



**PREVENTIVE HEALTH
AND HEALTH
SERVICES BLOCK
GRANT**
A CRITICAL PUBLIC HEALTH
RESOURCE

AT A GLANCE
2009

NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
IMPROVING HEALTH AND QUALITY OF LIFE FOR ALL PEOPLE





The Role of Block Grant Funding

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

As a critical public health resource, the PHHS Block Grant supports the following activities:

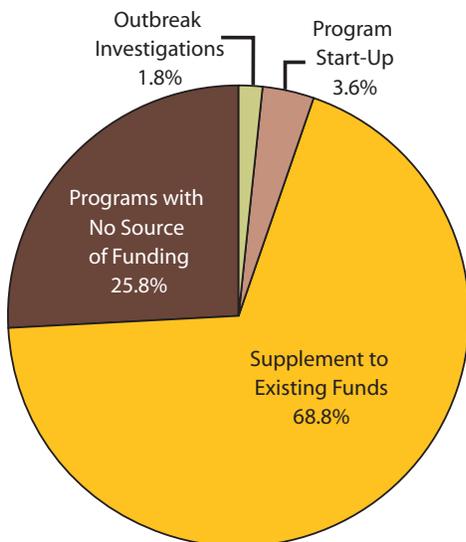
- Addresses basic health issues such as fluoridating water supplies, improving food safety, and preventing falls among older adults.
- Responds rapidly to emerging health threats in states.
- Funds critical prevention efforts to address specific health issues, such as skin cancer, child safety, and untreated dental decay, that lack categorical state funding.
- Protects investments in and enhances the effectiveness of categorically funded programs that address specific health problems.
- Leverages other resources of money for greater preventive health impact.

Flexible Funding for Public Health Efforts

The health needs of communities are diverse, complex, and constantly changing. The PHHS Block Grant gives its grantees the flexibility to target funds to prevent and control chronic diseases such as heart disease, diabetes, and arthritis and helps them to respond quickly to outbreaks of foodborne infections and waterborne diseases. The PHHS Block Grant provides funding to grantees that can be tailored to address their particular public health needs and challenges.



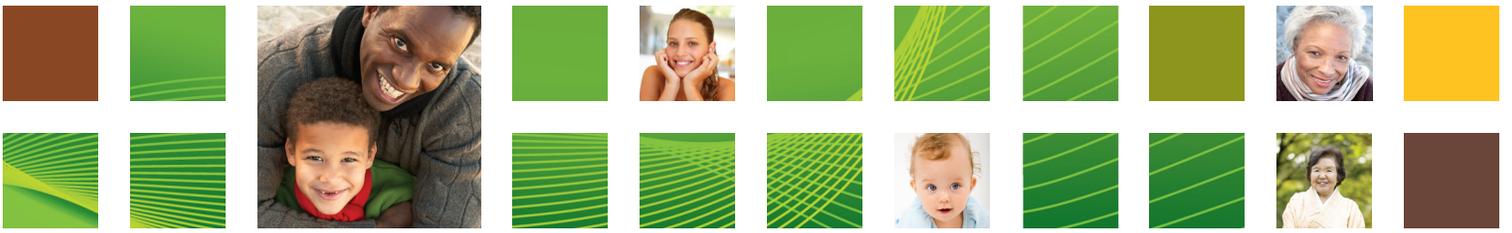
Role of Block Grant Dollars



Funding Local Communities

The PHHS Block Grant is the major source of funding that CDC provides to public health agencies to address health needs and problems such as immunization, tuberculosis, cancer, and cardiovascular disease. The PHHS Block Grant is a significant source of funding for health promotion and disease and injury prevention in communities across the nation. However, grantees do not have adequate funding to combat all the leading causes of illness, disability, injury, and death in their states.

In Fiscal Year 2008 (FY 2008), approximately 43% of PHHS Block Grant funds were distributed by the states to local entities to address county and local public health needs.



The Role of Block Grant Funding (continued)

For example, Maryland has given \$67,000 of its PHHS Block Grant funding to local health departments to use the American Diabetes Association Risk Assessment Tool to refer at-risk adults to a health care provider and risk-reduction activities in the community. Funds are also awarded to local health departments to provide diabetes self-management education classes to adults with diabetes who could not otherwise afford such services.

Leveraging Block Grant Funds

PHHS Block Grant funds also have provided start-up money for programs that are now supported by other sources. As these programs have become self-sustaining, PHHS Block Grant funds have been redirected to other public health priorities.

For example, falls are the primary cause of injury leading to death for older adults. Many seniors who experience fear of falling restrict their activities. A Matter of Balance: Managing Concerns About Falls is an evidence-based model developed by Boston University that uses community lay leaders to teach older adults practical strategies to reduce their fear and increase their activity levels. Using 2008 PHHS Block Grant funds, Kentucky selected six counties to test strategies outlined in A Matter of Balance. The program was so successful that the

state allocated \$90,000 from a Kentucky osteoporosis program to increase the number of trainers and facilitators statewide.

Meeting Health Care Needs When No Other Funds Exist

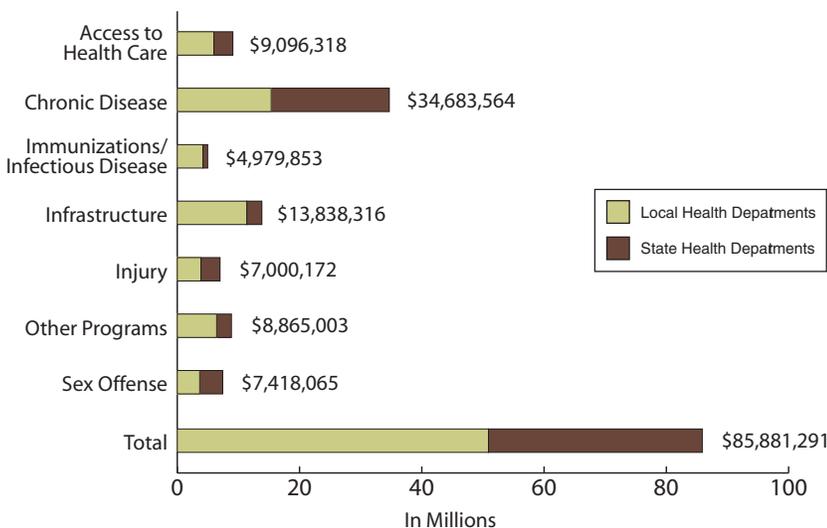
Tooth decay can affect a person's quality of life, causing pain, difficulty in eating, and weight loss. Community water fluoridation helps prevent tooth decay safely and effectively. Florida used its PHHS Block Grant funds to initiate the Fluoridation Project, which provides technical assistance to communities making fluoridation available through their local water systems. In 2008, 77.6% of Florida's residents had access to fluoridated water. The program also provides funding to educate community members and other decision makers about the benefits of fluoridation. Before the program's inception in 2007, only 25% of Florida's residents received fluoridated water.

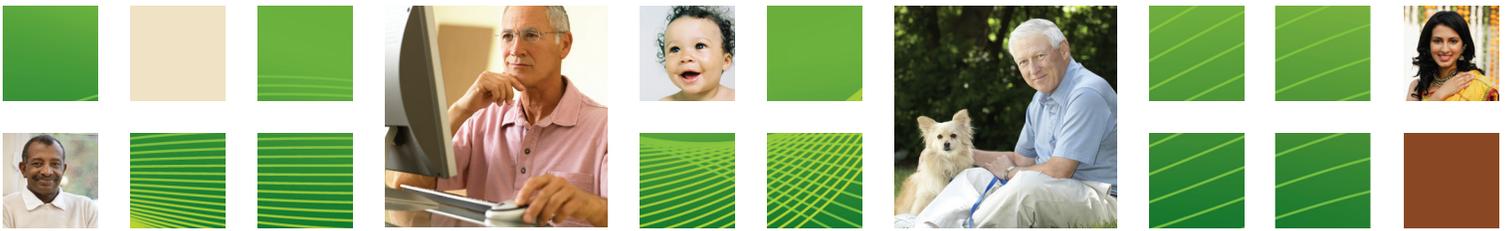
In California, PHHS Block Grant dollars provided the primary funding for Project Lean, a program that was instrumental in changing school nutrition policies. As a result of the project, two landmark policies that address food and beverage standards in California schools were passed. The first policy limits the total fat, saturated fat, sugar, and calories allowed in foods

sold outside the Federal Food Programs to students at California public elementary, middle, and high schools. The second policy restricts the sale of soft drinks on California high school campuses. This policy builds on a previous state policy that had addressed soft drink sales only in elementary and middle schools.

In Nebraska, the PHHS Block Grant-funded Diabetes Program focuses on preventing diabetes-related death and disability and eliminating the risk factors that lead to the development of type 2 diabetes in Nebraska's minority population. PHHS Block Grant funds expand the services provided by the Nebraska Department of Health and Human Services' Nebraska Diabetes Prevention and Control Program (NDPCP). The funds allow the NDPCP to contract with providers of care for minority populations and people with low-incomes and with

Block Grant Funding for State and Local Health Departments, FY 2008





CDC's National Leadership

a school that has developed a nutrition and physical activity program to help prevent diabetes in Native American children.

Block Grant Management Information System

The PHHS Block Grant Application and Reporting System (GARS) has been used for over 10 years to track grantees' progress toward achieving their objectives. The system is one of CDC's first electronic grants management systems.

However, current CDC, grantee, and national needs require a more flexible and accessible system to meet stakeholders' demands. As a result, CDC developed the Web-based Block Grant Management Information System (BGMIS) to replace GARS. In 2008, CDC successfully transitioned the PHHS Block Grant from GARS to the BGMIS.

The new system provides improved accessibility and usability of grantee information and integrates critical PHHS Block Grant information. The BGMIS captures and reports on federal block grant work plans and other information submitted by grantees each fiscal year. The system contains current data on the grantees' reporting requirements and work plans.

In 2009, CDC will expand the system to collect information on performance measures, annual progress reports linked to performance measures, success stories demonstrating health outcomes, and compliance review information. The BGMIS also will be enhanced to streamline data collection and support national evaluation, monitoring, communication, and dissemination efforts for the PHHS Block Grant.

Future Directions

In 2008, CDC, PHHS Block Grant State Representatives, the National Association of Chronic Disease Directors (NACDD), the Association of State and Territorial Health Officials (ASTHO), the Directors of Health Promotion and Education (DHPE), and other partners convened on two occasions to discuss ways to increase support for sustaining and expanding the PHHS Block Grant. At the meeting sponsored by ASTHO, senior state public health agency leadership and ASTHO affiliate representatives recommended making the PHHS Block Grant more accountable and innovative by better defining its goals and parameters and building a stronger constituency.

NACDD convened a 2-day meeting with representation from DHPE, NACDD, CDC, PHHS Block Grant states, Emergency Medical Services, and past block grant leadership to address ASTHO's recommendations and identify next steps. The participants identified national overarching goals for the PHHS Block Grant and recommended that the Block Grant (1) develop and implement an evaluation plan, (2) develop core performance measures based on the overarching goals, (3) increase monitoring and technical assistance to grantees, and (4) continue to improve grantee capacity to identify and use evidence-based guidelines and best practices to design and implement effective public health programs in communities across the country.

During the next 2 years, the PHHS Block Grant has placed a priority on engaging its partners to develop and implement an evaluation plan, develop and implement core performance measures, and increase monitoring and technical assistance to grantees. The PHHS Block Grant will continue to improve capacity and demonstrate its important contribution to public health.

**For more information, please contact the Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Highway NE, Mail Stop K-30, Atlanta, GA 30341-3717
Telephone: 770-488-5080
E-mail: cdcinfo@cdc.gov • Web: <http://www.cdc.gov/nccdphp/blockgrant>**