



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

**AT A GLANCE**  
2011

National Center for Chronic Disease Prevention and Health Promotion  
Division of Adult and Community Health





## The Role of Block Grant Funding

In 1981, Congress authorized the Preventive Health and Health Services (PHHS) Block Grant. The PHHS Block Grant gives its 61 grantees—which include all 50 states, the District of Columbia, 2 American Indian tribes, and 8 U.S. territories—the independence 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 2020* national health goals. As a critical public health resource, the PHHS Block Grant supports the following activities:

- Addressing basic health concerns such as tooth decay among children, food sanitation, and injuries to older adults from falling.
- Responding rapidly to emerging health threats in states.
- Funding critical prevention efforts to address health concerns such as skin cancer, child safety, and untreated dental decay that lack specific state funding.
- Protecting investments in and enhancing the effectiveness of funded programs that address specific health problems.
- Leveraging other monetary resources to increase the benefit of preventive health measures.

### Flexible Funding for Public Health Efforts

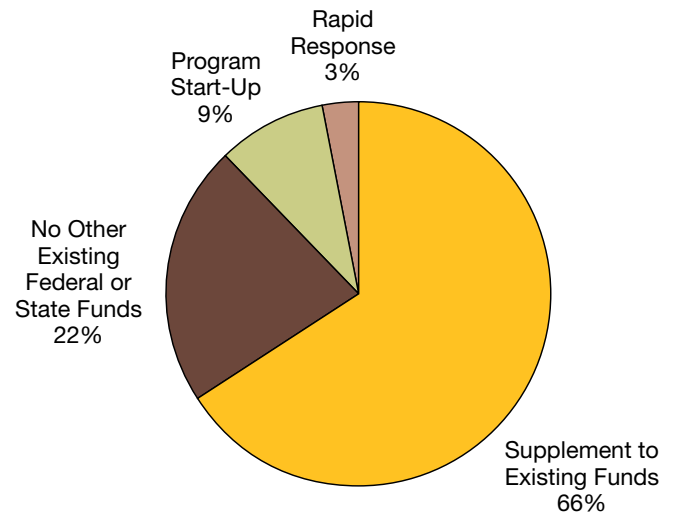
The health needs of communities are diverse, complex, and constantly changing. The PHHS Block Grant gives grantees the flexibility to use funds to prevent and control chronic diseases such as heart disease, diabetes, and arthritis. It also helps grantees respond quickly to outbreaks of foodborne infections and waterborne diseases, and it allows them to use funding to address their specific public health needs and challenges.

### 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 heart disease. It is a significant source of funding for promoting health and preventing disease and injury in communities across the United States. Despite this support, grantees do not have adequate funding to take action against all the leading causes of illness, disability, injury, and death in their states.

In Fiscal Year 2010 (FY 2010), about \$28 million of PHHS Block Grant funds were distributed by the states to local entities to address county and local public health needs. For example,

### How PHHS Block Grant Dollars Are Used



Arizona invests \$399,087 of its PHHS Block Grant funding in local health departments to reverse the trend of Arizona youth becoming increasingly less physically active. The money is used to promote programs and policies that are designed to increase access to and knowledge of the benefits of daily physical activity. These programs and policies focus on populations at highest risk of not being physically active, with the goal of increasing the proportion of adolescents who get the recommended amounts of physical activity.

### 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, the Texas EMS/Trauma Registry is a public health surveillance initiative mandated by the Texas legislature to collect data on all calls for emergency medical services (EMS) in the state, as well as to collect data from hospitals about major trauma cases. These data are used to analyze trends in injury-related deaths and to measure progress toward the national health objective of reducing deaths from intentional and unintentional injuries.



**The Role of Block Grant Funding (continued)**

In 2009, Texas used PHHS Block Grant funds to assess the existing registry, gather feedback on what users would like to see in an updated system, study best practices in other states, and develop recommendations for improvement. Using this analysis as leverage, the Texas EMS/Trauma Registry was able to get funding from the Texas Department of Transportation to implement a new system.

**Meeting Health Care Needs When No Other Funds Exist**

**Saving Lives in Kansas**

Children in Kansas are less likely to suffer from unintentional injury now than they were a decade ago, but preventable injury remains the leading killer for this group. On average, about 170 Kansas children younger than age 15 are injured as a result of a cycling crash every year, and head injury is the leading cause of death in bicycle accidents. During 1999–2000, 45% of Kansas children hospitalized for injuries sustained from a bicycle accident had a traumatic brain injury.

The single most effective safety device available to reduce head injury and death from bicycle crashes is a bicycle helmet. Funds from the PHHS Block Grant allowed the Safe Kids Kansas CYCLE SMART program to distribute more than 100,000 low-cost and free helmets to children in Kansas through local coalitions. The program, which also provides educational materials and has received several national awards, is credited with saving 12 lives since 1992.

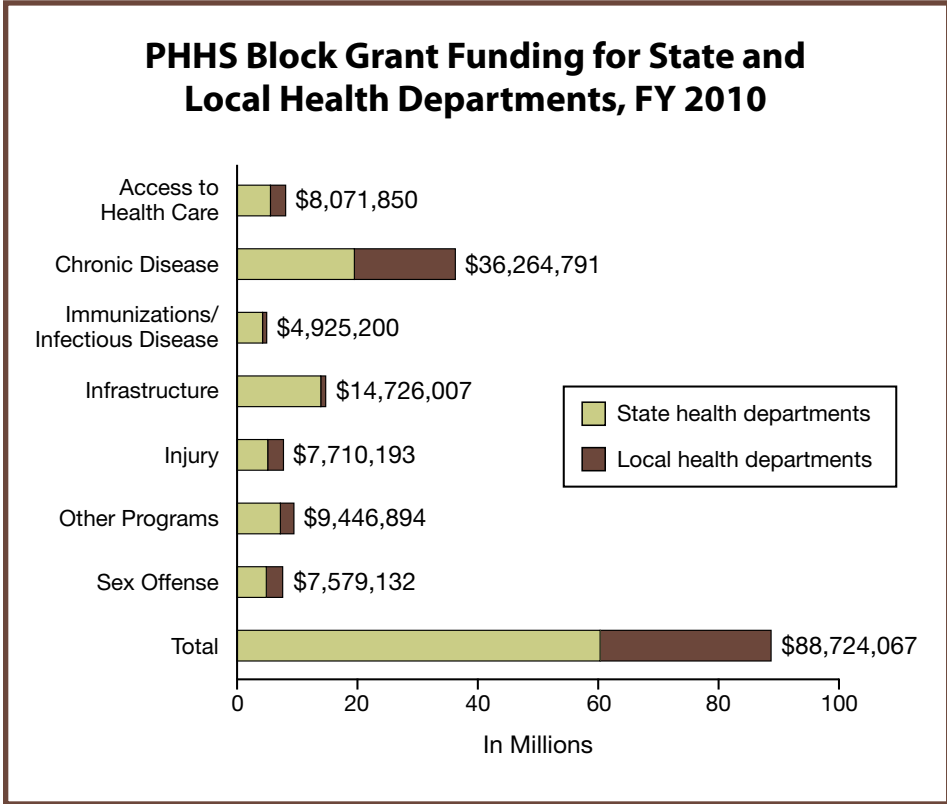
**Positive Discipline in Ohio Schools**

School-based violence has not increased dramatically in recent years, but aggressive behaviors such as verbal abuse, sexual harassment, and bullying have. These behaviors contribute to an atmosphere of insecurity and may escalate to more violent acts if left unaddressed. With PHHS Block Grant funding, the Union County Health Department in Ohio implemented a Positive Discipline program in county elementary schools during 2005–2009. The program taught teachers and staff how to help students practice and learn social skills that can create an environment of mutual respect in the classroom.

These types of programs can decrease discipline problems, bullying, and negative classroom behaviors, as well as improve teacher-student and peer-to-peer relationships. After 4 years of using this program, one school surveyed its students and found that 97% felt encouraged to succeed, 95% felt safer to ask questions, and 92% felt they could voice their opinions without fear of being bullied or harassed by fellow students.

**Improving Health in Rhode Island**

Central Falls is a small, densely populated city in Rhode Island with a large Hispanic population. Rates of diabetes, high blood pressure, cancer, heart disease, and sexually transmitted diseases are high among the city’s 19,000 residents. Because many residents have emigrated from other countries, they often face problems getting the health services they need because of language barriers, lack of insurance or knowledge about resources, lack of legal status, and distrust of local institutions.





## The Role of Block Grant Funding (continued)

To assess local health care needs, the staff of a nonprofit agency called Progreso Latino surveyed clients of its Wellness Clinic, 98% of whom are Latino. The 2010–2011 survey found that 79% of clients had not had a dental or eye exam in the past 3–4 years, 40% of Latino men said they often went to pharmacies instead of doctors for health care services, 80% of clients did not have a primary care doctor, and 89% said they needed medical services that they were not receiving.

To improve access to preventive and health care services for underserved populations in Central Falls, Progreso Latino applied for PHHS Block Grant funding to keep its Wellness Clinic open at night to provide free services to residents who

do not have health insurance and cannot access services during the day because of work. The clinic offers vaccinations (e.g., hepatitis A and B, pneumonia, influenza); screening for HIV infection; and screening for blood sugar, cholesterol, and blood pressure levels.

To help improve health literacy among local residents, the clinic also provides health fairs, educational workshops, and physical activity classes that include nutritional counseling. In 2010, the clinic served more than 1,500 adults in Central Falls and is making a difference in the lives of Spanish-speaking residents and other minority groups living in Central Falls.

## CDC's National Leadership

### CDC's Commitment to Success

The PHHS Block Grant is committed to developing a framework that holds programs accountable, fosters innovation at state and local levels, and improves public health. To achieve these objectives, CDC officials have developed national goals and performance measures that will be pilot tested and then implemented by each state.

Each indicator selected to measure a state's performance was assessed to determine whether relevant data (1) are available, consistent across specific time periods and all states, reliable and valid, and population-based; (2) focused on primary prevention; and (3) have standard numerators and denominators.

In addition, CDC is training state PHHS Block Grant coordinators on how to develop and sustain effective public health policies by creating partnerships across public and private sectors. Through CDC's leadership, states continue to improve their ability to identify and use evidence-based guidelines and strategies to design and implement public health programs in communities across the country.

### Future Directions

The PHHS Block Grant will continue to work with partners to implement core performance measures. This multiyear process is in the implementation stage, and final health status indicators, strategies to meet these indicators, and data collection methods are being identified. Each data collection process associated with each indicator will be tested extensively in selected states before full implementation.

In 2011, CDC's Block Grant Management Information System, which monitors how grantees spend their funding, will be redesigned to reflect the new objectives in *Healthy People 2020*. This redesign also will

- Increase the system's capacity to serve as a repository for program performance data.
- Enhance the ability of grantees to report how their activities link national and state health objectives.
- Provide a more efficient way for grantees to submit information about their programs to a variety of audiences.

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