreaks arising from drinking water among persons served by individual water wells and community water systems to no more than two outbreaks per year. This program aims to reduce or prevent bacterial contamination of surface/groundwater drinking sources. Each year approximately 25,000 permits for septic tank installation are issued statewide. It is estimated that about 40 percent of existing septic tank systems statewide have failed or are in need of repair or maintenance.

Samples from 175 wells and 228 waste disposal sites were evaluated for contaminants during 2003.

- 46% of private individual water wells samples submitted were contaminated,
- 85% of 228 waste disposal sites were evaluated. 15% of the sites were found to have failed septic tank systems and about 95% were corrected.

Foodborne Infections

Alabama Department of Public Health started using PHHS Block Grant funds in the early 1990s. Comparisons are made against the baseline established in 1987, which was the latest year information was available. Program progress has been measured against that baseline.



Based on reports from the Division of Epidemiology for 2003, Salmonella cases dropped to 17.5 per 100,000 population from the 1987 baseline of 18 per 100,000 population; campylobacter jejuni (the most common cause of foodborne illness) cases dropped to 4 per 100,000 population from the 1987 baseline of 50 per 100,000 population; E coli cases dropped to 0.4 per 100,000 population from the 1987 baseline of 8 per 100,000 population; and listeria monocytogenes cases dropped to 0.3 per 100,000 population from the 1987 baseline of 0.7 per 100,000 population.

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Clean Water for All: How Block Grant Funds have Enabled Alabama to Address Community Waterborne Disease Prevention

Issue:

Images of three low-income families in Lowndes County, Alabama, forced to live in tents after septic tanks failed, were seen on TV screens across the nation in 2003–2004. These images gave Americans a look into a reality faced by many rural Alabamians. Failing septic tanks place about 340,000 low-income persons in rural Alabama who use well water for consumption at risk for waterborne disease. Contaminations of water wells in rural areas are an issue that continuously needs to be addressed.

- Approximately 40–50% of the private well water samples routinely tested by the Alabama Department of Public Health were contaminated with fecal coliforms, nitrates, and pesticides.
- Percentages are even higher for privately dug shallow wells less than 30 feet and for water sources in rural and coastal areas.
- There is a significant cost to investigate and manage outbreaks, as well as costs of medical treatment and lost productivity for those that become ill.

Intervention:

While the Alabama Department of Environmental Management regulates and funds the protection of large municipal and community drinking water wells and well drillers, it does not have funds for private drinking wells. Consequently, approximately \$109,000 of the state's Preventive Health and Health Services Block Grant (PHHSBG) is used to develop a statewide monitoring system that enables the state to identify problems and take corrective action for both community and private wells. During 2005, the Alabama Department of Public Health environmentalists and soil scientists funded by the PHHSBG Waterborne Disease Prevention Program did the following:



- Investigated and evaluated more than 150 failed septic tanks in sensitive areas statewide.
- Worked with each owner to repair the septic tanks to meet sewage discharge standards.
- Evaluated approximately 50 proposed subdivisions for suitability of septic tanks.
- Provided a detailed soil analysis and consultation to prevent the contamination of sensitive groundwater, natural springs, and nearby water wells.
- Conducted continuing education programs with the Alabama Onsite Wastewater Association and other municipal and academic institutions.
- Trained over 500 septic tank installers, pumpers, manufacturers, engineers, and surveyors in the proper installation of onsite sewage systems.

Impact:

Alabama established a goal of no more than two outbreaks of waterborne disease per year. PHHS Block Grant funds have enabled the state to investigate private wells and to review in real time the results of all well water samples (both private and community) analyzed in the state clinical laboratories so that investigation and corrective action could be implemented quickly. As a result—

- There were no waterborne disease outbreaks from 2003 to 2005.
- Approximately 96% of the state's public water systems now meet the federal drinking water standards.
- Lower contamination levels require fewer chemicals to be applied to the water. Based on 780 community water systems, the result is **a saving in chemical costs of at least \$300,000 per year.**
- The cost of an epidemiological investigation of a single outbreak in a typical rural Alabama county costs approximately \$25,000. This cost was eliminated.

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ALASKA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding to improve the health and well-being of Alaskans by increasing the competency, skills, resources and effectiveness of community-based health promotion efforts throughout Alaska. PHHS Block Grant dollars fund two different Alaska health programs and are the sole source of funding for community-based health promotion programs.

PHHS Block Grant funds allow Alaska to use dollars **where** we need them, **when** we need them to protect the public's health. The Alaska Division of Public Health is embarking on defining a new vision for responding to the health needs throughout Alaska. In aligning itself with this new direction, the State of Alaska Advisory Committee identified as priorities for the fiscal year (FY)2005 program the need to increase the number of healthy communities by developing a comprehensive approach to training, technical assistance, and evaluation thereby increasing community readiness for change and focusing on risk factors rather than disease-specific silos. As mandated by the federal set-aside, some funds are reserved for the sexual assault prevention program. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Monitoring the Health Status

One function is to monitor the health status of Alaskans by maintaining, providing training on and distributing copies of *Healthy Alaskans 2010*, a statewide 10-year framework for health policy development and programming.



Community Development

Another function of Community Preventive Services is community development, which is being addressed through the development and implementation of a training and technical assistance program on community organization, health assessment and planning. Community development is further supported through the award of seven competitive community-based grants in FY2005 for a total of \$97,500 for programs targeting risk behaviors related to physical activity, nutrition, and cardiovascular health.



Health Information

A third function is increasing professional and public awareness of health information resources and primary prevention capacity across risk factors. Twenty-seven training sessions were provided to 1,921 individuals. Five current health topics were added to or updated on the Division of Public Health's Web site in FY2005. These health topics included healthy nutrition, pain management, immunization, blood pressure awareness, and arthritis.



Rape or Attempted Rape—Sexual Assault Prevention

PHHS Block Grant funds are used to provide a community-based grant to Standing Together Against Rape, who used the funding to provide 322 presentations to 5,508 youths between the ages of 13–24, and 3,310 professionals and community members.

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Stepping Out for Health on the Kenai Peninsula

Issue:

"Two years ago...I could barely walk down the street—about 100 yards or so—to the mailbox without becoming winded. My hips and knees would yelp in pain and anger from this short walk." As shared by this Central Kenai Peninsula woman in Alaska, obesity is impacting the health and quality of life of too many Alaskans every day, affecting hundreds of thousands of adults. It is a major contributor to heart disease, diabetes, arthritis, and certain types of cancer, with national costs reaching approximately \$117 billion in 2000. As elsewhere in the country, almost two-thirds of all Alaskans are overweight or obese. Only 28% of Alaskan adults aged 18 years and older engage in regular, preferably daily, moderate physical activity for at least 30 minutes per day, and 24% of that same group are physically inactive (BRFSS, 1998).

Intervention:

The Central Peninsula General Hospital (CPGH) in Soldotna, Alaska, decided to do something about the high rate of overweight and obesity in their community. With \$30,000 from Alaska's Preventive Health and Health Services Block Grant, they developed and implemented a 10,000 steps a day program from July 1, 2003, through June 30, 2005. Adults aged 18 years and older, living on the Central Kenai Peninsula, were the intended target audience for these services. During the initial screening participants signed an agreement attesting that they would, to the best of their ability—

- Work toward achieving and maintaining 10,000 steps a day using the provided step-counters.
- Maintain a daily record of their steps.
- Provide weekly reports of their steps as well as monthly reports of their weight and blood pressure (if they had a known history of high blood pressure).
- Attend quarterly scheduled program events and screenings.



Impact:

CPGH expected to serve 100 participants during the first year, but were overwhelmed with the response. Eventually, thanks to increased resource support from the CPGH administration, 393 people were registered for the program over the two years. By the end of the program (June 30, 2005)

- 51% of those who registered actually completed the program.
- A total of 396,236,886 steps, equivalent to 198,118 miles were logged.
- 68% of those who completed the program stated they currently exercised at least three days per week, 30 or more minutes a day.
- 133 participants (62%) reported a loss in weight totaling 1,099 pounds.
- Most of the remaining 49% participants dropped out of the program during the winter months when cold weather and snow and ice made outside walking difficult.

While these statistics addressed the overall impact of the program on the participants, the most telling stories come from the participants. The woman quoted at the top of this page had this to say, "Thank you once again for coming into my life when you did...I am getting much stronger...and that is such a blessing!...In October 2002 I weighed 336 pounds...am now at 253...Life is good and I just wanted to thank you and your staff there for helping to set me on this path."

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ARIZONA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Arizona that range from melanoma cancer deaths to chronic diseases to lack of water fluoridation. PHHS Block Grant funds allow Arizona to apply dollars to public health problems where no funding or inadequate funding is available to address health problems. PHHS Block Grant funds allow Arizona to use dollars **where** they are needed, **when** they are needed to protect the public's health. The advisory committee selected six programs for funding including sun safety, physical activity promotion; falls and injury prevention; water fluoridation, rape prevention education; data and information systems. Examples include the following:



Melanoma Cancer Deaths—Skin Cancer Prevention

These funds can be credited for providing the education and awareness to policy and lawmakers and resulting in Arizona's legislature passing a mandatory sun safety curriculum in grades K–8. Funds are used to implement the SunWise program in the state's 1,100 elementary and middle schools. SunWise teaches children about the harmful effects of the sun and how to prevent melanoma and other skin cancers by protecting their skin. In the past year, the English and Spanish curriculums were implemented in Arizona's 122 school districts.



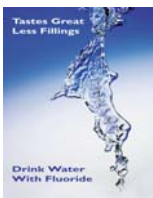
Physical Inactivity in Children and Adolescents—Physical Activity Program

Promoting Lifetime Activity for Youth is a 12-week classroom teacher-based behavior modification program aimed at increasing self-directed and lifetime sustainable physical activity behaviors in students in grades 4–8 to prevent a myriad of chronic diseases. The program focuses on fun, non-skill based, and non-competitive games. Funding provides for implementation in 120 schools reaching 23,056 students and 849 teachers. Approximately 3,620 Arizona students achieved the Presidential Active Lifestyle Award, bringing Arizona's total for 2005 to 15,435. More than 130 community-based events were sponsored for youth and their families reaching 24,000 youth. Funds were also used for collaboration and training with county health department partners.



Physical Inactivity in Adults—Physical Activity Program

Funds are used to support adult behavior change programs such as the Walk Everyday Live Longer (WELL) program, a 5-week pedometer program, and other programs to increase physical activity levels in adults and older teens. In 2005, 3,196 adults completed WELL or other behavior changing programs. Approximately 13,208 adults participated in community events. There were 7,000 residents that participated in 60 National Trails Day events. The Arizona Governor's Council on Health, Physical Fitness and Sports' Family Fun Run and Walk had more than 1,500 participants, families and individuals, in their day of physical activity and health screenings.



Community Water Fluoridation—Oral Health

Funds are used to develop and widely distribute educational materials, in both English and Spanish, aimed at increasing public awareness of the important benefits of community water fluoridation. Workshops are being held in collaboration with the Arizona Dental Association for key members of two major non-fluoridated communities. As a direct result of last year's PHHS Block Grant funded fluoridation workshop, Page, Arizona, has put fluoridation on the November ballot.



Falls Prevention for Older Adults

Funds are used to support a focus on healthy aging through a fall prevention public education program. Partnerships with the Active Arizona Coalition, the Advisory Council on Injury Prevention and the Governor's Council on Aging are moving fall prevention education and awareness forward.

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Eat and Play the Native Way: Preventing Diabetes with Navajo Nation Schoolchildren

Issue:

American Indians and Alaska Natives suffer from the world's highest rates of diabetes, a disease that, when left untreated, can lead to loss of limbs, eyesight and other serious health problems. Once limited to adults, diabetes is increasingly affecting American Indian and Alaska Native children and adolescents, something of particular concern in Arizona, home to 255,879 American Indians.

- Diabetes in American Indians/Alaska Natives aged 15–19 years increased 106% from 1990–2001.
- Approximately 15.1% of American Indians/Alaska Natives have diabetes, while diabetes affects 7% of the overall population.
- About 5% of Arizona's population is American Indian, compared to less than 1% of the total U.S. population.
- Diabetes cost the United States \$132 billion in 2002.

Intervention:

This program addresses two of the most important risk factors for diabetes—physical inactivity and poor nutrition. Recognizing the importance of the health issues these risk factors cause and that tradition and culture are highly honored by the Navajo population, *Eat and Play the Native Way* was developed in 2002. Funded by the Preventive Health and Health Services (PHHS) Block Grant, the Coconino County Health Department and the Navajo Nation's Kaibeto Boarding School developed this program using the evidence-based Promoting Lifetime Activity for Youth Program as a foundation. The program elements include the following:

- Teaching six traditional and culture-based lessons for children in grades K–3 to introduce the concepts of physical activity and healthy eating.
- Teaching traditional Native American physical activity games, such as Choom-Choom Game, Hot Rocks and Hoop Toss.
- Educating students on the importance of healthy eating using traditional Native American foods, such as sumac berries, hominy, and piñon nuts.



Impact:

2002—157 students and eight teachers at Kaibeto Boarding School participated in the pilot test of *Eat and Play the Native Way*.

2003/2004—1,072 students and 59 teachers in five Navajo Nation schools participated in the program.

2005—Continued implementation of the program with an evaluation component.

Until the evaluation of the program is complete, its success can be measured by feedback from students and teachers. Feedback from participant educators includes—

"The program has been well received and uniquely meets the physical activity, nutritional education and the cultural needs of our students."

"Before the implementation of the Eat and Play the Native Way program, there was no consistent and comprehensive health education for these grade levels at these schools. The lesson plans give teachers a new resource for introducing nutrition and physical activity concepts."

Future PHHS Block Grant funding of this program will allow for continued program improvement, outreach to more Navajo children and dissemination to the other 20 American Indian Nations in Arizona.

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ARKANSAS

The **Preventive Health and Health Services (PHHS) Block Grant** provides flexible funds to confront the health challenges specific to Arkansas. Our funds are directed to seven priority programs. These programs, whether they address chronic diseases or workforce development, have little or no support from other funding sources.

PHHS Block Grant funds allow Arkansas to use dollars **where** we need them, **when** we need them to protect the public's health. Programs that serve Arkansas' unique health needs through the PHHS Block Grant include the following:



Gonorrhea

Arkansas has experienced a decreasing trend in gonorrhea since 2001 (case rate of 171 per 100,000) following an increase during 1999 and 2000. Yet, in 2004 (case rate of 152 per 100,000), the state still ranked 11th in the nation. Of the 4,138 cases in 2004, females accounted for approximately 49% of the gonorrhea cases and men 51%. Sixty-two percent (62%) of cases were in the 15–24 year age group, followed by 30% in ages 25–44. African Americans made up 82% of the cases. The primary population groups for targeted STD prevention continue to be African American men and women of childbearing age. The PHHS Block Grant funds provide direct clinic support for these programs.



Community Water Fluoridation

More than 60% of Arkansas children have had a dental cavity before the age of eight. According to the U.S. Surgeon General's report on oral health, tooth decay is the most common chronic disease of children, more common than hay fever or asthma. Fortunately, water fluoridation and dental sealants can prevent virtually all tooth decay. PHHS Block Grant funds are used to support purchasing fluoridation equipment for one community water system per grant year. In 2004, Perryville, Arkansas, received this funding to serve their more than 4,000 residents. Perryville was selected because study results showed that children in this county had twice the tooth decay rate as a bordering fluoridated county. Thanks to PHHS funding, Arkansas has increased the percentage of its people on fluoridated water systems from 49% to 62% since 1999.



Tuberculosis (TB) Control and Treatment

Arkansas is still far from the goal of TB elimination in 2010. The TB incidence in 2005 was 41 per million compared to the desired goal of 1 per million in 2010. In 2004, the state lost ground nationally, moving from being ranked 16th highest in 2003 to 13th highest in 2004. The PHHS Block Grant is critical because it is a major source of funding for TB medication in our state. Funds provide the recommended medication therapy for active cases, contacts of patients and individuals with a high risk of progression to disease. Targeted testing and treatment of latent TB infection has emerged as our main strategy in accelerating TB elimination. In 2004, 36% of Arkansas cases were among persons born outside the United States where TB is more prevalent. The targeted groups include correctional facilities, nursing homes, and foreign-born individuals.

Arkansas Department of Health

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Arkansas Prevents TB Outbreak in Marshall Islanders Thanks to PHHS Block Grant

Issue:

When Regional Director Don Murray realized that the culturally-guarded communities of Marshall Islanders and their Hispanic coworkers in Northwest Arkansas were on the verge of another Tuberculosis (TB) outbreak, he feared his regional resources were not enough and his public health workers not equipped to contain the disease.

The Marshallese have a Compact of Free Association with the United States allowing them to live and work in the United States with no additional legal documentation or health screening. The population residing in Arkansas is estimated to be 10,000 with many of the Marshallese coming to the state to work in the poultry industry in northwest Arkansas.

Although the Marshallese have lived in Arkansas for over a decade, their culture and language is still unique and apart.

- Because of past experience, the Marshallese have a mistrust of government, in general.
- Their complex language has a limited vocabulary of 30,000 words, making translation into English extremely difficult. Just explaining how to take the TB medicine is a challenge for the public health nurses.
- The Marshallese rarely make individual decisions; they consult with the "elders," or decide as a group. The good of the community is considered over the individual. Because most of the "elders" are still in the islands, their family groups have become the decision makers.

As a public health manager, Don Murray had additional concerns. If he diverted all of his manpower and resources into breaking through these cultural barriers, how would there be time or funds for any other public health work to be done, including the TB treatment?

Intervention:

Since the Preventive Health and Health Services (PHHS) Block Grant is Arkansas' major source for TB treatment and skin-testing drugs, grant funding was made available so that the region had the medicine needed to assure that the battle could be won. Working mostly in the Springdale, Arkansas area, the TB Outreach Team consisting of an RN Project Coordinator and two bilingual Outreach Workers, one Hispanic and one Marshallese, did the following:

- Conducted investigations to find people who had been exposed.
- Provided health information in the person's own language.
- Applied and read TB skin tests in homes and gatherings.
- Gave people TB medicines in their homes.
- Arranged for transportation to the clinic.

The team also taught the public health workers some of their patients' social customs so that the workers serving them in their homes or in the clinic knew how to show proper respect and earn trust.



Photo courtesy of Arkansas Democrat-Gazette, Photographer Benjamin Krain Copyright 2005. All rights reserved

Impact:

The work of the Outreach Team in the 2003 outbreak paved the way for the TB program to begin discussions in 2005 with the poultry industry management in Northwest Arkansas about implementing new control measures to screen their new foreign-born employees.

Dr. Iram Bakhtawar, director, TB Section, Division of Health, Arkansas Department of Health and Human Services, said, "The relationship that the team built with these communities helped us to understand them better and allowed the opportunity to use TB control measures best suited to their needs. Over the last couple of years the incidence of TB has decreased in these communities."

Between June 2002 and December 2004—

- Of 1,075 exposed persons identified for 50 suspected cases; 1,013 (94%) were screened for TB.
- Exposed persons that started treatment within 3 days of notification had improved from 33% to 96%.
- Average number of contacts per suspected case increased from 6.8 to 26.9 contacts.
- About 78% of people who got TB completed taking the drug treatment.

The PHHS Block Grant continues to provide funding to purchase regular supplies of TB medicine and stands ready, as the major funding source for TB drugs, to fight the next TB outbreak in Arkansas.

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CALIFORNIA

The **Preventive Health and Health Services Block Grant (PHHSBG)** supports 13 programs that address the major killers and disablers of Californians for whom no other federal, categorical or state funding exists. The programs address heart disease, stroke, obesity, physical inactivity, intentional and unintentional injuries, rape prevention, emergency medical services, skin cancer, access to quality health care, water fluoridation, public health workforce training and development, and a variety of community based programs. Additionally, 30 percent of PHHSBG funds support the seven programs of California's Emergency Medical Services Authority. These programs have collectively, through public-private partnerships, leveraged an additional \$65 million to augment program efforts over the past five years—a return of \$10.00 for every PHHSBG dollar invested.

PHHS Block Grant funds allow California to use dollars **where** we need them, **when** we need them to protect the public's health. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Community Water Fluoridation

The **California Fluoridation Project** and its partners, by leveraging an additional \$15 million from a single foundation (The California Endowment), will have raised the percentage of Californians with access to fluoridated water from 17 percent to between 70 and 75 percent by early 2007. This increase should reduce the dental caries in California by 20–45 percent in children and adults.

www.dhs.ca.gov/oralhealth*



Nutrition and Overweight

California Project LEAN (Leaders Encouraging Activity and Nutrition) and its partnerships were instrumental in the establishment of landmark legislation creating the strongest nutritional standards in the country to limit the sale of soft drinks and junk food at schools.

www.CaliforniaProjectLEAN.org*



Public Health Infrastructure Development

The **Continuing Professional Education Program** has trained over 10,000 individuals and awarded over 6,000 hours of CME in the past five years. Approximately 70 percent of the graduates of the California Epidemiologic Investigation Service (Cal-EIS) and the Preventive Medicine Residency Program are now working in state, local or federal public health agencies. Approximately 53 percent of these are located in California state or local health departments.

<http://www.dhs.ca.gov/ps/cdic/cdcb/pds/CPE/index.htm>*

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* Links to non-Federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization Web pages found at this link.

PHHS Block Grant Dollars Provide Resources Needed to Protect California Communities

Issue:

California epidemiologists were at the heart of handling health problems related to the 1991 derailment of a Southern Pacific tanker that caused 19,500 gallons of liquid herbicide to spill into the Sacramento River. Epidemiologists keep outbreaks of diseases, such as those caused by contaminated food and water, under control and study the impact that diseases, such as diabetes and asthma, have on the states' population.

The California Department of Health Services is tasked with ensuring that experienced epidemiologists are on board to protect the health of communities. The challenges of recruiting, training, and retaining individuals for this important job are significant.

Intervention:

Developed in 1989, California Epidemiologic Investigation Service (Cal-EIS) is the first program of its kind offered by state health departments. Preventive Health and Health Services (PHHS) Block Grant dollars are critical to meeting this need in that there is no other existing source of state or federal funds for this program. The program has stringent criteria for acceptance and clear guidelines for staying in the program.

- Cal EIS provides one to two years of applied training in epidemiology for master's-level epidemiologists. The Cal-EIS is patterned from the Centers for Disease Control and Prevention's Epidemic Intelligence Service.
- Experienced epidemiologists in either a local or state health department serve as mentors for the Cal-EIS Fellows over the 2-year training program.
- Local and state health departments partner with Cal-EIS and provide a stipend to Cal-EIS fellows employed at their agencies.
- Cal-EIS offers an excellent example of state and local partnerships in that fellows are placed with Department of Health Services' programs or with local health departments.



Former Cal EIS fellow and veterinarian Michele Jay investigating a Q-fever outbreak in Calaveras County.

Impact:

Cal-EIS has succeeded in protecting our community's health through the placement of qualified epidemiologists.

- Of the 80 Cal-EIS graduates, 57, or 71%, are employed in public health.
- The Cal-EIS program has become a model for the nation and is being replicated in other states, including North Carolina and Florida. This replication creates costs savings for all and strengthens public health across the United States.
- Funds leveraged over the last 6 years: Current Cal-EIS fellows are paid a stipend salary of \$37,000 during the training year, and 100% of these funds have come from county and state public health programs.
- It is estimated that PHHS Block Grant dollars have leveraged well over \$1,740,000 in state and county funds over the past 6 years for salary and travel support for Cal-EIS fellows, while at the same time providing public health guidance and support for our communities.

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COLORADO

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Colorado that range from community water fluoridation to tuberculosis. PHHS Block Grant dollars fund a total of 14 different Colorado health programs.

PHHS Block Grant funds allow Colorado to use dollars **where** we need them, **when** we need them to protect the public's health. Colorado focuses PHHS Block Grant funds in the areas of childhood immunizations, communicable diseases, STD control, sexual assault, oral health, youth abstinence, environmental epidemiology, laboratory analysis, and capacity building. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Comprehensive Epidemiology Services—Communicable Disease Prevention

PHHS Block Grant funds are used to monitor infections and identify outbreaks caused by foodborne, waterborne and other enteric (intestinal) pathogens as well as provide technical support to local health agencies to investigate these outbreaks. During federal fiscal year 2005, 20 outbreaks of foodborne disease, 2,773 infections caused by foodborne, enteric and waterborne pathogens were reported to the Colorado Department of Public Health and Environment. PHHS Block Grant funds enable Colorado to effectively respond to these types of outbreaks, therefore reducing the amount of illness and possible deaths that may occur.



Hazardous Sites—Environmental Epidemiology

PHHS Block Grant funds are used to maintain the statewide "Toxcall" system which responds to more than 400 callers annually who have questions about environmental exposure to hazardous substances. Topics include environmental exposure to chemicals (e.g., pesticides and heavy metals), indoor allergens (e.g., molds), particulates and fibers (e.g., asbestos) and ionizing and non-ionizing radiation (e.g., electromagnetic fields).



Community Water Fluoridation—Oral Health Program

PHHS Block Grant funds are used to provide technical assistance to communities for the design and installation of fluoridation equipment and to provide support, information and testimony to help communities retain fluoridation. As a result of this assistance in 2005, two communities were able to retain or re-institute fluoridation at optimal levels.



Tuberculosis (TB)—Tuberculosis Control

PHHS Block Grant funds are used to monitor TB infection and disease; investigate or provide technical support to local health agencies to investigate cases of and contacts to active TB disease carriers; and compile and analyze contact investigation data and provide feedback to local health agencies about each case. In 2004, 127 new cases of active TB were reported of which 18 of the state's 64 counties reported new cases of TB. Three counties reported cases in 2004 after not having a case in a decade or more. During the same year, case management was provided to outlying counties for 79 suspected or confirmed active TB cases and the corresponding contact investigations.

Colorado Department of Health and Environment

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Teens and Green Hornet: Dietary Supplement Leads to Hospitalization

Issue:

Four teenage boys in El Paso County, Colorado, were seeking a cheap high after hearing that Green Hornet, a dietary supplement found online and in retail stores around the country had the same effect as Ecstasy, the illicit street drug. On Valentine's Day weekend in 2004, after consuming the purchased supplement, the boys found themselves being admitted to the Colorado Springs hospital.



The Food and Drug Administration (FDA) sought the assistance of the Colorado Department of Public Health and Environment's Consumer Protection Division to aid in the investigation of this case, particularly in the circumstance where the food product was suspected of being contaminated. The investigation found that the supplement was being manufactured by a Florida based company and was marketed as a legal version of the illicit street drug Ecstasy. It was also confirmed that the product was readily available on the Internet and at various retail locations around the country and at least one location in Colorado Springs. Without the Preventive Health and Health Services (PHHS) Block Grant Funds, Colorado would not have been able to assist FDA with the removal of this dangerous product from retail shelves, protect human lives and avoid the cost burden associated with additional hospitalizations.

Intervention:

Since the FDA does not hold the power of "embargo" within states, it sought the assistance of the Colorado Department of Public Health and Environment's Consumer Protection Division to aid in the investigation. The funding flexibility within the PHHS Block Grant was used to allow staff to assist the FDA in the investigation by exercising its "embargo" powers. Without this valuable source of flexible funding there would have been no other source of funds within the state to aid with this important investigation and help to prevent further use of this dangerous supplement.

Impact:

The PHHS Block Grant-funded partnership was a tremendous success on both the state and national levels because—

- A dangerous product was removed from distribution in Colorado.
- After the FDA analysis of the product found it contained high levels of two over-the-counter drugs that were not declared on the product label, a violation of the Federal Food, Drug and Cosmetic Act and a national consumer warning were issued about Green Hornet.
- The PHHS Block Grant funds helped the division revisit the retailer and facilitate voluntary destruction of the product.
- The FDA prevented the manufacturer from producing this and similar products.

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CONNECTICUT

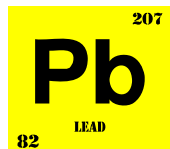
The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Connecticut that range from childhood lead poisoning prevention to youth violence and suicide prevention. PHHS Block Grant dollars fund eight different Connecticut health programs.

PHHS Block Grant funds allow Connecticut to use dollars **where** we need them, **when** we need them to protect the public's health. Connecticut focuses the majority of its PHHS Block Grant funds on education and community programs, heart disease and stroke, emergency medical services, and injury prevention. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Coronary Heart Disease—Cardiovascular Disease Prevention

PHHS Block Grant funds are used to conduct screening and education programs aimed at reducing the death rate due to coronary heart disease per 100,000 to 166 by 2009. By 2002, the death rate due to coronary heart disease per 100,000 was 153. This death rate is already better than the 2009 target rate.



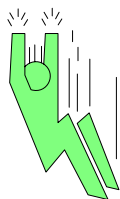
Blood Lead—Childhood Lead Poisoning Prevention

PHHS Block Grant funds are used to support programs in six local health departments aimed at reducing the prevalence of lead poisoning through screening, education and risk reduction, case management and follow-up. In 2004, 2.17% of children under the age of six that were tested had blood lead levels greater than or equal to 10 $\mu\text{g}/\text{dL}$, the level that triggers family education to reduce the likelihood that levels will continue to increase. Children with blood lead levels greater than or equal to the toxic level of 20 $\mu\text{g}/\text{dL}$ made up 0.43% of children under the age of six.



Youth Violence/Suicide Prevention Programs

In two Connecticut regions, PHHS Block Grant funds are used to sponsor education, awareness, and skill-building violence prevention programs in predominantly urban communities, as well as suicide prevention programs among adult and elder populations. The rate of arrests for aggravated assault among Connecticut youth ages 10–18 years has decreased from 2.41 per 1,000 youth in 2001 to 1.99 per 1,000 in 2003. In Connecticut, deaths from suicide outnumber homicide deaths with the highest rates from 2000–2004 among adults ages 40–64. During this period, the overall suicide rate was 8.1 per 100,000 with 1,395 deaths. Elders over the age of 85 have a rate of 11.1 per 100,000 with 40 deaths during that same period.



Community Health Promotion Programs—Older Adult Fall-Related Injuries

PHHS Block Grant funds are used to allow local health departments to conduct home safety assessments and provide safety supplies, fall prevention seminars, medication safety reviews, and fall prevention exercise classes for older adults. Pre- and post-evaluations found that 50% of program participants reported falls during the year preceding the visit, while only 3% reported falls at the time of follow-up. Of the participants in fall prevention exercise programs, 89% reported continuing to exercise after the program ended.

Connecticut Department of Public Health

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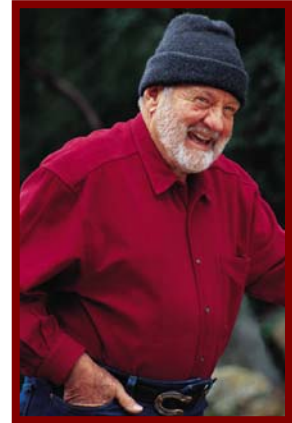
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Connecticut Seniors Standing Tall: How PHHS Block Grant Funds are Preventing Falls

Issue:

More than any other preventable cause, falls cause more older adults in Connecticut to lose their independence and be placed in nursing homes. Falls can also lead to hospitalization and possibly death, costing the state millions of dollars. In Connecticut—

- Falls are responsible for approximately 11,000 hospitalizations each year (2002 Connecticut Registration Report).
- Average direct medical cost per hospitalization is \$12,000.
- 70% of fall-related hospitalizations are among persons aged 65 years and older.
- Older adults have a death rate due to falls that is six times that of the state's average death rate.
- At least 30% of community-dwelling adults aged 65 years and older will fall each year.



Intervention:

The Connecticut Department of Public Health's Injury Prevention Program works with local health departments to implement community fall prevention programs for older adults. Local health departments receive an annual allocation from the Preventive Health and Health Services (PHHS) Block Grant to address community health needs, including fall prevention. Each year, three to six local health departments conduct fall prevention programs. Fall prevention activities funded under the PHHS Block Grant focus on decreasing home hazards, improving strength and balance through exercise programs, reducing medication interactions, and increasing awareness of fall risks and prevention among older adults and their families.

- Local health departments, usually in collaboration with home health care agencies, conduct home safety visits to identify fall hazards, such as slipping and tripping hazards, inadequate lighting, and lack of grab bars or railings.
- Home visitors provide safety supplies, such as non-slip mats, night lights, tub chairs and rubber cane tips to older adult participants.
- Home visitors also provide education on how to prevent falls and work with older adults and family members to correct hazards.
- Fall prevention presentations and medication safety reviews, which check prescription and over-the-counter medicines for possible interactions that could lead to falls, are provided in senior centers, housing complexes and other settings.
- Exercise classes for older adults focus on improving strength, balance and flexibility are offered in 4- to 6-week sessions at senior centers and housing sites.

Impact:

PHHS Block Grant funding enables the Department of Public Health and local health agencies to provide critical fall prevention services to older adults in their communities. The PHHS Block Grant is the only funding source to many local health agencies to provide these services, which can prevent nursing home admissions, reduce health care costs, and help Connecticut's older residents remain active and independent members of society. Results from the past four years include the following:

- More than 550 home safety visits were conducted for older adults, and at least 77% of identified fall hazards were corrected on visits.
- 50% of the home safety visit recipients reported falling during the year prior to the visit, while only 3% reported falling at the four-month follow-up after the visit.
- At least 370 older adults participated in exercise classes, with 89% reporting that they continue to exercise at end of program.
- Approximately 900 persons participated in fall prevention seminars or medication safety review programs. Approximately 87% were able to identify fall risk factors and 79% reported taking action to reduce their fall risks as a result of the programs.

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DELAWARE

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Delaware that range from community health promotion to prevention of rape. PHHS Block Grant dollars fund three Delaware health programs.

PHHS Block Grant funds allow Delaware to use dollars **where** we need them, **when** we need them to protect the public's health. The Block Grant Advisory Committee approved the following programs for funding contingent upon the receipt of level funding: Community Health Promotion Programs, Rape Victims Services, and Public Health Library and Information Services for Underserved Populations and Public Health Professionals. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Patient and Family Education—Health Information

PHHS Block Grant funds are used to contract with the Flinn Medical Library of the Delaware Academy of Medicine to provide medical library services for the Division of Public Health. The PHHS Block Grant this year was able to fund library services for Public Health professionals. However, in the planning process, the Division and the Academy were able to find another funding source to bring needed medical library services and training to underserved areas in each of Delaware's three counties. The services funded by the PHHS Block Grant include cataloging, consulting, document retrieval and staff training. Library and journal services are provided to more than 1,500 Division of Public Health employees. This service improves the Division's ability to plan, implement, and evaluate effective programs.



Community Health Promotion Programs—Healthy Communities

PHHS Block Grant funds are used in recruiting, hiring, and paying salaries for staff that support prevention programs in local communities. Funds are also used to implement activities aimed at prevention of obesity, promoting 5-a-day fruit and vegetable consumption, and promoting healthy physical activity. Efforts are targeted at reducing racial and ethnic disparities related to obesity and related health problems. Some funds also are used to promote mammography services.



Rape or Attempted Rape—Rape and Sexual Assault Prevention

PHHS Block Grant funds are used to fund a contract with CONTACT Delaware, Inc., the only provider of rape crisis and rape education services in Delaware. These funds are used to maintain a rape crisis hotline, train and recruit volunteers, and to provide accompaniment services for rape victims. Currently, CONTACT Delaware is able to provide counseling, accompaniment, and referrals to everyone who calls the hotline.

Delaware Health and Social Services

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Get Up and Do Something: Slowing the Obesity Trend in Delaware

Issue:

Doctors at the DuPont Hospital for Children report seeing more type II diabetes in children. School nurses are reporting more overweight children. The obesity problem is as big in the small state of Delaware as it is in the rest of the nation, and, it is receiving recognition by local health and political leaders. From 1990 to 2003, the prevalence of obesity among adult Delawareans, as measured by the Behavioral Risk Factor Surveillance System (BRFSS), increased from 14.4% to 24%. African Americans are disproportionately affected by obesity in Delaware. In 2005, 22.2% of non-Hispanic whites were considered obese, compared with 33.7% of African Americans and nearly 37% of African American women. Furthermore, African Americans are less likely to eat the recommended five or more servings of fruits and vegetables a day. Only 14% of blacks, compared with 22.3% of whites eat 5 or more servings of fruits and vegetables a day. And, for a small state, the economic costs are large. With a population of only about 840,000, the direct health care costs attributable to obesity in Delaware are estimated at \$207 million a year.

Intervention:

Delaware has begun a campaign to address the issue, which includes programs by the Lt. Governor's office, the state Department of Health and Social Services' Division of Public Health, and by private and nonprofit groups such as the Nemours Health and Prevention Services. The Delaware General Assembly created a Task Force on Physical Education that issued recommendations and resulted in legislation promoting an increase in physical activity. A large component of the state's effort is its "Get Up and Do Something" social marketing campaign. To date, funding for these obesity-reduction efforts has focused largely on physical activity.



The PHHS Block Grant enabled us to supplement the physical activity campaign with marketing campaigns in support of the 5-a-day fruits and vegetables message. These funds allowed us to add a nutritional component to our physical activity promotion, and to target the messages to populations in greatest need.

The Block Grant funds provided a statewide television media campaign in the spring and early summer of each year, promoting the 5-a-day fruits and vegetables message. The campaign—

- Featured a colorful, catchy 5-a-day commercial designed to appeal to African American audiences.
- Aired on cable television (broadcast television is not an option in Delaware) stations, during times that are most popular to female and African American populations.
- Was tied in to other activities and programs currently in progress, such as the "Get Up and Do Something" campaign, the Lt. Governor's Challenge, and other 5-a-day publications or promotions.

Without the Block Grant, this special targeted 5-a-day campaign would not have been possible. The commercial was provided at no cost by the Produce for Better Health Foundation. Public health staff worked with partners and the cable television company to determine appropriate networks and times for airing the campaign.

Impact:

From schoolchildren in the Lt. Governor's Challenge to seniors in Walk Delaware, tens of thousands of Delawareans are now more active than they were a few years ago. And, thanks to the Block Grant, they are also more aware of the importance of eating a healthy diet with adequate fruits and vegetables.

At least for now, these combined efforts have helped to stop the upward trend of adult obesity in Delaware.

- For two years, 2004–2005, the BRFSS adult obesity prevalence appears to have leveled off slightly below the all-time high of 24% in 2003.
- Adult obesity in 2005 was 23%.

Given the trend of increasing obesity nationwide, hitting a plateau in Delaware is a positive change. With future funding and increased program efforts, we hope to turn the plateau into a downward trend in obesity.

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DISTRICT OF COLUMBIA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in the District of Columbia and assists eleven different programs. PHHS Block Grant funds allow the District to use dollars **where** we need them, **when** we need them to protect the public's health. Block Grant-assisted programs address the areas of prostate, breast, and cervical cancers; cancer registry and surveillance; cardiovascular health; food-borne infections; diabetes; clinical services; poison control; rape; and sexually transmitted diseases. Community-based programs that serve our unique health needs through the PHHS Block Grant include the following:



Diabetes—Diabetes Program

PHHS Block Grant funds are used to increase screening and education services for District residents who are at risk for diabetes. The Diabetes for Life Learning Center has screened and provided related self-management tracking for 512 patients; classroom and support group activities for 2,058 students; and tracked Web site educational contacts with 13,404 users.



Poison Control Centers—Poison Control and Prevention

PHHS Block Grant funds help maximize utilization of the National Capital Poison Center's 24-hour telephone consultation service for parents, poisoning victims, ambulance dispatchers, and health professionals so that home and/or on-site treatment can be pursued. In fiscal year 2005, the poison center provided 4,272 consultations for human poison exposures, responded to 7,153 local calls for assistance, educated 16,153 persons about poison control and reached 10,295 children through a video-based awareness program.



Access to Care—Linkage to Health Services

PHHS Block Grant funds provide health awareness, screening, and access to primary care in the Vietnamese community for 50 elderly participants and 75 families. The programs also provide 131 health assessments and 1000 pieces of information in the Vietnamese language. The Find Yourself Healthy Program conducts training for 18 community residents to provide healthcare navigation and education services related to stroke prevention to 1,323 residents.



Children and Youth—Cardiovascular Health, Injury and Violence Prevention

PHHS Block Grant funds help provide children's heart health parent education; summer fitness activities for children; and assessment of cardiovascular health for at-risk children. Funds also provide sexual assault prevention education for elementary school children; a youth violence diversion program with trauma interventions; a life skills management program; vocational skills training; and parent counseling

District of Columbia Department of Health

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Fewer Crowded D.C. Emergency Rooms Lead to Better Health Care, Thanks to PHHS Block Funds

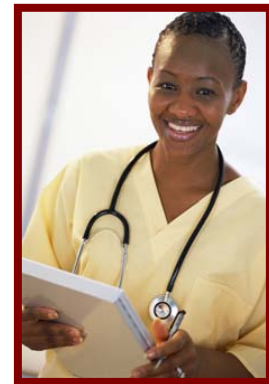
Issue:

Whenever uninsured Washington, D.C., resident, Eric Shropshire, 30, needs to renew his supply of medication for his diabetes, he goes to the Emergency Room (ER) at Greater Southeast Community Hospital. On any day, he is likely to be among an estimated 85% of ER patients who go to the ER for their basic health care. Due to a 10,000-person (2.57%) increase in ER visits, plus the closing of several major facilities since 2000, District hospitals have faced continued overcrowding.

It is estimated that approximately 300,000 adequately insured District residents (50%) are still experiencing difficulty finding a doctor close to home. This results in poor health, high costs, crowded emergency rooms, more hospitalizations for avoidable conditions, and high rates of disability. About 52% of District residents are said to live in federally designated primary care Health Professional Shortage Areas (HPSAs) and 30% live in federally designated Medically Underserved Areas (MUAs) or populations.

Intervention:

Hoping to steer low-income patients needing basic care away from ERs and into neighborhood clinics, the PHHS Block Grant funded D.C. Area Health Education Center (AHEC) to provide the "Find Yourself Healthy Program." During 2005, AHEC developed a comprehensive training manual and hired peer leaders called "community health navigators" to educate and walk hand-in-hand through the health care system with residents in Wards 7 and 8, two of the poorest areas in the District. Training included basic health information, introduction to opportunities for health care, and assistance in seeking care at nearby clinics.



- Having come to the end of its 5-year federal funding period, the AHEC faced extinction unless it could show the value of its health services as well as an ability to continue providing these services based on other sources of funding. The Block Grant "Find Yourself Healthy" Program was critical to AHEC's ability to attract future support and continue providing valuable health care to District communities.

Impact:

- Block Grant funds trained 18 community health navigators who helped 1,323 residents, including diabetics like Eric Shropshire, find appropriate care for their health concerns. Because people have begun to use nearby clinics, visits to ERs have been reduced on average of about 80%.
- In addition, now that residents have a reliable source of ongoing care, many will avoid developing disabilities and chronic conditions. This will save the District thousands of dollars in health care costs.
- Success of the "Find Yourself Healthy Program" led the District's state governing body to award \$600,000 to AHEC so it can continue to provide health education programs in 2006.
- In addition, the PHHS Block Grant will continue to fund AHEC to help other community organizations build community health navigator programs throughout the District of Columbia.

Contact Information:

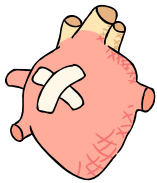
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FLORIDA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for chronic disease health promotion and education, community water fluoridation, and sexual violence prevention victim services.

PHHS Block Grant funds allow Florida to use dollars **where** we need them, **when** we need them to protect the public's health. The State Advisory Committee has recommended Block Grant funding of disease prevention programs that are committed to reducing the burden of the leading causes of death and disability by emphasizing effective prevention strategies. Programs that serve Florida's unique health needs through the PHHS Block Grant include the following:



Chronic Disease Prevention and Health Promotion Education (CDHPE)—PHHS Block Grant funds are used to help support the CDHPE Program in each of Florida's 67 county health departments. The CDHPEs are charged to develop and implement policy and environmental interventions with a primary and/or secondary focus targeting the *Healthy People 2010* objective areas: nutrition/overweight, physical activity, and tobacco which are the top three leading preventable risk factors for chronic diseases and disabilities. These county/community programs mobilize community resources and partnerships to target communities, schools, worksites, healthcare, faith-based organizations and other groups to implement interventions that will have a lasting impact on health behaviors. County project coordinators develop and submit annual work plans that include: the selected *Healthy People 2010* objectives; local impact objectives; policy and environmental interventions, activities, and indicators; community partners; media activities; and evaluation plans. Each CDHPE is required to provide a 25 percent match of PHHS Block Grant funds awarded.



Community Water Fluoridation—Public Health Dental Program

PHHS Block Grant funds are used to increase the number of coalitions in communities that are actively pursuing fluoridation. As of December 31, 2005, the proportion of the people served by community water systems with optimally fluoridated water, based on preliminary estimates, is 76.4%, up from 65.8% in 2001. Every dollar spent on community water fluoridation saves \$7–\$42 in dental procedures.



Sexual Violence Prevention Program

The Sexual Violence Prevention Program's Victim Services component provides funding for accessibility of services to primary victims of sexual violence. Services include 24/7 hotlines in local communities, crisis intervention, advocacy and accompaniment (including legal and medical), medical and forensic exams, therapy, support groups, information and referral. Services also include case management and system coordination on behalf of the client.

Florida Department of Health

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Shaping Up Public Health in Florida: PHHS Block Grant Funds Move the Sunshine State in Healthier Directions

Issue:

Florida may be known as the sunshine state, but the health of its residents is cloudy. Regardless of age, race, ethnicity, and socioeconomic status, chronic diseases—such as heart disease, cancer, and diabetes—account for 6 of the top 10 causes of death and disability in Florida. Chronic diseases and their risk factors cost the state over \$45 billion in direct medical care and lost productivity. The following diseases cost Florida—

- \$18.6 billion—Cardiovascular disease
- \$14 billion—Cancer
- \$6 billion—Diabetes
- \$3+ billion—Obesity

Although chronic diseases and their disabilities are among the most common and costly health problems, they are also among the most preventable. Policy and environmental changes affect everyone in a community and are therefore the preferred method for health promotion and chronic disease prevention.

Intervention:

Charged with reducing death and disability from heart disease, stroke, diabetes, and other chronic diseases, the Florida Department of Health created the Chronic Disease Health Promotion and Education Program (CDHPE). Preventive Health and Health Services (PHHS) Block Grant funds are disseminated through this program and used by all 67 of Florida's county health departments to—



- Engage community resources and form partnerships to target and develop policy or environmental changes within communities, schools, worksites, healthcare agencies, and other organizations.
- Implement policy and environmental interventions focusing on the top five preventable risk factor areas of the *Healthy People 2010* objectives: heart attack/stroke, diabetes, nutrition/overweight, physical activity, and tobacco.
- Obtain at least a 25% match in resources and buy-in from the local community to use PHHS Block Grant funds.

Impact:

During 2004–2005, 336 policy and environmental interventions were completed across the state. Examples of these successes include the following:

- PHHS Block Grant funds helped Holmes County to build a rural community's first tennis/basketball court.
- Jefferson County Health Department built a softball field for a local middle school with PHHS Block Grant funds. The local school board passed a policy to provide ongoing maintenance of the field. This field is used by both the community and the school.
- An Indian River County project funded by PHHS Block Grant collaborated with local partners to pass healthy vending policy in schools.
- Faith-based organizations partnered with local county health department in Lake County to establish a policy that will provide parishioners with diabetes education.
- The PHHS Block Grant paved the way for restaurants in Pinellas County to develop healthy children's menus.

The increased success of the CDHPE Program demonstrates what Florida's state and local governments can make happen with the help of the PHHS Block Grant program.

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GEORGIA

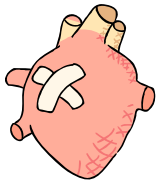
The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Georgia that range from emergency medical services to coronary heart disease. PHHS Block Grant dollars fund nine different Georgia health programs. Eighty-three percent of funds go directly to local communities.

PHHS Block Grant funds allow Georgia to use dollars **where** we need them, **when** we need them to protect the public's health. The following programs receive PHHS Block Grant funds: chemical hazards, emergency medical services, epidemiology, immunization, fluoridation, family health, sexual assault, stroke and heart attack prevention, and unintentional injury prevention. Programs that serve Georgia's unique health needs through the PHHS Block Grant include the following:



Community Water Fluoridation—Oral Health

PHHS Block Grant funds are used to increase optimal fluoridation coverage through the installation of new systems and the replacement of obsolete systems. By July 2003, nine new and four replacement systems had been installed, and 77% of the population receiving fluoridated water had their water with fluoride at optimal levels.



Coronary Heart Disease—Stroke and Heart Attack Prevention Program (SHAPP)

PHHS Block Grant funds are used to provide case management services and medications to SHAPP patients. Case management services were provided to an estimated 19,099 clients. Services included counseling and provision of medications purchased with state funds. SHAPP medications were provided to 13,465 clients. A median control rate of 51%, significantly above the national norm, was achieved.



Unintentional Injury Deaths—Unintentional Injury Prevention

PHHS Block Grant funds are used to provide fire prevention education and install smoke detectors in Georgia homes considered "higher-risk." Accordingly, homes occupied by the poor and elderly, and trailer homes have been targeted. In 2003, the program had phenomenal success with a total of 25 lives being potentially saved as a result of program smoke detectors alerting residents to exit to safety. The program was able to accomplish this through the distribution and installation of 6,376 smoke detectors and the provision of residential fire prevention education to residents of 4,968 targeted domiciles.



Emergency Medical Services (EMS)

PHHS Block Grant Funds support the entire statewide regional structure of the Office of Emergency Medical Services (EMS), which includes 19 local positions. This staff is responsible for inspection of over 250 EMS providers, ambulance zoning, complaint resolution, coordination and delivery of training to over 11,000 medics, and coordination of strategies related to prevention and pre-hospital treatment of ill and injured persons. This is the only funding available for these activities which ensure the quality of EMS services in the state.

Georgia Department of Human Resources
Division of Public Health

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Smoke Alarms Save Lives with PHHS Block Grant Funding

Issue:

A fire can engulf a home in a matter of minutes. It can also kill the people inside the house, especially if they are not aware of what is happening within an adequate amount of time. In 2004, there were 395,500 home fires causing 3,190 deaths and \$5,833,000,000 of damages in the United States according to the National Fire Protection Association. Georgians are particularly vulnerable because they live in the "Burn Belt," an area of southern states where residents have an increased risk of residential fire related injuries compared to other regions of the country. Based on estimates from the National Center for Health Statistics, residents of southern states have a 30 percent higher risk of dying from fire than the overall U.S. population.



Despite progress narrowing the gap between the Georgia and U.S. rate (2.4 per 100,000 and 1.5 per 100,000 respectively)—

- Georgia still has the sixth worst age adjusted fire death rate among states.
- A total of 782 Georgia residents lost their lives in residential fires from 1999 to 2004, representing an average of 130 deaths per year.
- In 88% of Georgia's fire deaths, there was not a functioning smoke alarm in the structure.

Intervention:

The Georgia Department of Human Resources (DHR), Division of Public Health (DPH) works with fire departments to reduce fire deaths. DPH provides information on best practices and risk factors, evaluation services, long life smoke alarms, educational materials and other supplies to the fire departments. Preventive Health and Health Services (PHHS) Block Grant funds have supplemented Centers for Disease Control and Prevention's (CDC) Residential Fire Injury Prevention funds to provide these fire injury prevention services to what are considered high-risk homes—homes occupied by the poor and/or elderly as well as manufactured housing. The program did the following:

- Distributed and installed 4,665 smoke detectors made possible by combining Residential Fire Injury Prevention with PHHS Block Grant funds.
- Provided residential fire prevention education to residents of 4,612 targeted homes.
- Collaborated with 35 fire departments around the state to meet its objectives.
- The fire departments canvassed high-risk neighborhoods, installing smoke alarms as needed and educating residents.

Impact:

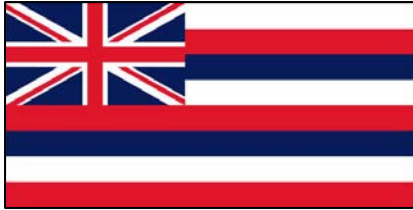
Fourteen Georgians may owe their lives directly to the \$10 smoke detector bought with the PHHS Block Grant dollars in fiscal year (FY) 2005 alone. That kind of savings is invaluable. PHHS Block Grant funding has allowed the program to provide an additional 1,334 smoke alarms to high risk households in FY2005. Dr. Stuart Brown, Director of the Division of Public Health, adds, "Smoke detectors save lives. We are so pleased to partner with CDC and local fire departments to make homes safer and positively impact the lives of Georgians."

Since 2002, the Residential Fire Prevention Program, supported by the PHHS Block Grant and CDC federal funds, has distributed 16,629 smoke detectors to high-risk homes and educated residents of 11,492 homes on fire prevention methods and the importance of having a well-established escape plan.

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HAWAII

The **Preventive Health and Health Services (PHHS) Block Grant** funds allow Hawaii to use dollars **where** we need them, **when** we need them to protect the public's health. Hawaii focuses the majority of its PHHS Block Grant funds in the areas of: community health; injury prevention and control; prevention of sexual assault; and public health infrastructure. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Vaccine Preventable Diseases—Healthy Hawaii 2010

The influenza vaccine shortage of 2004 led to a 15% decrease in the senior flu vaccination rate. The Hawaii State Department of Health was concerned that negative publicity about the vaccine shortage might discourage seniors from seeking vaccinations in 2005. PHHS Block Grant funds were used to encourage seniors to attend the Honolulu Senior's Fair and receive flu vaccinations in the fall of 2005.

A task force representing Hawaii's largest health insurers and a variety of senior service providers developed outreach strategies to increase participation in flu clinics. Activities included direct mail postcards, bag stuffers distributed by major retailers, bus posters, and radio and television messages. The 2005 Senior's Fair flu clinics had the highest participation ever. Over three days, more than 5,100 flu and pneumonia shots were given, increasing the 2005–2006 senior vaccination rate to 74%, exceeding the previous vaccination rates by 15%.



Culturally Appropriate Community Health Promotion Programs—Easy Access Project

PHHS Block Grant funds support the Easy Access Project (EAP) which serves immigrants from countries with high rates of communicable diseases. Hawaii's rates for Tuberculosis (TB) and Hansen's disease (HD) are among the highest in the nation. Hawaii has only 4% of the U.S. population, but has 16% of all new Hansen's disease cases, mostly from the Philippines, Micronesia, and the Marshall Islands. In order to assure that infectious diseases are detected and treated early, the EAP provides outreach to immigrants and Compacts of Free Association (COFA) migrants to provide health screenings and referrals.

Between 2003 and 2005, EAP assessed 8,427 clients (1,234 COFA migrants).

- 7,726 clients were referred for immunizations
- 901 were referred for Hansen's disease; 57 new cases were diagnosed.

By controlling the spread of diseases like TB and HD, EAP helps keep Hawaii a safe community for residents and a welcoming community for immigrants and COFA migrants.

Hawaii State Department of Health

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How to Get 'em Back: Senior Flu Clinics after a Flu Shortage Season

Issue:

The influenza (flu) vaccine shortage of 2004-2005 had seniors across the nation standing in lines to get vaccinations and led to the canceling of many community vaccine clinics in Hawaii. The shortage required allocation of vaccine to high risk populations only, and many seniors were asked to defer flu vaccination. Hawaii data showed that the senior flu vaccination rate fell to 60% in 2004, approximately 15% below rates for 2002 and 2003.

Flu is a major cause of illness, disability, and death in the elderly. A 2001 study conducted by Hawaii's largest health insurer concluded that the estimated cost savings of flu vaccination to seniors (aged 65–75 years) averages approximately \$80 per medical client.

The Flu and Pneumonia Task Force wanted to restore the senior flu vaccination rate during the 2005–2006 flu season. There was concern, however, that healthy seniors, who had been asked to step aside during the previous flu season, might not seek a flu vaccination in 2005.

Intervention:

The Task Force developed a targeted strategy to increase vaccination use in 2005–2006 through vaccine clinics held at the Honolulu Senior's Fair, an annual event that draws over 15,000 attendees each September at the Blaisdell Center Exhibition Hall. The state's two largest insurers (one fee-for-service provider and one HMO) provided free flu and pneumococcal vaccines at the fair to those who had Medicare Part B coverage. These same vaccines were also available for others without Medicare Part B for a small charge.



Preventive Health and Health Services Block Grant (PHHSBG) funds were used to support outreach activities to increase participation in the flu clinics. Activities included direct mail postcards to announce flu clinics, bag stuffers distributed by major retailers, posters, bus cards, radio messages (both mainstream and ethnic) and television spots. Ads in a major newspaper announced incentive items for those who got a flu or pneumococcal vaccine at the Senior's Fair.

Impact:

The 2005 Senior Fair had the highest participation of any flu clinic in over 10 years. During three days, more than 5,100 flu and pneumonia shots were given, primarily to Medicare Part B beneficiaries and the chronically ill. This equates to an overall participation rate of approximately 34% of fair attendees.

The postcards, mailed out by the Task Force to targeted HMO members, were highly successful. The HMO needed to schedule additional staff and vaccines during the event; they plan to use the mailings again in 2006. The use of a fee-for-service health care provider was also extremely successful, and already plans to expand capacity for providing shots in 2006. The Task Force has set a 2006 goal of at least 10,000 shots during the three-day fair.

According to preliminary BRFSS data, the Hawaii senior flu vaccination rate returned to 74% for the period from October to December 2005 and is comparable to pre-shortage rates.

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IDAHO

The **Preventive Health and Health Services (PHHS) Block Grant** funds health problems specific to Idaho that receive little or no other support. PHHS Block Grant funds allow Idaho to use dollars **where** we need them, **when** we need them to protect the public's health. Our State Advisory Committee prioritized our health needs and has directed funds to combat sexual violence and unintentional injury. Program highlights include the following:



Intentional Injury Prevention—Sexual Violence Prevention Program

Nationally, one in four college women have experienced a completed or attempted rape. In Idaho, the rate of rapes and attempted rapes for 18- to 24-year-olds is almost three times that of all Idahoans, which is why campus sexual violence prevention programs are a priority.

Thousands of young adults across the state have participated in more than 100 training and educational programs aimed at students ranging from fraternity and sorority members to athletes and first-year students. Men's programs, mentoring programs, outreach efforts and ongoing education and awareness campaigns (e.g., Sexual Assault Awareness Month and Safe Spring Break Campaign) have been funded at two of Idaho's largest universities.



Unintentional Injury Prevention—Senior Falls

Falls are the leading cause of death for Idahoans aged 65 years and older. The rate of accidental deaths due to falls in Idaho for those aged 65 and older is significantly higher than the national rate. In 2004, the majority of fall deaths (94 of 114) occurred among persons aged 65 years and older. Because of these statistics, Idaho uses PHHS Block Grant funds to collaborate with government agencies and universities on the "Fit & Fall Proof Program" which teaches strength training and balance techniques to seniors across the state. This program, launched at the end of 2004, has grown from 29 class sites in 2005 to 56 fall prevention exercise sites in 2006. Eighteen master trainers continue to recruit and train a cadre of volunteers to teach at senior and community centers in every health district.

According to Richard Armstrong, Director, Idaho Department of Health and Welfare, "Preventive Health and Health Services (PHHS) Block Grant funds are vital to the success of the college campus sexual violence and senior fall prevention programs in Idaho. In the past year, many young adults have participated in rape prevention programs, and seniors throughout the state are benefiting from increased access to fall prevention programs in their community. PHHS funding provides Idaho an opportunity to address these unique health concerns."

Idaho Department of Health and Welfare

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Idaho Seniors Become “Fit and Fall Proof”

Issue:

William, an 86-year-old Idaho man, moved into an assisted living center because he felt he could no longer live on his own. One of the biggest factors in his decision was the fear of falling and not being able to get up on his own or call for help.

- Idaho's older citizens are more likely to die from a fall than older adults across the country (8.4 deaths per 100,000 in Idaho versus 5.5 per 100,000 in the United States).
- Idaho's Emergency Medical System responded to more than 6,000 fall-related calls in 2001–2003. More than half of these calls were from Idahoans over the age of 65.
- Chronic health conditions and taking four or more medications per day increases the risk of falling.

Intervention:

In 2004, the Idaho Injury Prevention Program opened a free exercise program for older adults called “Fit and Fall Proof.” Improving strength, balance and flexibility through regular exercise can reduce falls for many older adults.

- Classes are held for 30–60 minutes twice a week in senior centers, churches, assisted living centers, and gyms in seven local health districts across the state.
- Volunteer peer leaders are trained as exercise class instructors.
- Class participants take a "Get Up and Go" test at the beginning and end of each 6-week session to measure improvements in balance, strength and flexibility.



Impact:

After participating in “Fit and Fall Proof” for one year, William has improved his mobility and balance so much that he has recently moved out of the assisted living center and is living on his own once again. He has also been trained to be a volunteer class leader for the center and serves as a role model to his peers.

By the end of the first year—

- 29 sites across Idaho hosted “Fit and Fall Proof” classes.
- 137 volunteer class leaders were trained to teach classes in their communities.
- More than 300 seniors participated in the “Fit and Fall Proof” exercise program.
- 85% of the class participants that took the "Get Up and Go" tests improved their balance, strength and/or flexibility during the 6-week sessions.

The Idaho Injury Prevention Program continues to receive positive comments from participants about the program, such as the testimonial below:

"Everyone in the class talked about how much they have improved. Flexibility in their hands and balance have increased. One woman in the class had had brain surgery for a tumor. During her surgery her balance nerve was removed, which resulted in her falling about six times per day. Over the last six weeks she has fallen only once! The exercise has also helped her panic disorder that began after the surgery. She felt that being able to talk and work with me was a significant improvement in her life."

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ILLINOIS

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Illinois that range from services for the youngest of our citizens—early hearing and perinatal centers, to physical activity in children and adolescents, to oral cancer detection. PHHS Block Grant dollars fund six different Illinois health programs.

PHHS Block Grant funds allow Illinois to use dollars **where** we need them, **when** we need them to protect the public's health. Illinois focuses the majority of its PHHS Block Grant funds on improving newborn hearing screening, unintentional injuries, violent and abusive behavior and assessment, assurance and policy development, and for physical activity programs in our schools. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Child Restraints—Illinois Unintentional Injury Program

PHHS Block Grant funds are used to support the SAFE KIDS in Illinois and to increase the number of coalitions and/or chapters participating in the program. SAFE KIDS promotes child automobile safety by distributing car safety seats and sponsoring awareness-building events throughout the state. At the end of 2006, there were 29 coalitions and/or chapters participating in the program. These chapters facilitate the delivery of approximately 1,000 child restraint seats throughout the state.



Hearing—Newborn Hearing Screening

PHHS Block Grant funds are used to facilitate the referral process for Universal Newborn Hearing Screening (UNHS). They are further used to monitor hospital compliance with state regulations by providing Illinois birthing facilities with HI TRACK Newborn Hearing Screening Data Management and Tracking System software. The program has worked to implement the HI TRACK computer program into each of the birthing hospitals in Illinois. Currently, 50% of the birthing hospitals are providing reports electronically on a weekly basis, totalling approximately 95,000 births each year.



Physical Activity in Children and Adolescents—The Illinois CATCH (Coordinated Approach to Child Health) Program

PHHS Block Grant funds are used to promote healthy eating and physical activity behaviors among children in grades three through five and their families through support of the CATCH program in Illinois. Funds are used to train school staff and personnel. From inception in 2003 through the end of 2006, staff provided technical assistance, public promotion and helped to introduce the program into 22 schools across the state.



Rape or Attempted Rape—Annual Sex Offense

PHHS Block Grant funds are used to support the Illinois Coalition Against Sexual Assault (ICASA). The ICASA manages 29 sexual assault crisis centers in communities around the state. Each ICASA grantee provides a 24-hour hotline for callers in need of sexual assault crisis counseling, medical advocacy, criminal justice advocacy, and ongoing counseling. ICASA centers served over 28,000 victims and reached 342,000 citizens with its public awareness programs.

Illinois Department of Public Health

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Illinois's Hearing Screening Program: Expanding from Newborns to all Kids

Issue:

Left undetected, hearing impairments in infants can negatively affect speech and language acquisition, academic achievement, and social and emotional development. If detected; however, these negative impacts can be diminished and possibly eliminated through early intervention. Given this and other reasons, the need for universal newborn hearing screening was identified as a need by the Illinois state legislature in the early 1990s and placed into statute.



Intervention:

The Illinois Department of Public Health receives appropriation for both grants to local health departments and for work with local birthing hospitals for newborn hearing screening. While the primary focus has been on newborn screening, the department felt a need to build the infrastructure of this system, which also reaches school age children. The Illinois Department of Public Health has begun to build this system by adding field staff who could recruit new services providers, provide technical assistance to existing providers, work with birthing hospitals, and ensure that testing equipment is properly maintained to meet state standards. The Preventive Health and Health Services (PHHS) Block Grant award funds have allowed the department to leverage its state funds to build such a system.

The Department's Vision and Hearing Program has reached many new milestones.

Highlights/Successes of the intervention model include—

- A current enrollment of over 60% of birthing hospitals in the state, with an annual submission of some 180,000 test records.
- Service grant awards to 79 local health departments (an increase of two new health departments over the last two grant years), a state university nursing school, and two local school district programs.
- Distribution by these grantees of 181,500 hearing tests to school aged children across the state in 2005–2006, an increase of approximately 4% from the previous fiscal year.

Impact:

The impact of the federal funds on this program are enormous. Current plans call for more utilization of PHHS Block funds to continue to build this program.

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INDIANA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Indiana that range from disaster preparedness to poison control. PHHS Block Grant dollars fund seven different Indiana health programs.

PHHS Block Grant funds allow Indiana to use dollars **where** we need them, **when** we need them to protect the public's health. The Indiana program focus on improving clinical preventive health services, access to medical care and environmental health issues. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Source of Ongoing Care—Primary Clinical Health Services

PHHS Block Grant funds are used to provide primary health care to medically indigent patients through the operation of nurse-managed clinics, rural health clinics and/or training centers in underserved areas. This includes improving the recruitment and retention of health professionals in rural areas lacking them. As of September 2005, 24 previously-funded facilities are operational in Indiana rural counties. The three currently funded clinics treated 10,023 patients in 2005.



Environmental Health—West Nile Virus

PHHS Block Grant funds are used to support the local health departments to locate, test, and eliminate mosquitoes that could be carrying West Nile Virus.



IU Internship Project

PHHS Block Grant funds are used to support an internship project in which students participate in a unique eight-week community-based primary care practice prior to their second year of medical school. This program is designed to influence career choice and practice location. The goal is to improve both the supply and distribution of primary care physicians in rural or medically underserved areas as well as impacting workforce diversity and improving the quality of care.



Refugee Health Assistance

PHHS Block funds are used in Allen County to provide translators who speak Vietnamese, Somali, Thai, Spanish, Bosnian, and Burmese. Brochures are also being translated into Spanish, Burmese, Bosnian, and Somali. Spanish language classes are provided for health department staff. These program components combine to significantly reduce the language barriers that cause inaccurate or incomplete health histories provided by refugees.

Indiana State Department of Health

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Help May Be 50 Miles Away In Indiana

Issue:

If you live in a rural county, in Indiana, and you become ill, health care may be 50 miles away. Indiana has 6 million residents, and 862,670 are without health insurance. Many of the uninsured live in one of Indiana's 46 rural counties with limited access to primary health care. The residents delay seeking help for their health problems because of the distance to care and the cost. Medically underserved rural populations have disproportionately higher death rates and disabling conditions and are at higher risk of suffering the consequences of untreated infectious diseases, and unmanaged chronic ailments. They have little access to preventive health care such as screening for breast, cervical, prostate, colon, and skin cancers. Rural populations also have the added occupational risks of exposures to pesticides, herbicides, and sun, as well as farm accidents. Based on epidemiological data, the following were target areas of concern:

- Overuse of emergency rooms for routine care by rural residents, a costly practice.
- Prevalence of heart disease and stroke, the number one killer in Indiana. It is estimated that about half of all heart attacks and two-thirds of all stroke victims have high blood pressure.
- The elderly being able to identify and control health conditions to ensure their independence.
- Adolescents engaging in risky behaviors and making choices that may lead to poor health.

Intervention:

In 1995, Indiana decided to use the Preventive Health and Health Services (PHHS) Block Grant to start solving the problem of access to care in rural Indiana by supporting nurse managed clinics throughout the state. The state eventually sponsored 27 clinics located in rural, medically underserved counties, 25 of which are still operational. The most recently funded clinics by the Block Grant are located in Martin, Daviess, and Orange counties.

It is required by the state health department for all grantees to meet the following objectives for the nurse managed clinics:

- Increase the proportion of regular clinic patients who have their high blood pressure under control to 50%.
- Increase to 50% the proportion of adolescents aged 13 years through 18 years who have received all of their screenings, immunization services, and at least one of the counseling services appropriate for their age and gender as recommended by the U.S. Preventive Services Task Force.
- Increase to at least 40% the proportion of adults aged 65 years and older who have received all of their screenings, immunization services, and at least one of the counseling services appropriate for their age and gender as recommended by the U.S. Preventive Services Task Force.
- Provide 100% of the patients with instructions on the proper use of hospital emergency rooms.

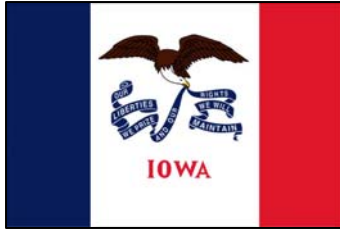


Impact:

The PHHS Block Grant's flexibility and emphasis on funding projects for which there was no other funding has really made an impact in our state. Martin County Healthcare Clinic has a patient count of 3,189, Daviess Clinic served 2,999, and Orange Clinic has a patient count of 3,835. Effective use of nurse practitioners increases access to health care and cost savings. Studies have concluded that 80% of adult primary care services and up to 90% of pediatric primary care services could be performed by nurse practitioners. The cost of seeking care from a nurse practitioner is 40% less than that of a physician. Improved access to care for Indiana's rural population through nurse managed clinics and Block Grant funds has proven to be a lifesaver in our state.

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IOWA

The **Preventive Health and Health Services (PHHS) Block Grant** provides flexible funding for health problems in Iowa that range from emergency medical services to coronary heart disease. PHHS Block Grant dollars fund eight different Iowa health programs in the areas of education and community-based programs, unintentional injuries, oral health, heart disease and stroke, HIV/STD prevention, and sexual assault prevention.

PHHS Block Grant funds allow Iowa to use dollars **where** we need them, **when** we need them to protect the public's health. This flexibility is critical and serves Iowa's unique rural health needs. The following programs are examples of Iowa's use of PHHS Block Grant funds:



Heart Disease and Stroke/Cardiovascular Risk Reduction

PHHS Block Grant funds are used to support statewide initiatives to promote healthier lifestyles; prevent the health and financial consequences of cardiovascular diseases (CVD); and monitor adult trends of modifiable risk factors for CVD using Behavioral Risk Factor Surveillance System (BRFSS) questions and epidemiological surveillance. The most recent statistics show that the death rate from heart disease, Iowa's leading cause of death, has dropped from 326.3 deaths per 100,000 population in 1994 to 245.5 deaths per 100,000 population in 2004.



Emergency Medical Services (EMS)—Unintentional Injuries

Emergency medical services operate at the intersection of public health, health care, and public safety. Mortality rates for many unintentional injuries are highest in rural areas, making EMS a critical component of Iowa's rural health care system. PHHS Block Grant funds are used to ensure that the citizens of Iowa have timely access to emergency medical services provided by a well equipped and competent response workforce. Iowa deaths resulting from motor vehicle accidents, burns, and drowning have been declining since 1996.



HIV/AIDS Program

PHHS Block Grant funds are used to provide confidential Human Immunodeficiency Virus (HIV) prevention counseling and/or testing in sites that are located in the population centers that have higher sexually transmitted disease and HIV morbidity rates. In 2002, 12,820 risk assessments were completed. All persons who completed assessments received HIV-prevention counseling, and 9,844 were tested for HIV.



Rape or Attempted Rape—Sexual Assault Prevention Services

PHHS Block Grant funds are used to support prevention education services to young people and community professionals addressing sexual violence. During fiscal year 2005, there were 2,027 presentations given to 42,711 youth in school settings. Between 1999 and 2004, the rate of reported rapes in Iowa decreased by 15 percent.

Iowa Department of Public Health PHHS Block Grant Co-Coordinator

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Iowans Dramatically Change Their Lives with the Lifestyle Challenge

Issue:

Nearly 2 of 3 residents are overweight or obese in Emmet County, Iowa. A dynamic countywide behavioral modification program was desperately needed.

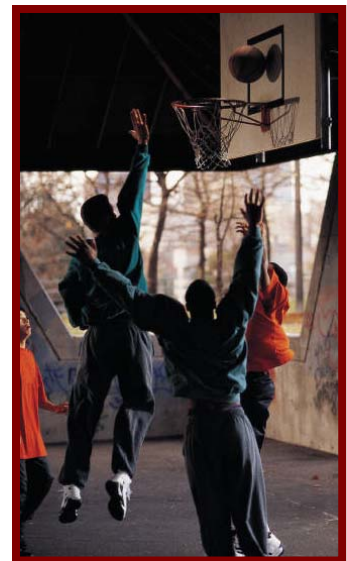
- More than half the population is between the ages of 25 and 64, the critical years of life when the incidence of cardiovascular disease is the highest.
- An estimated 27% of the county population has undetected high blood pressure.
- 61.2% of county residents are considered overweight or obese.
- In 2001, the initial intervention participants had an average body mass index (BMI) of 30, and 41 percent were at high risk for diabetes, according to a Diabetes Risk Assessment.

Intervention:

An initiative to use a little fun and friendly competition to improve health has grown into a strong community commitment to change lifestyles and community norms. The Iowa Department of Public Health and Avera Holy Family Health (the county's largest health care system) lead Emmet County's Lifestyle Challenge, which is supported in part by the Preventive Health and Health Services Block Grant funds. Several other partners in the state and county collaborate and support the intervention.

More than 10% of Emmet County residents have taken part for at least one year of the 5-year program, which began in 2001. High-profile participants, such as the mayor and prominent business persons, bring visibility to the program, and encourage more participation from county residents.

The Lifestyle Challenge emphasizes gradual weight loss through improved food choices, regular physical activity, and a lifetime of healthy behavior. Educational sessions, support groups, and positive reinforcement are keys to the success of this intervention. Teams of five participants set their own physical activity goals, and track the amount of time they spend exercising. Health data collected over five years for the participants (including monthly weight checks with a registered dietitian) are shared confidentially, and provide a long-term record of progress.



Impact:

Collectively, the community has lost over 9,060 pounds and recorded 53,800 hours of physical activity through the Lifestyle Challenge.

- In 2005 The average weight loss per person was almost 8 pounds.
- The average amount of physical activity recorded increased from 27 hours to 47 hours per person from 2001 to 2006.

The collaboration has prompted a gradual shift in community conversations from that of short-term diets to lifestyle changes for long-term health.

The Lifestyle Challenge has expanded in the county each year since its inception, and has generated positive support from local media and opinion-leaders. In 2004, Fort Collins, Colorado, Mount Pleasant, Iowa, and Columbus, Indiana adopted the Lifestyle Challenge initiative and have had similar program success.

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KANSAS

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Kansas that range from unintentional injury deaths to coronary heart disease. PHHS Block Grant dollars fund six different Kansas health programs.

PHHS Block Grant funds allow Kansas to use dollars **where** we need them, **when** we need them to protect the public's health. The PHHS Block Grant is the only source of funding available for the primary prevention of heart disease, the number one killer of Kansans. It is the primary source of funds to support obesity prevention efforts at the community level, or to foster the work of the Governor's Council on Fitness. The existence of the Kansas Safe Kids Coalition is dependent upon the PHHS Block Grant funding and is aimed at reducing injury, the number one killer of Kansas children. PHHS Block Grant funds are distributed via "Aid-to-Local" programs to counties across the state, and its programming affects the lives of almost every Kansan. Programs that serve Kansas's unique health needs through the PHHS Block Grant include the following:



Coronary Heart Disease—Chronic Disease Prevention

Staff empowers local communities to make changes within their communities to promote physical activity, good nutrition, and tobacco prevention and control. More than 17,000 third grade students participate in the Annual Kansas Kid's Fitness Day Event. In 2005, the Center for Health and Wellness Community Outreach's blood pressure measurement specialists took 5,534 blood pressure readings, completed 303 cholesterol screenings and 304 blood sugar readings. Over 2,300 people received education on how to manage their blood pressure and cholesterol.



Addressing Protective Health Factors—Maternal Child Health

PHHS Block Grant funds are used to provide information and education targeting family protective health issues through the 87 Maternal and Child Health (MCH) programs. In 2005, in conjunction with MCH and nurse supervisors, the Healthy Start Home Visitor staff made 3,120 referrals for individuals. These referrals were specific to mental health issues as well as to behaviors that fall within that realm. These referrals and follow-up care were aimed at reducing depression, mental/health addictive disorders, and other child protective factors.



Public Health Workforce Development—Office of Local and Rural Health

Kansas-TRAIN created opportunities to increase competency in the areas of core public health and terrorism/emergency readiness for more than 1,800 Kansas professionals and course providers. Kansas-TRAIN has posted eight courses since April 2004 and has had 2,700 courses completed through the system. TRAIN has created a vital central database of Kansas public health professionals and related data. TRAIN is pivotal to public health infrastructure, preparedness, and communication in Kansas due to the geographical characteristics of the state.



Kansas SAFE KIDS—Injury Prevention Program

SAFE KIDS interventions target prevention of unintentional injuries for children aged 1–14 years. In 2005, Kansas SAFE KIDS had 30 chapters working throughout the state providing coverage for 73% of the child population in Kansas. In 2005, Kansas SAFE KIDS distributed 2,716 bike helmets, 1,500 smoke detectors and 2,751 gunlocks. A total of 6,242 car seats were checked at 200 events.

Kansas Department of Health and Environment

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Fighting Obesity in Barber County: A Community Wins by Losing

Issue:

Obesity in Kansas continues to jeopardize the future of health care and quality of life for individuals, communities, and businesses. Poor eating habits and a lack of adequate physical activity are the primary contributors to this problem and are directly linked to hypertension, type 2 diabetes, coronary heart disease, stroke, and certain types of cancer. Data illustrate the destructive nature of this condition in Kansas.

- Kansas spends an estimated \$657 million annually in medical costs associated with obesity.
- Since 1992, the prevalence of obesity has increased by 70% among Kansas adults.
- By 2020, one in every four dollars spent on health care will pay for obesity-related treatments.

Thousands of Kansans battle obesity. Janet, a woman in Medicine Lodge, Kansas, is a prime example of an individual struggling with excess weight and medical conditions associated with being obese. For years, Janet's lifestyle involved low activity and poor eating habits. Janet experienced difficulty breathing, walking up stairs, and performing routine tasks, such as shopping for groceries. At age 56, Janet was diabetic and morbidly obese, weighing 400 lbs.

Intervention:

In the winter of 2005, in an effort to address the rise in obesity in the town of Medicine Lodge, Kansas, the local health department created the Community Meltdown program. The Meltdown reflects the community's desire to help Janet, and others like her, melt away pounds of fat through exercise and education. Funded by the Preventive Health and Health Services (PHHS) Block Grant as part of the Chronic Disease Risk Reduction grants administered through the Kansas Department of Health and Environment, the program includes the following:

- Six weeks of evening meetings.
- Regular weigh-ins, hypertension and blood lipid screenings.
- Education for participants on the contributing factors leading to overweight, including information on the role of proper physical activity and nutrition, as well as the harmful effects of tobacco.



Impact:

Wanting help, but unsure and embarrassed about seeking assistance, Janet responded to an advertisement in the local newspaper about the Community Meltdown. In January 2005, Janet confronted the stigma of being obese and began participating in the program. With the help and support of the program's many partners, she reached her goal. Today, she has lost approximately 100 lbs. Janet is able to shop for her own food and continues her efforts to become healthier.

In addition to Janet, 48 other residents of Medicine Lodge participated in the program. The success of the program means exciting changes for 2006, including—

- Expanding the program to include two additional Barber County communities.
- Expanding the program to include families and youth.
- Increasing the number of participants in the Medicine Lodge program each year.
- Supporting participants to quit smoking with the Kansas Tobacco Quitline Fax Referral Form.

Giving individuals like Janet the tools and support to lose weight and practice life long healthy habits will ultimately reduce the costs associated with obesity and provide an the opportunity for Kansans to live healthier and more satisfying lives.

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KENTUCKY

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Kentucky addressing a broad spectrum of health issues through three different health programs. Local health departments, which service all 120 counties in Kentucky, address the lack of physical activity in adults and children. Access to health care is addressed through the Health Kentucky Program. The Rape Crisis Centers address rape or attempted rape. Ninety-three percent of funds from the PHHS Block Grant go directly to local communities.

PHHS Block Grant funds allow Kentucky to use dollars **where** we need them and **when** we need them to protect the public's health. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Physical Activity in Adults and Children

PHHS Block Grant funds promote physical activity in communities through policy and environmental change as well as behavioral approaches for community-based interventions addressing physical activity across the life span. Increasing physical activity impacts all major chronic diseases—cardiovascular, diabetes, arthritis, and obesity. Evidence based strategies used include the following:

- **TAKE 10!** initiative provides teachers with ideas for including physical activity in classroom learning. Teacher evaluations noted a positive change in the physical activity behaviors of some overweight students and reported that students were more alert during the day. Health department staff worked with school administrators to implement a long-range plan to increase physical activity and improve student health and well-being.
- The **Mayors Healthy Hometown Movement (MHMM)** in the Louisville Metro area, led by the Louisville Metro Health Department, unites diverse community partners to improve the health status of citizens in the area. This program was chosen as a finalist for the 2006 Awards for Municipal Excellence.



Health Care Access

PHHS Block Grant funds provide services for adults aged 18 to 64 years who are uninsured and would not otherwise receive these services. In collaboration with Health Kentucky, volunteer health care providers and pharmacies are recruited to provide services and free prescription medications. Fiscal year (FY)2006 impact figures include the following:

- 97,000 free prescriptions were filled at participating pharmacies with a value of over \$9 million.
- Participating physicians, dentists, and pharmacies provided free services through 2,507 referrals from the toll free Kentucky Physicians Care Hotline.



Sexual Assault and Domestic Violence Program—Rape Crisis Centers

Rape Crisis Centers in Kentucky developed a 24-hour hotline to link survivors of sexual assault and their friends and family to specialized support services such as advocacy and crisis intervention at no cost to the client. PHHS Block Grant funds help maintain these services for victims and their family members at the state's 13 rape crisis centers. In FY2006 Kentucky Rape Crisis Centers utilized PHHS Grant funds to provide 3,737 legal advocacy services, 728 medical advocacy services and to respond to 3,508 crisis calls.

Kentucky Cabinet for Health and Family Services
Department for Public Health

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Helping the Uninsured in Kentucky

Issue:

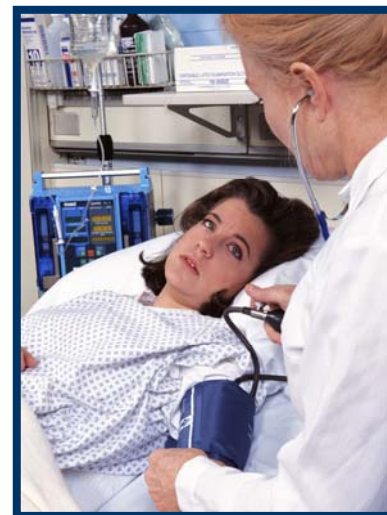
Overweight, diabetic, high blood pressure, and no health insurance describe many of Kentucky's 576,500 uninsured, and that is about 14.3% of the state's population.

- 35% do not have a medical home, which increases the likelihood of poorer health outcomes.
- 13% cite the Emergency Room as their regular caregiver.
- Many report they lack the necessary resources to purchase prescribed medications.

Pharmaceutical companies have Patient Assistance Programs available for low-income persons but the complicated paperwork and frequent rule changes leave many individuals with no means of getting needed medications.

Intervention:

Over the past two years, \$75,000 of the Preventive Health and Health Services Block Grant funds have gone to Health Kentucky, Inc., a nonprofit charitable organization that coordinates a statewide network of volunteer providers through the Kentucky Physicians Care Program. The Kentucky Physicians Care provider network includes physicians, dentists, pharmacies, and pharmaceutical companies. Health Kentucky, Inc. works in collaboration with other public and private organizations that address the health care needs of the poor and uninsured.



Health Kentucky, Inc. provides—

- Public awareness campaigns using radio, television spots, signage, and
- Provider recruitment through the awareness campaigns targeting medical audiences.

Impact:

In 2004, there were 41,710 uninsured Kentucky residents enrolled in the Kentucky Physician Care Program. The program provided eligible clients 2,507 referrals for free services to participating physicians, dentists, and pharmacies through the toll free Kentucky Physicians Care Hotline. About 97,799 free prescriptions were filled at participating pharmacies with a value of \$9,642,208.

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KICKAPOO TRIBE IN KANSAS

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in the Kickapoo Tribe in Kansas that range from physical activity to substance use in children and adolescents. PHHS Block Grant dollars fund two different health programs for the Kickapoo Tribe in Kansas. PHHS Block Grant provides 100% of the funds used by the state public health programs to which they are allocated.

PHHS Block Grant funds allow the Kickapoo Tribe in Kansas to use dollars **where** we need them, **when** we need them to protect the public's health. The Kickapoo Tribe in Kansas uses the majority of its PHHS Block Grant funds to support the Kickapoo Adolescent Health Center. Programs that serve our tribe's unique health needs through the PHHS Block Grant include the following:



Physical Activity in Children and Adolescents—Kickapoo Adolescent Health Center

PHHS Block Grant funds are used to support the facilities (e.g., the weight room), and the activities (e.g., the Baseball/Softball Summer Program) of the Kickapoo Adolescent Health Center. In 2003, 76% of the 125 enrolled members were active; 359 non-members used our facility; 60% of our youth completed all our physical activities. In the Baseball/Softball summer program we had three teams in each age group for a total of six teams. We expanded our league to include six surrounding towns to give us a total of 36 teams. The summer program lasted two months and was very successful. A health fair was sponsored at the Golden Eagle Casino in October 2003.



Substance Free Youth—Kickapoo Adolescent Health Center

PHHS Block Grant funds are used to sponsor new juvenile laws being adopted by our tribal courts; conduct monthly workshops pertaining to alcohol/drug awareness, family dynamics, and life skills; provide referrals for treatment; provide peer counseling on a daily basis; and provide after school activities for our youth. Seventy five percent (75%) of the community's youth attend the Kickapoo Adolescent Health Program. This has a positive affect on the community. Our youth now have activities outside of school, which are preventing youth crime and reducing the temptation to use alcohol or drugs. We are introducing a new life choices program to discourage sedentary, unhealthy lifestyles, and educate community members on better personal health options.

Kickapoo Adolescent Health Center

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Hitting the Target: How the Kickapoo Adolescent Center Uses PHHS Block Grant Funds to Help its Youth Stay Healthy

Issue:

Many people say that we live in times that are tough on our children. Drugs, alcohol, and other risk factors are ever-present and available to children at increasingly young ages. American Indian children face these pressures to a higher degree than other ethnic groups and have the added pressure of being part of a tribal nation and true to their heritage.

- Rates of substance dependence and abuse among persons age 12 and older is highest among American Indians and Alaska Natives (14.1%).
- American Indian and Alaska Native rates of illicit drug use (10.1%), alcohol (44.7%), and binge alcohol use (27.9%) are among the highest in the nation for adults.

Involvement in sports and other community groups is one way to limit the effects of the many risk factors out there for today's youth. It is also a way to promote tribal unity among Kickapoo youth, while helping these children build self-esteem and maintain a healthy lifestyle into the future.

Intervention:

The Kickapoo Adolescent Health Center (KAHC), funded in part by the Preventive Health and Health Services (PHHS) Block Grant, continues to meet the needs of Kickapoo children. By coordinating program initiatives with the Kickapoo Nation School, we have been able to better serve our youth. In 2005, KAHC served Kickapoo youth through:

- Holding after-school activities about healthy living with students.
- Offering team sport activities, including basketball; baseball; softball; and NFL punt, pass, kick, and pow wows. We have been able to expand this program thanks in part to PHHS Block Grant funds.
- Starting the archery club through a combined effort from several tribal entities. Youth are involved with this activity twice a week. They are also educated on the effects of unhealthy choices such as substance abuse.



Impact:

The Kickapoo Adolescent Health Center has had a tremendous year, and our achievements can be attributed in part to the PHHS Block Grant Funds and the flexibility we have been given to use these funds to support the needs of our future, the children of Kickapoo Nation. Some achievements in 2005 include:

- 100 children participated in the first ever archery club.
- 150 children signed a "Just Say No" pledge through our substance abuse program.

Through PHHS Block Grant funds, the Kickapoo Indians can help pave the way for a healthy future for their children.

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LOUISIANA

The **Preventive Health and Health Services (PHHS) Block Grant** is awarded to Louisiana by the Centers for Disease Control and Prevention (CDC) as a resource to tailor prevention and health programs to our state's needs. Louisiana received funds for the preventive health programs in Louisiana including, tuberculosis, emergency medical services, sexually transmitted disease, infectious epidemiology, environmental epidemiology, injury prevention, rape crisis intervention, and community water fluoridation. PHHS Block Grant funds allow Louisiana to use dollars **where** we need them, **when** we need them to protect the public's health. Some examples of how the state dollars were used include the following:



Emergency Medical Services

PHHS Block Grant funds are used to increase the proportion of persons who have access to rapidly responding pre-hospital emergency medical services by ensuring that EMS personnel within the state are trained, tested and certified to provide rapid and appropriate pre-hospital management. More than 18,000 EMS personnel are certified/re-certified and trained each year; 64 parishes have advanced life support; 61 parishes have access to 911. One hundred and ten (110) automated external defibrillators were distributed to rural parishes for use by fire, law enforcement and schools to reduce the time and provide early intervention for sudden cardiac arrest



Tuberculosis Control

Tuberculosis can be a life threatening disease if not properly treated. The disease can be transmitted through the air to others without their knowledge. Means to control both the disease and its transmission are currently available through Louisiana's Tuberculosis Control Program. The TB program is designed to control and prevent the spread of this communicable disease and also to reduce the associated costs. PHHS Block Grant funding has had a direct impact on progress made in treating and preventing the spread of tuberculosis.

- There were 257 cases in 2005, a decrease from 331 cases in 2000.
- One person with TB can infect up to 15 people each year.
- LA has the tenth highest rate for tuberculosis; 5.6/100,000 (U.S. 4.9/100,000).



Infectious Disease Epidemiology

Surveillance is needed to rapidly detect and monitor new bacteria or viruses that can cause diseases. West Nile Virus, encephalitis, E. coli, anthrax, pneumonia and meningitis are examples of some diseases that Louisiana's Infectious Disease Epidemiology section studies and tracks. They coordinate programs to prevent the spread of infection/illness. Increases in international travel, importation of foods, improper human and veterinary use of antibiotics in the United States and abroad, and global environmental changes have resulted in the increased potential for global epidemics of infectious diseases as well as drug resistant strains of emerging or reemerging diseases.

At a Glance ■ Louisiana's PHHS Block Grant at Work

- **Community Water Fluoridation** • 2.2 million Louisiana residents have fluoridated water
- **Injury Research and Prevention** • Increased education for bicycle and swimming safety, and seat belt use
- **Rape Crisis** • Volunteer corps provides 24/7 coverage within the 12 sexual assault local centers
- **Health Care Data Clearinghouse** • System to collect and report hospital inpatient discharge data
- **Environmental Epidemiology and Toxicology** • Health investigations for chemical exposure

Louisiana Department of Health and Hospitals
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Preventing a Tuberculosis Nightmare after Hurricane Katrina

Issue:

A widespread tuberculosis outbreak in Louisiana was what CNN predicted after Hurricane Katrina. Leadership at the state tuberculosis (TB) control program knew they had to act quickly and efficiently to prevent this potentially deadly outbreak. If untreated, a person with TB in the lungs can spread the contagious disease easily through the air by coughing, sneezing, or even talking. In the nightmarish aftermath of Hurricane Katrina, 137 clients with infectious tuberculosis had evacuated, and their whereabouts were unknown. Four of eight TB staff in Louisiana had also evacuated, and state laboratory and pharmacy offices were destroyed.

- One person with active and untreated tuberculosis will infect 10 to 15 people each year.
- Louisiana has the 10th highest rate (5.6/100,000) of TB in the United States (4.9/100,000).
- Health care cost for TB is \$703.1 million/year; total cost is over \$1 billion for the United States.
- Tuberculosis costs Louisiana \$11,500 per patient annually.
- Preventing and curing TB has been possible thanks to Preventive Health and Health Services (PHHS) Block Grant funding over the years.

Intervention:

Tuberculosis staff who could remain in the state set up temporary command centers at parish health units in north and south Louisiana. Neighboring states and medical supply firms were contacted by telephone, fax, and email to help Louisiana reestablish its TB operations. A list of patients with TB was compiled from the registry taken from the New Orleans state public health office. Health departments nationwide were on the watch for patients who sought refuge at shelters. Tuberculosis staff across the country and public health advisors from the Centers for Disease Control and Prevention used the list to cross check names on shelter registration lists.



- Persons found in shelters were given medical attention and isolated, if needed.
- Texas Department of State Health Services staff performed laboratory analysis on all tuberculosis samples from Louisiana.
- VersaPharm, a pharmaceutical company, donated all needed medications to Louisiana.
- Illinois (Suburban Cook County) donated a mobile unit bus to conduct clinics.
- Alabama State Health Department donated a portable x-ray machine.
- Louisiana laboratory staff began to run liver function tests three weeks after the storm.

Impact:

PHHS Block Grant funds have allowed Louisiana to maintain a tuberculosis control program equipped to adequately handle what could have been a widespread outbreak of TB. This kind of dynamic, locally defined funding proved invaluable in preventing a TB nightmare in Louisiana.

- 137 clients with TB were located across the country, and no outbreaks occurred.
- Tuberculosis clinics have resumed in some parts of the evacuated areas in Louisiana.
- States have picked up the cost of care for evacuated clients with tuberculosis.

Sources: 1.) American Lung Association, <http://www.lungusa.org>*; 2.) World Health Organization, <http://www.who.int>*; 3.) Centers for Disease Control and Prevention <http://www.cdc.gov>, <http://www.cdc.gov/mmwr/PDF/wk/mm5310.pdf>; 4.) Louisiana Department of Health and Hospitals, Office of Public Health, Tuberculosis Control Program <http://www.oph.dhh.state.la.us/tuberculosis/index.html>*

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* Links to non-Federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization Web pages found at this link.



MAINE

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for a broad spectrum of health problems in Maine. Maine has a vast geography with a land area of 33,000 square miles that is bigger than 6 contiguous states (New Hampshire, Massachusetts, Connecticut, Rhode Island, New Jersey, and Vermont) put together. Maine's demography is unique in that it holds an overabundance of seniors. The PHHS Block Grant funds eleven public health programs in the state, ranging from cancer, cardiovascular disease, and tuberculosis to rabies, rape, and oral health. These programs include the following:



Community Health Promotion

PHHS Block Grant funds cover a number of collaborative functions both inward to integrate Maine's 40 state health community-based programs, and outward to link with the legislative process on public health issues, the Governor's Office of Public Health Work Group, the Maine Public Health Association, and a host of other agencies to achieve a total fusion of health programs into a single entity. The Healthy Maine Partnership links with 31 local partnerships to help deliver preventive health service with an emphasis on disparities.



Sexual Health

Chlamydia infections are the most commonly reported STD in the state with 2,253 cases, of which 1,313 are young women (15–24 years). This grim figure is a challenge as it represents an unhealthy surge of 6% of cases since 2004 and 11% increase since 2003. PHHS Block Grant funds are used to lighten the burden of Chlamydia statewide.



Oral Health

Since its launch with PHHS Block Grant funding, the oral health program has made a big leap forward through a variety of dental health initiatives. These include water fluoridation, data management, risk identification, and dental health education in both the community and schools, covering 37,600 students. There has been an impressive increase of at least 25% in the number of community-based dental clinics over a 5 year period. When it comes to fluoridation, this state was the first state to reach the *Healthy People 2000* goal for water fluoridation (75% of population) which has since been surpassed by another 9 percentage points to 84%.



Tuberculosis

Once a scourge in Maine—as in rest of the country—the state now has one of the lowest case rate in the nation (1.3 per 100,000). The PHHS Block Grant makes this possible by funding continuous surveillance and aggressive case management services for high-risk cases of latent infection with a tuberculosis treatment rate of 82%.

Sexual Assault/Rape

Counseling rape and sexual assault victims helps victims recover from the trauma and resume their normal lives. PHHS Block Grant funding fulfills this mission through 10 sexual support centers that served 3,313 victims representing an increase of 53.6% from 2004. These centers made 9,559 contacts and provided 7,408 hours of support and advocacy through a sexual assault support helpline. The support provided includes medical, law enforcement, and legal help.

**AN HONEST LOOK
AT OURSELVES**

Maine Center for Disease Control and Prevention

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PHHS Block Grant Helps Maine's Sexual Assault Centers Handle 54% Increase in Hotline Calls

Issue:

Every day someone in Maine is raped. And, because the investigation and prosecution process can be embarrassing and frightening, sexual assault and rape continue to be a tremendous public health problem. It is not unusual for victims to delay treatment and support for years after the violence occurs. Furthermore, the affects of sexual violence are devastating and often long-lasting.

- Twenty percent of girls committed and/or detained at Maine's Long Creek Youth Development Center from December 2001–September 2002 reported being sexually abused or raped.
- Almost two-thirds (59%) of women who are Augusta Mental Health Institute (AMHI) Consent Decree class members report having been sexually abused at some point in their lives. And, 55% of those with a diagnosis of substance abuse disorder report being physically and/or sexually abused at some point in their lives.

Intervention:

Maine receives \$31,220 in Preventive Health and Health Services (PHHS) Block Grant funds to support the statewide sexual assault crisis and support line. The 10 sexual assault agencies in the state each receive \$3,122 to operate the hotline in their region. Block Grant funds, as well as other state and federal funds and agency fundraising, provide a continuum of prevention and treatment services. Through the hotline, victims/survivors of sexual violence and those close to them can receive the following:

- 24-hour, confidential support and information
- Crisis intervention
- Advocacy for survivors who choose to seek medical attention, report to the police, or go through the criminal justice system
- Referrals to mental health professionals
- Access to support groups



Impact:

Most sexual assault victims never report their assault to authorities, but they do rely on the support of the hotline advocates through Maine's sexual assault crisis and support line. In 2005—

- Maine's 10 sexual assault support centers served 3,313 victims/survivors of sexual assault and their loved ones. This was an increase of 53.6% from 2004. The centers had 9,559 contacts with these clients.
- The sexual assault support centers provided clients with 7,408 hours of support and advocacy through the sexual assault crisis and support line.
- The sexual assault support centers provided clients with: medical services (256), law enforcement (286), legal services (278), Department of Health & Human Services (56), and other issues (281).

Through supported sexual assault centers, victims gain confidence in themselves and the criminal justice system and begin the healing process.

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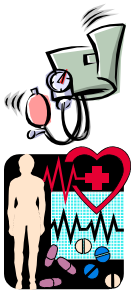
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MARYLAND

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Maryland. These interventions impact chronic diseases, oral health, and unintentional injury deaths using healthier lifestyle programs. PHHS Block Grant dollars addressed nine *Healthy People 2010* objectives for fiscal year (FY)2006 adding osteoporosis and primary diabetes prevention as choices to be addressed by the state's communities.

PHHS Block Grant funds enable Maryland to use dollars **when** and **where** they are most needed to protect the public's health. Funds are provided to the state's 24 jurisdictions to design and implement interventions that will work for their communities. Funds are generally used to provide services to the uninsured and underinsured of our state. Programs were held at work sites, schools, and local community settings (e.g., nursing homes and community centers). Programs that served Maryland's unique health needs through the PHHS Block Grant during FY2005 (Maryland FY2006) include the following:



Heart Disease and Stroke Prevention

PHHS Block Grant funds were used to reduce cardiovascular disease by implementing a hypertension prevention program that provides screening, referral, education, and follow up. During Maryland's FY2006, 11,638 persons were screened for hypertension. 3,798 were found to have abnormal readings and were referred for medical services. At least 1,122 followed up on their referral and 635 were found to have improved following education in healthy lifestyles and better medical compliance. A total of 61,328 were provided with education about heart attack awareness and an additional 1,322 about stroke. Of 8,968 persons participating in programs to improve eating and physical activity patterns, 3,359 were able to report increases in fruits and vegetable consumption and/or physical activity. Better yet, 1,762 were able to report sustained behavior changes after 3–6 months.



Unintentional Injury Deaths—Division of Injury Prevention and Epidemiology

PHHS Block Grant funds supported mini-grants to 22 Maryland jurisdictions for projects on child passenger safety; shaken baby syndrome; fall prevention; traffic safety; Sudden Infant Death Syndrome (SIDS) prevention; suicide prevention; and home, playground, bicycle, firearm, water, and farm safety education. Jurisdictions worked to leverage their funds with other agencies such as police and fire departments to implement targeted programs and to meet identified community needs.



Rape or Attempted Rape/Sexual Offense—Center for Health Promotion

For FY2006, the Sexual Assault Reimbursement Unit provided reimbursement for 2,640 claims for rape, sexual assault, and child sexual abuse. In Maryland, 1,266 rapes were reported to the police in calendar year 2005 representing a 4.0% decrease over 2004. Rape accounted for 3% of the violent crimes, and there were 22.6 forcible rapes per 100,000 population.



Diabetes Screening and Intervention

Added this year, the *Healthy People 2010* objectives addressing diabetes prevention yielded 1,178 screenings for the disease with 608 abnormal findings, all of whom were referred for clinical services and healthy lifestyles education and practice. There were 142 participants in four counties who received diabetes self management education classes, who otherwise would not have had access without Block Grant's assistance. An additional 259 received intensive classes in better eating and physical activity patterns. A total of 129 reported a change for the better in their lifestyle choices, and 13 reported sustained behavior after 6 months.

Maryland Department of Health and Mental Hygiene

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Worcester County, Maryland Loses Big Thanks to Preventive Health and Health Services Block Grant Funding

Issue:

There are 1,440 minutes in a day, and yet 38.6% of Americans participate in no physical activity, contributing to the 400,000 lives lost each year as a result of preventable illnesses and diseases. Many illnesses and diseases (i.e., heart disease and diabetes) are preventable with increased physical activity and proper nutrition. Worcester County, Maryland, is not exempt from the impact of poor eating habits and physical inactivity, a recent community health survey revealed (PRC Community Health Survey, 2004).

- 11.4% of residents have chronic heart disease compared to 7% of the U.S. population.
- 13.5% have diabetes compared to 8.7% of the U.S. population.
- 39.6% have high blood pressure compared to 29.4% of the U.S. population.
- 33.8% have high cholesterol compared to 25.1% of the U.S. population.
- 44.9% are sedentary compared to 38.6% of the U.S. population.

Programs to help Worcester County residents become more physically active are necessary to help reduce the risk and burden of chronic diseases for taxpayers.

Intervention:

Participation in regular physical activity can help reduce the risk of heart disease, high cholesterol, high blood pressure, type 2 diabetes, and osteoporosis. The Worcester County Health Department uses Preventive Health and Health Services (PHHS) Block Grant funds to provide two physical activity programs for county residents. This funding pays for staff, equipment, advertising, education materials, and program incentives. A description of one of the programs follows.



Lunch Time Fitness Express is a weight bearing physical activity and nutrition program offered 3 days per week, 30 minutes per session, in 8-week cycles. It is taught by staff of the Worcester County Health Department and held at the Worcester County Recreation Center in Snow Hill, Maryland. To assess program effectiveness, all participants complete baseline measurements including—

- body mass index
- body fat
- calcium and vitamin D rich food intake levels
- current level of participation in weight bearing physical activity

These measurements are repeated at the program's conclusion and again 6 months after completing of the program to determine if participants have been able to make long-term changes for nutrition and physical activity.

Impact:

With a relatively low cost of \$32/per participant per 8-week cycle, the *Lunch Time Fitness Express* program achieved the following results since July 2005:

- 5.5% decrease in Body Mass Index (BMI) which aids in reducing the risk for chronic diseases.
- 4% decrease in Average Body Fat (ABI).
- 20% improvement in participation in weight bearing physical activity.
- 54.5% of participants reported continuation of changes in nutrition and physical activity habits at 6-month follow up.

PHHS Block Grant funds are necessary to help expand and continue to offer effective physical activity programs for residents of Worcester County, Maryland.

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MASSACHUSETTS

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Massachusetts that range from community sanitation to multicultural health. PHHS Block Grant dollars fund approximately nine different Massachusetts health programs.

PHHS Block Grant funds allow Massachusetts to use dollars **where** we need them, **when** we need them to protect the public's health. Roughly half of the PHHS Block Grant funds are focused on emergency medical services and rape prevention while the rest of the funds are spread evenly among other state health programs. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Substandard Housing—Community Sanitation

PHHS Block Grant funds are used to improve the quantity and quality of housing inspections. By September 2005, 100 Boards of Health staff had been educated through conferences and on-site trainings on issues regarding the housing code, the proper citation of housing deficiencies and their appropriate remediation. Property owners and occupants had been educated regarding the provisions of the minimum standards through written documents and public meetings. Training in the proper conduct of housing inspections was provided for 75 inspectors.



Culturally Appropriate Community Health Programs—Multicultural Health

PHHS Block Grant funds are used to support implementation of the Emergency Room Interpreter Law. This law mandates the provision of competent interpreter services to all non-English-speaking patients seeking care in acute care hospital emergency rooms. The office collaborated with the Massachusetts Hospital Association to provide training on the regulations and use of the best practices recommendation for hospital emergency departments.



Community Water Fluoridation—Oral Health

PHHS Block Grant funds are used to establish oral health coalitions in major Massachusetts cities, with populations more than 90,000, or a combined population of 520,000, that currently do not have access to community water fluoridation. Three of these cities now have active coalitions (Springfield, Worcester, New Bedford).



Research and Evaluation of Communication Programs—Regional Centers for Healthy Communities

PHHS Block Grant funds are used to help support the commonwealth's six Regional Centers for Healthy Communities (RCHCs). The RCHCs provide a statewide capacity-building system in support of healthier communities. The primary focus for the RCHCs are the reduction of alcohol and substance abuse, youth development, community leadership development, providing research data and support for best practices, and maintaining multilingual research libraries.

Commonwealth of Massachusetts Department of Public Health

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Federal Money Funds Brighter Future for Rape Survivors

Issue:

The 17 Massachusetts Rape Crisis Centers are still reeling from three years of devastating state funding cuts. Funds from the Preventive Health and Health Services (PHHS) Block Grant have helped keep the Rape Crisis Centers open during the state's fiscal crisis.

The most reliable estimates conclude that there are currently about 552,512 adult and 64,138 adolescent survivors of sexual assault in Massachusetts. Of the adult survivors, 90,044 are women with disabilities.

Research has shown an association between sexual assault and a number of health issues, including post-traumatic stress disorder, drug and alcohol abuse, eating disorders, mental health and relationship problems, and, in some cases, suicide. Nationally, the annual medical cost to victims of rape, not including childhood sexual abuse, is \$127 billion.

Intervention:

The \$840,584 in PHHS Block Grant funds have played a pivotal part in reducing these impacts on individuals and families across Massachusetts. This represents about 11% of the total operating budgets for the Rape Crisis Centers. The following services are provided confidentially by trained, skilled professionals in the 17 Rape Crisis Centers across the state:

- Linking people to needed services.
- Providing client counseling and advocacy services, including medical, legal, and police advocacy sessions.
- Providing 24-hour sexual assault hotlines in English and Spanish.
- Supporting these centers' activities to increase accessibility and awareness of services.
- Supporting the Department of Public Health's efforts to partner with other agencies to prevent sexual assault; sustaining a competent work force at the local level through training and program development; and evaluating programs to assure effectiveness.



Impact:

PHHS Block Grant funds save lives and families, restore futures, and, in the long run, are investments that pay a high return to the state and local communities. In Massachusetts last year, Block Grant helped fund—

- Education activities to **45,547** individuals.
- **8,203** counseling and advocacy sessions to **1,944** clients.
- Emergency 24-hour hotline services through **11,183** phone calls.

As rape rates rise, it is essential to combat these crimes with increased prevention and education efforts and to continue providing access to quality services, in a safe setting, for survivors.

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MICHIGAN

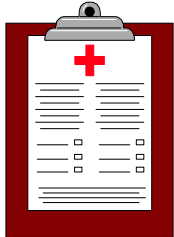
The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Michigan that range from stroke prevention to primary care services. PHHS Block Grant dollars fund 19 different Michigan health programs. Ninety-nine percent of funds go directly to local communities.

PHHS Block Grant funds allow Michigan to use dollars **where** we need them, **when** we need them to protect the public's health. Michigan focuses on cardiovascular disease, mental health, diabetes, emergency medical services, family planning, minority health, primary care services, sexually transmitted diseases (including HIV/AIDS), and tuberculosis. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Usual Primary Care Provider—Primary Care Services—CHASS

PHHS Block Grant funds are used to assure that the residents of Southwest Detroit have access to timely and culturally sensitive health care services by increasing the adult and pediatric caseload of the Community Health and Social Services (CHASS) program. In 2005, adult encounters increased by approximately 14%; pediatric encounters increased by approximately 5%; Hispanic encounters increased by 68%; and immunization levels were increased and maintained at 99%.



Performance Standards—Dementia

PHHS Block Grant funds are used to expand the agency's capacity to assure that the full range of necessary high quality health care services are accessible and acceptable to people suffering from dementia and their support groups. In 2005, the Michigan Dementia Coalition, comprising universities, consumers, community groups, and public officials, continued its mission to facilitate coordination of quality services and activities. Working with the Alzheimer's Association, the Huntington's Disease Society, and the Parkinson Foundation in Michigan, the program sponsored more than 200 support groups for caregivers throughout the state. Network agencies sponsored 2,224 in-person support group meetings with 20,338 participants. The Primary Care Dementia Network experienced a 35% membership increase.



Diabetes/Kidney Education

In collaboration with PHHS Block Grant, the National Kidney Foundation of Michigan (NKFM) provided education on hypertension, diabetes, and kidney disease to over 15,699 African Americans through the Healthy Hair Starts with a Healthy Body salon intervention program. In 2005, 3,160 clients were served. Over 59% of the participants took a health prevention step and/or talked with a doctor about healthy lifestyle changes.

PHHS Block Grant also funds the Kids Interested in the Care of their Kidneys (KICK) program, which disseminated 70,386 student packets to middle school and high school students. Education to the general public about kidney disease prevention and organ donation was provided in print and media outlets. This resulted in television and radio exposure in major media markets in the state and 912,900 circulations in print media.

Michigan Department of Community Health

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Death from Stroke Reduced Thanks to Block Grant Funded "Project Brain Save"

Issue:

Three hours is how much time a person has to make the right decisions when treating a stroke. Yet, too often missed opportunities for fast, appropriate treatment result in unnecessary death and disability. When a stroke is caused by a clot blocking an artery, part of the brain is starved of oxygen. In this instance, a clot-busting drug can save lives and reduce disability caused by stroke, the third leading cause of death in Michigan. The clot-busting drug should be given within three hours of the first stroke symptoms, yet—

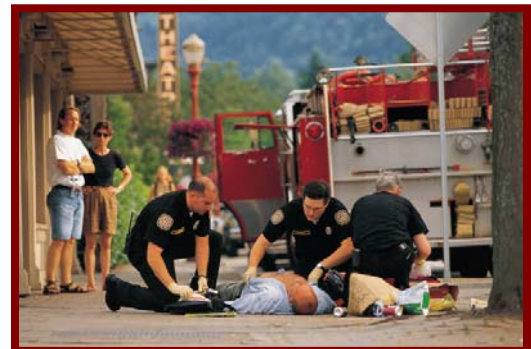
- Only 25% of stroke victims are transported to the emergency room within 3 hours of the stroke.
- The proper treatment decisions are difficult to make when the onset of stroke is not discovered early.
- After arrival to Michigan hospitals, only 3% to 9% of the stroke patients were treated with the clot-busting drug.
- Emergency Medical System (EMS) education has not kept pace with the new clot-busting drug. Many EMS personnel are volunteers that need more specialized training.

With 36,000 hospitalizations, 5,000 deaths, and more than \$1 billion in direct costs, Michigan could not afford to overlook critical gaps in stroke emergency care. In 2002, the Michigan Department of Community Health (MDCH) partnered with St. Joseph Mercy Oakland Hospital to remedy the lack of training.

Intervention:

"Project Brain Save," a self-instructional CD stroke update, was developed with Preventive Health and Health Services (PHHS) Block Grant funds to reach EMS personnel and other health professionals across the state. Licensed EMS instructors from St. Joseph Mercy Oakland Hospital and consultants from the MDCH developed and promoted the "Project Brain Save" CD. In 2003—

- 3,000 CDs were produced with Block Grant funds.
- Instructors trained 631 EMS personnel at hospitals, fire departments, and conferences.
- 75% of the personnel agreed to present "Project Brain Save" to other EMS personnel.
- The Michigan Hospital Association promoted and distributed 600 copies of the CD to their hospitals.



Impact:

The immediate impact of "Project Brain Save" was increasing the number of EMS personnel prepared to offer immediate assistance, conduct a simple test for stroke, notify the hospital en route, obtain an initial patient history and vital signs, and rapidly transport the patient to the right hospital for the best stroke treatment.

- Annual stroke deaths in Michigan declined by 130% in 2004.
- Patients considered for the clot-busting drugs increased by 13%.
- Participants of four trainings at fire departments demonstrated increased stroke emergency knowledge, and most rated their training as "excellent."
- "Project Brain Save" was approved for Michigan EMS continuing education credit.

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MINNESOTA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding to address health problems in Minnesota ranging from cancer to foodborne infections. In 2005 the PHHS Block Grant dollars funded 11 different programs in Minnesota. These funds allowed us to protect the health of Minnesotans by using dollars **where** we needed them, and **when** we needed them. Following is a sample of some of the important Minnesota programs supported by the PHHS Block Grant:



Environmental Epidemiology

PHHS Block Grant funds allow Minnesota to collect life-saving public health data, which is used to inform policymakers at all levels of government. In 2005, funds were used to help assess the community health impact and cancer rates associated with a federal superfund site located on the Leech Lake Ojibwe Reservation. Funds were also used to prepare medical screenings and enumerate cancers among thousands of residents of northeast Minneapolis who had been exposed to locally-processed, asbestos-contaminated vermiculite over a period of several decades.



Food Security and Foodborne Illness Prevention

PHHS Block Grant funds are used to help ensure that Minnesotans can expect good communication and a quick response from local food production and protection officials in the event of a food emergency (whether unintentional or terrorism). Funds were used to identify gaps in the local food emergency response plans; to test a system for the rapid dissemination of information to food service establishments; and to train key food protection staff on emergency response efforts. Funds were also used to enhance the investigation of 683 foodborne illness complaints; to streamline communication between investigators; and to provide continuing education and training to ensure that Minnesota's outbreak investigation staff and methods remain state-of-the-art.



Community Health

In 2005, PHHS Block Grant funds were used in the development of the "Essential Local Activities," a set of activities that all local health departments in Minnesota are expected to be able to perform. Additionally, funds were used to develop a set of local performance measures to help determine how well local health departments are performing and to what extent the Essential Local Activities are being met. Data from the performance measures will help improve the accountability of Minnesota's public health system and will provide detailed and objective information to assist decision makers at all levels of government.



Physical Activity and Obesity Prevention

PHHS Block Grant funds are used to prevent obesity by promoting environments that support healthy lifestyle behaviors, such as increased physical activity. Experts from the National Center for Bicycling and Walking (NCBW) were brought to Minnesota to conduct eleven Walkable Community Workshops and to help communities develop "walkability" action plans based on their specific local needs. PHHS Block Grant funds were also used to convene a state Childhood Obesity Task Force whose charge is to make policy and intervention recommendations for government, education, industry, media, community, health care organizations, and families to address the obesity epidemic in Minnesota children.

Minnesota Department of Health

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More Walkable Communities Lead to More Healthy People in Minnesota

Issue:

Despite the benefits of physical activity, the majority of people in Minnesota are sedentary.

- 51% of Minnesota adults report not meeting the recommendation for moderate physical activity of 30 minutes/day
- 16% of Minnesota adults report no leisure time physical activity

The health care costs for a sedentary population are significant.

- An estimated \$495 million were spent in 2000 in health care costs that would have been avoided if all Minnesota adults met the physical activity recommendation

A large number of Minnesota communities are not walkable, making it difficult for people who choose to walk for transportation or recreation. Even in communities with sidewalks, walkways are sometimes in such disrepair that it makes it difficult to walk and impossible to navigate with a wheelchair or baby stroller.

Intervention:

Communities in Minnesota are in search of effective strategies to increase physical activity for their residents and workers. In 2004, experts from the National Center for Bicycling and Walking (NCBW) were brought to Minnesota to conduct 11 workshops. Eight were held in the Minneapolis/St. Paul metropolitan area, and three were held in Isanti County. Results of Walkable Community Workshops include a community walkability assessment and action plan.



With assistance from NCBW, the Minnesota Department of Health, supported by Preventive Health and Health Services (PHHS) Block Grant funds, developed a protocol to train in-state experts on how to conduct Walkable Community Workshops. The training protocol was pilot-tested in two Minnesota communities in October 2005. The workshops successfully engaged community members to develop walkable community action plans. The training protocol is being finalized and statewide trainings will begin in summer 2006.

Impact:

- By training in-state staff to conduct Walkable Community Workshops, the cost savings for each community will be \$2,500 per workshop.
- Nearly 100,000 people living in the two communities where the workshop training protocol was pilot-tested will benefit from a more walkable community.
- The long-range plan is to conduct Walkable Community Workshops in many Minnesota communities so that people all across the state may benefit from more walkable communities.

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MISSISSIPPI

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Mississippi that range from unintentional injury deaths to community water fluoridation. PHHS Block Grant funds allow Mississippi to use dollars **where** we need them, **when** we need them to protect the public's health. The following programs receive PHHS Block Grant funds: community health promotion program, rape prevention education, and preventive health and disease control.



Unintentional Injury Deaths—Community Health Promotion Program

PHHS Block Grant funds are used to fund and promote child passenger safety, purchase child car safety seats, distribute educational literature, and co-sponsor child safety seat checkpoints. The Child Safety Seat Program is a statewide child safety seat distribution and educational program offered to underserved families. Annually, this program purchases and distributes more than 4,000 car seats to individuals in the nine public health districts.



Rape or Attempted Rape—Rape Prevention Education

PHHS Block Grant funds are used to support sexually assaulted persons through eight Rape Crisis Centers located statewide. In grant reporting year 2005, Mississippi documented sexual assault cases totaling 400 males and 1,057 females. Of this total, 568 were below the age of 18. In addition, only 28% of cases received immediate medical attention. For the state's fiscal year (FY)2005, a total of 712 youth education training sessions were held statewide with 24,231 participating in the sessions.



Community Water Fluoridation—Preventive Health and Disease Control

PHHS Block Grant funds are used to assist local communities to begin water fluoridation. With 97% of Mississippi's population receiving water from public water systems, there is great capacity to reduce tooth decay and improve oral health through community water fluoridation. Using Block Grant funds, 27 communities have started water fluoridation programs that serve over 150,000 citizens.



School Health Education—Community Health Promotion Program

PHHS Block Grant Funds are used to support the community health programs that provide education and preventive health screenings statewide. These activities focus on physical activity, nutrition, obesity, and other chronic disease risk factors including awareness of signs and symptoms of a heart attack or stroke. In FY2005, 181 screening events were conducted.

Mississippi Department of Health

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Bringing Brighter Smiles to Mississippi Thanks to PHHS Block Grant Funding

Issue:

Dental caries cause a great deal of pain, cost a lot of money, and can be prevented. The problem only gets worse when people have limited or no access to dental care in their communities.

- Mississippi has 1,176 active dentists, or about 1 dentist per every 2,400 persons. Less than half of these dentists accept Medicaid.
- Children living in poverty suffer double the amount of tooth decay and pain, yet, when compared to their affluent peers, they are only half as likely to obtain a dental visit.

Water fluoridation is the cost effective method to preventing dental caries in communities throughout the state. Fluoridated water strengthens the enamel of teeth and makes them more resistant to decay. It also inhibits the bacteria that cause tooth decay and, most importantly, requires no consumer effort.

- Water fluoridation can reduce dental caries by 20% to 60% in people of all ages, regardless of socioeconomic status.
- Every \$1 spent on community water fluoridation saves \$80 in dental treatment costs.
- Only 46% of Mississippi's residents receive fluoridated water through their local water system, well below the national health objective rate of 75%.

With the state's shortage of dentists and with limited access to dental care for the uninsured and underinsured, community water fluoridation is more important than ever.

Intervention:

The Mississippi Department of Health leveraged Preventive Health and Health Services (PHHS) Block Grant dollars to acquire additional funding for water fluoridation and to form a public-private partnership. This partnership has—

- Provided 26 communities in Mississippi with new public water fluoridation systems. These new systems have an estimated average ongoing cost of less than 50 cents per person per year.

PHHS Block Grant has also funded the following critical programs in Mississippi's schools:

- The Regional Oral Health Consultant issued a statewide oral health survey of third grade children enrolled in Mississippi's public elementary schools.
- A weekly school fluoride mouth rinse program in 103 elementary schools, serving 29,619 children in grades K-6.
- 47 oral health screening/education events at various locations, including state agencies, community colleges, and public schools.

Impact:

The Mississippi Department of Health has made great strides towards improved oral health in the state with PHHS Block Grant funding—

- 154,000 more Mississippians now have fluoridated water.
- \$368,310 were spent on community water fluoridation, resulting in a projected savings of \$29,464,800 in dental treatment costs.
- 1.55 million or 50.5% of Mississippi's total population now receive fluoridated public water.
- Mississippi received multiple state fluoridation awards at the National Oral Health Conference in 2005 in recognition of these successes.

Thanks to PHHS Block Grant dollars, more people in Mississippi can smile with healthy teeth.

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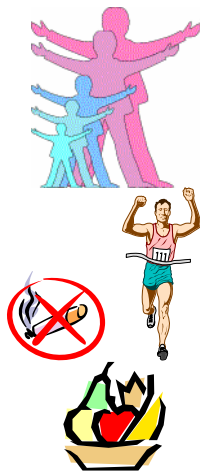




MISSOURI

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Missouri that range from foodborne infections to coronary heart disease. PHHS Block Grant dollars assist in funding several major Missouri health programs.

PHHS Block Grant funds allow Missouri to use dollars **where** we need them, **when** we need them to protect the public's health. Missouri focuses the majority of its PHHS Block Grant funds in the areas of cancer, cardiovascular risk reduction, chronic disease prevention, community food sanitation, diabetes, arthritis, physical activity, reduction of tobacco use, healthy eating, emergency medical services, community health programs, and rape prevention. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Community Health Promotion—Health Promotion and Primary Prevention of Chronic Disease

PHHS Block Grant funds provide significant support for local primary prevention programs and for professional development to ensure effective delivery of health promotion and education in Missouri. Heart disease, cancer, stroke, and chronic obstructive pulmonary disease are the four leading causes of death in Missouri. With the addition of diabetes, chronic disease accounts for approximately 70% of all Missouri deaths. PHHS funds are used to coordinate the planning and implementation of statewide health promotion programs to reduce the three primary risk factors for chronic disease—tobacco use and exposure to secondhand smoke; physical inactivity; and unhealthy eating. Local public health agencies (LPHA's) facilitate presentations, in-service training, and awareness events for school boards, school health councils, parent-teacher organizations, and other key stakeholders. These interventions focus on the importance of adopting and enforcing tobacco-free policies for school campuses and school-sponsored events and of incorporating evidence-based curricula designed to prevent youth from starting to smoke. LPHA's coordinate communitywide campaigns involving local radio, television, and newsprint to promote large scale and coordinated physical activity and nutrition programs.



Foodborne Infections—Community Sanitation for Food Safety

PHHS Block Grant funds are used to conduct annual inspections of food manufacturing/processing facilities to assure their safe and sanitary operation and to increase the education/competency of milk regulatory personnel. In addition, through a training institute, the Missouri Department of Health and Senior Services provides extensive training to local public health agencies to assure competency in conducting retail food establishment inspections that focus on reducing the occurrence of foodborne illness risk factors.



Emergency Medical Services—Trauma Centers

Using 2004 data, PHHS Block Grant funds are used to license emergency medical technicians (2369), paramedics (962), ground (216) and air (14) ambulance services, emergency medical response agencies (27) and trauma centers (29). Funds are used to accredit emergency medical services training entities (27) and to improve access to delivery of emergency medical services to injured or ill citizens.

Missouri Department of Health and Senior Services

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Missourians with Diabetes are Urged to Take Care of Their Feet for Life

Issue:

Having a foot amputated is a serious risk for people with diabetes. According to the American Diabetes Association, a person with diabetes is 10 times more likely to require a foot amputation than a person without the disease. Regular foot exams and good foot care are essential to allow for early and effective treatment and to prevent limb amputations. Yet in Missouri—where more than 315,000 people have been diagnosed with diabetes—this message was not reaching those who needed to hear it the most.

- Although diabetes prevalence is higher among African Americans in Missouri, a lower percentage of African Americans perform daily self-exams of their feet, according to 2003 state surveillance data.
- From 1999 to 2003, African Americans in Missouri were hospitalized for lower-extremity amputations at a rate of 6.6 per 10,000 people, compared to a rate of 2.1 per 10,000 people for whites. Hospitalization costs for lower-extremity amputations in Missouri totaled more than \$61.5 million in 2004.
- A large number of African Americans live in St. Louis and Kansas City, and it is especially important that these communities receive the foot care message.

Intervention:

To take the message to the people, the Missouri Department of Health and Senior Services used Preventive Health and Health Services (PHHS) Block Grant funding to develop and fully fund a marketing campaign to increase foot self-exams among African Americans. The “Feet for Life” Diabetes Foot Care Campaign was conducted during the summer of 2005 with St. Louis as the primary focus and Kansas City as the secondary focus.



- Forty-five billboards were placed along major highways in St. Louis. An estimated 520,000 people traveled past the billboards every day. The billboard design featured four pairs of feet clad in varied shoe styles—from sandals and suede oxfords to well-worn tennis shoes—representing the diversity of people who deal with diabetes. In addition to the foot care message, the billboard displayed a toll-free telephone number that people could call for additional information and a free fact sheet.
- More than 430 miniature versions of the billboard were placed on St. Louis buses—83 on the back of buses and 350 inside the buses. While the campaign was conducted during July and August, many of the bus cards were still in place through October. The bus cards had an estimated monthly reach of 2.1 million riders.
- Newspaper ads similar to the billboard design were placed in three African American newspapers in St. Louis City and North St. Louis County. The combined circulation of those newspapers reached nearly 300,000 subscribers.
- Two major pharmacy chains in St. Louis distributed 3,000 diabetes foot care fact sheets at 25 pharmacies by placing them inside bags containing diabetes prescriptions.
- A public service announcement emphasizing the importance of foot care for people with diabetes was broadcasted by radio stations statewide with an emphasis on African American stations in St. Louis and Kansas City. A total of 5,480 radio spots ran in the state's two largest urban areas, reaching approximately two million listeners. Recognizing the importance of the message, state radio broadcasters provided additional spots free of charge with a value of more than \$413,000.

Impact:

By using a variety of media—billboards, bus boards, newspaper ads, pharmacy bag inserts and radio spots—the “Feet for Life” message was seen and heard by a large and varied audience.

- The campaign reached **more than 6 million people**, primarily in St. Louis and Kansas City, where Missouri's African American population is concentrated.
- The Missouri Diabetes Prevention and Control Program developed new partnerships with major pharmacy chains that will provide useful in future diabetes education campaigns.

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MONTANA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Montana that range from emergency medical services to intended pregnancy. PHHS Block Grant dollars fund several different Montana health programs.

PHHS Block Grant funds allow Montana to use dollars **where** we need them, **when** we need them to protect the public's health. Montana focuses the majority of its PHHS Block Grant funds in the areas of chronic disease prevention and health promotion; public health improvement/capacity building in local health departments; communicable disease control and prevention; school health; emergency medical services and injury prevention; immunization; oral health; poison control; rape and sexual assault; family planning; suicide prevention; and tuberculosis. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Community Health Promotion Programs—Chronic Disease Prevention and Health Promotion Section

PHHS Block Grant funds are used to deliver community health promotion programs in the areas of nutrition, physical activity, cardiovascular health, diabetes, and breast and cervical health to more than 30 Montana communities. In fiscal year 2006, the Montana Breast and Cervical Health Program (MBCHP) provided screening services in all 56 counties and screened over 2,750 women. The Montana Cardiovascular Health Program (CVH) expanded its Walk-to-School Day efforts, reaching 29 schools with more than 7,000 students participating. The number of certified diabetes educators has increased from less than 35 to more than 60.



Emergency Medical Services—Emergency Medical Services & Injury Prevention Program

PHHS Block Grant funds are used to provide technical assistance and expertise to local emergency medical services providers and local governments. In the past two years, the number of unintentional injury deaths in Montana has fallen by 5.5%.



Tuberculosis—Tuberculosis Prevention Program

PHHS Block Grant funds are used to develop a statewide, targeted testing and treatment program reducing the number of infected individuals in the state. Tuberculosis case rates in Montana have declined.



Public Health Improvement/Capacity Building

PHHS Block Grant provided funds to develop a Montana Public Health Improvement Plan, perform public health standards assessment in a multitude of local/tribal health jurisdictions, explore voluntary accreditation, and public health statute modernization.

Montana Department of Public Health and Human Services

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Montana Can Save Teen Lives and More Than One Million Dollars with PHHS Block Grant Suicide Program

Issue:

"Mental illness is like an atom bomb suddenly falling on your family," says a mother in Montana as she struggles to get help for her son who has attempted suicide by overdosing and drinking antifreeze. Despite numerous attempts to find help for her son, he continues to spiral down. "A psyche ward is desperately needed in our community, where people in crisis can go and be safe," she says. "Mental health services are not adequate in this community."



All too often this lack of service results in a grim statistic: Every two weeks, a Montana youth commits suicide.

In addition to the immeasurable cost of life, suicide creates a ripple effect throughout communities in the state, impacting, on average, six other people and resulting in a cost for suicide and self-inflicted injuries of \$103 million/year.

Montana's youth are at high-risk for suicide due to the challenges of living in remote, low populated frontier regions where services and resources are few or non-existent. In addition to isolation, severe poverty and violence are common.

According to surveys of high school students across the state and on the American Indian Reservation schools, suicide is ever-present:—

- 26% of students and 30% of students on Montana's American Indian Reservations reported they felt "so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities;"
- 19% of students and 17.5% of American Indian students had seriously considered suicide during the past year;
- 78% of those considering suicide had actually made a plan to attempt suicide; and
- 10% of high school students and nearly 11% of American Indian reservation students reported they had actually attempted suicide at least once during the last 12 months.

Intervention:

The Montana Department of Public Health and Human Services (DPHHS) used \$50,000 in Preventive Health and Health Services Block Grant (PHHSBG) funds to help local communities prevent youth suicide. Five grants of \$10,000 each were awarded to county public health departments that are currently trying to find out why children in Montana die and what their communities can do to prevent these deaths. Approximately 81,310 youth and young adults between the ages of 10–24 reside in these five counties. Services provided with the PHHSBG funding included—

- Certifying two trainers who can provide training to communities on how to recognize if a person is suicidal and what to do if someone is suicidal.
- Increasing the availability and lowering the cost of mental health care providers to low-income youth who need to see a professional, but cannot afford their services.
- Organizing a mental health care database that youth organizations can use to locate services available in their community.

Impact:

Thanks to PHHSBG funding, rural communities around the state are beginning to tackle the issue of teen suicide. In Missoula, after six students committed suicide at Sentinel High School, funds supported a community meeting of more than 100 parents, school staff, and concerned residents who came together to address this communitywide problem. In addition, a suicide prevention expert appeared on TV programs, providing tips and advice. And, in the frontier community of Sanders County, a brochure was developed and distributed to adults and teachers on how to find mental health professionals for at-risk youth. Another county wants to incorporate into the local high schools the Yellow Ribbon program, a program designed to educate professionals (e.g., teachers), adults, and students on how to help a suicidal person.

These are just a few of the initiatives underway to prevent adolescent suicides. Prevention efforts are working to ensure that parents, teachers, and other adults have the tools they need to reach out to and protect Montana's youth.

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NEBRASKA

The **Preventive Health and Health Services (PHHS) Block Grant** allows Nebraska the flexibility to focus on several high-priority health issues all aimed at improving the health of the residents of Nebraska.

PHHS Block Grant funds allow Nebraska to use dollars **where** we need them, **when** we need them to protect the public's health. This flexibility is critical to assuring our public's health and serves Nebraska's unique health needs. The following data is from our PHHS Block Grant Fiscal Year 2005 Annual Report:



Reducing Health Disparities Among Minority Populations in Nebraska

- We taught asthma self-management to 84 children and family members. We obtained 1,991 pledges to maintain smoke-free homes and vehicles among the high-risk racially and ethnically diverse populations of east and northeast Douglas County.
- We used trained peer health educators (promotoras) to provide health services to 722 minority persons in Madison and Cuming Counties.
- We helped assure 68 pregnant Hispanic women received education and the medical care they needed to deliver healthy babies.



Diabetes: Helping People Take Control

- In Platte and Colfax Counties we provided weight management classes to 127 persons. We enrolled 55 diabetics in a 10-week Diabetes Self-Management and Empowerment class resulting in a significant overall reduction in body weight and improvement in fitness level.
- We taught self-management skills to 469 diabetics in Scottsbluff County that resulted in a substantial increase in the use of a control indicator test.
- We provided diabetes and cardiovascular disease education to 98 Hispanic persons with diabetes in Douglas County. We carried out care assessments among 372 persons with diabetes in a 25 county service area in southeast Nebraska.
- We provided healthy snacks and encouraged more physical activity among 135 Santee Sioux school children to help prevent them from developing diabetes.



Preventing Injury—Children and Elderly Most Affected

- At community events across the state, we checked over 9,000 child restraint seats for proper installation and distributed 3,858 free seats through collaboration with other funding sources. More than 150 Child Passenger Safety Technicians were educated. The project staff taught 4-day certification classes that reached 25 people.
- We completed a fall injury report and issued eight mini-grants to local Safe Kids Coalitions across the state.

Nebraska Health and Human Services System

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Minorities in Rural Nebraska Take Charge of Their Diabetes

Issue:

Diabetes costs Nebraskans dearly, even those who have not been diagnosed with the disease. Diabetes-related spending in Nebraska was estimated at \$792 million in 2002, including \$552 million in direct costs and \$240 million in indirect costs.

- Diabetes can cause a person to lose his or her eyesight, kidneys, feet (through amputation), or even his or her life.
- Lifelong disability, caused by diabetes, can make it difficult to hold a job or support one's own children.
- Compared to the white population, Hispanics are 1.6 times, African Americans are 2.5 times, and Native Americans are 3.8 times more likely to die from diabetes.
- A simple blood test for Hemoglobin A1c shows how well diabetes has been controlled, over the previous two or three months, using diet, exercise, and careful management of blood glucose (or blood sugar) levels.
- In 1999, the average A1c test value of clients with diabetes served at Panhandle Community Services (PCS) in Scotts Bluff County was 8.5%.
- In general, every percentage point drop in the A1c blood test results equals a more than one-third reduction in the risk of eye, kidney, or nerve disease.

Intervention:

Nebraska invests \$12,000 per year of Preventive Health and Health Services Block Grant funds to enable Panhandle Community Services to improve the diabetes self-management skills of minority clients in Scotts Bluff County.

- PCS educates minority clients through culturally and linguistically appropriate presentations, one-on-one sessions, small group sessions, monthly and quarterly classes, and quarterly outreach support group sessions.
- The services complement and augment the quality clinical care the clients receive from trained medical professionals. Clients also receive medication, monitors and test strips.



Photo by Robert Holsinger

PCS used A1c test results as a way to encourage their clients to regularly test their blood sugar, eat properly, and exercise .

Impact:

During 2005, PCS served 469 diabetes clients at the clinic and 297 through community screening, 63% of whom were Hispanic or Native American.

- There were four times more clients in the PCS diabetes registry than in 1999 when the county served just 115 persons with diabetes. Despite this large increase in patient load, clients still received quality care, with 89.7% of clients receiving one A1c test and 70.2% receiving two tests per year.
- A1c test values continue to decline, now averaging 7.4%.
- With proper patient education, care, and support, up to 90% of diabetes blindness can be prevented, diabetes-related kidney failure can be reduced by 50%, and up to 50% of lower limb amputations can be avoided each year.

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Nebraska Health and Human Services System
402-471-0194

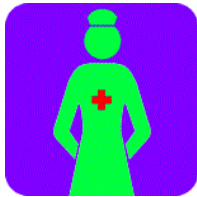
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NEVADA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Nevada that would otherwise be unaddressed.

PHHS Block Grant funds allow Nevada to use dollars **where** we need them, **when** we need them to protect the public's health. The majority of our PHHS funds are spent on community health nursing program and sexual assault prevention.



Health Care to Rural Nevadans

Thanks to PHHS funds, more than 54,000 Nevadans living in rural and frontier counties were treated by public health nurses in 2005. Administered by the Bureau of Community Health's Community Health Nursing Program (CHN), services include the following:

- 34,099 immunizations were administered to reduce or eliminate rural cases of vaccine-preventable disease such as measles, mumps, and rubella.
- 6,394 males and females were treated for sexually transmitted diseases.
- 2,760 tuberculosis treatments were given, including direct-observed therapy.
- 1,081 cancer screenings were provided to individuals who would not have had access to early intervention. As a result, approximately 200 women were found to have precancerous conditions and returned for treatment.

The CHN program has 16 clinic sites and 54 satellite locations throughout 14 rural and frontier counties and Carson City.



Sexual Assault Prevention Works

Nevada's rapid population boom has brought an increase in forcible rapes and attempted rapes. Nevada's 5-year average for rape offenses (2000–2004) was 954 per year.

PHHS funds were used this year to send five of Nevada's rape prevention educators to the Regional Sexual Violence Prevention Training Institute hosted by the Centers for Disease Control and Prevention. The purpose of this training was to provide opportunities for state and local partners to learn concepts and skills that will aid in the development, implementation, and evaluation of comprehensive sexual violence prevention programs.

Nevada State Health Division

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Nevada's Rural Nurses Provide Critical Health Care Services with Block Grant Funds

Issue:

Community Health Nurse (CHN) Veronica Galas went to a local senior center one day to perform routine blood pressure (BP) screening. What she saw that day was anything but routine. An elderly man who regularly saw this



Community Health Nurse looked quite different. He had a one-sided facial droop, with one eye constantly open. Tears flowed from the opened eye, down the man's weathered face, forming a small puddle on the table in front of him. His blood pressure was 190/110.

Upon further review, a senior center staff member reported that this man had a stroke two weeks before this visit. At that time, the elder went to the nearest emergency room, but left against medical advice because he had a scheduled doctor's appointment with the Veteran's Administration (VA) Hospital in Reno the next day and received a letter stating that the VA would not schedule future appointments if he failed cancel his appointment

with a 24-hour notice. This man got into his car after having a stroke and drove to his other appointment.

Unfortunately, this man's situation could be a reality for other senior citizens in Nevada.

- Heart disease and stroke combined is the number one killer in Nevada, responsible for 35% of total deaths.
- Cardiovascular disease is responsible for 6,578 hospital inpatient stays in 2001 in Nevada and cost the state \$165 million – approximately \$25,000 per patient. (University of Nevada—Las Vegas, Personal Health Choices, October 2002). The cost does not include outpatient rehabilitation.

Intervention:

The Community Health Nurse, Ms. Galas, explained to the elder that he would likely need to be hospitalized. She assessed his state of mind and determined if anything would prevent him from agreeing to be hospitalized. The two discussed issues that might stand in the way of his agreement and resolved any problems that prevented him from receiving the care he needed. The CHN then provided transportation for this man to the emergency room.

This man's story illustrates how essential the role of the Community Health Nurses is in Nevada's rural communities. These nurses are often the primary provider for rural Nevadans. The simple intervention of a blood pressure screening is only one facet of the Community Health Nurses' role. At 16 rural sites, Community Health Nurses also provide—

- Adult and childhood immunizations;
- Tuberculosis follow-up and direct observation therapy;
- Sexually transmitted disease prevention, testing, and treatment;
- Communicable disease investigation;
- Family planning services; and
- Well child exams, school health promotion and education, and referral for children with special health care needs.

Some Community Health Nurses even serve as the county health officer and are a valuable link to social services and specialist medical services.

Impact:

Fortunately, through screening and follow-up efforts, the elderly man's health problems are improving. He returned to the emergency room and was admitted for treatment. His blood pressure was 134/66. His eye muscle has regained some of its strength.

Through Preventive Health and Health Services (PHHS) Block Grant funding, Community Health Nurses can perform their critical duties in rural Nevada. For Nevada's fiscal year 2005—

- Community Health Nurses conducted 3,500 BP screenings throughout rural Nevada.
- Approximately 21% of the population sought out the Community Health Nurses for services.

PHHS Block Grant funding has proven vital to enabling Nevada to adhere to locally defined needs and consequently provide critical medical care to rural Nevadans.

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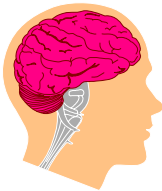


NEW HAMPSHIRE

New Hampshire's Department of Health and Human Services, Division of Public Health Services uses **Preventive Health and Health Services (PHHS) Block Grant** dollars to fund core public health services such as:

- Testing for and investigation of foodborne illness, meningitis, rabies, tuberculosis, hepatitis A, hepatitis C, Lyme disease, and West Nile Virus;
- Screening and preventive treatment for low-income children through school and community based dental clinics;
- Addressing obesity and overweight issues among children and adults; and
- Planning injury prevention and educational programs to reduce long term health care costs.

PHHS Block Grant funds allow New Hampshire to use dollars **where** we need them, **when** we need them to protect the public's health. Programs that serve New Hampshire's unique health needs through the PHHS Block Grant include the following:



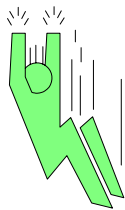
Disease Control

PHHS Block Grant funds are used to enable the Bureau of Communicable Disease Control staff to provide follow-up for all known diagnosed cases of meningococcal disease, meningitis (an infection of the fluid around the brain and spinal cord). All work is consistent with Centers for Disease Control and Prevention (CDC) recommendations, including appropriate disease prevention recommendations for high-risk contacts. Block Grant funds are also used to allow the Bureau staff to individually intervene with each known case of Salmonella and E. Coli to prevent the spread of foodborne illnesses.



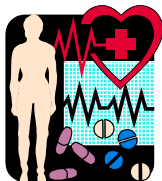
Oral Health

PHHS Block Grant funds are used to develop case management strategies to prevent tooth decay/cavities in school-aged children with particular attention to vulnerable populations of children whose access to dental care is limited. In the school year 2003–2004, 7,303 second and third grades students were screened to assess their dental needs. There were 3,601 second and third graders without access to dental care who received school-based preventive treatment.



Injury Prevention

PHHS Block Grant funds are used to develop model programs and strategies to increase awareness of and prevent unintentional injuries (falls and poisoning) and intentional injuries (suicide). In 2005, 20 statewide teams worked to decrease falls among the elderly using science-based models. In November of 2004, a state suicide prevention plan was released to pave the way toward understanding and reducing this threat to New Hampshire's (NH) children. In 2005, a pilot project, which received funding from the NH Suicide Prevention Partnership, was launched to address community-based response plans to suicide.



Health Promotion

PHHS Block Grant funds are used to promote messages and activities to improve diets and increase daily physical activity in youth and adults as a means of reducing and preventing overweight, obesity, and chronic diseases. Using CDC model programs, more than 35 state schools are using pedometer programs, activity logs, and "backpack stuffers" that include health messages for parents. The adult physical activity program uses a worksite wellness model and includes a toolkit for making individual and environmental changes.

New Hampshire Department of Health

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Block Grant Dollars Prevent Hepatitis A Outbreak in Restaurant

Issue:

Ever notice the hand washing signs in public restrooms? Here's why you should pay attention:

In February of 2004, a Taco Bell employee in Derry, New Hampshire, tested positive for the hepatitis A virus.

Hepatitis A multiplies in the liver and is passed in the stool. One of the ways it spreads is when restaurant workers fail to thoroughly wash their hands after using the bathroom.

Fearing that Taco Bell customers may have been infected, the New Hampshire Department of Health and Human Services—Bureau of Communicable Disease Control (DHHS-BCDC) had to act fast to prevent an outbreak of this highly contagious disease.



They knew that when Denver experienced a similar incident with a food service worker in 1992, it cost \$809,706 (approximately \$1,000,000 in today's dollars) to control the disease after it spread.

Intervention:

The first step DHHS-BCDC took was to create clinics where customers could get free injections of immune globulin, a blood plasma product that reduces the chance of the disease spreading.

- Using the state's smallpox vaccination plan as a model, BCDC worked with several local and state agencies including the state's Bureau of Emergency Management; hospitals; local towns; fire and police departments; the public school district; Salvation Army; Red Cross; and community health services to organize the clinics and get the word out to Taco Bell customers.
- 2,500 people received free vaccinations.
- The clinics ran smoothly and no other individuals tested positive for the disease.

Impact:

The Preventive Health and Health Services Block Grant was instrumental in preventing a widespread outbreak of hepatitis A in New Hampshire. Thanks to these funds, public health nurses and epidemiologists were able to partner effectively with the community to quell the risk of disease. In addition, Taco Bell's parent company agreed to pay \$105,000 for staff time, vaccinations and other costs. This is a perfect example of preventive public health and Block Grant dollars at work.

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NEW JERSEY

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding to support a variety of preventive and public health programs designed to assist New Jersey in reaching its *Healthy New Jersey 2010* objectives. The PHHS Block Grant provides 100% of the state's funding for violence prevention, hip fracture prevention among the elderly population, and cardiovascular disease. It provides supplemental support to the EMS program, Diabetes Prevention and Control program, Local Public Health Practice and Regional Development Systems, and obesity prevention for children. PHHS Block Grant funds also allow New Jersey to leverage dollars to facilitate the uninsured into permanent medical care and management.

PHHS Block Grant funds allow New Jersey to use dollars **where** we need them, **when** we need them to protect the public's health. The following examples show programs that serve our state's unique health needs through the PHHS Block Grant:



Diabetes Prevention and Control Program

PHHS Block Grant funds are used to fund the Commission for the Blind and Visually Impaired (CVBI) to increase the availability of screening for diabetic eye disease among low income, uninsured persons with diabetes, specifically within the African American community. This year 671 uninsured individuals and 390 insured persons were screened. Of these, 555 had positive findings of diabetic eye disease. Funding was also allocated to the Southern Jersey Family Medical Center to increase awareness of complications of diabetes and appropriate preventive measures (e.g., eye exams, foot exams, hemoglobin A1c testing, blood pressure, and influenza and pneumococcal immunization). More than 250 individuals received comprehensive screening, of which 32.1% had high blood pressure, 25% had high A1c levels, and 86% received foot exams.



Emergency Medical Services (EMS)

PHHS Block Grant funds enabled EMS to develop and adopt the Specialty Care Transport Unit (SCTU), a new category of out-of-hospital services. As a result, 25 ambulance services have met standards for licensure and have adequately trained staff with proper equipment to handle emergencies. Because of the PHHS Block Grant support, there is designated medical oversight for quality assurance that was not previously available. New Jersey is one of only a few states with a comprehensive set of regulations for this level of care.



Minority and Multicultural Health Initiatives

The Office of Minority and Multicultural Health and Chronic Disease Prevention and Control Services awarded grants to seven Minority Community Based Organizations (MCBOs) to foster outreach, education, and entry into primary care services for uninsured populations in the areas of asthma and diabetes. Each of these agencies, deeply rooted in Hispanic, Korean, and African American communities, identified 250 persons at risk for and/or who have poorly managed their asthma and diabetes. Once screened and identified with poor health outcomes, they were given a "warm transfer" to one of New Jersey's Federally Qualified Health Centers (FQHCs) for comprehensive medical care and follow-up.

New Jersey Department of Health and Senior Services

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HealthEASE Improves Lives of Thousands of New Jersey Seniors

Issue:

One older diabetic woman had not gone to a doctor in years because she didn't know how she would pay for the appointment. Another woman would not go anywhere that didn't have grab rails in the restroom for fear her limited mobility would leave her stranded on the seat. A third woman was concerned about her husband's memory problems but didn't know where to get help.

Like many older adults, these women faced barriers that kept them from using existing preventive health services. Unfortunately, providers had been unsuccessful in reaching them because of competing agendas, funding limitations, and a lack of administrative coordination. As a result, preventive services were underused.

- In New Jersey, only 34.4% of men and 34.6% of women 65 and older are getting the selected preventive services provided, recommended, and covered by Medicare.
- As a result, in 2002, there were approximately 85,500 preventable hospitalizations among older adults, resulting in roughly 625,000 hospital days and increased costs to taxpayers.

Intervention:

The New Jersey Department of Health and Senior Services recognized the need to build local partnerships between the aging and healthcare systems in order to increase older adult access to health information and services. Preventive Health and Health Services (PHHS) Block Grant funds and a Robert Wood Johnson Foundation grant were used to create *HealthEASE*. This pilot program established partnerships in two counties, Bergen and Ocean, which helped create and deliver health screening/advice events and a 12-session physical activity program for seniors, and health education modules for allied health professionals on six topics of interest to seniors. These programs were promoted by the partnerships and held in community centers, senior centers, town halls, church halls, and other easily-accessible sites.



Impact:

HealthEASE drew seniors into the healthcare system through its screening and education programs. During the 2-year pilot, over 3,000 screenings were completed at 18 separate events. About one-third of the screenings resulted in abnormal findings, and these individuals were advised to follow up with their primary health care provider. Those who participated in the physical activity program demonstrated improved mobility, reach, and balance at the end of the 12-session course. The physical activity and education programs were showcased at a statewide conference and 80% of attendees said they were interested in replicating one or more of the programs in their communities. Perhaps the greatest measure of this program's success, however, is its impact on the individuals who participated, including the three women noted above.

- After participating in *HealthEASE* programming, the woman without a doctor was linked by her Area Agency on Aging to a health care provider who is helping her manage her diabetes. The woman with limited mobility joined, and now leads, a physical activity program. After attending an education session called "Keeping Your Mind Sharp," the woman concerned about her husband's memory lapses recognized the severity of the decline and sought additional medical help for him.

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NEW MEXICO

The **Preventive Health and Health Services (PHHS) Block Grant** funds solutions to health problems in New Mexico that range from emergency medical services to suicide prevention. PHHS Block Grant funds allow New Mexico to use dollars **where** we need them, **when** we need them to protect the public's health. New Mexico uses the majority of its funds for emergency medical services, community health, homicide prevention, school health education, sexual assault prevention, unintentional injuries, and youth suicide prevention. Examples of our programs include the following:



Emergency Medical Services (EMS)

The 1.9 million New Mexico residents depend upon the state's 350 EMS Services and over 7,500 volunteer and paid pre-hospital care providers. These professionals range from EMS First Responders to Emergency Medical Technicians (EMT)-Paramedics. Over 70 Public Dispatch agencies also contribute to the system. The New Mexico EMS components provide emergency pre-hospital medical care to the sick and injured. The EMS Regional Offices, which are Technical Assistance Support Centers, are essential to ensure that the EMS workforce is properly trained. In addition, regional EMS offices assist in the development, enhancement, and implementation of the state's trauma system and emergency preparedness programs. These are critical safety net services for urban, frontier, and rural communities.



Healthier Schools

PHHS Block Grant funds support over 68 statewide school-based health centers (SBHCs). Specifically, the funds support a partnership with New Mexico Assembly for School-Based Health Care to provide important technical assistance and training to all SBHCs. These include strategies to strengthen and expand needed community partnerships with mental health and private providers, parent/teacher associations and school boards. Training also includes approaches for effective advocacy, marketing and diversified funding. Through the SBHC project, approximately 10,000 youth received primary and behavioral health care services last year.



Youth Suicide Prevention

2006 PHHS Block Grant funds supported five Regional School Mental Health Advocates (SMHA), who provided direct training and technical assistance to schools on evidence-based approaches to screen, identify, and treat high-risk youth. The SMHAs also coordinated community training activities in partnership with the New Mexico Suicide Coalition, University of New Mexico Psychiatry Outreach Department, and the New Mexico Crisis Line. As a result of their efforts, more than 2,000 people received intensive training on the signs of suicide and evidence-based practices for screening.



Sexual Assault Prevention Services

PHHS Block Grant funds also support and supplement sexual assault services delivered by mental health and rape crisis centers throughout the state. In 2003, the program delivered services to at least 700 sexually abused children and their families, and provided approximately 4,855 personal safety/sexual abuse prevention presentations to more than 20,000 people.

New Mexico Department of Health

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PHHS Block Grant is Life Support for New Mexico's Rural EMS System

Issue:

The vastness of rural New Mexico means solitude and tranquility to some, but in a medical emergency, it can mean an hour or longer trip to a hospital. Responding quickly and competently requires that the volunteers who make up nearly 80 percent of New Mexico's rural emergency medical responders must have access to state-of-the-art training and equipment.

- New Mexico'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, a 4- to 5-hour drive from some locations in the state.
- EMS is the only health care service that is universally available to all of New Mexico's 1.9 million residents regardless of ability to pay.

Intervention:

The New Mexico Department of Health's EMS system is as an essential public health and safety service that has become an integral and valued part of life in all rural and frontier communities, tribes, and municipalities throughout the state. The state's system has been recognized nationally for progressive enhancements such as—

- Some EMS personnel provide child car seat installations and make home-safety visits to new parents.
- EMS units sponsor bicycle helmet rodeos and organize farm safety programs.
- EMS personnel participate in public health immunization programs and a new program for stroke prevention and early intervention, along with other public health prevention and preparedness activities.



Impact:

New Mexico's investment of Preventive Health and Health Services (PHHS) Block Grant funding has allowed the state health department to generate significant state, private, and other federal funds to support EMS statewide. In addition, Advanced Life Support training mannequins and Pediatric Advanced Life Support equipment and portable cardiac defibrillators have been purchased with Block Grant and matching funds.

Every year, the New Mexico Department of Health's Bureau of Emergency Medical Services—

- Examines, licenses, and provides regular continuing education to more than 7,000 First Responders, Emergency Medical Technicians, and Emergency Medical Dispatchers.
- Inspects, certifies, regulates, and supports about 400 municipal and county EMS services, 19 air ambulance services, and 70 public dispatch agencies.
- Supports three regional EMS offices that provide first-line support, technical assistance, specialized training, and innovative programs.

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NEW YORK

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems that range from tuberculosis to adult physical activity. PHHS Block Grant dollars fund 19 different state health programs.

PHHS Block Grant funds allow the state of New York to use dollars **where** we need them, **when** we need them to protect the public's health. New York's plan provides for funding of prevention programs committed to reducing the burden of the leading causes of death and disability and supports the state's vital public health infrastructure through public health laboratory capacity, environmental radiation surveillance and emergency preparedness, regional epidemiology services, and foodborne disease surveillance. None of these programs could be sustained without PHHS Block Grant funds. Although some receive categorical funds as enhancements, the categorical funds alone are grossly insufficient to enable the programs to accomplish their goals. The following are examples of programs that serve our state's unique health needs:



Physical Activity in Adults—Healthy Heart Program

PHHS Block Grant funds are used to promote and evaluate increases in the number of adults participating in regular sustained physical activity. A formal evaluation of the utilization of at least three trails built by contracted community coalitions since 1998 indicated that use of the trails has nearly doubled since baseline. Bicyclists were the most frequent users, but walking had increased nearly four-fold. Almost 40% used a trail only once a week, but 32% reported using trails 5 days a week. Approximately 53% report using the trail three seasons per year and 37% report using the trail all four seasons.



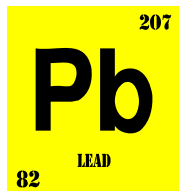
Tuberculosis—Tuberculosis Disease Program

PHHS Block Grant funds are used to reduce the incidence of tuberculosis in New York State. The 2005 statewide incidence was 6.8 cases/100,000 population, a 5.4% decrease from 2004. The case incidence in New York State exclusive of New York City was 2.8 cases/100,000 population, a 5.9% decrease from the year before. Block Grant funds provide essential laboratory support statewide to ensure rapid identification of TB, determination of drug resistance, and DNA typing to uncover linkages between cases along with reporting and case management support.



Healthy Neighborhood Problems—Healthy Neighborhood Program

PHHS Block Grant funds are used to target environmentally related health problems such as asthma hospitalizations, childhood lead poisoning, and other environmental risk factors in high-risk neighborhoods. This is accomplished through the use of outreach workers who survey and intervene in each community. In 2005, 6,522 homes were assessed; 721 were found to have lead hazards, 328 had elevated carbon monoxide levels, 2,258 had inadequate smoke detection devices, and 1,380 had asthmatics in residence. All hazards identified were addressed.



Blood Lead—Childhood Lead Poisoning Prevention Program

PHHS Block Grant funds are used to support environmental assessments of conditions conducive to childhood lead poisonings in dwellings. In 2005, environmental assessments were made following more than 1,200 referrals resulting in investigation of more than 2,000 dwellings (60% were identified with lead hazards) and more than 15,000 field visits. In addition, Block Grant funds supported a comprehensive, web-based lead poisoning case management and environmental lead hazard reduction tracking system called **Lead Web**. This system provides expanded access to up-to-date blood lead test results, nursing assessment, medical management information, environmental assessment, remediation activity, lead investigation follow-up and enforcement tracking. To date, **Lead Web** contains 1.6 million child records and 2.6 million blood lead test lab records.

New York State Department of Health

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Healthy Children ~ Healthy Futures. Serving the Children of Farm Workers in New York State.

Issue:

One of the harshest challenges faced by low-income farm working families, especially migrant farm working families, is obtaining reliable and affordable health care for their children. Farm working families enrolled in the Agri-Business Child Development (ABCD) program in New York State report many barriers to securing health care for their children, such as—

- The navigation of complicated health care systems and a limited understanding of critical health care issues. The highest level of education attained in 65% of their households is less than a high school diploma/GED.
- The ability to access affordable health care services provided in the language of the family, 74% of which are of Hispanic/Latino descent, and in 70% of the households, English is not the primary language.
- The availability of health care services during hours that are suitable for farm working families
- Lack of transportation to and from appointments because most live in rural areas with no public transportation.

Intervention:

ABCD is committed to alleviating barriers to health care for New York State's farm working families. ABCD operates 13 child development centers across the state. In 2005, the agency worked with more than 1,500 children ranging in age from 6 weeks to 5 years old. Each child's health care needs are met at all levels from physical development, dental health, and mental health to nutrition. Services are provided in the language of the family, and agency staff help ensure that the entire family is connected to health services in their community.

Using a portion of the Preventive Health and Health Services Block Grant funding, each ABCD Center employs a Health and Disabilities Coordinator to monitor and assess the children's development. This coordinator also implements the Parent Health Education Training Plan.



The Health and Disabilities Coordinator in each ABCD Center—

- Compiles a health history for every child including, but not limited to, a physical examination, immunization records, dental, and nutrition information.
- Helps families connect to community health services that are language-appropriate and that are available during hours suitable for farm-working families.
- Implements the Parent Health Education Training Plan using materials that are language and literacy-appropriate for the families.
- Arranges transportation and translation services for medical and dental appointments.
- Coordinates the services of other community agencies such as insurance enrollment and dental clinics whenever possible.
- Participates in local health fairs with other community health agencies.
- Serves as a case manager for children with special needs.

Impact:

Of the 1,500 children served by ABCD in 2005—

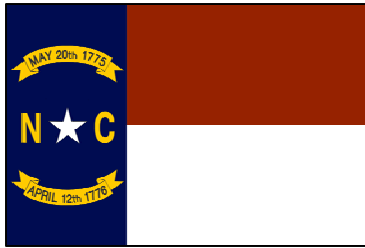
- 100% of the children were identified as having a medical home and receiving designated well child care visits within 90 days of entrance.
- 97% of enrolled children were up-to-date on a schedule of age appropriate preventive and primary care by the end of the enrollment year.
- 98% of the families participated in health education workshops presented at ABCD Centers.

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NORTH CAROLINA

The **Preventive Health and Health Services (PHHS) Block Grant** funds allow North Carolina to use dollars **where** they are needed, **when** they are needed to protect the public's health. North Carolina uses PHHS Block Grant funds to support a variety of services that range from heart disease and stroke, rape, and injury prevention to oral health improvement within communities as well as among school-aged children.

PHHS Block Grant dollars fund four different North Carolina health programs. Seventy percent of funds go directly to local communities. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Community Health Promotion Programs—Smoke Free Dining Campaign

PHHS Block Grant funds are used to support the Caldwell County Health Department Health Promotion Program and local Healthy Carolinians Task Force in partnering with local business and restaurant owners to establish smoke free policies for patrons and staff. This intervention resulted in more than 50 smoke free dining facilities for 78,548 Caldwell County citizens. These facilities are identified in a Smoke Free Dining Guide distributed throughout the county.



Rape or Attempted Rape—Rape Crisis/Victims Services

PHHS Block Grant funds are used to provide rape crisis response services. Funding is provided to 68 rape crisis centers to provide rape crisis response services such as counseling, advocacy, education, and hotline assistance. Rape crisis response services were provided to at least 10,000 individuals in the one-year period ending September 30, 2004.



Community Health Promotion Programs—Healthier Options in School Cafeterias

PHHS Block Grant funds are used to support the Wayne County Health Promotion Program in partnering with the Child Nutrition Services Program to increase healthy options in the school cafeterias and vending machines. As a result of this intervention, 2,191 students and 253 school staff members have access to healthier dining options.



Oral Health

PHHS Block Grant funds have been used to provide dental screenings to over 200,000 school-aged children. Approximately 38% of those recommended for treatment have received the necessary treatment. Additionally, funds were used to assess fluoride levels in approximately 11,000 community water systems and home wells.

North Carolina Department of Health and Health Services,
Division of Public Health

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Caldwell County Residents Breathe Easier While Dining

Issue:

Have you ever gone to a restaurant and seen a young child being forced to breathe in smoke-laden air from the patrons smoking nearby? Have you ever watched a restaurant employee struggle to breathe while serving a table of smokers?

- Secondhand smoke causes approximately 3,000 lung cancer deaths and 35,000–62,000 heart disease deaths in adult nonsmokers in the United States each year according to the American Lung Association.
- Each year, more than 440,000 Americans die prematurely from smoking-related diseases. Countless other family members, friends, and co-workers are also affected by these untimely deaths.
- According to recent statistics for North Carolina, 22.5% of adults and 27.3% of high school students smoke. Approximately 27.7% of adults and 29.8% of high school students in Caldwell County are smokers.
- Tobacco use is the single leading cause of preventable illness and death in the United States.
- The cost of healthcare for smokers continues to spiral, and taxpayers are forced to fund those covered by Medicaid and Medicare.
- Costs suffered by businesses and restaurants to accommodate smokers include the need for more frequent interior refurbishing, the need for more expensive ventilation, and the cost of cleaning up after smokers. Another hidden cost is the constant exposure of employees to secondhand smoke, which accounts for illness and days lost on the job.

Intervention:

The Caldwell County Health Promotion Program, with support from Preventive Health and Health Services (PHHS) Block Grant funds, administered through the North Carolina Statewide Health Promotion Program, began partnering with local business owners and Healthy Caldwellians (the Caldwell County Healthy Carolinians Task Force) in 2002 to make positive changes in the local community.



- Local restaurants and businesses were surveyed to identify those that offered a smoke-free environment.
- The Health Promotion staff developed a media campaign promoting smoke-free environments, including billboards, newspaper ads, and local TV programming.
- The partnership met with restaurant and business owners to explain the benefits of a smoke-free establishment. When owners made the decision to be smoke-free, they were presented with a framed certificate to display and window clings to announce their smoke-free status.
- The partnership published and distributed a Smoke-Free Dining Guide, updated annually.
- The Health Promotion staff monitors existing smoke-free businesses to ensure policy changes are sustained and advocates for additional businesses to adopt smoke free policies.
- The Health Promotion staff works with partners to secure grant funding to support and expand the program.

Impact:

- Caldwell County, with a population of 78,548, now has more than 50 choices for smoke-free dining.
- Business and restaurant owners have benefited from eliminating secondhand smoke for employees and patrons by increased profit margins.
- Residents are urging other businesses to adopt smoke-free policies.
- Through the use of PHHS Block Grant funds, the Health Promotion staff and partners have stimulated policy changes and a public attitude change.

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NORTH DAKOTA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in North Dakota that range from worksite wellness to school health. PHHS Block Grant dollars fund a total of five different health programs in North Dakota.

PHHS Block Grant funds allow North Dakota to use dollars **where** we need them, **when** we need them to protect the public's health. North Dakota uses the majority of its PHHS Block Grant to support the initiatives of *Healthy North Dakota*. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Community Health Promotion Program—Healthy North Dakota

PHHS Block Grant funds are used to facilitate the state's *Healthy North Dakota* initiative, a framework supporting North Dakotans in their efforts to make healthy choices by focusing on wellness and prevention. Committees comprised of more than 400 North Dakotans representing about 150 agencies, organizations and businesses are identifying strategies to build a healthy North Dakota.



School Health Education—Coordinated School Health Program (CSHP)

PHHS Block Grant funds are used to enhance coordinated school health programs, which help schools identify ways to meet the health needs of students and staff. In 2005, 65 school teams from throughout the state attended the annual CSHP Roughrider Health Promotion Conference and developed school health action plans.



Emergency Medical Services (EMS)—Emergency Medical Services Program

PHHS Block Grant funds support the Emergency Medical Services Program which works to ensure the EMS workforce is properly trained and credentialed to provide emergency care to sick and injured people. The EMS Program supports, facilitates and approves emergency medical training as well as certifies and licenses EMS personnel and agencies throughout the state.



Rape or Attempted Rape—Sexual Assault Program

PHHS Block Grant funds are used to support local domestic violence/rape crisis programs. Services include providing direct crisis intervention and advocacy services to victims, operating crisis hotlines, providing training to professionals and volunteers, and offering prevention education to students in kindergarten through college. In the past two years, the number of victims served has risen by 5.8% to 843 persons.



Community Health Promotion Program—5 + 5 Communities Program

PHHS Block Grant funds support local efforts to improve nutrition and physical activity based on each community's unique needs. The 17, 5 + 5 community coalitions work with local governments, schools, businesses and the public on programs such as promoting walking, providing physical activity and nutrition education to students, and providing educational programs in worksites.

North Dakota Department of Health

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Raising the Physical Activity Bar for Adolescents in Hettinger, North Dakota

Issue:

"Our students were becoming couch potatoes right before our eyes! We were not meeting the state requirements for the number of minutes for physical activity per week. The number of students taking more than one study hall was also increasing," said a Hettinger High School staff member. It was time to make physical education a priority in the southwest North Dakota school's curriculum because—

- Hettinger High School required only a half credit of physical education, one-third below state requirements.
- Only 53% of all North Dakota high school freshmen attended physical education classes on one or more days in an average week according to the 2005 North Dakota High School Youth Risk Behavior Survey.
- More alarming to school and community personnel, this percentage dropped to 37% for seniors statewide.

Intervention:

The Hettinger Coordinated School Health team (CSH) proposed changing graduation requirements so that each student in Hettinger (grades 9–12) would need to take 1 1/2 credits of physical education. This recommendation was based on a Preventive Health and Health Services Block Grant funded scientifically-based assessment and planning tool that found—

- The number of minutes the students participated in vigorous or moderate physical activity was inadequate.
- Physical education staff needed more professional development training options.
- The facilities (such as the swimming pool, the community bowling alley, and the school's fitness center) were not being used to their fullest potential to enhance the physical education class curriculum.
- Students were well below average strength, flexibility, and body composition.



Impact:

Based upon this data, the CSH team proposed a change in policy, which the school board adopted.

- The new policy increased the physical education requirements by 26%, or from a half credit to 1-1/2 credits. (A half credit was equivalent to 52 minutes of daily physical education for one semester.) Hettinger High School students are now required to take three semesters of daily physical education classes.
- The change in board policy has affected 160 students in grades 9–12.
- These changes were so well-received that classes which originally averaged five students now averages more than 20 students.
- The number of classes offered has tripled since 2004 with the addition of strength and conditioning, fitness/aerobics and lifetime activities, to name a few.
- To meet the rising demand of students wanting to take physical education classes above the required hours, an extra period of physical education was offered before school hours during the 2006–2007 school year.

"Since we have made the changes, we have seen wonderful results in the areas of fitness. Our students want to use the facilities after school hours, they are using the community parks more often, and the overall attitude towards their personal fitness and well-being has dramatically improved," said a Hettinger High School staff member.

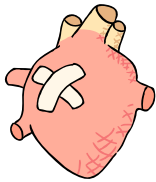
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OHIO

The **Preventive Health and Health Services (PHHS) Block Grant** funds a total of eight different Ohio health programs. PHHS Block Grant funds allow Ohio to use dollars **where** we need them, **when** we need them to protect the public's health. Ohio focuses on local efforts to reduce or prevent heart problems, injury, violence, arthritis, and asthma. Programs that serve our state's unique health needs and that receive the majority of their funding through the PHHS Block Grant include the following:



Cardiovascular Health—Community Heart Health Grants—Local Action/Local Results

The PHHS Block Grant funds county-level projects that address the modifiable risk factors for heart disease. These projects have helped to make communities healthier through impacting policy and systems change in schools, work places, and health care facilities. For example, a school district located within one of our African American target communities developed a wellness team and a nutrition/physical activity policy that will impact 4,859 students in the district.



Injury Prevention Projects and Arthritis Program—Keep Seniors on their Feet and Moving

The PHHS Block Grant is the sole source of funds for 14 local intentional and unintentional injury prevention projects. Many of these projects concentrate on senior citizen injury and fall prevention. Ohio is experiencing a rapid increase of citizens aged 65 and older as well as an increase in injury-related healthcare costs. Locally, Hamilton County Health Department implemented an injury and fall prevention project for seniors based on data from an injury surveillance system that identified the 65 and over age group as 67% of injury hospitalizations. The injury and fall prevention program includes work such as ensuring safe environments for exercise, initiating self-paced walking groups, and increasing strength training through the Resisting Muscle Loss component. Additionally, the Ohio Arthritis Program, in partnership with the Arthritis Foundation, initiated exercise programs for seniors to relieve arthritis pain and prevent injury.



PHHS Rape Prevention Set-Aside

PHHS Block Grant funding supplements other funding for the Violence Against Women Act. Services provided in up to 35 counties included sexual assault prevention education programs that impacted 67,367 persons.

Ohio Department of Health

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Healthier and Environmentally Safe Schools in Ohio Thanks to PHHS Block Grant Funds

Issue:

Environmentally-induced asthma caused particularly by indoor pollutants is a significant problem especially for school-aged children.

- Asthma, which leads to chronic illness, is a leading cause of school absenteeism resulting in approximately 14 million missed school days annually and an estimated \$957 million lost from caretakers' time off from work.
- Asthma is the third-ranking cause of hospitalization among those younger than 15 years of age.
- It is the most common long-term childhood disease, affecting 6.3 million children. Nearly one in 13 school-aged children has asthma, and approximately 4.2 million children have had an asthma attack in the past year.
- A General Accounting Office report to Congress showed that 83% of the 3,600 school buildings in Ohio had at least one unsatisfactory environmental factor.
- 48% of the school buildings reported problems with heating, ventilation, or air conditioning, areas that are responsible for more than 50% of environmental health problems related to indoor air quality.

Intervention:

The Ohio Department of Health used Preventive Health and Health Services Block Grant funds to develop policies to ensure that schools are thoroughly inspected for air quality and potential safety hazards. The School Environmental Health Program—

- Worked with Ohio legislators to get Ohio House Bill 203 enacted, which mandates the expansion of school inspections to include safety inspections.
- Established an inspection protocol to be used by 10 pilot local health departments throughout Ohio.
- Provided training and technical support to the local health departments to assist with implementation of school inspections.



Nearly 300 schools were inspected during a pilot test of the new inspection protocol. These inspections assure that schools are following their School Environmental Management Plans, which help them to identify problem areas, prioritize necessary building upgrades, and communicate information about problems to staff, parents, and the community.

Impact:

- 300 schools have been inspected by local health departments and are making necessary environmental changes to their schools.
- 134 local health departments will use the protocol to inspect over 4,000 schools, reaching nearly 2 million students.
- Long-term expectations include a decreased risk of environmental and safety related health problems and injuries in students and staff. These, in turn, should prevent inflation in both private and public health care costs.
- Decreased absenteeism in schools from asthma and other environmentally related health conditions will also save money and increase productivity.

Contact Information:

Arleen Richardson, PHHS Block Grant Coordinator



OKLAHOMA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Oklahoma that range from diabetes to uterine cervical cancer deaths. PHHS Block Grant dollars provides approximately 75% of the funds used by Oklahoma's five public health programs.

PHHS Block Grant funds allow Oklahoma to use dollars **where** we need them, **when** we need them to protect the public's health. Oklahoma focuses the majority of its PHHS Block Grant funds in the areas of reduction of heart disease deaths, overall cancer deaths, and prevalence of diabetes; statewide health communication; and rape prevention. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Coronary Heart Disease—Cardiovascular Health Program

PHHS Block Grant funds are used to support OKHealth, a state worksite disease and risk management program developed to change employee health status by addressing those who have or are at risk for either heart disease or diabetes. This program is unique in its approach and is designed as a worksite intervention utilizing e-health technology and coaching. The purpose of the program is to manage the diseases in order to prevent further complications, improve quality of life, and reduce costs. The program has advanced from a pilot project to a recognized health benefit for all state employees. The results of this pilot project from 2003–2005 demonstrated improved health outcomes by reducing the risk of cardiovascular disease by 10.8% and diabetes by 11%. The return on the investment was \$2.30 for every \$1.00 invested.



Diabetes—Diabetes Prevention and Control

PHHS Block Grant funds are used to conduct early detection of diabetes activities statewide with high risk individuals; conduct diabetes self-management training for persons with all types of diabetes; and link persons who are without insurance and who meet certain poverty guidelines to appropriate prescription Web sites and resources for low cost supplies and medications. During 2005, early detection and disease monitoring activities were conducted among 20,000 high risk individuals.



Uterine Cervical Cancer Deaths—Comprehensive Cancer Prevention and Control

PHHS Block Grant funds are used to support the cervical cancer prevention program by providing cytopathology and a regional health system for evaluation and treatment of abnormal cervical screenings. Through the laboratory service, 10,000 women had liquid based smears read. In 2005, 400 women with no other medical or payment resources were provided follow-up exams through the regional health system. The services are provided to offer women better access and acceptability. This program has demonstrated the need for Oklahoma to fund and implement the National Breast and Cervical Cancer Treatment Act.



Rape or Attempted Rape—Rape Prevention Counseling

PHHS Block Grant funds are used to provide victim services to rape victims. In 2005, five domestic violence and sexual assault shelters were funded and each has provided more than 1,000 unduplicated women services.

Oklahoma State Department of Health

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Block Grant Improving the Health and Benefits of Oklahoma State Employees

Issue:

Oklahomans face a dire health threat, especially in regards to diabetes and cardiovascular disease. Of all states, Oklahoma ranks:

- Worst in the nation for cardiovascular disease deaths;
- Second worst state for heart disease deaths; and
- Eighth worst for stroke deaths and diabetes deaths as of 2002.

These grim statistics cost Oklahomans in hospitalizations alone more than \$2.5 billion dollars for cardiovascular diseases and \$600 million for diabetes annually. And, Oklahoma's largest employer, the state government, bears the lionshare of this cost. Each year, treating cardiovascular disease exceeds \$50.5 million, and treating diabetes costs \$13.3 million among state employees.

Intervention:

To address these skyrocketing statistics, the OKHealth Project was launched to reduce diabetes and cardiovascular disease for state employees. From 2002–2006, approximately 970 state employees participated in this innovative program created by the Oklahoma Employees Benefit Council, the Oklahoma State Department of Health, and other state agency partners. Thanks in part to Preventive Health and Health Services Block Grant funds, this project was able to—

- Utilize a Web-based program geared toward cardiovascular disease and diabetes to recruit, enroll, and inform participants;
- Use mentors and a Web-based self-management program to help participants set and achieve goals related to risk reduction and disease management;
- Communicate regularly with participants through the Web, email, or phone based on participants' schedules and needs;
- Educate, monitor, and support participants in their process of changing their lifestyles and health status through study modules, self-testing tools, and guided activities;
- Provide individualized and structured approaches to the participant in reaching their goals eliminating barriers;
- Communicate clinical and health status to each participant's physician;
- Improve standards of care by communicating with state physicians; and
- Document the health status progress of each participant.



Impact:

The results from the OKHealth Project were so impressive that the state's employee benefits package has been revised and improved. As of January 2006, employees can now register for prevention and chronic disease care management. This is due to the following persuasive results:

- Participants lost an average of 8 pounds.
- Total cholesterol was reduced by 33 points (with LDL reduced by 39 points and HDL raised by 3 points).
- Triglycerides were decreased by 58 points.
- Average systolic blood pressure and diastolic blood pressure.
- Blood glucose averages was reduced by 22 mg/dl.
- Health claims were reduced by 14.3%.

Most importantly, participants like the program and are adhering to it. "This program is just what I needed to teach me strategies for long term better health and living," said participant Lesli Blazer.

Another participant, Carl Evans said, "I'm a bottom line person. Bottom line is I'm losing weight and inches. My blood pressure is better and near normal. My cholesterol levels have improved. I am eating healthier for the first time in my life. I am exercising. Through the program, my mentor, my physician and I developed a plan that was uniquely mine. That was important. I was not expected to make sudden changes but could take a slower approach and familiarize myself with the idea of change. I feel that my life is longer and better due to the support of my mentor and this program."

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OREGON

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems specific to Oregon. PHHS Block Grant funds allow Oregon to use dollars **where** we need them, **when** we need them to protect the public's health. We apply our funds to two health priorities that have little or no other means of financial support. Programs that serve our states unique health needs are highlighted below:

Support for Oregon's 34 Local Health Departments

PHHS Block Grant funds provide services in support of local health departments (LHD). These services include the following:

1. Site visits to each LHD at least once every three years. These site visits include a comprehensive review of all funded programs, technical assistance, and a compliance check to ensure state and federal regulations are followed.
2. Public Health Nursing Leadership Institute that pairs up to 10 LHDs' future nurse leaders with an established mentor. The future leader attends monthly workshops and completes a year long leadership project. This program helps ensure public health nursing leadership into the future, particularly because of the current nursing shortage and aging of the nursing workforce.
3. Web-based Resources <http://www.oregon.gov/DHS/ph/lhd/index.shtml>*
4. Assistance with local planning and with LHDs completion of an annual plan that meets statutory requirements.



Multi-Cultural Health

PHHS Block Grant funds provide a variety of support for the Multi-Cultural Health Program (MCHP) at the State Health Division. There are four major program areas in MCHP—

1. MCHP facilitates the Health Care Interpreter Program for the state by ensuring state rules are followed, coordinating training, and assisting with dispute resolution.
2. MCHP provides consultation to State Health Division programs regarding research design that will accurately collect racial and ethnic data.
3. MCHP provides cultural competency training to Department of Human Services staff members.
4. MCHP provides resource development and community outreach.



Sexual Assault Prevention and Treatment

PHHS Block Grant funds also support rape crisis counseling and other needed services to rape victims. In the past year, 28 crisis intervention programs provided services, such as shelter, counseling, and advocacy to 12,823 women and children.

Oregon Department of Human Services
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* Links to non-Federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization Web pages found at this link.

Federal PHHS Block Grant Funds Crucial to Local Public Health Nursing Services

Issue:

Oregon's ability to provide public health nursing leadership is at risk. The number of nurses in Oregon can no longer accommodate the state's growth. Leadership positions are often filled by professionals who lack experience in public health, management, evaluation, or policy development. According to a survey of nurse executives at 40 of Oregon's 59 hospitals, the following critical care areas have staffing shortages:

- Intensive Care Units—60%;
- Operating room/Surgical Services—55%; and
- Obstetrics—30%.

Nearly 50% of Oregon's nurses are 50 years old or older, a proportion that has more than doubled during the past 20 years. In the next 15 years, approximately 15,000 Registered Nursing (RN) jobs will need to be filled and 40% of licensed RNs are expected to retire.

Intervention:

The impending crisis of vacant public health nursing leadership positions led the Oregon Department of Human Services to invest Preventive Health and Health Services (PHHS) Block Grant funds in a mentoring program to assist local health departments secure future leadership. A leadership institute for public health nurses began five years ago so that—

- Experienced and sometimes retired nursing leaders could serve as mentors.
- Mentors could help inexperienced nurses work on an innovative job-related project.
- New nurses could learn about—
 - Budgeting;
 - Leadership;
 - Planning;
 - Cultural Competency;
 - Understanding the federal, state, local system;
 - Program Evaluation; and
 - Assessment.



Impact:

For five years, this mentoring program has helped the nurses enhance their skills in leadership, policy development, staff management, and working with their communities. Results include the following:

- The 17 participating local health departments are responsible for more than 70% of the state's population.
- Evaluations provided by supervisors have been positive.
- Successful projects by participants include the following:
 - Developing an alternative clinic site supported by clients and the community.
 - Implementing a communicable disease reporting database to assist with tracking diseases.
 - Leading staff through a process to improve clinic flow and efficiency.

One participant said, "The project helped us to think outside the box - how to think about community needs, how they (mentors) fought obstacles to do such interesting things. This was an inspiration to me." PHHS Block Grant funds have given Oregon the flexibility to implement a program aimed at developing a skilled public health nursing staff in the state and ultimately ensuring that Oregon residents continue to receive the quality services they deserve.

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PENNSYLVANIA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Pennsylvania that range from heart disease and stroke to unintentional injury deaths. PHHS Block Grant dollars fund nine different Pennsylvania health programs. A significant amount of the funding directly provides support to local communities.

The **Preventive Health and Health Services (PHHS) Block Grant** funds allow Pennsylvania to use dollars **where** we need them, **when** we need them to protect the public's health. The major focus of Pennsylvania's use for these funds is directed towards developing chronic disease prevention and risk-reduction programs based on data-driven needs in the state. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



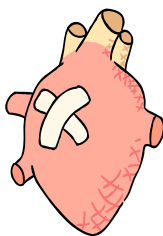
Unintentional Injury Deaths—Injury Prevention

PHHS Block Grant funds are the sole source of injury prevention funds for the Department of Health to implement bicycle safety programs in the six Department of Health districts, ten municipal health departments, and 17 SAFE KIDS grantees. The targeted population is children ages 5–15 years old and low-income families. By distributing 7,650 bicycle helmets at an average cost of \$10 each for an annual investment of about \$76,500, \$2.2 million can be saved in medical costs alone. In 2003, there was a 4.6% increase in the proportion of children ages 5–15 years old who always use a helmet when riding a bicycle (56.2% up from 51.6% in 2002).



Tuberculosis (TB)—Tuberculosis Control Program

PHHS Block Grant funds are used to ensure that services are readily available to evaluate, treat, and monitor TB patients, regardless of the patient's ability to pay. Among infectious diseases, TB remains the second leading killer of adults in the world with more than two million TB-related deaths each year. PHHS Block Grant funds rapid diagnostic testing protecting the health of the public by rapid identification of infectious TB. It supports the Philadelphia Department of Public Health's TB Program which manages about 40% of the Commonwealth's TB cases.



Coronary Heart Disease and Stroke—Heart Disease and Stroke Program

The PHHS Block Grant is the sole source of funding for the Department of Health to increase public awareness of coronary heart disease, stroke, and their risk factors to reduce personal risk for a first or subsequent heart attack or stroke. The program works to foster systems changes for improved adherence to recognized prevention and treatment guidelines. Heart disease and stroke are the leading and third leading causes of death, yet they are primarily preventable diseases. In 2003, almost 16,000 Pennsylvanians were hospitalized for heart attacks, alone, at an estimated financial cost exceeding \$400 million. About 24,315 Pennsylvanians were hospitalized for stroke at an estimated cost of \$588 million.

Commonwealth of Pennsylvania Department of Health

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How PHHS Block Grant Dollars Help the Elderly in Pennsylvania Keep Their Independence

Issue:

Living life to the fullest does not stop when you grow older, but it can for those who suffer from a fall or injury.

- According to the Pennsylvania Department of Aging, there are more than 2.4 million adults over age 60 in Pennsylvania, a number that is expected to grow to 3 million by 2020.
- Pennsylvania ranks third among states in the percentage of adults over age 65, behind only Florida and West Virginia.
- Nationally, according to the Temple University Institute on Aging, about 50 percent of older persons who are hospitalized due to a fall do not return to independent living; they often require long-term care or nursing home admission.
- In 2003, Pennsylvanians age 65 and older accounted for 79% of the deaths and 72% of hospitalizations related to falls.
- In 2001, government funds paid for 58.8% of hospitalization costs for fall-related injuries in Pennsylvania, totaling \$591 million; including Medicare funds (47.3%) in the amount of \$485 million.
- Medical costs from these injuries and fatalities were more than \$1.2 billion in 2001.



Intervention:

Thanks to Preventive Health and Health Services Block Grant funding, the Pennsylvania Department of Health was able to partner with the Temple University Institute on Aging to provide training on how to prevent or reduce falls in the older population. Dr. Roberta Newton, Temple University, developed a HEROS (Health Education Research and Outreach for Seniors) training manual and conducted a train-the-trainer program in Harrisburg, PA. The 15 trainees included the Department of Health's District Injury Prevention coordinators and County/Municipal Health Department Injury Prevention staff. Training included—

- Teaching how to increase awareness about falls and fall prevention to seniors.
- Assisting professionals with knowledge and skills to provide quick fall screen risk assessment to older individuals.
- Offering information to educate older persons about falls, fall risk, and ways to reduce falls.
- Providing information on intervention programs and materials to develop fall prevention educational programs.

Impact:

The Department of Health will continue to promote fall prevention programs given the need of our older Pennsylvanians.

- During 2004–2005, the six District Health Offices and the 11 County and Municipal Health Departments reached 6,621 residents aged 55 years and older with home safety and fall prevention programs.
- New partnerships continue to form based on HEROS. The City of Chester Health Department has now adopted the HEROS program for their fall prevention effort in the community.

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PUERTO RICO

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Puerto Rico such as breast cancer and supports our community health promotion program. PHHS Block Grant dollars fund eight health programs and provides approximately 77% of the state's funding for these programs.

PHHS Block Grant funds allow Puerto Rico to use dollars **where** we need them, **when** we need them to protect the public's health. Priority is given to health education and promotion; community-based actions and programs; and data collection/surveillance systems. Other supported programs address physical fitness, nutrition, and obesity. Cardiovascular diseases, cancer, diabetes mellitus, stroke and non-intentional injuries are the most frequent causes of mortality in Puerto Rico. Programs that address our unique health problems include the following:



Data and Information Systems—BRFSS

PHHS Block Grant funds are used to increase the proportion of leading health indicators, health status indicators, and priority data needs for which data, especially for select populations is available at the local level. This was accomplished by hiring four part-time interviewers to conduct Behavioral Risk Factor Surveillance System (BRFSS) surveys over the telephone.



Community Health Promotion Programs—Healthy Communities Initiative

PHHS Block Grant funds are used to monitor the health and risk factors of individuals living in "special communities" through a health risk assessment and wellness program called the Health and Wellness Program. "Special communities" is a local term given to socially isolated and economically disadvantaged community. By July 2004, the Wellness Program had visited 194 special communities in 42 municipalities within the Island. More than 7,600 persons were evaluated for body mass index, blood pressure, glucose levels, cholesterol, and health risk assessment.



Breast Cancer Deaths—Breast Cancer

PHHS Block Grant funds are used to maintain the system of screening; communication and referrals from the community to health providers for mammograms; and for additional studies and confirmation of diagnoses. Over the course of the budget period, the Cancer Prevention Program referred 1,788 women aged 40 years or older for mammograms, and all were screened.



Diabetes—Diabetes Control

PHHS Block Grant funds are used to support the Summer Camp for Children with Diabetes. There were 175 children that participated in the three sessions of the summer camp. Participants received educational sessions in diabetes self-management, nutrition, and physical activity. Satisfaction evaluation surveys conducted after the camp yielded very positive results among all participants.

Puerto Rico Department of Health

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“Know Your Health” in Puerto Rico: Improving Diabetes Health Literacy Thanks to the PHHS Block Grant

Issue:

Hispanics in Puerto Rico and the west and southwest parts of the United States are more likely to have diabetes than Hispanics in the rest of the nation. The Island ranks number one for diabetes prevalence in the United States with—

- 12.5% of Puerto Ricans having diabetes (Behavioral Risk Factor Survey, 2002).
- Diabetes occupying the third position among the ten leading causes of death in Puerto Rico (Behavioral Risk Factor Survey, 2000).

Intervention:

The Auxiliary Secretariat for Health Promotion, through its Preventive Health and Health Services (PHHS) Block Grant funded community program, established the goal of increasing knowledge and health literacy levels among people with diabetes as a strategy that could lead to successful self-management of the disease. A pilot diabetes health literacy project known as “Know Your Health” was developed in conjunction with Pfizer Pharmaceutical and a private health consulting firm. The health literacy program—

- Aimed to target socially isolated and economically disadvantaged communities (known locally as “special communities”) in the municipalities of Aguadilla, Humacao, and Vieques.
- Included 100 patients, at least 25 years of age and diagnosed with type II diabetes, to participate in the project.
- Addressed topics such as—
 - knowledge of diabetes, diet, physical activity;
 - management of blood sugar levels;
 - auto-evaluation at home; and
 - the use of the Passport to Health.
- Provided participants with four structured educational sessions: 1) learning about diabetes, 2) healthy eating, 3) how to control diabetes, and 4) steps towards a healthier life.



Impact:

More Puerto Ricans with type II diabetes now know their health thanks to this innovative health program.

- 83 individuals completed the four sessions of required by the project.
- At the end of these interventions, the overall change in knowledge about the condition resulted in an increase at baseline of 66.6% (pre-test) to 75.9% (during educational interventions). The increase in knowledge levels about the condition increased even more when measured at the end of the interventions to 82.3%.
- These changes correlated with an improvement in the level of glucosilated hemoglobin (HgbA1c) among project participants from 8.8 to an 8 HgbA1c. This result was also statistically significant.
- Follow-up visits to the Emergency Room (ER) (due to diabetes complications) among participants were reduced by 35%.

After having such an extraordinary result, the Auxiliary Secretariat for Health Promotion will expand the “Know Your Health” health literacy project to 30 additional communities throughout the Island and expects to reach 1,000 individuals with type II diabetes in a one-year period. The PHHS Block Grant has allowed for the establishment of this innovative approach to the management of diabetes. Preliminary outcome data indicate that this type of intervention can increase management and auto-control skills as well as decrease HgbA1c levels among diabetics, resulting in health care cost savings for Puerto Rico.

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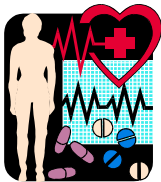
walrivera@salud.gov.pr



RHODE ISLAND

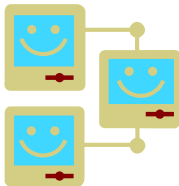
The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health objectives in Rhode Island that range from hospital coalitions to work site wellness. PHHS Block Grant dollars fund five different Rhode Island health programs.

PHHS Block Grant allows Rhode Island to use funds **where** we need them, **when** we need them to protect the public's health. A large portion of the PHHS Block Grant funds are concentrated in health promotion programs and public health information and communication. Programs that serve our state's unique health needs through the PHHS Block Grant include:



Work Site Health Promotion Programs

The Work Site Wellness Program has the potential to reduce healthcare costs and absenteeism, increase productivity, and improve employee morale. The Work site Wellness Initiative in Rhode Island works with participating companies and organizations to provide health promotion information and interventions at the work site. To date, 25 companies or organizations have been certified by the Wellness Councils of America (WELCOA) as "well work places."



Health Data Systems

PHHS Block Grant funds are used to increase the proportion of Leading Health Indicator Objectives based on health risk behaviors for which data, especially for minority populations, are available and reported at the state level. All seven of the state's birthing hospitals are now online with the automated birth module of VR2000, which enhances the accuracy and speed of data collection and reporting activities in the Office of Vital Records.



The Rhode to Health Coalition

Physical activity and nutrition are both critical to the prevention of disease and promotion of health in our contemporary environment. PHHS Block Grant funds are used to support the Rhode to Health Coalition (RTHC), a collaboration of 15 non-federal hospitals in Rhode Island and the Department of Health. RTHC selected physical activity and overweight and obesity as its priorities and has developed and distributed thousands of health promotion materials such as stairway use prompts, fast food prompts, and healthy grocery lists.



Internet Health Information

PHHS Block Grant funds are used to accomplish several goals: increase public use of information on the HEALTH Web site by translating information into Spanish, conducting community education seminars, and expanding local media coverage; delivering Web-based emergency or alert content in a user-friendly and consistent interface format; and conducting community and professional training about health communications for the Internet. The Rhode Island HEALTH Web Query System, an online publicly accessible data system that provides custom-generated aggregate state health data to users through the HEALTH Web site, now includes the adult Behavioral Risk Factor Survey and the school-based Youth Risk Behavior Survey.

Rhode Island Department of Health

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Fact Sheets Empower Rhode Island Health Practitioners to Eliminate Racial and Ethnic Health Disparities

Issue:

As Rhode Island's population changes, so must its public healthcare system to keep up with these changes.

The population of Rhode Island is becoming increasingly diverse.

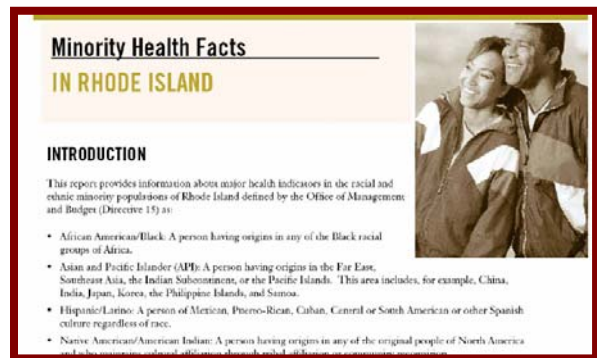
- From 1990 to 2000, Rhode Island's minority population increased by 77%, while the white (non-Hispanic) population decreased by 3%.
- 18% of the state's population is composed of racial or ethnic minority groups.
- In general, the median age of Rhode Island's minority population is lower than the median age for the overall state population (36.7 years), and a larger percentage of the minority population is over the age of 50 compared to the overall state population (70%).

Unfortunately, information about the health needs of these growing populations has not been made available. As a result, health practitioners are not reaching these groups because they lack culturally appropriate health information.

Intervention:

To make minority health data more accessible, the Office of Minority Health partnered with the Office of Health Statistics to create minority health fact sheets based on data from the Behavioral Risk Factor Surveillance System (BRFSS). These fact sheets were funded by the Preventive Health and Health Services Block Grant to raise awareness of the health status of minorities and to create programs to better meet their needs.

- Five fact sheets were created for each ethnic population as well and one was created for all populations.
- In December 2004, the fact sheets were printed and disseminated to healthcare providers, partners, and stakeholders.
- A PowerPoint presentation about the fact sheets has been presented at minority health conferences throughout the country.
- Throughout fiscal year 2005, the Rhode Island Department of Health promoted the use of these fact sheets as a resource and for community partners.



The Minority Health Fact Sheets are available at <http://www.health.ri.gov/chic/minority/fact.php>*.

Impact:

In 2005, 1,000 sets of Minority Health Fact Sheets were provided to healthcare practitioners. The fact sheets, now available on the Rhode Island Department of Health's Web site, received an overwhelmingly positive response. Within two months—

- 170 African American fact sheets were downloaded.
- 133 Native American fact sheets were downloaded.

It is impossible to eliminate health disparities without accurately and effectively targeting the audience through culturally and linguistically appropriate messages. These fact sheets give community organizations and partners the information needed to create more effective programs to reach these populations.

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SOUTH CAROLINA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in South Carolina that range from emergency medical services to health risk reduction. PHHS Block Grant dollars fund a total of four different South Carolina health programs.

PHHS Block Grant funds allow South Carolina to use dollars **where** we need them, **when** we need them to protect the public's health. The following programs receive PHHS Block Grant funds: emergency medical services, health communications, health risk reduction, and sexual assault. Examples follow of programs that serve our state's unique health needs through the PHHS Block Grant:



Emergency Medical Services (EMS)

PHHS Block Grant funds are used to promote optimal care for injured patients in the pre-hospital setting by ensuring that EMS providers have appropriate equipment, procedures and skills through regular inspections of ambulances and EMS operations. EMS providers responded to 665,491 calls for emergency assistance; 420 ambulances were permitted; 109 EMS providers were re-licensed; and, 366 pre-hospital professionals were trained in trauma specific courses. In addition, 143 EMT-Basics were trained and certified to the EMT-Intermediate level, a certification specifically designed to treat trauma injuries.



Health Communication

PHHS Block Grant funds are used to promote the agency's All-Health Team, a program that targets increasing youth awareness of preventive health issues through hands-on learning. The All-Health Team rewards individuals or groups named to the team (along with their leaders) with cash prizes, television coverage, t-shirts, and other giveaways. Two partners, WIS TV-10 and Lexington Medical Center, were successfully recruited to be a part of the team. The All-Health Team Web site, application form, television spot, display, and other collateral material were produced in order to promote the program and generate applications. During the All-Health Team's first program year, 48 applications were received, seven winners named, and five TV spots produced. Applications were received from 16 of the state's 46 counties.



Rape or Attempted Rape—Rape Crisis/Victims Services

PHHS Block Grants funds are used to inform and educate the public and at-risk groups about prevention of sexual assault. It targets such populations as law enforcement, professionals who work with adolescents or sexual assault victims, and counselors. Events which are co-sponsored with South Carolina Coalition Against Domestic Violence and Sexual Assault include the following trainings: Shatter the Myths: 116 attendees; Pathways to Peace: 110 attendees; and First Response: 87 attendees.



Health Risk Reduction

PHHS Block Grant funds are used to implement community-level health promotion efforts in the state's eight regions. They are designed to reduce risk factors for cardiovascular disease, diabetes, and cancer. The Public Health Regions conducted 79 trainings for members of the minority, disparate, and/or faith-based populations to increase their awareness and capacity to address chronic disease issues. There were also four train-the-trainer workshops which communicated to community partners best practices on preventing chronic disease and the risk factors of tobacco use, physical inactivity, and unhealthy nutrition.

South Carolina Department of Health and Environmental Control

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Parishioners in Chesterfield County Start Moving Towards Healthy Living

Issue:

When Reverend Johnny McLendon looked out at his congregation at Fisher Hill Community Baptist Church on Sunday mornings, he saw how many parishioners suffered from poor lifestyle choices and obesity. He felt that the health of his parishioners was at risk at this predominantly African-American church in Chesterfield County, South Carolina. A physically fit man aged 40–50 years, Reverend McLendon knew change had to be made at his church and in his community.

- 30% of the population in the county is completely sedentary, higher than the state rate of 23%,
- 48% report being overweight, with African-Americans more likely to be overweight than their white counterparts, and
- African-American men in South Carolina are 90% more likely to die of stroke than white men; African-American women are twice as likely to have a stroke as white women.

Chesterfield County, South Carolina, has more than 150 churches. The churches are the heart and soul of the communities within the county. For Chesterfield County citizens, church is a place where transportation is not a limitation, where attendance is consistent, and where social support is given and received. Therefore, church is the perfect place to educate residents about their health and the local resources available to them.

Intervention:

In 2005, Fisher Hill Community Baptist Church participated in the "Search Your Heart" program. This faith-based program, created by the American Heart Association, aims to increase heart health and prevent strokes in communities of color. Through "Search Your Heart," Fisher Hill Community Baptist Church has—

- Begun offering regular aerobics classes (twice per week) in its fellowship hall;
- Created a quarter-mile walking trail around the perimeter of the church and fellowship hall;
- Incorporated healthy meals into church gatherings; and
- Offered monthly educational sessions to church members about stress, stroke prevention, and the health effects of nutrition and physical activity.

The Preventive Health and Health Services Block Grant and South Carolina Cardiovascular Health Program Grant funded—

- A portion of the South Carolina Department of Health and Environmental Control, Region 4 staff's time to work with the church, and
- Participation costs for the "Search Your Heart" program, which were minimal.

"I am so happy to see the congregation getting excited about living healthier lifestyles. I remind them often how the body is God's temple and that it must be respected and treated well. Attendance at educational sessions and aerobics classes continues to increase, and I can see an improvement in the spirit of our church," said Reverend McLendon.



Impact:

As a result of its participation in "Search Your Heart," Fisher Hill Community Baptist Church has—

- Formed a church health committee to implement programs based on the health needs of the church family.
- Challenged other churches in the area to address health and lifestyle behaviors.
- Screened 20% of its adult church members for cardiovascular disease and its risk factors.

Fisher Hill Community Baptist Church received the 2005 Milton Dennis Community Health Award for excellence in community health education programs at the second annual Chesterfield County Interfaith Health Conference. The church plans to make its health programs available to the greater Chesterfield County community soon.

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SOUTH DAKOTA

The **Preventive Health and Health Services (PHHS) Block Grant** funds allow South Dakota to use dollars **where** they are needed, **when** they are needed to protect the public's health. South Dakota uses its PHHS Block Grant to support the *Healthy South Dakota Initiative*. Obesity and overweight is a major health issue in South Dakota adults and children.



Healthy South Dakota

The percentage of overweight and obese adult South Dakotans has increased from 45.9% in 1990 to 61.8% in 2004. PHHS Block Grant funds were used to support the development of the *Healthy South Dakota* Web site (www.HealthySD.gov*). The Web site serves as a single, reliable source of health information on healthy eating and increased physical activity and is a central focus for the larger *Healthy South Dakota Initiative*. The Web site is updated frequently to encourage people to visit the site on a regular basis. Individuals of all ages—kids, tweens/teens, adults, seniors, parents, schools, work professionals and health professionals—are guided to linked resources for work sites, schools, and communities. The HealthySD.gov Web site averages approximately 20,000 hits per month.

The **Healthy Hunter** campaign was a collaborative effort between the Department of Health and the South Dakota Department of Game, Fish and Parks. The campaign targeted over 50,000 hunters with a promotional mailing to encourage them to visit the HealthySD.gov Web site to gain information regarding healthy eating and physical activity. The campaign featured a separate section on the Web site that included a 6-week training guide and eating tips as well as game recipes. More than 1,000 hunters registered for the free GPS unit through the HealthySD.gov Web site.

Throughout the year, various wellness challenges are held to promote the Web site. For example, the Governor's Healthy Challenge was aimed at getting people out walking and running. Participants walked enough steps (155,704,977 steps, or 66,350 miles) to circle the earth 2½ times during the 4-week competition. During the 4-week 5 A Day Challenge participants ate nearly 6,000 gallons of fruits and vegetables.

South Dakota Department of Health

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PHHS Block Grant Launches South Dakota's HealthySD.gov

Issue:

South Dakotans need two things to live their lives: information and inspiration.

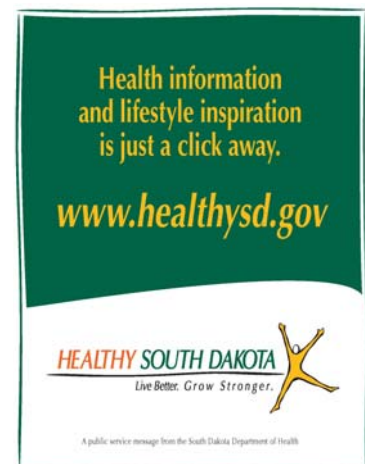
- Like the nearly two-thirds (61.8%) of South Dakota adults who were overweight or obese in 2004, Laura and Derek of Pierre, South Dakota knew they needed to change their lifestyles.
- And, like 81% of South Dakota adults in 2003, Laura and Derek did not meet the recommended five servings of fruits and vegetables each day.
- And, like 45% of South Dakota adults in 2003, Laura and Derek did not exercise on a regular basis.

To improve life for people like Laura and Derek, communities and businesses in South Dakota asked the state to develop a Web site to give South Dakotans the tools and resources to lead healthier lives.

Intervention:

In January 2005, with the support of Preventive Health and Health Services (PHHS) Block Grant funds, the South Dakota Department of Health launched www.HealthySD.gov* to inform and inspire South Dakotans. The Web site is updated frequently to encourage people to visit the Web site on a regular basis. Individuals of all ages are guided to linked resources for work sites, schools, and communities. As a result—

- A work site wellness program motivated Laura and Derek to start exercising and eat more fruits and vegetables.
- The **Healthy Hunter** campaign, a creative collaboration between the Department of Health and the South Dakota Department of Game, Fish and Parks, targeted the 50,000 licensed South Dakota hunters. Free Global Positioning System (GPS) units were given as prizes to five hunters who registered at www.HealthySD.gov after receiving a promotional mailing.
- The Governor's Healthy Challenge motivated South Dakotans to compete as individuals or teams for one month last fall. To generate more participation, the Department of Health distributed free pedometers to the first 1,000 registrants.
- Individuals completing the 5 A Day Challenge in March 2006 were eligible to receive baskets of produce donated by South Dakota grocery stores.



Impact:

Participants are being inspired to exercise, eat healthier, and take steps toward a healthier lifestyle.

- So far, Laura has lost 40 pounds and Derek has lost 15 pounds.
- www.HealthySD.gov averages approximately 20,000 hits per month as of April 2006.
- More than 1,000 hunters registered during the Healthy Hunter promotion.
- 110 teams and 529 individuals competed in the Governor's Healthy Challenge and walked enough steps (155,704,977, which equals 66,350 miles) to circle the earth 2½ times during the 4-week competition.
- 128 teams and 673 individuals competed in the 5 A Day Challenge enjoying nearly 6,000 gallons of fruits and vegetables during the 4-week competition.

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TENNESSEE

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding to address health problems in Tennessee ranging from coronary heart disease in young adults to dental caries in school aged children. PHHS Block Grant dollars fund 10 different public health programs in the state of Tennessee.

The PHHS Block Grant allows Tennessee to use dollars **where** we need them, **when** we need them to protect the public's health. PHHS Block Grant funding is the primary source of start-up or sustaining funds for several health promotion efforts to prevent and control high risk behaviors in children, teens, and adults. For example, the following programs, funded by the PHHS Block Grant, serve our state's unique health needs:



The Tennessee Poison Center (TPC)

Through partial funding from the PHHS Block Grant, the TPC provides 24-hour poison control response, professional education, and patient management consultation to regional and local hospitals across the state in addition to outreach education programs to school aged children and public awareness for Tennessee residents. In 2004, approximately 32,000 poisonings were reported in Tennessee, ninety percent (90%) of which occurred in a home setting. Approximately seventy-six percent (76%) of the calls received by the TPC were for unintentional, accidental circumstances involving children less than six years of age. Over 18,000 cases were successfully managed in a non-health care facility with simple first aid intervention provided by the TPC. The TPC is the only accredited poison control service in Tennessee.



Substance Free Youth – Community Prevention Initiative

PHHS Block Grant funds support 53 school and community based programs in 43 counties across the state. These programs aim to reduce the number of children in Tennessee who become involved in adolescent high-risk behaviors. Through these programs, students and parents receive after-school or in-school services, as well as parent and family education, case management, student assistance, tutoring, and mentoring.

Oral Health Services

In Tennessee, the PHHS Block Grant partially funds the school-based dental sealant program provided in the thirteen health regions of the state. In 2004, the program provided oral health evaluations to more than 65,000 high risk school aged children, sealants to over 48,000 high risk school aged children, education to 155,000 high risk school aged children, and outreach activities to over 145,000 high risk school age children. According to the Centers for Disease Control and Prevention, dental caries is the most prevalent chronic disease of children aged 5–17 years. The use of preventive sealants, fluoride, and instruction in oral health behaviors, decrease the chance that a child will develop caries.



Tennessee Department of Health

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Mission Possible: Children Do Not Have to Self Destruct

Issue:

Even at very early ages, children are engaged in risky and self-destructive behaviors such as alcohol and drug use that can lead to a dismal future. The Youth Risk Behavior Survey 2003 indicated that—

- 29.7% of Tennessee youth had their first drink of alcohol consisting of more than a few sips before the age of 13.
- 12.6% of Tennessee youth tried marijuana for the first time before the age of 13.
- 1 of 4 children in a Tennessee classroom is the child of an alcoholic.

Changing risky and self-destructive behaviors require early and on-going interventions and the development of a safe and secure support system for maintaining healthy behaviors. The Community Prevention Initiative (CPI) programs are designed to address the precursors to the self-destructive behaviors of alcohol and drug use and abuse.

Intervention:

To prevent the children from getting on a path to alcohol and drug use and abuse, the CPI focused on funding community-based programs. These programs are designed to reduce the associated risk factors for these children and give them the skills and confidence to make better decisions in the future. Based on the community needs assessment and through supportive funding from the Preventive Health and Health Services (PHHS) Block Grant, CPI provided—

- Effective and evidence-based after schools programs including the ARTS Club, Junior Achievement's SUCCESS NOW, and *Preparing America's Youth*.
- In-school programs, such as Cocke County's Student Assistance Programs at Edgemont, Northwest and Del Rio Elementary Schools, Big Brothers Big Sisters Mentoring Program, and Families and Schools Together (FAST) program.
- Parent/family programs and events such as Strengthening Families and family picnics.
- Student assistance programs.
- Case management/in-home services to the parents and children, ages 0–12, who were most likely to engage in early alcohol and drug use.



All programs develop goals, objectives, and performance measures to document changes in the specific targeted behaviors identified by each program provider through a community needs assessment.

Impact:

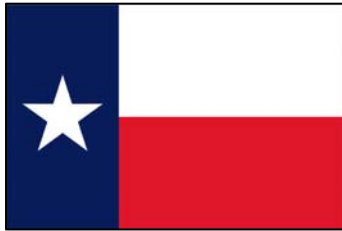
During 2003–2004, 10,477 children and 3,568 parents/adults were served by 65 programs in 47 counties. Of the 197 objectives developed by the program providers, 87% of the objectives were achieved.

- 100% of the programs documented at least one positive change in a targeted behavior of the children participating in the program, such as improvement in academic performance.
- 95% of the programs documented multiple changes in the targeted behaviors of the children participating in the programs, such as an improvement in academic performance, a decrease in absenteeism, and an increase in skills for making healthy choices.
- 100% of the programs had some level of parent participation from attendance at one program session for an increase in knowledge of child development and growth to multiple sessions for an increase in skills, such as learning and practicing communication strategies for talking with their children.

“With funding from the PHHS Block Grant, the CPI programs have been very successful in reducing self-destructive behaviors such as alcohol and drug use/abuse and teen pregnancy, and improving the lives of children, parents, and families in Tennessee,” said Alisa Malone, Director, Community Services Section.

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TEXAS

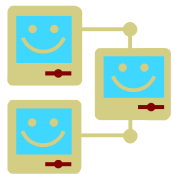
The **Preventive Health and Health Services (PHHS) Block Grant** provides funding to address a variety of health issues in Texas. Texas invests the majority of its Block Grant resources to support local public health infrastructures rather than categorical programs. This approach, unique among some of the largest states in the nation, recognizes that effective public health is rooted in local-level capacity.

PHHS Block Grant funds allow Texas to use dollars **where** we need them, **when** we need them to protect the public's health. These funds address needs across the 254 counties in Texas. Approximately 70% of the funds are directed towards supporting basic public health functions throughout Texas including food and drinking water inspections, community-level nursing and rapid laboratory testing services. The remaining 30% of the funds are focused in the areas of behavioral risk factor surveillance, border health, and trauma registry.

Local Public Health



Block Grant funds are used to strengthen local public health infrastructure. Local standards are used to evaluate the provided or supported essential public health services including food preparation and communicable disease prevention. Improvement plans are then developed by each local health department to outline more effective delivery strategies. In addition, eight public health regional offices use funds to strengthen the public health infrastructure in counties not served by local health departments. Each office provides public health services to safeguard the health of the population, increases the number of municipalities or counties implementing health improvement plans, and using public-health performance standards to monitor their performance in developing public health leadership at the local level.



Texas Behavioral Risk Factor Surveillance System

Block Grant funds are used to support administration of the Behavioral Risk Factor Surveillance System (BRFSS) in Texas. Data from BRFSS surveys are used to develop and evaluate innovative programs. One such program led to a 35% reduction in youth smoking. Another initiative resulted in a three-year buildup of community programs to increase physical activity and reduce overweight/obesity.



Border Health

Block Grant funds are used to provide households in ten Texas border counties with environmental assessments and health education including hand washing, safe food preparation, and maintenance of proper wastewater on-site facilities. Using surveillance to detect potential sources of contamination, border colonies are able to have water or sewer services through the expansion of self-help water and/or wastewater projects. Educational presentations are conducted in health fairs and households.



Texas EMS/Trauma Registry

In Texas, injuries are the leading cause of death for residents under age 45 and the third leading cause of death and disability among Texans of all ages. Block Grant funds are used to support a system to identify major or severe trauma patients within each healthcare entity in Texas, as well as identifying the total amount of uncompensated trauma care expenditures incurred by each of these health care entities. Population-based data is collected, analyzed, and disseminated to decision-makers.

Texas Department of State Health Services

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Fewer Texans Living in Third World Conditions Thanks to PHHS Block Grant Funds

Issue:

Does the lack of potable water and basic sanitation infrastructure occur only in third world countries? No! Water pollution is at the heart of public health problems facing the U.S.-Mexico border region. Here's why—

- The Rio Grande River is the primary source of drinking water for more than 13 million residents along the Texas-Mexico border.
- Untreated sewage is discharged into this critical water source.
- Basic environmental infrastructure—sewers, garbage disposal, solid waste systems—do not exist in many communities.

In 2005, the Botello Colonia community was typical of Texas border towns without running water. (Colonias are unincorporated communities where people live at or below the poverty level without basic systems like roads or sewers.) This Colonia collected rain water in barrels or carried water from the Rio Grande for use in their homes.

As a result, residents were at higher risk for such infectious diseases as viral hepatitis, cholera, typhoid fever and a range of stomach and intestinal diseases.

Intervention:

For the past 10 years, the Office of Border Health, funded in large part by the Preventive Health and Health Services (PHHS) Block Grant, has initiated partnerships in border Colonias to add water and/or sewer services by creating self-help water/wastewater projects.

Essentially, the Office of Border Health has empowered residents to solve their community problems. Based on the Small Towns Environment Program (STEP), residents are provided with training and technical assistance so they can implement improvements where they are needed most. The STEP model certifies that each community project researches and uses available local resources, provides local project leadership, uses more volunteers than paid professionals, and achieves a minimum 40% cost savings to make water and sewer service affordable for all residents.



Residents with technical expertise create a plan detailing materials, labor, and equipment needed to bring water/wastewater into each home in the Colonia.

Impact:

Thanks to Block Grant funding, the following has been accomplished:

- In 2005, 3 STEP projects were completed through the mobilization of partnerships.
- These 3 STEP projects served approximately 122 Colonias residents in 12 households and realized a 50% total project cost savings.
- Running water was brought into homes at a self-help cost of \$12,000 versus the retail estimate for this project of \$60,000, a savings of 73%.
- Residents now regularly build infrastructure faster and cheaper than paid contracting firms.
- Communities have been strengthened through new relationships, and residents have learned new skills.
- Grant funding, public/private partnerships and substantial volunteer work by technical assistants and residents have helped Colonias realize their dream of running water and a wastewater system.

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UTAH

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Utah that are the leading causes of death and illness. PHHS Block Grant dollars fund three primary Utah health issues, and 56% of funds go directly to local communities.

PHHS Block Grant funds allow Utah to use dollars **where** we need them, **when** we need them to protect the public's health. This is accomplished based on recommendations from our Advisory Committee. The funds are heavily concentrated on childhood obesity prevention, injury prevention, and public health assessment. PHHS Block Grant funds serve our state's unique health needs in the following ways:



Promoting Healthy Weight in Childhood—Local Health Department (LHD) Partnership

- Utah is addressing childhood obesity with the Gold Medal School (GMS) Initiative. Since 2001, the Gold Medal School Initiative has been implemented in over 200 Utah elementary schools, impacting over 100,000 students, 3,400 teachers, and 180,000 parents by providing healthier school environments and policies to prevent further childhood obesity. Utah plans to implement GMS in at least 90% of Utah schools by 2008.
- Evaluation of the Gold Medal Schools is being conducted, including doing height and weight studies every two years on first, third, and fifth graders.



Violence and Injury Prevention (VIP)—Local Health Department Partnership for VIP, Rape and Sexual Assault

- More than 55,000 Utah children and/or their parents annually receive education and resources to prevent injuries or death from motor vehicle crashes, drowning, falls, fires, or gunshot wounds.
- Almost 4,000 elderly Utahns receive in-home assistance to prevent falls.
- Over 9,000 Utahns receive rape crisis or prevention services.



Public Health Assessment

Utah uses PHHS Block Grant funding to support better use of the public health data systems in Utah including birth and death records, hospital and emergency department patient discharge records, on-going health surveys, including the Behavioral Risk Factor Surveillance System and Utah's Health Status Survey. This allows for—

- Public access to timely, meaningful online public health data.
- The ability to monitor trends in health status changes in a timely manner (i.e., tobacco use, obesity, insurance coverage, and then to develop targeted public health interventions).
- State legislators, local boards of health, and local health officers access to timely, meaningful data to guide state and local decisions about public health priorities.

Utah Department of Health

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Tipping the Scales toward Healthier Children in Utah

Issue:

Far too many children in Utah are at unhealthy weights. One of four of Utah's school aged children are overweight or at risk for being overweight. In addition to the health consequences of obesity during childhood and later as adults, obesity is a costly condition. Centers for Disease Control and Prevention recently estimated Utah's annual direct per capita medical costs for obesity were \$296.37 per adult aged 18 years and older.

Many experts believe that lack of physical activity and nutritious meals at school is contributing to the epidemic of obesity among children. And, it is well established that children who are overweight are significantly more likely to be obese as adults. Creating a healthy, supportive school environment for students is a real challenge for educators when they are under pressure to focus on improving test scores and operate within tight budgets.

Intervention:

By combining federal, state, and private funding sources, the Utah Department of Health and its partners started the Gold Medal Schools Program in 2002 to provide students in Utah's elementary schools with more opportunities to—

- Eat healthy
- Be active
- Stay tobacco free



Health experts, teachers, parents, and principals developed a broad menu of criteria for bronze, silver, gold, and platinum award levels. Schools, with support from a coordinator within the school and a mentor from the local health department, create a healthy school environment through policy changes and environmental supports. As schools advance from the bronze to the platinum level, they make sustainable changes that support and enhance healthy behaviors for students and faculty, such as the following:

- Implement a policy allowing for at least 90 minutes of structured physical activity for each student per week;
- Create staff and faculty wellness programs; and
- Involve parents through school wellness councils and newsletters and other resources that inform and educate parents.

Impact:

During school years 2002–2005—

- 203 schools have participated in the Gold Medal School program.
- Students from Gold Medal Schools have walked 5 million miles since 2001. That is nearly 11 trips to the moon and back.
- Approximately 92,460 children learned about the program.
- More than 80% of Utah school districts are participating.
- New policies and environmental supports (about 10 per school) have resulted in increased physical activity, increased participation in school lunch and decreased plate waste, decreased playground violence, and improved attentiveness in the classroom.
- The cost for the program averages \$5.11 per child annually.

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VERMONT

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Vermont that range from community water fluoridation to chronic health conditions. PHHS Block Grant dollars fund five different Vermont health programs.

PHHS Block Grant funds allow Vermont to use dollars **where** we need them, **when** we need them to protect the public's health. The Vermont Department of Health uses Block Grant funds to address priority health issues for which there are no other available resources. Program areas funded include nutrition, oral health, sexual assault prevention, and minority health. The funds also allow Vermont to focus on a coordinated statewide effort to improve health and healthcare in Vermont. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



The Vermont Blueprint for Health: Refocusing Healthcare from Reactive to Proactive

PHHS Block Grant funds are used to support the Vermont Blueprint for Health, a new collaborative approach to improving health and healthcare for people living with life-long illnesses. It involves implementing major changes in the healthcare system based around the needs of patients through developing information systems, effective patient self-management tools and community supports. Blueprint partners include representatives from healthcare; businesses; consumers; health plans; community and non-profit groups; and government. Pilot efforts aided by Block Grant funding were successful to the extent that the Vermont General Assembly saw fit to provide general fund support to the Blueprint ensuring that the Blueprint will have sustainable financial support. Without Block Grant start-up involvement, this would have been impossible.



Sexual Assault Prevention: The Rape Aggression Defense Training Program (RAD) and Sexual Assault Nurse Examiner Program (SANE)

The RAD program is safety awareness, education, and self-defense training designed to prevent rape and other forms of interpersonal aggression and violence against women. In 2005, 50 women completed the training as did 75 families through the state's RADKids program. During 2005, SANE provided training to medical professionals, law enforcement personnel, social workers and victim advocates across the state. Educational seminars were also provided to high school and college students in Vermont. This component of the SANE Program is extremely valuable in teaching children and adults how to avoid high-risk situations as well as reporting the incident of sexual assault and seeking appropriate care.



Community Water Fluoridation—Oral Health

PHHS Block Grant funds are used to provide financial and technical assistance to all communities with fluoridated water systems. Services include monitoring daily testing data and weekly fluoride sampling results. In 2005 and 2006, the state's Office of Oral Health was able to collaborate with community-based organizations and individual oral health professionals to provide extensive technical assistance to communities whose municipal fluoridation systems were up for review by select boards, city councils, and public referendum. Through panels, town meetings, and public hearings, sound, science-based information was necessary to ensure that population-based fluoridation continues to be a central tool in protecting the health of Vermonters.

Vermont Department of Health

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Taking Charge—Vermont's Blueprint for Health Self Management Program

Issue:

Do you know someone who is overweight, has diabetes, heart disease, lung disease, or arthritis? We all do, and some of these folks are very dear to us. Those conditions as well as depression, high blood pressure, and emphysema are all categorized as chronic conditions.

- 51% of Vermonters over 18 years of age are living with ongoing chronic conditions.
- 88% of Vermonters over age 65 have at least two chronic conditions.

Studies show that, on average, people with chronic conditions receive the regular care they need only half of the time and not enough take the personal action needed to achieve the best outcomes. Treating these illnesses consumes more than three quarters of the state's healthcare budget, and these costs are projected to skyrocket as the age of baby boomers continues to rise.

Intervention:

Vermont decided that it had to create fundamental changes in the state's health system at every level to better manage chronic conditions. As a result, Vermont implemented the *Blueprint for Health* approach, which encompasses everything from patient self-management to provider practice to health system design. The Preventive Health and Health Services (PHHS) Block Grant funded staff support to implement the Healthier Living Workshop, developed by Stanford University and adopted by Vermont's Blueprint for Health.



Two Vermont communities, Bennington and St. Johnsbury, were chosen to pilot the Healthier Living Workshop in 2005. After being trained in a 4-day, intensive program by Stanford-certified master trainers, lay leaders with chronic conditions facilitated the workshops. Some of the topics covered in the free 6-week, 2 ½-hour Healthy Living Workshops include:

- Techniques to deal with problems such as frustration, fatigue, pain, and isolation.
- Breathing techniques and guided imagery to reduce stress.
- Exercises for improving and maintaining strength, flexibility, and endurance.
- Appropriate use of medications.
- How to better communicate with family, friends, and health professionals.
- Healthy eating habits.
- How to evaluate new health treatments.

Impact:

Vermont is on its way to making the Blueprint for Health a statewide initiative. Vermont has a statewide coordinator for the Healthier Living Workshop program and nine regional coordinators throughout the state. Three master trainers were trained at Stanford initially, and four more master trainers completed the Stanford program in April 2006. Sixty workshop leaders have been trained by the master trainers. By the end of the 2006, we anticipate that—

- 100 leaders will be trained to lead workshops,
- 20, 6-week workshops will have been completed, and
- 200 participants will attend 4 or more sessions of the 6-week workshops.

The program is new, so overall program effectiveness was not yet been evaluated. However, participants report greater confidence in managing their symptoms, increased physical activity and energy, weight loss, better breathing, and less stress. Healthier Living Workshop plans to expand statewide in the next year.

The Vermont Department of Health is moving forward with the Blueprint for Health, and PHHS Block Grant funds helped the state pave the way for a healthier Vermont in the future.

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VIRGIN ISLANDS

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in the Virgin Islands that range from stroke to rape. Approximately 99% of the state's funding for health programs is provided by PHHS Block Grant funds.

These funds allow the Virgin Islands to use dollars **where** we need them, **when** we need them to protect the public's health. The Virgin Islands PHHS Block Grant Advisory Committee has made cardiovascular disease the priority because it is the leading cause of death. Two community-based organizations have been funded to implement interventions in their respective communities. Program examples include the following:



Stroke—Cardiovascular Health—Screening

PHHS Block Grant funds are used to support cardiovascular health screenings. At the Agriculture Food Fair and at other community events, approximately 713 persons were screened.



Stroke – Cardiovascular Health—Community Participation

PHHS Block Grant funds are used to empower communities in the area of cardiovascular health. Mini-grants were awarded to two faith-based organizations, one of which created a cardiovascular risk reduction program that achieved 95% participation. As part of this program, a heart-healthy recipe guide was published, free exercise classes were offered, and a walk-a-thon was held.



Rape or Attempted Rape—Rape Prevention

Sexual assault is one of the greatest concerns facing women and children in the territory. Rape crisis centers treat more than 200 persons each year. PHHS Block Grant funds are used to teach youth to recognize the signs of child sexual abuse and increase their awareness of sexual crimes. Working with two community-based organizations, about 3,500 students ages 3–17 and 500 college students were educated on sexual violence prevention.

Virgin Islands Department of Health

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Providing Basic Healthcare Services to the Williams Delight Community with PHHS Block Grant Dollars

Issue:

Images of large pot holes, tiny public housing homes for low-income or unemployed families, and freestanding water stagnant in the street due to an improper draining system are probably not the images that come to mind when most people think of St. Croix. These are, however, the reality of the Williams Delight Community located on the west side of the Island. This community has the highest crime rates in St. Croix and in the Virgin Islands, and unfortunately, signs of hope for a brighter future are hidden or masked by the blight of social, educational, and health issues.

“Mrs. Smith” is a shy, reserved woman in her forties and represents many women in this community. She has nine children, all of whom are boys, ranging in age from 6 to 30 years old. For more than 20 years this family lived in a shack, in the Williams Delight community, with no running water, electricity, or phone. Mrs. Smith cannot read and has never held a job. Mr. Smith is extremely dominating and is known to be abusive. He rarely allows his wife to leave the house except to go to church on Sunday. Like so many women in this community, Mrs. Smith has not been receiving regular physical exams and health care. So, how can we better serve women like Mrs. Smith who are most likely in serious need of proper health care?

Intervention:

The St. Croix Community United Methodist Church (CCMU), an institution in this community for more than 50 years, has proven to be the glimmer of hope to many residents in the Williams Delight Community. These residents largely trust the church and are not skeptical in receiving help from the church, as they are in many other cases.

Through a mini-grant provided by Preventive Health and Health Services (PHHS) Block Grant, St. Croix Community United Methodist Church has—

- Provided church members with individual health screenings.
- Given nutrition profiles to each individual screened on how they can improve their diet.
- Provided cooking classes on how to prepare healthy meals.
- Held community health fairs.
- Progress meetings on how participants are meeting their nutrition and physical activity goals.



Impact:

After some convincing, Mr. Smith permitted Mrs. Smith to receive a health screening from the church. During the initial screening, Mrs. Smith was told that her blood pressure was dangerously high - hypertension stage. The nurse advised Mrs. Smith to visit a doctor or seek help at the local clinic. Mrs. Smith stated she could not afford to go see a doctor and that she had no transportation. The CCMU provided her transportation to the clinic, which offers free and/or reduced services and the CCMU will cover the medical expenses if necessary.

This story illustrates the critical care provided by through using PHHS Block Grant funds to implement an effective health program in a community of low resources, but of high needs.

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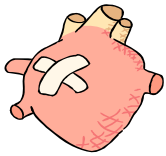


VIRGINIA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding to combat an array of public health problems in Virginia that range from coronary heart disease to unintentional injury.

PHHS Block Grant funds allow Virginia to use dollars **where** they are needed and **when** they are needed to protect the public's health. The majority of these funds are concentrated in the areas of health education and community programs; injury and violence prevention; oral health; and heart disease. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:

Chronic Disease—Health Promotion in Virginia's Underserved Communities



PHHS Block Grant funds are used to fight the debilitating effects of chronic diseases like heart disease, arthritis, and diabetes and their associated risk factors. Chickahominy Healthy Hearts and the Heathy Native Living Project are two initiatives aimed at reducing the burden among members in the Chickahominy, Pamunkey, Mattaponi, and Upper Mattaponi tribes. Block Grant money was used to conduct health screenings, support staff time, produce educational materials, and purchase helpful tools such as pedometers. During seven health screening sessions, staff screened more than 80 individuals for blood pressure, cholesterol, glucose levels, and measured body mass indexes.



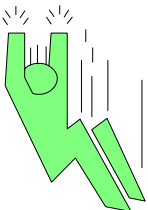
Oral Health—Preventing Dental Decay

Tooth decay is the most common preventable chronic disease among children in Virginia. PHHS Block Grant funds have been used to provide children with dental sealants and fluoride, our best defense against cavities. Approximately 6 million citizens receive fluoridated water through their community water systems. In 2005, eight communities—Town of Appalachia, Buckingham County, Town of Broadway, Town of Bridgewater, Bristol, Gate City, Town of Timberville, and Wise County—benefited from Block Grant funded fluoridation projects.



Investing in Virginia's Future—Preventing Childhood Injury Deaths

Unintentional injury is the leading cause of death among Virginians under age 34. During 2004–2005, the Block Grant supported coordination and training for the Low-Income Safety Seat Distribution and Education Program which is funded through traffic fines. Child safety seats reduce the risk of fatal injury by 71% for infants (under age one) and 54% for toddlers (1–4 years old) when used properly. During the year, more than 10,000 child safety seats were issued through this program. In addition, the Block Grant supported the distribution of more than 500 free or low cost bike helmets to children in Virginia. The Block Grant also supported the coordination of a 1-800 line and Web site on injury prevention; statewide injury prevention observances and information mailings; and injury data reporting.



Reducing the Cost of Health Care—Preventing Fall and Fire Injuries

Approximately \$184 million were spent, nationwide, on fall-related hospitalizations for those ages 65 years and older. An additional \$1.5 million were spent on fire-related hospitalizations for those ages 65 and older. PHHS Block Grant funds supported staff that implemented *Get Alarmed, Virginia*, a smoke alarm installation and education program for low-income families. As a result of this program, 1,765 homes were canvassed and provided with educational material. 1,037 households were protected with the installation of 3,295 smoke alarms. Block Grant staff also coordinated *Home Safe Home, Virginia*, an elderly fall and fire prevention program, which provided education sessions to 839 seniors, home visits to 155 seniors, safety inspections of 487 households, the installation of 660 alarms, and the distribution of 1,621 safety devices (bathmats, nightlights, etc.).

Virginia Department of Health

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Virginia Indians are Fighting a Battle against Chronic Disease

Issue:

Life today for the descendants of the Native Americans who witnessed the arrival of English settlers to Virginia in 1607 is threatened by a host of chronic diseases. But, because Virginia Indian tribes are not recognized by the U.S. government, no health data are available on them from the U.S. Indian Health Service. A look at the data that are available on other Indian tribes in America offers at least a glimpse of the effects of chronic disease on the health of Indians in Virginia.

- More than 60% of American Indians have at least one risk factor for cardiovascular disease.
- More than 40% report no physical activity.
- More than 60% report a body mass index of 25, the beginning level of risk for being overweight, which is a risk factor for a number of chronic diseases.
- In Virginia, cardiovascular disease alone accounted for 126,523 hospital admissions in 2004, and a total charge of approximately \$3.5 billion.

The Native American tribes are medically underserved and difficult to reach due largely to cultural barriers born of decades of forced segregation and their resulting suspicion of government assistance. Additionally, the population is isolated, has transportation problems, is suspicious of the modern healthcare system, and reluctant to seek services from community health centers. Therefore, it is necessary to overcome these challenges and develop health programs that were acceptable and appropriate for the tribes.

Intervention:

The Virginia Department of Health began to work with the Chickahominy, Pamunkey, Mattaponi, and Upper Mattaponi tribes of Virginia in 2004. Officials initiated two programs: Chickahominy Healthy Hearts and the Healthy Native Living Project with the goal to reduce the burden of chronic diseases among tribal members. The Preventive Health and Health Services (PHHS) Block Grant funds were used to conduct health screenings, support staff time, produce educational materials, and purchase helpful tools such as pedometers.

Public health staff conducted three health education sessions on cardiovascular health, and seven health screenings where more than 80 individuals received measurements on their blood pressure, cholesterol, glucose levels, and body mass indexes. Findings revealed a higher burden of chronic disease among Virginia's Native Americans than in other population groups. One project alone found that—

- 50% had Stage I hypertension.
- 20% reported being diagnosed with diabetes.
- 51% of those measured were 30 percent overweight.



Impact:

The impact of the screening and educational efforts was immediate. At one screening session, a Chickahominy tribe member was sent to the doctor immediately because her blood pressure measurement was too high. She was put on medication that day to control her blood pressure and diabetes. Also, 15 Chickahominy Indians joined the local health and fitness center, which was sponsored by the health district and the county. With growing support from tribal councils and baseline screening data in hand, public health officials formed productive partnerships with two essential community agencies: Central Virginia Health Services, Inc. and the American Heart Association.

Virginia's Native American leaders are committed to the preservation of their people and their culture, but they remain cautious about accepting help. Health interventions can be a way for Native Americans to maintain their self-sufficiency and can succeed if they are conducted with empathy, respect, and cultural sensitivity, and if the power of the chiefs and tribal councils is acknowledged.

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WASHINGTON

The **Preventive Health and Health Services (PHHS) Block Grant** is a core source of prevention funding that covers the entire public health system in our state, touching the lives of more than 1 million Washingtonians every day.

PHHS Block Grant funds allow Washington to use dollars **where** we need them, **when** we need them to protect the public's health. Block Grant supports emerging and ongoing health issues for which little or no other funding is available. For example, an online health promotion clearinghouse that receives over 4,000 hits per month; a statewide county-by-county injury database that enables communities to make good decisions about how to tackle the leading causes of preventable death in children; TB screenings and treatments, much of it aimed at high risk immigrant populations; and programs for mothers and babies that have inadequate resources to meet community needs. Programs that serve Washington through PHHS Block Grant funds include the following:



Helping Teen Moms toward Independence

In Benton and Franklin Counties, the Block Grant supports efforts to prevent repeat pregnancies among teen mothers by pairing them with public health nurses. Last year, only two of the 103 teen mothers served had repeat pregnancies. This success also meant Washington required fewer Medicaid dollars to pay for teenage deliveries (from 2000-2002, the Medicaid-funded births by 15- to 17-year-olds cost nearly \$43 million dollars). One program participant, who had a seriously ill baby, received not only healthcare services, but also the help she needed to finish school, avoid repeat pregnancy, and become a certified nursing assistant.

Don't Let



Teddy Tumble

Kids Get Car Seats, Lives are Saved

The Block Grant supports statewide coordination of Washington's Safe Kids Coalition, which has stimulated public/private partnerships and resulted in the development of 17 local community coalitions, and \$237,000 in additional funding from the National Safe Kids Campaign over the last two years. Among the activities undertaken by local Safe Kids Coalitions are providing car seats to low income families and conducting car seat checks to assure seats are properly installed. Every dollar spent on a child safety seat saves \$32 in direct medical costs and other costs to society. For more information, visit <http://www.doh.wa.gov/cfh/Injury/default.htm>*



Healthy Aging Means Living Longer Independently

With one of the most rapidly aging populations in the country, Washington will have more than 1 million people age 65 or older by 2020—almost twice our current population. The PHHS Block Grant supports addressing the needs of this population, increasing the focus on prevention, and delivering consistent messages on how to stay healthy and prevent disease and disability. To view the "Steps to Healthy Aging" and other relevant work, visit <http://www.doh.wa.gov/cfh/OHP/HealthyAging/stepstohealthyaging.htm>*

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* Links to non-Federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization Web pages found at this link.

Community Campaigns Promote Booster Seats. Kids Lives are Saved.

Issue:

Autumn Skeen of Walla Walla, Washington, never pulled out of her driveway until her 4-year-old son Anton was safely buckled into the back seat. That's why Anton's 1996 death in an automobile crash came especially hard for Autumn when she learned that for children below 60 pounds, seat belts aren't enough. "If I knew then that a booster seat would save his life he would be entering high school this year," says Autumn, who joined forces with Washington's *Safe Kids Coalition* to crusade for better protection.

The year he died, Anton was one of 593 people in Washington State who died in an automobile accident. Nationally and in Washington State, motor vehicle collisions are the single largest killer for children age 4–8 years.

- In 2000, more than 1,189 children ages 14 years and younger died in motor vehicle crashes.
- In 2001, about 300,000 children ages 14 years and younger were injured in vehicle crashes.

In 2000, only 19 percent of Washington's children who should be restrained in booster seats used them. Parents say cost is a factor, which places low-income children at higher risk. When their families cannot afford to purchase the booster seats for their children this could mean the difference between life and death.



Intervention:

The Preventive Health and Health Services (PHHS) Block Grant helped launch Washington's *Safe Kids Coalition* in 1999. Autumn Skeen put a human face to the campaign to prevent injuries. Holding a picture of Anton and describing how his life could have been saved, Autumn galvanized the collective power of state and community leaders, who joined with her in 2000 to convince the state legislature to pass "Anton's Law," requiring the use of booster seats by children ages 6 years and younger or weighing less than 60 pounds.

The PHHS Block Grant continues to support *Safe Kids* and efforts to educate parents about the law. For example:

- Seattle's Central District neighborhood recently identified child passenger safety as a priority. Children ages 4–8 years in the Central District were found to be at higher risk of hospitalization from car-related injuries than children in other areas of Seattle and King County. At the time, there were no commercial outlets in the Central District selling booster seats. The community developed a neighborhood-based program to support and increase the use of booster seats. With support from the PHHS Block Grant, 56 car seats and booster seats were purchased and distributed through the *Injury Free Seattle* neighborhood clinic. Families in need were identified by community organizations and seats were distributed by trained technicians.

With PHHS Block Grant support, the Department of Health (DOH) has purchased and distributed over 525 child safety seats through local child passenger safety teams and local *Safe Kids* coalitions. The child safety and booster seats were distributed to low-income families and installed by trained car seat technicians. Technicians also provided one-on-one instruction on correct use at the time of installation.

Impact:

- A July 2000 baseline assessment found that 19 percent of children weighing between 40 and 80 pounds were using a booster seat. In a 2002 follow-up survey, that number jumped to 47 percent.
- Similar gains were reported in King County, where a 2-year multifaceted community education campaign to increase booster seat use resulted in a 12 percent increase (13 percent in 1999 compared to 25 percent after the community-wide campaign).

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WEST VIRGINIA

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in West Virginia that range from oral health to emergency medical services. PHHS Block Grant dollars fund a number of different health programs in West Virginia.

PHHS Block Grant funds allow West Virginia to use dollars **where** we need them, **when** we need them to protect the public's health. West Virginia spends all of these funds on emergency medical services and oral health. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Delay or Difficulty in Getting Emergency Care

PHHS Block Grant funds are used to provide technical support to all Emergency Medical Services (EMS) squads, especially those who have been identified as having problems meeting appropriate response time criteria. Technical Assistance Teams have gone into the field to conduct assessments and evaluation of EMS agencies. Revised procedures have been provided to more than 25% of these agencies.



Emergency Medical Services

PHHS Block Grant funds are used to increase access to emergency care that meets the special needs of children in the pre-hospital and hospital settings. Pediatric protocols have been revised and training of providers is nearing completion. There are ongoing educational initiatives in place to address the Behavioral Risk Factor Surveillance System's high risk factors involving children under the age of 18.



Periodontal Diseases—Chronic Disease Prevention, Oral Health

PHHS Block Grant funds are used to identify eligible Medicaid and Children's Health Insurance Program (CHIP) third grade children who need to be referred to a dentist to receive protective sealants. Block Grant funds are also used to increase the awareness and importance of sealants by having oral health educators provide education in West Virginia's elementary schools. The database of eligible children has been developed and is currently being populated. Further, an Office of Dental Health was implemented in the latter part of 2003 that will coordinate this and all other efforts to increase awareness among school age children.

West Virginia Department of Health and Human Resources

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Emergency Medical Services in West Virginia at Risk if PHHS Block Grant Ends!

Issue:

You're in a car wreck, and the ambulance cannot reach you for 45 minutes or more. This terrifying scenario is likely for rural West Virginians if the Preventive Health and Health Services (PHHS) Block Grant ceases to exist. West Virginia, a mountainous, rural state, depends upon PHHS funding for its Emergency Medical Services (EMS), which is staffed primarily by volunteers. (About 127 of the 209 agencies that provide EMS coverage throughout the state are either all volunteer or a combination of paid and volunteer.)

PHHS Block Grant funds are instrumental in—

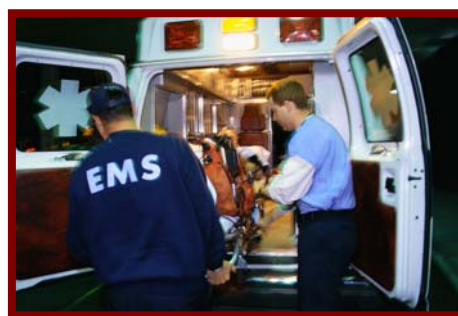
- Providing local training classes for instructors and coordinators, many of whom would not be able to afford to travel to class otherwise.
- Purchasing training equipment and supplies for EMS providers.
- Maintaining a pool of certified EMS providers to staff small community ambulance services.

Without this support, rural communities will not be able to afford the EMS services they depend upon.

Intervention:

As the cost of medical care has risen, steps have been taken to ensure that this essential public health and safety service is as cost efficient as possible. For the past fifteen years, the PHHS Block Grant Advisory Council has overseen the following improvements to the EMS system:

- Contracted with a private agency to streamline statewide EMS technical support.
- Implemented seven regional offices to coordinate training, to organize the certification process, and to provide training equipment.
- Provided training and equipment to assist with local classes in order to reduce the costs of maintaining a pool of qualified EMS providers.
- Established a statewide EMS communication system connected to the 911 Emergency Call Systems.



Impact:

These and other actions taken by the Office of EMS has had tremendous results, including—

- EMS response time is less than 20 minutes to the scene of an event in every rural community.
- Dispatchers are able to get the nearest EMS providers to the scene of an event faster because the EMS communication system and the 911 Emergency Call System are now linked.
- More than 9,100 EMS providers, ranging from medical responders to doctors, have been certified.
- Cost-efficiency has improved with the implementation of seven regional offices.

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WISCONSIN

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Wisconsin that range from oral health to environmental hazards. PHHS Block Grant dollars fund nine different health programs in Wisconsin.

PHHS Block Grant funds allow Wisconsin to use dollars where we need them, when we need them to protect the public's health. Block Grant funds support capacity building and core service development in various domains including chronic disease prevention, health promotion, communicable disease prevention, environmental health, and emergency medical services. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Dental Caries Experience—Oral Health Initiative

One community collaborated with United Way to screen more than 2,500 school children for dental disease. Block Grant funds supported follow-up services for the 8 percent of screened children (203 children) who required dental care. A tribal agency used their 2004 Block Grant funds to provide oral health screenings, fluoride varnishes, and referral to a dentist, if necessary, for 98 percent of tribal children ages 9 through 36 months. These oral health services, including guidance to parents, are integrated into primary healthcare visits.



Emergency Medical Services

A community needs assessment highlighted the need for expanded emergency medical services for remote areas of Wisconsin. The health department used its Block Grant funds to lead the effort, with community partners, to improve emergency service coverage. Partners included local elected officials, the 911 coordinators, emergency government, emergency service providers, and others. Their efforts resulted in identification of the best location for a new service, and establishment of a new service provider.



Unintentional Injury Deaths—Seed Money to Support Local Health Departments and Tribes

Several local health departments use Block Grant funds to promote programs that train parents on how to properly install infant and child car seats. While car seats are extremely effective in saving children's lives, they are complicated to install and use correctly. Studies have found that as many as four out of five car seats are installed or used incorrectly. At health department-sponsored car seat safety events, 85% of children's seats were being used incorrectly. At least 500 parents were trained on how to correctly install seats for their young children. A permanent car seat fitting station was established at a local fire station, and at least 132 car seats were provided to low-income parents.



Environmental Health Consortia—Monitoring of Environmental Disease

Block Grant funds a consortium of health departments to develop local environmental health services. Consortium funding is available for a maximum of three years, during which time the consortia agencies develop identical local environmental ordinances and codes, establish inspection criteria, and hire qualified staff. A newly formed consortium of three communities conducted 746 human health hazard inspections in 2004, resulting in 742 orders to remove waste, and 62 citations.

Wisconsin Department of Health and Family Services
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Wisconsin Daycare Providers Change Their Ways: PHHS Block Grant Funding Improves Caregiver Health and Safety Practices

Issue:

More than 200,000 Wisconsin children attended a licensed daycare facility in 2005, and this number is growing. To help parents select the safest and healthiest environment for their children, the Wisconsin Bureau of Regulation and Licensing certifies facilities where the caretakers have received basic health and safety training. However, as public health nurses have visited centers to treat outbreaks of communicable diseases, it has become clear that more training is necessary.

Disease prevention is important to parents since these working parents average 2–29 days a year away from work caring for their sick children, which ends up costing state employers between \$400,000–\$2 million annually. When about 10 percent of all daycare center complaints made to the state were found to be about health and safety concerns, the Eau Claire City-County Health Department decided it was time to take a proactive approach to improving daycare providers' health education.

Intervention:

The Eau Claire City-County Health Department worked with licensed daycare agencies to develop a curriculum and a health and safety manual.

A successful learning tool was created initially in 2001; however, funds were not available to sustain the effort. Without this funding, daycare workers could not afford to take the education sessions, and the team that created the tool could not keep the tool up-to-date. Fortunately, Preventive Health and Health Services Block Grant funds enabled the local health department to support this project, update the manual, and provide classes in August 2005.



Impact:

In 2005, 68 child care providers attended the training sessions and 26 licensed daycare facilities reported ways they planned to improve their child care as a result of this project, including the following:

- Teaching conflict resolution with children,
- Making an overall emergency plan,
- Creating a rule chart with pictures based on positive behaviors,
- Changing how to relate to behavior problems,
- Using puppets to encourage good behavior,
- Teaching children about nutritious foods,
- Using the asthma worksheet,
- Instituting new methods for discipline in different age groups,
- Encouraging and increasing hand washing,
- Paying more attention to snacks, and
- Being more responsive to show love and support to children and parents.

In addition, this effort has strengthened ties between the health department and local child care providers who now collaborate on a variety of other public health programs, ranging from immunization to public health preparedness.

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WYOMING

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Wyoming that range from obesity, coronary heart disease and stroke to providing emergency medical services. PHHS Block Grant dollars fund five different health programs in Wyoming.

PHHS Block Grant funds allow Wyoming to use dollars **where** we need them, **when** we need them to protect the public's health. Programs that serve our state's unique health needs through the PHHS Block Grant include the following:



Victim Services/Sex Offense—Rape or Attempted Rape

PHHS Block Grant funds are used to support Wyoming's 24 family violence/sexual assault service programs. The number of reported rape and attempted rapes decreased in 2004 to 121. Victim service programs reported serving over 750 adult and child victims of sexual assault.



Sexually Transmitted Diseases—Chlamydia

PHHS Block Grant funds are used to maintain and provide nonprofit program-affiliated clinics/screening sites with a broad category of antibiotic formularies for underserved patient care in accord with current Centers for Disease Control and Prevention (CDC) treatment guidelines and case management recommendations. There were 230.31 cases of Chlamydia per 100,000 population reported in 2004. The Block Grant is the only source of funding for medicines for this project.



Community Health Promotion Administration—Community Health Promotion Programs

PHHS Block Grant funds were used to assist the following prevention programs within the Department of Health: obesity initiative, healthy living promotion (5-A-Day), stroke and cardiovascular disease, and the BRFSS survey.



Emergency Medical Services

PHHS Block Grant funds were used to present 42 basic and advanced level Emergency Medical Services (EMS) classes in communities statewide during the 2004 fiscal year. This ensured that an adequate pool of personnel were available to staff the local community ambulance services. Approximately 30 classes are presented annually to 350 or more attendees. Without these classes, the volunteer ambulance staffs would not be able to provide their services on a 24/7 basis.

Wyoming Department of Health

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Ambulance Services to Fold without Block Grant Funds

Issue:

Without continued Preventive Health and Health Services (PHHS) Block Grant funding, many of Wyoming's rural/frontier volunteer ambulance services will fold. People in these communities—often without hospitals and/or medical clinics—will not have any healthcare services when the ambulances lose their funding.

While Emergency Medical Services (EMS) is essential, most people do not know it is sorely under funded and depends upon volunteers to operate. Here are other facts—



- Wyoming's EMS responded to 51,000 calls, up from 37,000, from 2000–2005.
- Wyoming has 73 ambulance services to serve more than 97,000 square miles.
- Volunteers staff the majority (85%) of these services.
- With only 25 hospitals in the state, ambulances are critical to healthcare.
- There is no medical school and only one 4-year college in the state; as a result, bringing together a pool of medical professionals to provide Emergency Medical Technician (EMT) training is difficult. Additionally, many students would have to travel more than 100 miles for EMT training.

Intervention:

PHHS Block Grant funds pay for instructors, coordinators, training equipment, and supplies. For more than 10 years, these funds have allowed the Office of Emergency Medical Services (OEMS) to offer EMT-Basic (12–20 classes/year) and EMT-Intermediate (5–10 classes/year) training programs in communities across the state. Local training has been crucial to creating a pool of qualified/trained EMTs.

In addition, PHHS funds have reduced the cost of EMT training from \$1,500 per person to less than \$200/per student, enabling more individuals to become volunteers.

Impact:

The PHHS Block Grant funding has allowed the OEMS to maintain 73 ambulance services in the state for the past five years by providing direct support for local EMT training. Without this—

- More than 51,000 people who request an ambulance annually would not receive emergency medical care.
- The OEMS estimates up to 20% of Wyoming's volunteer ambulance services would cease to operate within five years.

The 250 people who are trained as EMS volunteers each year are vital to the overall health of their communities, not only for their ambulance work, but also because they tend to help with fire search and rescue operations as well.

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WESTERN PACIFIC ISLANDS

The **Preventive Health and Health Services (PHHS) Block Grant** provides funding for health problems in Northern Mariana Islands, Federated States of Micronesia, American Samoa, Republic of Palau, Marshall Islands, and Guam that range from diabetes to infant deaths to foodborne infections. PHHS Block Grant dollars fund 31 different health programs in the aforementioned Western Pacific Islands. In many cases, the PHHS Block Grant provides 100% of the funds used by the state public health programs to which they are allocated.

PHHS Block Grant funds allow the Western Pacific Islands to use dollars **where** we need them, **when** we need them to protect the public's health. Programs that serve the Western Pacific Islands' unique health needs through the PHHS Block Grant include the following:



Northern Mariana Islands—Diabetes Complication Control

PHHS Block Grant funds are used to maintain the diabetes registry at the Commonwealth Health Center (CHC); provide patient screening; and provide diabetes care training for health providers. Localized educational materials were also provided to each health clinic in the Northern Mariana Islands, including posters, diabetes models, and pamphlets to promote diabetes awareness and education.



Federated States of Micronesia—Infant Health Initiative

PHHS Block Grant funds are used to conduct public awareness campaigns to educate pregnant women and mothers about the importance of early prenatal care, baby care, immunizations, and family planning. As a result, there has been a decline in infant mortality.



American Samoa—Vegetable Intake and Nutrition Promotion Program

PHHS Block Grant funds are used to provide aggressive nutrition education, including demonstrations at community clinics, through village groups and at worksites. The department of health sponsors bi-weekly television programs on a variety of health issues. Half of the show focuses on nutrition and physical fitness. Food demonstrations stressing the importance of using local foods and tips on growing vegetables are also featured on the television program.



Republic of Palau—Heart Disease and Stroke

PHHS Block Grant funds are used to maintain a registry of all patients with cardiovascular disease and conduct community health fairs where blood pressure, blood glucose, and cholesterol screening are made available at no cost to the public.



Marshall Islands—Foodborne Infections and Food Safety

PHHS Block Grant funds are used to inspect the restaurants, school cafeterias, and the national water system for incidence of food-borne pathogens. It also provides health education and information about food-borne pathogens and water-borne diseases to the general public and provides in-service training for all food handlers and store owners in the country.



Guam—Unintentional Injury Deaths

Motor vehicle crashes and accidents was one of the top ten causes of death for people ages 34 years and younger from 1993 to 2001. Because of this, Block Grant funds are used to ensure correct installation and use of car seats. As a result of the program, 53 car seats were installed and participants received training on child passenger safety.



PUBLIC HEALTH



AT



WORK

THE PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
