

**Pennsylvania Department of Health  
PHHS Block Grant  
Preventive Health and Health Services  
Block Grant**

**Work Plan**

**Original Work Plan for Fiscal Year 2010**

**Submitted by: Pennsylvania**

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## Executive Summary

This Executive Summary reflects the work plan outline for the Preventive Health and Health Services Block Grant (PHHSBG) application for Federal Fiscal Year 2010. The new plan is submitted by the Pennsylvania Department of Health (*PA DOH*) as the designated state agency for the allocation and administration of PHHSBG funds for the upcoming federal grant period, 10/1/2009 to 9/30/2011. An advisory board meeting with the PHHSBG Advisory Committee members is scheduled for October 5, 2009 and later hearing date planned for discussion and authorized approval for this application. Additionally, the application information will be reviewed with the State Health Officer for concurrence with this plan.

Funding Assumptions were based on the allocation table submitted to the States as distributed by CDC: The total award planned for the FY 2010 Preventive Health and Health Services Block Grant is projected to be funded at **\$4,836,703**. Below is a summary of how PA will use these resources:

### **Cancer Prevention and Control**

**(HO 3-1): \$138,101** of this total will be utilized to support one headquarter staff and one South Central District Cancer Prevention Consultant (CPC) and related operating expenses. The Pennsylvania Cancer Education Network (Network) is an initiative to implement and evaluate a uniform, consistent, statewide approach to cancer education. The District CPC is one of four components within the Network to provide community based public education programs for ovarian, colorectal, prostate, and skin cancer. The CPC will work collaboratively with the other Network organizations and the Network Evaluator to assist with implementation of the identified goals.

### **Diabetes Program**

**(HO 5-5): \$112,253** to support one South Central (District) Diabetes Nurse Consultant (DNC). The DNC builds community capacity to prevent and treat diabetes, educates health care providers, and ensures organizations and individuals have access to diabetes educational resources.

### **Health Education and Information**

**Community Health Promotion Program (HO 11-2): \$25,000** will be utilized to support the Bureau's share of a portion of the PA distribution resource system (PA DORIC) which distributes pamphlets, brochures, booklets, web-site info to educate the general public and inform local communities, businesses, etc. with public health education materials for outreach purposes.

### **Heart Disease and Stroke**

**Coronary Heart Disease (HO 12-1): \$988,700** of this total is the sole support for the Heart Disease and Stroke Program (HDSP) in Pennsylvania (PA). The HDSP is committed to reducing the development of heart disease and stroke, delaying the progression of these primarily preventable diseases, and the occurrence of first and subsequent cardiovascular events (heart attack/stroke) in persons with known risk factors (elevated blood cholesterol, elevated blood pressure, diabetes, overweight and obesity).

**Stroke (HO 12-7): \$312,220** of this total provides support to educate the public and healthcare providers on evidence-based prevention and treatment guidelines for cardiovascular disease (heart disease/stroke), and institute policy, environmental and systems change approaches in physician offices, hospitals, worksites, and other community settings for the greatest possible impact.

### **Tuberculosis**

**(HO 14-11): \$317,253** of this total provides funding to the Philadelphia Department of Health's Tuberculosis Program which provides treatment of active tuberculosis cases and prevention services. Also provides limited support to the Bureau of Laboratories (BOL) for diagnostic testing services and for 100% support for a full time equivalent (FTE) tuberculosis position in the South Central District.

### **Injury Prevention**

**Unintentional Injury Deaths (HO 15-13): \$1,197,616** of this total funds efforts to reduce injury-related hospital discharges and deaths. Of the dollars allocated for Violence and Injury Prevention, a small portion is for operating expenses and the largest percentage of dollars is administered to local entities.

**Sexual Assault-Rape Crisis (HO 15-35): \$300,739** of this total is a mandatory allocation to the Pennsylvania Coalition Against Rape (PCAR) which provides this funding to 52 rape crisis centers (subcontractors) across the state who provided sexual assault services.

**Physical Assault (HO 15-37): \$150,000** of this total is devoted to reduce the risk of physical abuse to women by educating and training health care professionals in the 221 Pennsylvania hospitals about protocols for routinely identifying, treating and properly referring victims of domestic violence.

### **Nutrition and Physical Activity**

**Worksite Health Promotion Programs (HO 7-5) \$19,548** supports a portion (percentage of time) of the Public Health Program Administrator's (PHPA) position who supports activities associated Worksite Health Promotion programs within this HO.

**Healthy Weight in Adults (HO 19-1): \$100,000** of this total supports the Nutrition and Physical Activity Program (DNPA) to implement all 4 pillars of the Body & Soul program and as a result will develop and implement policy changes within the organization that supports healthy lifestyles.

**Physical Activity in Adults (HO 22-1): \$86,432** - of this amount \$62,000 will be used to provide mini-grants which support new physical activity initiatives or increasing current and/or additional physical activity programming in schools, communities, and/or worksites with a priority for grants to low income, African American or Latino communities. The remaining funds (\$24,432) supports and represents a percentage of time of the work of the PHPA mentioned in 7.5 HO.

**Overweight or obesity in children and adolescents (HO 19-3): \$234,135** in this budget will support a portion of a PHPA position and \$200,000 of this amount for the Active Schools project devoted to fund approximately 40 schools/school districts with funding up to \$5,000 with a match from private donations on a 2:1 basis. This initiative focuses on increasing current and or additional physical activity programming before, during or after school, with a priority in those schools with an average BMI that exceed the state average for overweight or obese children.

### **Osteoporosis**

**(HO 19-11): \$79,606** of this total supports the osteoporosis program administrator and limited operational expenses to educate the public and health care professionals about osteoporosis risk factors, prevention, screening, and treatment options.

### **Oral Health Program**

**Dental Caries Experience (HO 21-1): \$237,065** funds two positions, including the State Public Health Dentist to provide for strategic oral health planning, the development of oral health educational modules, the implementation of dental sealant programs, and the assessment and implementation of intervention strategies to improve the oral health status of Pennsylvanians.

**Dental Sealants (HO 21-8): \$150,000** of this total is used to increase the proportion of PA children aged 8 years and adolescents aged 14 years with dental sealants on their molar teeth to 50 percent or more in areas of the state served by 3 county/municipal health departments (CMHD).

Administrative costs: associated with the Preventive Health Block Grant total **\$388,035** which is less than the 10% requirement of the grant. These costs include funding for administrative support staff and operational costs for activities of the grant.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2010.

**Funding Rationale:** Data Trend, State Plan (2010), Under or Unfunded, Other (The PHHSBG Committee will be meeting to go over this proposal.)

## Statutory Information

### **Advisory Committee Member Representation:**

Advocacy group, Community-based organization, Community health center, County and/or local health department, Dental organization, Federal government , Hospital or health system, Medical society or organization, Minority-related organization, Primary care provider, Public and/or private school (K-12), State health department, State or local government, Tobacco control organization

**Dates:**

**Public Hearing Date(s):**

11/9/2009

**Advisory Committee Date(s):**

10/5/2009

11/9/2009

5/4/2010

**Current Forms signed and attached to work plan:**

Certifications: Yes

Certifications and Assurances: Yes

**Budget Detail for PA 2010 V0 R0**

<b>Total Award (1+6)</b>	\$4,836,703
<b>A. Current Year Annual Basic</b>	
1. Annual Basic Amount	\$4,535,964
2. Annual Basic Admin Cost	(\$388,035)
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$4,147,929
<b>B. Current Year Sex Offense Dollars (HO 15-35)</b>	
6. Mandated Sex Offense Set Aside	\$300,739
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$300,739
<b>(9.) Total Current Year Available Amount (5+8)</b>	\$4,448,668
<b>C. Prior Year Dollars</b>	
10. Annual Basic	\$0
11. Sex Offense Set Aside (HO 15-35)	\$0
(12.) Total Prior Year	\$0
<b>13. Total Available for Allocation (5+8+12)</b>	\$4,448,668

<b>Summary of Funds Available for Allocation</b>	
<b>A. PHHSBG \$'s Current Year:</b>	
Annual Basic	\$4,147,929
Sex Offense Set Aside	\$300,739
Available Current Year PHHSBG Dollars	\$4,448,668
<b>B. PHHSBG \$'s Prior Year:</b>	
Annual Basic	\$0
Sex Offense Set Aside	\$0
Available Prior Year PHHSBG Dollars	\$0
<b>C. Total Funds Available for Allocation</b>	\$4,448,668

## Summary of Allocations by Program and Healthy People 2010 Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Cancer Prevention and Control	3-1 Overall Cancer deaths	\$138,101	\$0	\$138,101
<b>Sub-Total</b>		<b>\$138,101</b>	<b>\$0</b>	<b>\$138,101</b>
Diabetes Prevention and Control	5-5 Diabetes	\$112,253	\$0	\$112,253
<b>Sub-Total</b>		<b>\$112,253</b>	<b>\$0</b>	<b>\$112,253</b>
Health Education and Information	11-2 Health literacy	\$25,000	\$0	\$25,000
<b>Sub-Total</b>		<b>\$25,000</b>	<b>\$0</b>	<b>\$25,000</b>
Heart Disease and Stroke	12-1 Coronary Heart Disease	\$988,700	\$0	\$988,700
	12-7 Stroke	\$312,220	\$0	\$312,220
<b>Sub-Total</b>		<b>\$1,300,920</b>	<b>\$0</b>	<b>\$1,300,920</b>
Nutrition & Physical Activity Program	7-5 Worksite health promotion programs	\$19,548	\$0	\$19,548
	19-1 Healthy weight in adults	\$100,000	\$0	\$100,000
	19-3 Overweight or obesity in children and adolescents	\$234,135	\$0	\$234,135
	22-1 Physical Activity in Adults	\$86,432	\$0	\$86,432
<b>Sub-Total</b>		<b>\$440,115</b>	<b>\$0</b>	<b>\$440,115</b>
Oral Health Program	21-1 Dental caries experience	\$237,065	\$0	\$237,065
	21-8 Dental sealants	\$150,000	\$0	\$150,000
<b>Sub-Total</b>		<b>\$387,065</b>	<b>\$0</b>	<b>\$387,065</b>
Osteoporosis Program	19-1 Healthy weight in adults	\$79,606	\$0	\$79,606
<b>Sub-Total</b>		<b>\$79,606</b>	<b>\$0</b>	<b>\$79,606</b>
Sexual Violence Prevention and Education (Mandate)	15-35 Rape or attempted rape	\$300,739	\$0	\$300,739
<b>Sub-Total</b>		<b>\$300,739</b>	<b>\$0</b>	<b>\$300,739</b>
Tuberculosis Control Program	14-11 Tuberculosis	\$317,253	\$0	\$317,253
<b>Sub-Total</b>		<b>\$317,253</b>	<b>\$0</b>	<b>\$317,253</b>
Violence and Injury Prevention	15-13 Unintentional injury deaths	\$1,197,616	\$0	\$1,197,616
<b>Sub-Total</b>		<b>\$1,197,616</b>	<b>\$0</b>	<b>\$1,197,616</b>
Violence and Injury Prevention - Domestic Violence	15-37 Physical assault	\$150,000	\$0	\$150,000
<b>Sub-Total</b>		<b>\$150,000</b>	<b>\$0</b>	<b>\$150,000</b>
<b>Grand Total</b>		<b>\$4,448,668</b>	<b>\$0</b>	<b>\$4,448,668</b>

**State Program Title: Cancer Prevention and Control**

**State Program Strategy:**

**Program Goal(s):** To reduce the incidence and mortality from cancer through the development and promotion of collaborative, innovative and effective programs and policies for cancer prevention and control.

**Program Health Priority:** Colorectal, prostate, ovarian, and skin cancers account for 30% of the cancer burden in Pennsylvania. In 2006, 8,044 colorectal, 10,770 prostate, 1,013 ovarian, and 2,501 melanoma cancer cases were diagnosed, and there were 2,884 colorectal, 1,453 prostate, 807 ovarian, and 416 melanoma cancer deaths.

**Program Primary Strategic Partners:**

Internal - Bureaus of Health Statistics and Research, Epidemiology, Community Health Systems, Division of Tobacco Prevention and Control, and Office of Health Equity. External - County and Municipal Health Departments, Community-Based Organizations, Department of Public Welfare, 16 representatives of the Pennsylvania Cancer Education Network (Network).

**Program Evaluation Methodology:**

Annual cancer morbidity and mortality data is used to determine populations at risk for each cancer. Standardized evaluation and data collection tools are used including pre- and post-tests and six month follow-up surveys including Behavioral Risk Factor Surveillance System (BRFSS) questions to assess the impact on health, knowledge of cancer risks, and behavioral changes toward early detection and screening. Activities are guided by logic model framework with short-, intermediate-, and long-term outcomes to measure the Network's cancer education impact. An evaluation team uses an established participatory framework and evidence-based strategies with principles of multicultural competence, stages of change, and health literacy to effectively educate Pennsylvanians.

**State Program Setting:**

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Schools or school district, Senior residence or center, University or college, Work site

**FTEs (Full Time Equivalent):**

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

**Position Title:** Cancer Nurse Consultant - SC DO

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

**Position Title:** Clerk Typist 3

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

**Total Number of Positions Funded:** 2

**Total FTEs Funded:** 2.00

**National Health Objective:** HO 3-1 Overall Cancer deaths

**State Health Objective(s):**

Between 10/2006 and 09/2010, Decrease the percentage of late stage diagnoses for ovarian cancer to 81.0 percent among all women; reduce the colorectal cancer age-adjusted death rate to 18.5 deaths per 100,000 population; increase the number of men aged 50 and older informed decision making about seeking Prostate-specific Antigen (PSA) screening to 81.9 percent and a Digital Rectal Examination (DRE) to 87 percent; and reduce the melanoma cancer death rate in Pennsylvania to 2.6 deaths per 100,000 population.

**Baseline:**

84.5 percent of ovarian cancer cases had late stage diagnoses (2006); the colorectal cancer age-adjusted death rate was 19.3 deaths per 100,000 population (2006); 76 percent of men aged 50 and older reported ever having had a PSA and 85 percent reported ever having a DRE (2006 BRFSS); and the melanoma cancer age-adjusted death rate was 2.9 deaths per 100,000 (2006).

**Data Source:**

Pennsylvania Cancer Registry, Pennsylvania BRFSS

**State Health Problem:**

**Health Burden:**

In 2006, there were 1,013 cases of ovarian cancer diagnosed and 807 deaths in Pennsylvania due to ovarian cancer, making it the fifth highest cause of cancer deaths among women. In 2008, 1,090 new invasive ovarian cancer cases and 820 deaths were projected. For the years 1994- 2005, there were very few ovarian cancers diagnosed at the *in situ* stage; ovarian cancers diagnosed at the local stage decreased from 31.6 in 1995 to 19.9; regionally staged cancers increased from 16.9 to 20.7 percent and distant staged cancers increased from 51.5 to 63.8 percent (1995-2005). Advanced disease diagnosis has a five-year survival rate of only 15 – 20 percent, despite aggressive treatment, while early diagnosis and treatment of localized disease *in situ* has approximately 93 percent survival rate.

Colorectal cancer is the third highest cancer diagnosed, and the second leading cause of cancer deaths among both Pennsylvania women and men. In 2006, 8,044 cases of colorectal cancer were reported to the Pennsylvania Cancer Registry, which represents 10.8% of all cancer diagnoses. In 2006, there were 2,884 deaths due to colorectal cancer, with an age-adjusted mortality rate of 19.3 per 100,000.

Prostate cancer is the most common type of cancer diagnosed among males in Pennsylvania. In 2006, 10,770 cases of prostate cancer were diagnosed. The 2006 age-adjusted incidence rate for males in Pennsylvania was 164.4 per 100,000 for all races, making it the highest incidence rate for men of any cancers in that year. The 2006 age-adjusted incidence rate for African American men was 225.2 per 100,000 compared to 149.7 per 100,000 for white males.

Skin cancer is the most rapidly increasing form of cancer in the United States. The 2006 age-adjusted incidence

rate was 18.0 per 100,000. In 2006, there were 416 deaths due to melanoma, with an age-adjusted mortality rate of 2.9 per 100,000. In 2006, 62.2 percent of melanoma cases and 94 percent of melanoma deaths occurred in persons age 50 and older; 32.7 percent of cases and 62.5 percent of deaths occurred in persons age 65 and older.

**Target Population:**

Number: 1,172,886

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 1,115,965

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Specific Counties

Target and Disparate Data Sources: EpiQMS, Bureau of Health Statistics and Research, Pennsylvania Department of Health

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

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

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

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

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

Other: American Cancer Society – Cancer Screening Guidelines

Cancer Control P.L.A.N.E.T., “Plan, Link, Act, Network with Evidence-based Tools”

CDC Ovarian Cancer Fact Sheets

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

Total Current Year Funds Allocated to Health Objective: \$138,101

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

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

Less than 10% - Minimal source of funding

**ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

**Essential Service 3 – Inform and Educate**

**Objective 1:**

**Overall Cancer Awareness**

Between 10/2009 and 09/2010, The South Central district Cancer Prevention Consultant (CPC), working as one of the components of the Pennsylvania Cancer Education Network, each year will increase the percent of Awareness and change in behaviors of participants in Network education programs in the South Central health district, about risk factors, symptoms, and screening guidelines for ovarian, colorectal, prostate, and skin cancers so they discuss screening options with their physician and take actions to reduce cancer death rates. from 84.5 percent of ovarian cancer cases had late stage diagnoses in 2006; the colorectal cancer age-adjusted death rate in Pennsylvania was 19.3 deaths per 100,000 population in 2006; 76 percent of men aged 50 and older reported ever having had a PSA and 85 percent reported ever having a DRE, based

on the 2006 Pennsylvania BRFSS; and the melanoma cancer age-adjusted death rate in Pennsylvania was 2.9 deaths per 100,000 population in 2006. to By 9/2010, decrease the percentage of late stage diagnoses for ovarian cancer to 83.4 percent among all women; reduce the colorectal cancer age-adjusted death rate to 18.9 deaths per 100,000 population; increase the number of men aged 50 and older seeking Prostate-specific Antigen (PSA) screening to 78 percent and a Digital Rectal Examination (DRE) to 87 percent; and reduce the melanoma cancer death rate in Pennsylvania to 2.7 deaths per 100,000 population.

**Annual Activities:**

**1. Inform and Educate**

Between 10/2009 and 09/2010, The CPC, working as one of the components of the Pennsylvania Cancer Education Network (Network) will:

- Educate 150 women, aged 25 and older, about ovarian cancer
- Educate 359 men and women, aged 50 and older, about colorectal cancer
- Educate 150 participants, aged 50 and older or 45 and older at high risk, about prostate cancer
- Educate 500 adults, aged 18 and older about skin cancer
- Administer and collect pre- and post-test survey data at each educational presentation (90% completed surveys), and conduct 6-month follow-up surveys as a random sampling as directed by the Pennsylvania Cancer Education Network Evaluator
- Enter data from completed surveys monthly into the web-based Network database and report quarterly to the Department on educational activity and outcomes from composite reports on the Network database
- identify, train and mentor, through train the trainer program, a minimum of one health educator as a "partner" in the South Central Health District to conduct Network education sessions.

**State Program Title: Diabetes Prevention and Control**

**State Program Strategy:**

**Program Goal(s):** To develop, promote and influence the systems that affect people living and at-risk for diabetes to reduce incidence and mortality.

**Program Health Priority:** Preventing and reducing complications of diabetes by strengthening and building capacity of diabetes self management support and health care systems. DPCP will focus on educating health providers about the benefits of patient self management and preventative health services, reaching disparate populations through population based communication strategies, and helping communities and worksites develop programs and policies that support people with and at risk for diabetes.

**Program Primary Strategic Partners:**

**Internal**

Tobacco Prevention and Control Program  
Oral Health Program  
Division of School Health  
Heart Disease and Stroke Program  
Office of Health Equity

**External**

Local diabetes associations  
Pennsylvania Medical Society  
University partners  
Local Chamber of Commerce

**Program Evaluation Methodology:**

DNC submits an annual action plan prior to the fiscal year indicating the objectives, strategies and activities that will be used to provide diabetes prevention and control. DNC will share progress through quarterly reports and annual success stories.

**State Program Setting:**

Business, corporation or industry, Community based organization, Faith based organization, Medical or clinical site, Schools or school district, Senior residence or center, Work site

**FTEs (Full Time Equivalent):**

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

**Position Title:** Diabetes Nurse Consultant - SC DO

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

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 1.00

**National Health Objective: HO 5-5 Diabetes**

**State Health Objective(s):**

Between 10/2006 and 09/2010, Reduce the diabetes death rate to 79.5 per 100,000 people (age adjusted rate per 100,000 persons of all ages).

**Baseline:**

80.7 deaths from diabetes in 2006 (per 100,000 persons of all ages, age adjusted to 2000 standard population)

**Data Source:**

Pennsylvania Vital Statistics 2007  
Pennsylvania Healthy People 2010 Statistics

**State Health Problem:**

**Health Burden:**

In 2007, an estimated 872,000 adults (18+) or 9% of the target population (PA State Data Center Population Estimate and Pennsylvania BRFSS 2008). Diabetes and its complications are the sixth leading cause of death in Pennsylvania, responsible for 3,420 deaths in Pennsylvania in 2007- which could be compared to ten deaths every day (Pennsylvania Vital Statistics 2007)

**Target Population:**

Number: 112,500  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other  
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: No

**Disparate Population:**

Number: 6,694  
Ethnicity: Non-Hispanic  
Race: African American or Black  
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: No  
Location: Specific Counties  
Target and Disparate Data Sources: BRFSS 2008

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)  
Guide to Community Preventive Services (Task Force on Community Preventive Services)  
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

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

Total Current Year Funds Allocated to Health Objective: \$112,253  
Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$0  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
10-49% - Partial source of funding

## **ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

### **Essential Service 3 – Inform and Educate**

#### **Objective 1:**

##### **Education to District Staff and Outside Agencies**

Between 10/2009 and 09/2010, One Diabetes Nurse Consultant (DNC) located in South Central Health District will provide education about diabetes to 5 health district staff and 10 outside organizations serving African Americans.

#### **Annual Activities:**

##### **1. Educate District staff & Outside Organizations on the latest diabetes information**

Between 10/2009 and 09/2010, DNC will organize an annual meeting for district staff on diabetes information and direct staff to diabetes materials and resources. DNC will reach-out to and provide technical assistance and resources about diabetes prevention and control to outside agencies and organizations.

### **Essential Service 4 – Mobilize Partnerships**

#### **Objective 1:**

##### **Tech Asst. to Disparate Communities interested in diabetes as a health issue**

Between 10/2009 and 09/2010, Diabetes Nurse Consultant will increase the number of technical assistance trainings (formal and informal) from 2 to communities to build their capacity to lessen the burden of diabetes.

#### **Annual Activities:**

##### **1. Community Capacity Building Trainings**

Between 10/2009 and 09/2010, DNC will identify two communities will technical assistance to at least two communities or risk factors and self management techniques for diabetes.

### **Essential Service 8 – Assure competent workforce**

#### **Objective 1:**

##### **Healthcare Professional Education Program**

Between 10/2009 and 09/2010, Diabetes Nurse Consultant will provide training to health care professionals in best practice techniques to assist thier patients to self manage diabetes.

#### **Annual Activities:**

##### **1. Healthcare Professional Educational Trainings**

Between 10/2009 and 09/2010, DNC will identify three partners and conduct 5 education programs for Healthcare Professionals.

## **State Program Title: Health Education and Information**

### **State Program Strategy:**

**Program Goal(s):** The Health Education and Information Program develops, promotes and distributes selected health education materials in support of multi-faceted Department and community based chronic disease prevention and early detection educational programs; the promotion of worksite wellness programs; the provision of consultation to selected Department programs and outside agencies concerning the design and strategy of health education; and the promotion of professional development of health education specialists within the Commonwealth of Pennsylvania.

**Program Health Priority:** Since the 2003 National Assessment of Adult Literacy found that over 75 million adults had basic or below basic health literacy, and people with low health literacy are more likely to report poor health, have an incomplete understanding of their health problems and be at greater risk of hospitalization, it is imperative that this Program ensure that all health education materials created and distributed are appropriate for low-literate and disparate populations. Additionally, more than half of Americans fail to get the 30 minutes of physical activity recommended daily to provide health benefits, according to the Centers for Disease Control and Prevention. Cars, elevators, remote controls and other modern devices all help to engineer physical activity out of daily life. Extended work days and long commutes add to the problem. A sedentary lifestyle helps cut short an estimated 250,000 lives in the United States annually. Research suggests that people who are sedentary spend on average about \$1,500 more annually on medical bills than do their more-active counterparts. Physical inactivity is also a risk factor in major chronic diseases such as: heart disease, diabetes, stroke, and cancer and are a major player in the prevention of such diseases and their economic impact on the healthcare system. Strategies such as education, and policy and environmental changes could reduce this substantial burden on the system.

**Program Primary Strategic Partners:** Internal: Bureau of Health Statistics and Research, Department of Public Welfare, Pennsylvania Department of Education, and the Governor's Office of Health Care Reform. External: County/Municipal Health Departments, PANA, Community-Based Organizations, State Health Improvement Partnerships.

**Program Evaluation Methodology:** Data is accessed and analyzed from the Bureau of Health Statistics and Research Vital Statistics data set as well as data collected by the department from program evaluator and mini-grant recipients. Also employed is a review of BRSS data regarding employer sponsored worksite wellness programs and recommendations of the Directors of Health Promotion and Education (DHPE), which can be found in the following health policy publications: Policy and Environmental Change, New Directions for Public Health and Communicating the Effectiveness of Health Promotion to State Decision-makers and Legislators.

### **State Program Setting:**

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Local health department, Medical or clinical site, State health department, University or college, Work site

### **FTEs (Full Time Equivalents):**

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

**Total Number of Positions Funded: 0**

**Total FTEs Funded:** 0.00

**National Health Objective: HO 11-2 Health literacy**

**State Health Objective(s):**

Between 09/2009 and 09/2010, ensure that health education and promotion materials meet basic health literacy recommendations.

**Baseline:**

Adapted from 2010

**Data Source:**

HealthyPeople 2010, Department of Health and Human Services, and the Health Literacy Report and Blueprint for Change issued by the PA Adult Basic and Literacy Education Interagency Coordinating Council

**State Health Problem:**

**Health Burden:**

Risk factor reduction for chronic disease and injury prevention continues to be essential to the health, wellness, and longevity of Pennsylvania's citizens. Prevention education programs and materials are necessary in improving health knowledge and skills necessary for responsible healthy decision making. People with low health literacy are more likely to report poor health, have an incomplete understanding of their health problems and be at greater risk of hospitalization. The 2003 National Assessment of Adult Literacy found over 75 million adults (35%) had basic or below basic health literacy. Adults age 65 and older had lower average health literacy than adults in younger age groups. Adults who received Medicare or Medicaid, or who had no health insurance had lower health literacy than adults who were covered by other types of insurance. These points are critical for Pennsylvania, because according the 2006 Behavioral Risk Factor Surveillance System (BRFSS), 12% of adults between the ages of 18-64 did not health insurance, and 10% did not have someone that they considered to be a personal physician.

A study commissioned by the Agency for Healthcare Research and Quality measured the relationship between literacy levels and knowledge of the use of six health care services (mammography, cervical cancer screening, childhood health maintenance procedures, emergency department discharge instructions, heart health knowledge and informed consent). All but one demonstrated a statistically significant association between higher literacy level and knowledge of the use of these health services. Studies of health outcomes found a positive significant relationship between literacy level and knowledge of health care issues such a smoking, contraception, hypertension, diabetes, asthma HIV and postoperative care. Two studies found statistically significant associations between literacy and diabetes outcomes.

**Target Population:**

Number: 9,199,040

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 1,409,849  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, Asian, Native Hawaiian or Other Pacific Islander  
Age: 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: No  
Location: Entire state  
Target and Disparate Data Sources: Pennsylvania Vital Statistics, 2006

### **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: Evidence-based Guidelines include WELCOA's Workplace Protocol, Workplace Checklist, and Seven Benchmarks of Success; Steps to a Healthier U.S. Workforce initiative; and the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health

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

Total Current Year Funds Allocated to Health Objective: \$25,000  
Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$0  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
Less than 10% - Minimal source of funding

## **ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

### **Essential Service 3 – Inform and Educate**

#### **Objective 1:**

#### **Ensure health related educational materials**

Between 10/2009 and 09/2010, the Programs will review all health related educational materials to ensure they are developed in accordance with national literacy recommendations.

#### **Annual Activities:**

##### **1. Implement Bureau Policy**

Between 10/2009 and 09/2010, To develop and implement a Bureau policy that all educational materials meet a 6th grade reading level.

**State Program Title: Heart Disease and Stroke**

**State Program Strategy:**

**Program Goal(s):** Reduce the burden of heart disease and stroke by decreasing heart disease and stroke incidence, morbidity, and mortality rates in persons with known risk factors.

**Program Health Priority:** Implements prevention programs, provides training for health professionals to foster policy/environmental, and systems change as recommended in *Cardiovascular Health: Pennsylvania's Blueprint for Action*.

**Program Primary Strategic Partners:**

**Internal**

Tobacco Prevention and Control  
Nutrition and Physical Activity  
Cancer Prevention and Control  
Community Health Systems  
Health Planning  
Health Statistics and Research  
Epidemiology  
Emergency Medical Services  
Family Health  
Office of Health Equity

**External**

County and Municipal Health Departments  
Pennsylvania Cardiovascular Health Consortium  
American Heart/American Stroke Association  
PA Academy of Family Physicians Foundation  
Pennsylvania Medical Society  
Hospital Association of Pennsylvania  
Community-Based Organizations  
Centers for Disease Control and Prevention

**Program Evaluation Methodology:** Reports from contractors; analysis of BRFSS, morbidity, and mortality data.

**State Program Setting:**

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Medical or clinical site, Senior residence or center, Work site

**FTEs (Full Time Equivalent):**

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

**Position Title:** Public Health Program Administrator

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

**Position Title:** Cardiovascular Nurse Consultant - NC DO

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

**Position Title:** Cardiovascular Nurse Consultant - SC DO

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

**Position Title:** Cardiovascular Nurse Consultant - SW DO

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

**Total Number of Positions Funded:** 4

**Total FTEs Funded:** 4.00

**National Health Objective: HO 12-1 Coronary Heart Disease**

**State Health Objective(s):**

Between 10/2009 and 09/2010, Reduce the age-adjusted death rate from coronary heart disease to 145.0 in the general population, and to 172.0 in the black population.

**Baseline:**

145.4 – general population/172.5 – black population (age-adjusted death rate per 100,000 persons of all ages).

**Data Source:**

Pennsylvania Health Statistics Epi QMS 2007

**State Health Problem:****Health Burden:**

Heart disease is the leading cause of death in Pennsylvania among both men and women. Coronary heart disease (CHD) accounts for the largest proportion of heart disease and all cardiovascular disease deaths in Pennsylvania; 22,031 deaths or 17.8 percent (%) of all deaths in Pennsylvania (2007), at a direct and indirect cost burden of \$8.3 billion.

Twelve percent (12%) of adults, ages 35+, have ever been told by a medical provider that they have had a heart attack, heart disease, or a stroke (BRFSS 2007). Seventy-seven percent (77%) of adults, ages 35+, have had their cholesterol checked in the last five years (BRFSS 2007), and 40% of those adults have ever been told by a medical provider that their blood cholesterol was high (BRFSS 2007). Twenty-eight percent (28%) of Pennsylvania adults have ever been told by a medical provider that their blood pressure was high, and of those, eighty-three percent (83%) were taking blood pressure medication (BRFSS 2007). With regard to cholesterol and blood pressure, significantly higher rates were found for adults with less than a high school education as compared to those with at least some college education and adults with household incomes of less than \$15,000 as compared to those with incomes of \$50,000 or more. Target and disparate populations refer to the number of adults, ages 35+, who have been told that their cholesterol was high.

**Target Population:**

Number: 2,109,597

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, White

Age: 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

**Disparate Population:**

Number: 180,390

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black

Age: 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: Pennsylvania Bureau of Health Statistics and Research

### **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Best Practice Initiative (U.S. Department of Health and Human Service)  
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)  
Guide to Community Preventive Services (Task Force on Community Preventive Services)  
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)  
National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: Promising Practices in Chronic Disease Prevention and Control (U.S. Depart. HHS)

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

Total Current Year Funds Allocated to Health Objective: \$988,700  
Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$350,000  
Funds to Local Entities: \$414,016  
Role of Block Grant Dollars: No other existing federal or state funds  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
100% - Total source of funding

## **ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

### **Essential Service 1 – Monitor health status**

#### **Objective 1:**

#### **Utilize The Burden of Cardiovascular Disease in Pennsylvania**

Between 10/2009 and 09/2010, The Heart Disease and Stroke Program will update one 2007 cardiovascular disease burden document on the Department's website with a revised version that illustrates the most current data available to the Department on the cardiovascular health status of Pennsylvania residents, using death certificate and hospitalization data, BRFSS, surveys, and other reliable data.

#### **Annual Activities:**

##### **1. Data Analysis**

Between 10/2009 and 09/2010, compare and analyze data from the former and current burden documents for trends and utilize the most current data available in internal and external written and oral communications, as well as track hits to the web link over time.

### **Essential Service 3 – Inform and Educate**

#### **Objective 1:**

#### **Cardiovascular Risk Reduction Through Educational Programming**

Between 10/2009 and 09/2010, District Cardiovascular Nurse Consultants will increase the number of education programs and presentations on cardiovascular disease, risk factors, and signs of a heart attack and stroke to various populations reached through businesses, community groups, schools, low income neighborhood groups, and other traditional and non-traditional venues from 72 to 108.

#### **Annual Activities:**

##### **1. Awareness Programming in Traditional Venues**

Between 10/2009 and 09/2010, District Cardiovascular Nurse Consultants will provide educational programs and presentations in health care, worksite, school/child care, and community settings on cardiovascular disease, including but not limited to, heart attack and stroke signs and symptoms, risk factors, prevention

strategies, and cardiopulmonary resuscitation (CPR). The number and content of programs and presentations will be tracked in district quarterly reports and reported as part of the annual Block Grant report.

## **2. Awareness Programming in Non-Traditional Venues**

Between 07/2010 and 09/2010, the Heart Disease and Stroke Program will investigate the use of non-traditional partners and venues for reaching the public with heart healthy messages including, but not limited to, local Chambers of Commerce, libraries, pharmacies, buses, and other, and will implement pilot projects for possible expansion during the following year. Emphasis will be placed on mechanisms for reaching African-Americans and residents in rural communities.

### **Objective 2:**

#### **A Multi-Pronged Approach to Reducing Cardiovascular Disease in African-American Women, Ages 35+**

Between 10/2009 and 06/2010, The Heart Disease and Stroke Program will provide a multi-pronged initiative to be provided in healthcare, worksite, and community settings, with a focus on cardiovascular disease, risk factors, the AHA Go Red For Women website, and current clinical prevention and treatment guidelines to 24 health care providers and 2,200 African-American women, ages 35-64 in Philadelphia.

#### **Annual Activities:**

##### **1. Women Go Red, Philly Style Educational Program**

Between 10/2009 and 06/2010, provide education on cardiovascular disease for 24 health care providers and 2,200 African-American women, ages 35-64, in a variety of venues.

## **Essential Service 4 – Mobilize Partnerships**

### **Objective 1:**

#### **Quality Health Improvement in the Medical Practice Setting**

Between 10/2009 and 09/2010, Pennsylvania Academy of Family Physicians Foundation (PAFPF) will develop 1 new aspect of the Pennsylvania Improving Performance in Practice (IPIP) program for practice-based quality improvement in the prevention, management, and treatment of patients with, or at risk for, cardiovascular disease (CVD).

#### **Annual Activities:**

##### **1. Implement Pennsylvania Improving Performance in Practice (IPIP)**

Between 10/2009 and 09/2010, PAFPF will develop CVD-specific process and outcome measures, a training curriculum, and “change packages” to guide participating practices in improving CVD patient outcomes.

### **Objective 2:**

#### **Quality Health Improvement in the Hospital Setting**

Between 10/2009 and 09/2010, American Heart Association will implement 4 programs through acute care and critical access hospitals that will improve treatment and patient outcomes of persons with cardiovascular disease.

#### **Annual Activities:**

##### **1. Implement Web-based Quality Health Improvement Program**

Between 10/2009 and 09/2010, the Heart Disease and Stroke Program will coordinate with the American Heart Association/American Stroke Association to implement year one of the web-based hospital quality health improvement program, *Get With the Guidelines*, or other web-based quality health improvement program in a minimum of four hospitals.

### **Objective 3:**

#### **Cardiovascular Health Improvement in Multiple Settings**

Between 10/2009 and 09/2010, District Cardiovascular Health Consultants, County Municipal Health Departments and Grantees will develop 12 community partnership to promote, and/or implement policy, environmental, and systems change that fosters heart healthy behaviors in the population and improves the medical response.

**Annual Activities:**

**1. Policy, Environmental, and Systems Change via DOH Network**

Between 10/2009 and 09/2010, Two District Cardiovascular Health Consultants and each of 10 county and municipal health departments will link with a minimum of one community partner in any of the following settings: worksites, schools/child care, communities, and health care, to foster a minimum of one policy, environmental, or systems change, that promotes heart healthy nutritional habits and/or physical activity.

Examples include institutionalizing health promotion and wellness programs within faith-based organizations, businesses, and schools; also, expansion of community gardens, play spaces, and other environmental changes

**2. Policy, Environmental and Systems Change via RFA**

Between 10/2009 and 09/2010, the Heart Disease and Stroke Program will release a Request for Applications to fund a minimum of one key project to improve health literacy in the population as it pertains to cardiovascular disease awareness and risk factor prevention and control.

**National Health Objective: HO 12-7 Stroke**

**State Health Objective(s):**

Between 10/2009 and 09/2010, Reduce the age-adjusted death rate from stroke to 46.5 in the general population, and to 59.0 in the black population

**Baseline:**

46.9 – general population 59.6 – black population (age-adjusted death rate per 100,000 persons of all ages)

**Data Source:**

Pennsylvania Health Statistics Epi QMS 2007

**State Health Problem:**

**Health Burden:**

Stroke is a leading cause of adult disability and is the third leading cause of death in Pennsylvania among both men and women; 7,095 deaths or 5.7 percent (%) of all deaths in Pennsylvania, at a direct and indirect cost burden of \$3.4 billion in 2009.

Twelve percent (12%) of adults, ages 35+, have ever been told by a medical provider that they have had a heart attack, heart disease, or a stroke Seventy-seven percent (77%) of adults, ages 35+, have had their cholesterol checked in the last five years (BRFSS 2007), and 40% have ever been told by a medical provider that their blood cholesterol was high (BRFSS 2007). Twenty-eight percent (28%) of Pennsylvania adults have ever been told by a medical provider that their blood pressure was high, and of those, eighty-three percent (83%) were taking blood pressure medication (BRFSS 2007). With regard to cholesterol and blood pressure, significantly higher rates were found for adults with less than a high school education as compared to those with at least some college education and also for those with household incomes of less than \$15,000 as compared to those with incomes of \$50,000 or more (BRFSS 2007). Target and disparate populations refer to the number of adults, ages 35+, who have been told that their blood pressure was high.

**Target Population:**

Number: 1,917,815

Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, White  
Age: 35 - 49 years, 50 - 64 years, 65 years and older  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes

**Disparate Population:**

Number: 163,991  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black  
Age: 35 - 49 years, 50 - 64 years, 65 years and older  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes  
Location: Entire state  
Target and Disparate Data Sources: Pennsylvania Bureau of Health Statistics and Research

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Best Practice Initiative (U.S. Department of Health and Human Service)  
Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)  
Guide to Community Preventive Services (Task Force on Community Preventive Services)  
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)  
National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

Other: Promising Practices in Chronic Disease Prevention and Control (U.S. Depart. HHS)

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

Total Current Year Funds Allocated to Health Objective: \$312,220  
Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$100,000  
Funds to Local Entities: \$207,008  
Role of Block Grant Dollars: No other existing federal or state funds  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
100% - Total source of funding

**ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

**Essential Service 1 – Monitor health status**

**Objective 1:**

**Revise The Burden of Cardiovascular Disease in Pennsylvania**

Between 10/2009 and 09/2010, Heart Disease and Stroke Program will update rates of stroke age-adjusted hospitalization and mortality rates.

**Annual Activities:**

**1. Data Analysis**

Between 10/2009 and 09/2010, compare and analyze data from the former and current burden documents for trends and utilize the most current data available in internal and external written and oral communications, as well as track hits to the web link over time.

### **Essential Service 3 – Inform and Educate**

#### **Objective 1:**

##### **Reducing Cardiovascular Disease in African-American Women, Ages 35+**

Between 10/2009 and 09/2010, the National Nursing Centers Consortium (Grantee agency) will provide education on cardiovascular disease to 24 health care providers and 2,200 African-American women ages 35-64, in Philly.

#### **Annual Activities:**

##### **1. Women Go Red, Philly Style Educational Program**

Between 10/2009 and 09/2010, the National Nursing Centers Consortium (Grantee agency) will provide education on cardiovascular disease for 24 health care providers and 2,200 African-American women, ages 35-64, in a variety of venues.

#### **Objective 2:**

##### **Cardiovascular Risk Reduction Through Educational Programming**

Between 10/2009 and 09/2010, District Cardiovascular Nurse Consultants will increase the number of education programs and presentations on cardiovascular disease, risk factors, and signs of a heart attack and stroke to various populations reached through businesses, community groups, schools, low income neighborhood groups, and other traditional and non-traditional venues from 72 to 108.

#### **Annual Activities:**

##### **1. Awareness Programming in Traditional Venues**

Between 10/2009 and 09/2010, District Cardiovascular Nurse Consultants will provide educational programs and presentations in health care, worksite, school/child care, and community settings on cardiovascular disease, including but not limited to, heart attack and stroke signs and symptoms, risk factors, prevention strategies, and cardiopulmonary resuscitation (CPR). The number and content of programs and presentations will be tracked in district quarterly reports and reported as part of the annual Block Grant report.

##### **2. Awareness Programming in Non-Traditional Venues**

Between 07/2010 and 09/2010, the Heart Disease and Stroke Program will investigate the use of non-traditional partners and venues for reaching the public with heart healthy messages including, but not limited to, local Chambers of Commerce, libraries, pharmacies, buses, and other, and will implement pilot projects for possible expansion during the following year. Emphasis will be placed on mechanisms for reaching African-Americans and residents in rural communities.

### **Essential Service 4 – Mobilize Partnerships**

#### **Objective 1:**

##### **Cardiovascular Health Improvements in Multiple Settings**

Between 10/2009 and 09/2010, District Cardiovascular Health Consultants, County and Municipal Health Departments, and Grantees will develop 12 new community partners to identify, promote, and/or implement policy, environmental, and systems change that fosters heart healthy behaviors in the population and improves the medical response.

#### **Annual Activities:**

##### **1. Policy, Environmental, and Systems Change via DOH Network**

Between 10/2009 and 09/2010, Two District Cardiovascular Health Consultants and each of 10 county and municipal health departments will link with a minimum of one community partner in any of the following settings: worksites, schools/child care, communities, and health care, to foster a minimum of one policy, environmental, or systems change, that promotes heart healthy nutritional habits and/or physical activity. Examples include institutionalizing health promotion and wellness programs within faith-based organizations, businesses, and schools; also, expansion of community gardens, play spaces, and other environmental changes.

## **2. Policy, Environmental and Systems Change via RFA**

Between 10/2009 and 09/2010, the Heart Disease and Stroke Program will release a Request for Applications to fund a minimum of one key project to improve health literacy in the population as it pertains to cardiovascular disease awareness and risk factor prevention and control.

### **Objective 2:**

#### **Quality Health Improvement in the Medical Practice Setting**

Between 10/2009 and 09/2010, Pennsylvania Academy of Family Physicians Foundation (PAFPF) will develop 1 new aspect of the Pennsylvania Improving Performance in Practice (IPIP) program for practice-based quality improvement in the prevention, management, and treatment of patients with, or at risk for, cardiovascular disease (CVD).

#### **Annual Activities:**

##### **1. Implement Pennsylvania Improving Performance in Practice (IPIP)**

Between 10/2009 and 09/2010, PAFPF will develop CVD-specific process and outcome measures, a training curriculum, and “change packages” to guide participating practices in improving CVD patient outcomes.

### **Objective 3:**

#### **Quality Health Improvement in the Hospital Setting**

Between 10/2009 and 09/2010, American Heart Association will implement 4 programs through acute care and critical access hospitals that will improve treatment and patient outcomes of persons with cardiovascular disease.

#### **Annual Activities:**

##### **1. Implement Web-based Quality Health Improvement Program**

Between 10/2009 and 09/2010, the Heart Disease and Stroke Program will coordinate with the American Heart Association/American Stroke Association to implement year one of the web-based hospital quality health improvement program, *Get With the Guidelines*, or other web-based quality health improvement program in a minimum of four hospitals.

**State Program Title: Nutrition & Physical Activity Program**

**State Program Strategy:**

**Program Goal(s):** Decrease premature death and disabilities due to chronic disease by focusing on the leading preventable risk factors.

**Program Health Priority:**

Increase physical activity and fruit & vegetable consumption by strengthening and building capacity of organizations to promote environment and policy changes. Focus will be on providing organizations evidence-based programs, tools, and resources that will increase their ability to promote change within their entity.

**Program Primary Strategic Partners:**

**Internal**

Heart Disease and Stroke Program  
Oral Health Program  
Office of Health Equity  
Bureau of Information and Technology  
Tobacco Prevention and Control Program  
Bureau of Family Health

**External**

Local Health Departments  
ACHIEVE Communities  
Cancer Information Service  
Fox Chase Cancer Center  
Faith-based Organizations  
Governors Council on Fitness & Sports  
Department of Education

**Program Evaluation Methodology:** Data is accessed and analyzed from the DOH Bureau of Health Statistics and Research Vital Statistics data set to target those communities with the greatest need. Data collection as a result of implementation will be collected by the National Cancer Institute and all results will be forwarded to the DNPA for review. Information collected will include: a report on process and outcome indicators, number of people in each faith-based organization who were reached by an activity, number of policy changes that occur as a result of the Body & Soul program and number of faith-based organizations who implement all four pillars of the Body & Soul program. BRFSS as well as data collected from program evaluator and mini-grant recipients. BRFSS as well as data collected from program evaluator and mini-grant recipients.

**State Program Setting:**

Business, corporation or industry, Child care center, Community based organization, Community health center, Faith based organization, Home, Local health department, Parks or playgrounds, Schools or school district, Senior residence or center, State health department, University or college, Work site

**FTEs (Full Time Equivalents):**

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

**Position Title:** PHPA (formerly PHE)

State-Level: 40% Local: 50% Other: 10% Total: 100%

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 1.00

**National Health Objective: HO 7-5 Worksite health promotion programs**

**State Health Objective(s):**

Between 10/2009 and 09/2010, Between 10/2009 and 09/2010, increase to 20, the number of worksites which offer a health promotion program

**Baseline:**

10 worksites in the 10 county municipal health regions that offer a comprehensive health promotion program in 2008.

**Data Source:**

Pennsylvania OPANAC Evaluation System, 2009-10 and HealthyPeople 2010

**State Health Problem:**

**Health Burden:**

BRFSS survey 2007 data indicate that of the employed, 21% have an increased risk of cancer, heart disease, and stroke because they smoke; 23% are at increased risk of obesity and heart disease because they do not exercise; and 28% are at increased risk of heart disease, gall bladder disease, hypertension, diabetes, and osteoarthritis because they are obese.

**Target Population:**

Number: 5,524,277

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 705,751

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: EPIQMS 2007

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: Evidence-based Guidelines include WELCOA's Workplace Protocol, Workplace Checklist, and Seven Benchmarks of Success; Steps to a Healthier U.S. Workforce initiative; and the Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health

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

Total Current Year Funds Allocated to Health Objective: \$19,548

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

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

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

100% - Total source of funding

## **ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

### **Essential Service 3 – Inform and Educate**

#### **Objective 1:**

##### **Increase worksite wellness programs**

Between 10/2009 and 09/2010, the Program will review 3 worksite wellness programs in County Municipal Health Departments to assess knowledge of employers about worksite wellness programs.

#### **Annual Activities:**

##### **1. Workplace wellness interest survey**

Between 10/2009 and 09/2010,

Work with businesses to complete the workplace wellness interest survey as the first step in implementation.

##### **2. Partner with Chamber of Commerce**

Between 10/2009 and 09/2010, Develop partnerships with the local Chamber of Commerce or other regional business organizations to educate worksites on the importance of worksite wellness programs.

### **Essential Service 4 – Mobilize Partnerships**

#### **Objective 1:**

##### **Partner with State Agencies**

Between 10/2009 and 09/2010, Obesity Program will identify 2 State Agencies to promote worksite wellness programs.

#### **Annual Activities:**

##### **1. Partnership with State Agencies**

Between 10/2009 and 09/2010, The Obesity program will develop partnerships with 2 state agencies to educate them on the importance of worksite wellness programs and provide technical assistance in establishing their own worksite wellness programs.

### **National Health Objective: HO 19-1 Healthy weight in adults**

#### **State Health Objective(s):**

Between 10/2006 and 09/2010, Decrease the proportion of African American Non-Hispanic adults who are overweight from 67% to 65%.

#### **Baseline:**

67% of African American Non-Hispanic adults are overweight.

#### **Data Source:**

2006 BRFSS

## **State Health Problem:**

### **Health Burden:**

The prevalence of overweight for African American Non-Hispanic adults is 67% and white non-Hispanic adults is 62% according to the 2006 BRFSS. Pennsylvania adults have not made significant gains in adopting health promoting behaviors to maintain a healthy weight. The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity suggests that effective and culturally appropriate interventions to prevent and treat overweight and obesity be identified.

### **Target Population:**

Number: 884,817

Ethnicity: Non-Hispanic

Race: African American or Black

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

### **Disparate Population:**

Number: 884,817

Ethnicity: Non-Hispanic

Race: African American or Black

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Specific Counties

Target and Disparate Data Sources: U.S. Census for 1990 & 2000 – DOH website

## **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: Cancer Control P.L.A.N.E.T. Resnicow et al., American journal of Preventive Medicine, 2004

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

Total Current Year Funds Allocated to Health Objective: \$100,000

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

Funds Allocated to Disparate Populations: \$100,000

Funds to Local Entities: \$100,000

Role of Block Grant Dollars: No other existing federal or state funds

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

100% - Total source of funding

## **ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

### **Essential Service 3 – Inform and Educate**

#### **Objective 1:**

### **Implement all 4 pillars of the Body & Soul Program**

Between 10/2009 and 09/2010, Obesity Prevention Section will implement one policy change in each faith-based organization that implements Body & Soul program in 12 counties.

#### **Annual Activities:**

##### **1. implement the Body and Soul program to at least 12 faith-based organizations.**

Between 10/2009 and 09/2010, All four pillars of Body & Soul will be implemented and at least one policy change will result in a minimum of 12 faith-based organizations in 12 of Pennsylvania counties.

#### **Objective 2:**

##### **Policy and Environmental Change**

Between 10/2009 and 09/2010, Obesity Prevention Section will implement one policy change in a minimum of 12 faith-based organizations resulting from the Body and Soul program.

#### **Annual Activities:**

##### **1. Implement the Body and Soul program to at least 12 faith based organizations**

Between 10/2009 and 09/2010, The Body & Soul program will be implemented and at least one policy change will result in a minimum of 12 faith-based organizations in at least 12 of Pennsylvania counties.

### **National Health Objective: HO 19-3 Overweight or obesity in children and adolescents**

#### **State Health Objective(s):**

Between 07/2009 and 09/2010, decrease the percentage of children ages 11, 12 and 13 with a BMI in excess of the statewide average of the 85th percentile, and the statewide average of the 95th percentile.

#### **Baseline:**

In the 2006-2007 school year, the Growth Screening Assessment Program found that 16% of children in grades K-6 had BMI measurement between the 85th and 95th percentile, meaning approximately 160,000 students are at risk for overweight. Almost 17% of the same students had BMI higher than the 95th percentile, meaning over 166,000 children in grades K through 6 were overweight (obese).

#### **Data Source:**

Pennsylvania Department of Health Growth Screening Assessment Program

#### **State Health Problem:**

##### **Health Burden:**

Since 1980, adult obesity rates have doubled, and child obesity rates have tripled. According to the Centers for Disease Control and Prevention, the prevalence of obesity has increased: for children aged 2–5 years, prevalence increased from 5.0% to 12.4%; for those aged 6–11 years, prevalence increased from 6.5% to 17.0%; and for those aged 12–19 years, prevalence increased from 5.0% to 17.6%.<sup>1</sup>

Obese children and adolescents are at risk for health problems during their youth and as adults. For example, during their youth, obese children and adolescents are more likely to have risk factors associated with cardiovascular disease (such as high blood pressure, high cholesterol, and Type 2 diabetes) than are other children and adolescents. Obese children and adolescents are more likely to become obese as adults.

##### **Target Population:**

Number: 327,443

Ethnicity: Hispanic, Non-Hispanic

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

Age: 4 - 11 years, 12 - 19 years

Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes

**Disparate Population:**

Number: 327,443  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other  
Age: 4 - 11 years, 12 - 19 years  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes  
Location: Entire state  
Target and Disparate Data Sources: Pennsylvania Department of Health Growth Screening Assessment, Program target ages 11-13.

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: The Effectiveness of Interventions to Increase Physical activity, A Systematic Review, AM J Prev Med 2002;2; 2) Department of Health and Human Services: Physical Activity Guidelines for Americans; 3) The Community Guide to Preventive Services.

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

Total Current Year Funds Allocated to Health Objective: \$234,135  
Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$200,000  
Funds to Local Entities: \$200,000  
Role of Block Grant Dollars: No other existing federal or state funds  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
100% - Total source of funding

**ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

**Essential Service 3 – Inform and Educate**

**Objective 1:**

**Mini-grants in Support of Active Schools**

Between 10/2009 and 09/2010, Identified program staff/schools will increase the number of of daily minutes of physical activity for the target population from the current baseline level to at least 30-60 minutes per day.

**Annual Activities:**

**1. Mini-grants in Support of Active Schools**

Between 10/2009 and 09/2010, Provide up to 40 mini-grants to middle schools to increase current and or additional physical activity programming before, during or after school, with a priority in those schools with an average BMI that exceed the state average for overweight or obese children.

**Objective 2:**

**Evaluate health programs**

Between 10/2009 and 09/2010, Identified program staff/schools will evaluate 40+ schools by completing a physical assessment on each child participating in the Active Schools Program.

**Annual Activities:****1. Evaluate health programs**

Between 10/2009 and 09/2010, Assess the impact and effectiveness of the program to by reassessing the physical capacity annually of each participating child, in particular to document any reduction in BMI.

**National Health Objective: HO 22-1 Physical Activity in Adults****State Health Objective(s):**

Between 10/2009 and 09/2010, Decrease the percentage of adults ages 20 years and older who engage in no leisure-time activity to 20 percent.

**Baseline:**

In Pennsylvania, 23 percent of adults engaged in no leisure-time physical activity in the past month, according to the Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS) 2007.

40 percent of adults aged 18 years and older engaged in no leisure-time activity in 1997 (age adjusted to the year 2000 standard population). Adapted from HP2000 1.5. Use instead of HP2010 22-4; 22-5.

**Data Source:**

Pennsylvania BRFSS and HealthyPeople

**State Health Problem:****Health Burden:**

During 2007, 23% of adult Pennsylvanians engaged in no leisure time physical activity, which is a risk factor for obesity (BRFSS). Overweight adults are at higher risk of developing diseases such as diabetes, cardiovascular disease, high blood pressure, cancer, breathing and emotional problems. Healthcare costs and absenteeism are higher for employees who are overweight compared to normal weight employees.

**Target Population:**

Number: 9,207,129

Ethnicity: Hispanic, Non-Hispanic

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

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

**Disparate Population:**

Number: 1,205,845

Ethnicity: Hispanic

Race: African American or Black

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

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: Pennsylvania 2007 Vital Statistics

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: Evidence-based Guidelines include: CDC documents 1) The Community Guide to Preventive Services, and 2), 2008 Physical Activity Guidelines from HHS, 3)The Effectiveness of Interventions to Increase Physical Activity, A Systematic Review, AM J Prev Med 2002:2.

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

Total Current Year Funds Allocated to Health Objective: \$86,432

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

Funds Allocated to Disparate Populations: \$31,000

Funds to Local Entities: \$62,000

Role of Block Grant Dollars: No other existing federal or state funds

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

100% - Total source of funding

**ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

**Essential Service 3 – Inform and Educate**

**Objective 1:**

**Increase amounts of physical activity occurring in liesure time**

Between 10/2009 and 09/2010, staff in the Obesity Prevention section will increase the number of minutes of weekly physical activity for adults from 0 minutes of physical activity 5 days per week to at least 30 minutes, 5 days per week.

**Annual Activities:**

**1. Mini-grants in Support of Physical Activity**

Between 10/2009 and 09/2010, Provide mini-grants focused on supporting new physical activity initiatives or increasing current and/or additional physical activity programming in schools, communities, and/or worksites with a priority for grants to low income, African American or Latino communities. These activities will be presented on the updated website for others to replicate in their respective setting.

**State Program Title: Oral Health Program**

**State Program Strategy:**

**Program Goal(s):** To promote optimal oral health for all Pennsylvanians by increasing access to dental treatment, improving the use of preventive measures, and enhancing educational programs.

**Program Health Priority:** The Pennsylvania Oral Health Needs Assessment demonstrated Pennsylvania's children have significant dental disease with 47.7 percent of children 6-8 years old and 49.5 percent of children 15 years old with dental caries experience. Also, 27.2 percent of 6-8 year olds and 14.4 percent of 15 year olds have untreated dental caries. Among children 8 years old, only 25.2 percent have one dental sealant while only 24.6 percent of children 14 years old have one dental sealant.

**Program Primary Strategic Partners:**

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

External: Pennsylvania Dental Association; Pennsylvania dental schools; community colleges; Association of State and Territorial Dental Directors; American Dental Association; County/Municipal Health Departments; other state agencies.

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

**State Program Setting:**

Community health center, Local health department, Schools or school district, State health department

**FTEs (Full Time Equivalent):**

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

**Position Title:** State Public Health Dentist

State-Level: 50% Local: 30% Other: 20% Total: 100%

**Position Title:** Oral Health Public Health Program Administrator

State-Level: 50% Local: 30% Other: 20% Total: 100%

**Total Number of Positions Funded:** 2

**Total FTEs Funded:** 2.00

**National Health Objective: HO 21-1 Dental caries experience**

**State Health Objective(s):**

Between 10/2006 and 09/2010, Reduce the percent of Pennsylvania children 6 – 8 years old with dental caries experience to 45 percent or less in all areas of the state

**Baseline:**

47.7% of Pennsylvania children 6-8 years old had dental caries experience in 2000

**Data Source:**

Pennsylvania Oral Health Needs Assessment

**State Health Problem:****Health Burden:**

A statewide oral health needs assessment conducted from October 1998 through September 2000 revealed that about 47.7 percent of Pennsylvania children 6-8 years-old have experienced dental caries. Analysis of Pennsylvania data reveals that the high-risk children are all low-income children. The data shows that children from the poorest families are two times more likely to have any dental caries experience (58 percent vs. 27 percent) and three times more likely to have any untreated dental caries (33 percent vs. 10 percent) than children from the wealthiest families.

**Target Population:**

Number: 1,337,284

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 4 - 11 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

**Disparate Population:**

Number: 481,422

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 4 - 11 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: State Data Center

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

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

Other: Healthy People 2010

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

Total Current Year Funds Allocated to Health Objective: \$237,065

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

Funds Allocated to Disparate Populations: \$155,000

Funds to Local Entities: \$0

Role of Block Grant Dollars: No other existing federal or state funds

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

100% - Total source of funding

## **ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

### **Essential Service 3 – Inform and Educate**

#### **Objective 1:**

##### **Increase Anticipatory Guidance on ECC**

Between 10/2009 and 09/2010, Oral Health Program will increase the number of public health staff trained to educate new parents in the anticipatory guidance needed to prevent Early Childhood Caries (ECC) from the initial training of 24 internal public health staff to 50 internal/external public health staff.

#### **Annual Activities:**

##### **1. Increase training and outreach on ECC**

Between 10/2009 and 09/2010, Continue oral health education programs in order to train 50 internal/external public health staff and provide support for outreach to training programs at 60 local clinics, Head Start centers, community centers, etc. throughout the state.

### **National Health Objective: HO 21-8 Dental sealants**

#### **State Health Objective(s):**

Between 10/2006 and 09/2010, Increase the percent of Pennsylvania children aged 8 years and adolescents aged 14 years with dental sealants on their molar teeth to 30 percent or more in areas of the state which are served by three county/municipal health departments (CMHD)

#### **Baseline:**

25.2% of Pennsylvania children aged 8 years and 24.6% of adolescents aged 14 years had at least one dental sealant in 2000

#### **Data Source:**

Pennsylvania Oral Health Needs Assessment

#### **State Health Problem:**

##### **Health Burden:**

A statewide oral health needs assessment conducted from October 1998 through September 2000 revealed that only 25.2 percent of Pennsylvania children aged 8 years and only 24.6 percent of adolescents aged 14 years had at least one dental sealant. Analysis of Pennsylvania data reveals that the high-risk children are all low-income children. The data shows that children from the poorest families are two times more likely to have any dental caries experience (58 percent vs. 27 percent) and three times more likely to have any untreated dental caries (33 percent vs. 10 percent) than children from the wealthiest families.

##### **Target Population:**

Number: 160,843

Ethnicity: Hispanic, Non-Hispanic

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

Age: 4 - 11 years, 12 - 19 years

Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes

**Disparate Population:**

Number: 57,903  
Ethnicity: Hispanic, Non-Hispanic  
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White  
Age: 4 - 11 years, 12 - 19 years  
Gender: Female and Male  
Geography: Rural and Urban  
Primarily Low Income: Yes  
Location: Specific Counties  
Target and Disparate Data Sources: State Data Center

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

Other: Healthy People 2010

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

Total Current Year Funds Allocated to Health Objective: \$150,000  
Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$150,000  
Funds to Local Entities: \$0  
Role of Block Grant Dollars: No other existing federal or state funds  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
100% - Total source of funding

**ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

**Essential Service 3 – Inform and Educate**

**Objective 1:**

**Increase Anticipatory Guidance on Dental Sealants**

Between 10/2009 and 09/2010, Oral Health Program will increase the number of public health staff trained to educate parents in the anticipatory guidance needed to prevent caries in molar teeth and the importance of dental sealants from the initial training of 24 internal public health staff to 50 internal/external public health staff.

**Annual Activities:**

**1. Increase training and outreach on dental sealants**

Between 10/2009 and 09/2010, Continue oral health education programs in order to train 50 internal/external public health staff and provide support for outreach to training programs at 60 local clinics, Head Start centers, community centers, etc. throughout the state.

**Essential Service 4 – Mobilize Partnerships**

**Objective 1:**

**Foster Local Partnerships to Establish School-based Dental Sealant Programs**

Between 10/2009 and 09/2010, Oral Health Program will maintain 3 school-based dental sealant programs at CMHDs in cooperation with local school districts.

**Annual Activities:**

**1. Partner with 3 CMHDs to maintain school-based dental sealant programs**

Between 10/2009 and 09/2010, Continue to partner with 3 CMHDs to provide guidance and support to develop school-based dental sealant programs within local school districts to reach 2,010 children.

**State Program Title: Osteoporosis Program**

**State Program Strategy:**

**Program Goal(s):** Educate Pennsylvanians about osteoporosis risk factors, prevention, screening, and treatment options.

**Program Health Priority:** Osteoporosis is often not diagnosed until a fracture occurs later in life affecting quality of life and ability to live independently. The 2004 Surgeon General's Bone Health and Osteoporosis Report estimated one in two women and one in four men over the age of 50 will experience a osteoporosis-related fracture in their lifetime, with the risk of fracture increasing with age.

**Program Primary Strategic Partners:**

**Internal**

Bureau of Health Statistics and Research  
Bureau of Community Health Systems  
Bureau of Health Promotion & Risk Reduction

**External**

County/Municipal health Departments  
Community Partners  
Pennsylvania Academic Centers  
Other State Agencies

**Program Evaluation Methodology:** BRFSS data as well as grantee reports on the activities implemented and progress made toward meeting their goals and objectives. They are each required to submit a success story.

**State Program Setting:**

Child care center, Community based organization, Schools or school district, Work site

**FTEs (Full Time Equivalent):**

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

**Position Title:** Osteoporosis Public Health Program Administrator

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

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 1.00

**National Health Objective: HO 19-1 Healthy weight in adults**

**State Health Objective(s):**

Between 10/2009 and 09/2010, Increase the percentage of person 18 and older who meet dietary recommendations for calcium to 19%

**Baseline:**

17% of persons aged 18 years and older consumed three dairy products per day.

**Data Source:**

HP 2010 national baseline and 2006 BRFSS data

## **State Health Problem:**

### **Health Burden:**

The Pennsylvania 2007 BRFSS (age-adjusted) estimated 13% of women age of 50 to 64 have been told by a healthcare provider they have osteoporosis and 30% of women, aged 65 and older, report being told they have osteoporosis.

The National Institutes of Health report only 10% of girls and 25% of boys between the ages of 9 and 17 obtain the Recommended Dietary Allowance of calcium from foods in their diets to help build maximum bone mass and protect against osteoporosis later in life. Only 20% of women ages 18 to 49, 17% of women ages 50-64 and 14% of women 65 and older confirmed they were consuming dairy products (best source of dietary calcium) three times a day (2006 BRFSS).

### **Target Population:**

Number: 5,274,231

Ethnicity: Non-Hispanic

Race: African American or Black, Asian, White

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female

Geography: Rural and Urban

Primarily Low Income: No

### **Disparate Population:**

Number: 114,431

Ethnicity: Non-Hispanic

Race: Asian

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Census Bureau

## **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

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

Other: Strong Women, Strong Bones developed by Miriam E. Nelson, PhD at the Hancock Center at the Friedman School at Tufts University.

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

Total Current Year Funds Allocated to Health Objective: \$79,606

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

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

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

10-49% - Partial source of funding

## **ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

### **Essential Service 3 – Inform and Educate**

#### **Objective 1:**

##### **Increase awareness for bone health**

Between 10/2009 and 09/2010, Osteoporosis Program Manager will increase the percent of persons aged 18 years and older who consume three dairy products daily from 17% to 19%.

#### **Annual Activities:**

##### **1. Implement healthy lifestyle interventions**

Between 10/2009 and 09/2010, The County Municipal Health Departments and Penn State Cooperative Extension Office will increase community educational programs and messages to promote life-long physically active lifestyles and healthy eating behaviors and incorporate environmental, policy, and system changes that address osteoporosis prevention and calcium rich foods in communities with two existing and one new partnership.

**State Program Title: Sexual Violence Prevention and Education (Mandate)**

**State Program Strategy:**

**Program Goal(s):** Reduce rape and attempted rape through primary prevention programs at each level of the socio-ecological model, along with providing direct victim services to those individuals who have suffered a sexual assault.

**Program Health Priority:** In Pennsylvania in 2007, there were 2,913 victims age 13 and older of forcible rapes who reported their crimes to law enforcement agencies. Of this number, 95.4 percent were female and 4.6 percent were male.

**Program Primary Strategic Partners:**

Internal: Bureau of Facility Licensure and Certification.

External: Pennsylvania Coalition Against Rape, Statewide Non-Profit Organizations, and other state agencies; Luzerne County Community College, Disabilities Rights Network of Pennsylvania, Triad Treatment Specialists, Inc., and Pennsylvania Association of Immigrants and Refugees.

**Program Evaluation Methodology:** Primary prevention planning efforts will be evaluated by the development and utilization of outcome statements, as recommended by the CDC. Program evaluation of victim services funded by PHHS Block Grant, will be done with data collected from the Uniform Crime Report, along with any available data from rape crisis centers.

**State Program Setting:**

Rape crisis center, Schools or school district, State health department, University or college

**FTEs (Full Time Equivalent):**

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

**Position Title:** Public Health Program Mgr (Section Chief)

State-Level: 5% Local: 0% Other: 0% Total: 5%

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 0.05

**National Health Objective: HO 15-35 Rape or attempted rape**

**State Health Objective(s):**

Between 10/2006 and 09/2010, Between 10/2006 and 9/2010, reduce rape/attempted rape of persons age 13 and older to no more than 26 per 100,000.

**Baseline:**

27.84 per 100,000 persons age 13 years and older in 2007.

**Data Source:**

Uniform Crime Report

## **State Health Problem:**

### **Health Burden:**

One in three adult women and one in six men will be sexually assaulted in her/his lifetime (Bureau of Justice Statistics 2000). In Pennsylvania a forcible rape occurs every two hours and 35 minutes (Pennsylvania Uniform Crime Report 2007). There were 2,913 victims age 13 and older of forcible rapes who reported their crimes to law enforcement agencies (Pennsylvania Uniform Crime Report 2007).

### **Target Population:**

Number: 6,394,128

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female

Geography: Rural and Urban

Primarily Low Income: No

### **Disparate Population:**

Number: 703,403

Ethnicity: Hispanic

Race: African American or Black, Asian

Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years

Gender: Female

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Penn State Data Center, 2007

## **Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: Sexual Violence and the Spectrum of Prevention, and 2) Sexual Violence prevention: Beginning the Dialogue.

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

Total Current Year Funds Allocated to Health Objective: \$300,739

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

Funds Allocated to Disparate Populations: \$55,602

Funds to Local Entities: \$300,739

Role of Block Grant Dollars: Supplemental Funding

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

10-49% - Partial source of funding

## **ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

### **Essential Service 3 – Inform and Educate**

**Objective 1:**

**Reduce the Impact of Rape and Decrease the Risk of Subsequent Re-victimization**

Between 10/2009 and 09/2010, Pennsylvania Coalition Against Rape and 52 Rape Crisis Centers will maintain 2,250 direct service hours to victims of sexual assault to reduce the impact of rape and decrease the risk of subsequent re-victimization of approximately 225 persons.

**Annual Activities:**

**1. Maintain Direct Service hours**

Between 10/2009 and 09/2010, Maintain the number of direct service hours to victims of sexual assault to reduce the impact of rape and decrease the risk of subsequent re-victimization at 2,250 direct service hours to 225 persons.

**2. Maintain Provision of Crisis Intervention, Counseling, Advocacy and Accompaniment Services**

Between 10/2009 and 09/2010, Maintain provision of crisis intervention, counseling, advocacy, and accompaniment services to 225 victims. Services include accompaniment to aid the victim in testifying against the accused perpetrator(s).

**State Program Title: Tuberculosis Control Program**

**State Program Strategy:**

**Program Goal(s):** The Tuberculosis (TB) Program has a goal of reducing active tuberculosis cases to no more than 2.0 cases per 100,000 population by December 2010.

**Program Health Priority:** TB continues to be a significant public health issue in several cities and counties, and for racial and ethnic minorities, in Pennsylvania. In 2008, 42% of all TB cases in Pennsylvania occurred in Philadelphia County. In 2008, percentage of TB cases were reported among foreign-born individuals was 54%. Twenty-four percent of the cases reported in 2008 were among U.S. born minorities.

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

**Internal:**

PA DOH Bureau of Community Health Systems  
PA DOH Bureau of Laboratories Health)  
PA DOH District Health Offices  
PA DOH Bureau of Information Technology

**External:**

Medical community  
PA County and Municipal Departments  
(including the Philadelphia Department of Public

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

**State Program Setting:**

Local health department, Medical or clinical site, State health department

**FTEs (Full Time Equivalents):**

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

**Position Title:** TB Nurse Consultant - SC DO

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

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 1.00

**National Health Objective: HO 14-11 Tuberculosis**

**State Health Objective(s):**

Between 10/2006 and 09/2010, Reduce tuberculosis to an incidence of no more than 2.0 per 100,000 people.

**Baseline:**

3.15 new cases of tuberculosis per 100,000 population in 2008.

**Data Source:**

PA-NEDSS (Pennsylvania National Electronic Disease Surveillance System).

**State Health Problem:**

**Health Burden:**

Tuberculosis continues to be a significant public health issue in Pennsylvania. During CY 2008, a total of 387 cases of tuberculosis were reported in the Commonwealth. This represents an overall increase of 40% from the previous year, during which there were 267 cases. From 2006 to 2008 there was an overall increase of 14% statewide in the number of cases of TB, with 337 cases in 2006, 276 cases in 2007 and 387 cases in 2008. Since TB is transmitted through the air, everyone is at some risk for exposure. Therefore, the target population includes all ages, genders, and races.

**Target Population:**

Number: 12,440,621

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 2,155,761

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, Asian

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Census Bureau

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

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

Other: American Thoracic Society Guidelines/recommendations

Healthy People 2010

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

Total Current Year Funds Allocated to Health Objective: \$317,253

Total Prior Year Funds Allocated to Health Objective: \$0  
Funds Allocated to Disparate Populations: \$0  
Funds to Local Entities: \$70,495  
Role of Block Grant Dollars: Supplemental Funding  
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:  
10-49% - Partial source of funding

## **ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

### **Essential Service 1 – Monitor health status**

#### **Objective 1:**

##### **Monitor health status**

Between 10/2009 and 09/2010, State & Local health departments will develop efforts to reduced the rates of Tuberculosis morbidity rates, trends, and demographic characteristics of the TB population in the state (3.15 cases per 100,000 to 2.0 cases (via education and intervention program in high-risk communities/counties).

##### **Annual Activities:**

###### **1. High risk population**

Between 10/2009 and 09/2010, Use data collected and analyzed in 2008 and 2009 for tuberculosis cases in the Commonwealth to determine the two (2) highest risk communities/counties. Initiate an education and targeted intervention program in at least one community.

#### **Objective 2:**

##### **Diagnose & investigate**

Between 10/2009 and 09/2010, State & Local health departments will investigate 85% completion of therapy for TB cases (baseline was 75%).

##### **Annual Activities:**

###### **1. Completion of therapy**

Between 10/2009 and 09/2010, Initiate treatment promptly and ensure the completion of effective therapy to cure illness, reduce transmission, and prevent the development of drug-resistant TB. Drug susceptibility results will be reported for at least 90% of all newly reported culture-positive TB cases.

###### **2. High risk population**

Between 10/2009 and 09/2010, Use data collected and analyzed in 2008 and 2009 for tuberculosis cases in the Commonwealth to determine the two (2) highest risk communities/counties. Initiate a targeted education intervention program in at least one community.

#### **Objective 3:**

##### **Develop policies and plans**

Between 10/2009 and 09/2010, State & Local health departments will develop one (1) TB Operation Manual utilizing evidence-based policies in its formulation.

##### **Annual Activities:**

###### **1. TB Manual Development**

Between 10/2009 and 09/2010, Continue work with the Bureau of Community Health Systems to update the Tuberculosis policies and standing orders so that they reflect current CDC and American Thoracic Society evidence based guidelines.

#### **Objective 4:**

##### **Assure Competent Workforce**

Between 10/2009 and 09/2010, State TB Program & Local health departments will develop and provide training so 85% of nursing staff who work at TB clinics in the local health departments have documented completion of an introductory tuberculosis nursing care course in the last two years.

**Annual Activities:**

**1. Ensure Competent workforce**

Between 10/2009 and 09/2010, Collaborate with the New Jersey Global Tuberculosis Global TB Institute, Pennsylvania's Bureau of Community Health Systems, and County/Municipal Health Departments to develop a nurse and physician training plan that incorporates the requirements of the Centers for Disease Control and Prevention (CDC) TB Education and Training Human Resource Development objectives.

**State Program Title: Violence and Injury Prevention**

**State Program Strategy:**

**Program Goal(s):** To reduce the incidence of unintentional injuries and deaths through the development of surveillance systems and prevention programs aimed at high-risk populations.

**Program Health Priority:** Between 2003 and 2007, 25,631 Pennsylvanians died due to unintentional injury, accounting for nearly 70 percent of all injury deaths in this time period. The age-adjusted rate for 2007 was 39.0 per 100,000 persons. Unintentional injury continues to be the leading cause of death among persons ages one to 39. During 2007, there were 146,260 injury-related hospital discharges reported by Pennsylvania hospitals. The most common types of non-motor vehicle related injuries included unintentional poisonings, falls, suffocations/asphyxiation, fire/burns and drownings. Annually, falls are the leading cause of injury hospitalization, with 46% of the hospitalizations in 2007. Over 80 percent of fall-related deaths are among persons ages 65 and older.

**Program Primary Strategic Partners:**

Internal: Bureaus of Health Statistics and Research, Community Health Systems, and Epidemiology; Osteoporosis Program and Office of Health Equity.

External: County/Municipal Health Departments, Statewide Non-Profit Organizations, Community-Based Organizations, State Health Improvement Partnerships, other state agencies.

**Program Evaluation Methodology:** Data is accessed and analyzed from the DOH Bureau of Health Statistics and Research Vital Statistics data set as well as the Pennsylvania Health Care Cost Containment Council data set for hospital discharges. Annual reports are compiled and published in order to monitor progress both at the state and local levels. Behavioral Risk Factor Surveillance Survey (BRFSS) data is used for evaluation of essential services.

**State Program Setting:**

Community based organization, Community health center, Home, Local health department, Schools or school district, Senior residence or center, State health department

**FTEs (Full Time Equivalent):**

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

**Position Title:** Public Health Program Mgr (Section Chief)

State-Level: 90% Local: 0% Other: 0% Total: 90%

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 0.90

**National Health Objective: HO 15-13 Unintentional injury deaths**

**State Health Objective(s):**

Between 10/2006 and 09/2010, Reduce deaths from unintentional injuries to 37.5 per 100,000 (age adjusted rate per 100,000 persons of all ages).

**Baseline:**

39.0 deaths from unintentional injuries in 2007 (age adjusted rate per 100,000, persons of all ages).

**Data Source:**

Pennsylvania Department of Health Bureau of Health Statistics and Research.

**State Health Problem:**

**Health Burden:**

In 2007, among persons of all ages, unintentional injury was the fifth leading cause of death and was the leading cause of death among persons in the age group 1 to 39.

During 2007, there were 146,260 injury-related hospital discharges reported by Pennsylvania hospitals. Over 85 percent of these cases were unintentional.

**Target Population:**

Number: 11,846,873

Ethnicity: Hispanic, Non-Hispanic

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

Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 7,444,275

Ethnicity: Hispanic, Non-Hispanic

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

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: PA Bureau of Health Statistics and Research; Pennsylvania Health Care Cost Containment Council; Penn State Data Center, 2007

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

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

Other: The Prevention Guidelines System

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

Total Current Year Funds Allocated to Health Objective: \$1,197,616

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

Funds Allocated to Disparate Populations: \$450,000

Funds to Local Entities: \$1,127,340

Role of Block Grant Dollars: No other existing federal or state funds

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

100% - Total source of funding

## **ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

### **Essential Service 3 – Inform and Educate**

#### **Objective 1:**

##### **Increase Proper Bicycle Helmet Use**

Between 10/2009 and 09/2010, the Violence and Injury Prevention Program, Municipal Health Departments, and Safe Kids Pennsylvania will increase the percent of Children aged 5-15 who always use a helmet when riding a bicycle from 56% to 57.4%.

#### **Annual Activities:**

##### **1. Statewide bicycle helmet education and distribution program**

Between 10/2009 and 09/2010, Statewide bicycle helmet education and distribution program targeted to increase helmet use among children aged 5-15 through a collaborative effort with the DOH, municipal health departments, and Safe Kids Pennsylvania.

#### **Objective 2:**

##### **Increase Proper Use of Smoke Detectors**

Between 10/2009 and 09/2010, Violence and Injury Prevention Program, Municipal Health Departments, and Safe Kids Pennsylvania will increase the percent of residents with a functioning smoke detector on each floor of their home. from 89% to 89.4%.

#### **Annual Activities:**

##### **1. Implement/Evaluate a fire & burn prevention program targeted to reducing residential fire deaths**

Between 10/2009 and 09/2010, Provide 10 year lithium battery powered smoke alarms and fire prevention education through a collaborative project with DOH, the county municipal health departments, and Safe Kids Pennsylvania.

#### **Objective 3:**

##### **Decrease Fall-related Injuries**

Between 10/2009 and 09/2010, District Health Offices, County and Municipal Health Departments, the City of Chester, and the DOH will decrease the percent of persons aged 55 and older, who experience fall related injuries from 5% to 4.7%.

#### **Annual Activities:**

##### **1. Implement programs directed at persons ages 55 & older to improve daily living**

Between 10/2009 and 09/2010, Focus on falls prevention by promoting physical activity, strength training, flexibility training, home modifications, and prescription management.

**State Program Title: Violence and Injury Prevention - Domestic Violence**

**State Program Strategy:**

**Program Goal(s):** Decrease domestic violence, secure justice for victims, enhance safety for families and communities, and create lasting systems and social change.

**Program Health Priority:** In Pennsylvania in 2007, 98 domestic violence incidents resulted in 121 deaths. In 2008, 100 domestic violence incidents resulted in 138 deaths (PCADV Domestic Violence Homicide Report). The health care system plays an important role in identifying and preventing domestic violence.

**Program Primary Strategic Partners:**

Internal: Bureaus of Health Statistics and Research, and Community Health Systems  
External: Pennsylvania Coalition Against Domestic Violence, County/Municipal Health Departments, Statewide Non-Profit Organizations, Community-Based Organizations, State Health Improvement Partnerships, other state agencies.

**Program Evaluation Methodology:** Utilized the Uniform Crime Report, BRFSS 2008 and process evaluation data from grantee.

**State Program Setting:**

Medical or clinical site, State health department

**FTEs (Full Time Equivalent):**

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

**Position Title:** Public Health Program Mgr (Section Chief)

State-Level: 5% Local: 0% Other: 0% Total: 5%

**Total Number of Positions Funded:** 1

**Total FTEs Funded:** 0.05

**National Health Objective: HO 15-37 Physical assault**

**State Health Objective(s):**

Between 10/2006 and 09/2010, Between 10/2006 and 9/2010, decrease the percentage of women who report ever experiencing violence from a current or former intimate partner (includes being hit, slapped, pushed, kicked or hurt in any way) to 11% among women ages 18-64.

**Baseline:**

12% among women ages 18-64 in 2008

**Data Source:**

BRFSS 2008

**State Health Problem:**

**Health Burden:**

Domestic violence is associated with 8 out of 10 of the leading indicators for Healthy People 2010 including smoking, high risk alcohol use, injuries and homicide, sexual risk taking, late entry into prenatal care, not receiving immunizations and poor nutritional behaviors. The health care setting offers a critical opportunity for early identification and even the primary prevention of domestic violence.

**Target Population:**

Number: 950

Ethnicity: Hispanic, Non-Hispanic

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

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female

Geography: Rural and Urban

Primarily Low Income: No

**Disparate Population:**

Number: 240

Ethnicity: Hispanic, Non-Hispanic

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

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years

Gender: Female

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: PCADV

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Other: Intervention guidance includes: 1) National Consensus Guidelines on identifying and Responding to Domestic Violence Victimization in Health Care Settings, and 2) Family violence Prevention Fund, 2004.

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

Total Current Year Funds Allocated to Health Objective: \$150,000

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

Funds Allocated to Disparate Populations: \$50,000

Funds to Local Entities: \$150,000

Role of Block Grant Dollars: Supplemental Funding

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

75-99% - Primary source of funding

**ESSENTIAL SERVICES –OBJECTIVES – ANNUAL ACTIVITIES**

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

**Essential Service 3 – Inform and Educate****Objective 1:**

**Reduce the Risk of Continuing Physical Abuse to Women**

Between 10/2009 and 09/2010, Pennsylvania Coalition against Domestic Violence will maintain 200 trainings to 1,000 health care professionals in the 221 Pennsylvania hospitals about protocols for routinely identifying, treating and properly referring victims of domestic violence.

**Annual Activities:**

**1. Maintain provision of 200 trainings to 1,000 Health Care Professionals**

Between 10/2009 and 09/2010, Maintain provision of 200 trainings to 1,000 health care professionals to routinely identify victims of domestic violence in the health care setting.

**2. Maintain training to domestic violence service providers**

Between 10/2009 and 09/2010, Maintain training of 200 domestic violence service providers on medical advocacy and working collaboratively with hospitals and health care professionals.