

PREVENTIVE HEALTH AND HEALTH SERVICES - 2010

Program Boundary Statement

Program Quality Criteria

Program Template Objectives

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT PROGRAM BOUNDARY STATEMENT

For each performance-based contract program, the Division of Public Health has identified a boundary statement. The boundary statement sets the parameters of the program within which the local public health agency will need to set its objectives. The boundaries are intentionally as broad as federal and state law permits to provide maximum flexibility, however if there are objectives or program directions that the program is not willing to consider, those are included in the boundary statement.

Boundary Statement

The Preventive Health and Health Services (PHHS) Block Grant is a federal program to allocate funds to states to improve the health of the general population. The primary objectives of the is program are to (1) improve the health of communities through the achievement of selected National Healthy People 2010 Health Objectives; (2) control health problems related to rodents; (3) provide for community and school-based fluoridation programs; (4) conduct feasibility studies and planning for emergency medical services systems and the establishment, expansion, and improvement of such systems; (5) providing services to victims of sex offenses and for prevention of sex offenses (set aside for sexual assault prevention programming was established by Public Law 106-386 in 2000). (6) the establishment, operation, and coordination of effective and cost-efficient systems to reduce the prevalence of illness due to asthma and asthma-related illnesses, especially among children; (7) with respect to any of the above activities, conduct related planning, administration, and education activities; and (8) provide monitoring and evaluation of activities carried out under any of the above activities.

Contractees should adhere to the following boundaries when developing a proposal:

- If the contractee is a local public health department that has not completed a current community health improvement plan, then the PHHS proposal must include an objective for completing such a plan and funds must first be used to support this plan.
- Contractees may chose one or more health objectives that address one or more of the prominent public health needs which have been identified in its community health improvement plan to address an emerging threat or need. These selected health objectives should also be linked to the Healthiest Wisconsin 2010 priorities.
- If a contractee has a successful, existing PHHS funded program that is unique to its area, but which does not address one of the prominent identified needs and which it wishes to continue, it may do so. However solid justification must be provided to explain why the particular program must be continued and why it was not a priority in the completed community health improvement plan.

Unacceptable uses of funds

According to PHHSBG guidance, non-allowable uses for these funds include:

1. Providing financial assistance to any entity other than a public or nonprofit private entity. (this may be waived by the CDC, if a State requests a waiver and justifies the extraordinary circumstances that a waiver will assist in carrying out the activities.)
2. Inpatient services.
3. Cash payment to recipients of health services.
4. Purchase or improve land, purchase, construct, or permanently improve a building or facility or purchase major medical equipment.
5. Use as a match requirement for Federal funds.

Wisconsin PHHSBG Requirement Guidance from CDC:

1. Activities need to link with National and State Health Objectives – *Healthy People 2010 and Healthiest Wisconsin 2010*.
2. Specify the activities to be carried out. Annual activities should contain two components, a “Begin” and “End” date.
3. Specify target and disparate population.
4. Funds to be expended for the activities.
5. CDC is now asking States to identify the scientific basis for the intervention, not just base it on past practices. Public health literature as it pertains to Evidence-based guidelines, Best Practices or other scientific knowledge should be the basis for selecting interventions.

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract. Contractees should indicate the manner in which they will assure each criterion is met for this program. Those criteria include:

Public health assessment and surveillance that identify community needs and supports systematic, competent program planning and sound policy development with activities focused at both the individual and jurisdictional levels.

- a. Involvement of key policymakers and the general public in the development of comprehensive public health plans.
- b. Development and implementation of a plan to address issues related to access to high priority public health services for every member of the community.
- c. Identification of the scientific basis (evidence base) for the intervention.

Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and where the scientific basis for the intervention can be documented (evidence based-practice) and delivery of public health programs for communities for the improvement of health status.

- a. There are no separate sub-criterion to this Quality Criteria Category.

Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.

- a. There are no separate sub-criterion to this Quality Criteria Category.

Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.

- a. Provision of public information and education, and/or outreach activities focused on high-risk populations that increase awareness of disease risks, environmental health risks, and appropriate preventive activities.
- b. Provision of public information and education and/or outreach activities should utilize strategies that have a scientific basis (best-practices) for delivery methods to assure maximum impact on the selected population.
- c. All materials produced with PHHS Block Grant funds must include the following statement: "This publication was made possible by the PHHS Block Grant from the Centers for Disease Control."

Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.

- a. There are no separate sub-criterion to this Quality Criteria Category.

A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.

- a. There are no separate sub-criterion to this Quality Criteria Category.

Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.

- a. Provision of written policy and program information about the current guidelines, standards, and recommendations for community and/or clinical preventive care.

Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third party insurance and Medical Assistance Program coverage of services provided.

- a. Program-specific data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.

a. There are no separate sub-criterion to this Quality Criteria Category.

2010 Template Objectives for Preventive Health and Health Services Block Grant

Legend

A Objective Statement

D Input Activities

G For Your Information

B Deliverable

E Base Line for Measurement

C Context

F Data Source for Measurement

1. A. By December 31, 2010, (insert number) strategies for (insert focus of activities) for (insert population focus or name of jurisdiction) will be implemented by the (insert name of agency, coalition, collaborative, or partnership) to address needs identified in the community health improvement plan.

B. DELIVERABLE DUE DATE: 01/15/2011.

An agency report to include documentation of: 1) a description of the focus area chosen and the strategies implemented by the [insert name of agency, coalition, collaborative, or partnership], and 2) a description of the population focus or jurisdiction, and the outcomes of these strategies.

C. This objective is for systems activities with a focus on the community. Implementing strategies is based upon the completion of an identified needs assessment and development of a community health improvement plan. Working with others in groups, such as in coalitions, collaboratives, or partnerships is a powerful and effective way to address challenging issues and bring about community change. Infrastructure should include expertise in the focus area, as appropriate. All Prevention Quality Criteria apply.

D. [Include a brief description of the priority area(s) chosen and the strategies that will be implemented and include names of community partners.] These listed activities are required but are not intended to be all encompassing. Additional activities can be described.

E. [Identify the baseline for measurement - i.e., previous strategies implemented; or if this is a new initiative]

F. [Identify data source for measurement]

G.

2. A. By December 31, 2010, [insert number] strategies to prevent or ameliorate environmental health hazards in [insert population focus] will be implemented by the [insert name(s)] Health Department(s) in collaboration with community partners.

B. DELIVERABLE DUE DATE: 01/15/2011.

An Agency Report to document: environmental health hazard prevention or remediation strategies implemented and the outcomes, the population focus, number of individuals affected by the initiative, and identification of the community partners.

C. Activities focus on the jurisdiction. Implementing strategies is based upon the completion of an identified needs or situation assessment; and development and implementation of a plan to address issues. Develop strategic alliances with community based organizations and other groups that are working to improve the health status of the jurisdiction. Implementation should be carried out by professionals with appropriate expertise. All Prevention Quality Criteria apply.

D. [Include a brief description of the priority area(s) chosen and the strategies that will be implemented and include names of community partners.] These listed activities are required but are not intended to be all encompassing. Additional activities can be described.

E. [Identify the baseline for measurement - i.e., previous strategies implemented; or if this is a new initiative]

F. [Identify data source for measurement]

G.

3. A. By December 31, 2010, [insert number] strategies to create environments that support and promote healthy eating, daily physical activity and a healthy weight for [insert population focus or name of jurisdiction] will be implemented by [insert name of agency, coalition, collaborative, or partnership].

B. DELIVERABLE DUE DATE: 01/15/2011.

An agency report, or SPHERE Community or System Report, that includes: 1) a description of the focus area chosen and the strategies implemented by the [insert name of agency, coalition, collaborative, or partnership], and 2) a description of the population focus or jurisdiction, a description of the environmental and/or policy changes that occurred as a result of each strategy implemented and other outcomes measured.

C. Chosen strategies should support the implementation of the Wisconsin Nutrition and Physical Activity State Plan, which provides a framework to address obesity, improve nutrition and increase physical activity. The Plan serves as a guide for all partners who are planning and implementing initiatives for the prevention and management of obesity. The strategies are primarily evidence-based or promising strategies and will impact the related health priority areas of Healthiest Wisconsin 2010: Adequate and Appropriate Nutrition; Overweight, Obesity and Lack of Physical Activity. All Prevention Quality Criteria apply. For more information and the Nutrition and Physical Activity State Plan and evidence-based strategies go to: <http://dhs.wisconsin.gov/health/physicalactivity/index.htm>. All strategies chosen as part of this objective must include a policy and/or environmental change component. Educational activities, events or campaigns alone are not acceptable for this objective. The Nutrition, Physical Activity and Obesity Program is available to provide technical assistance for choosing and implementing evidence-based obesity prevention strategies. The Program also has various assessment tools, resource kits, evidence-based strategy summaries and curriculum available. Contact Mary Pesik at mary.pesik@wisconsin.gov or 608-267-3694.

D. [Include a brief description of the priority area(s) chosen and the strategies that will be implemented and include names of community partners.] Complete a brief online survey on the policy and environmental changes made during the contract year. The information will be used measure progress on the Wisconsin Nutrition and Physical Activity State Plan. These listed activities are required but are not intended to be all encompassing. Additional activities can be described.

E. [Identify the baseline for measurement - i.e., previous strategies implemented; or if this is a new initiative]

F. [Identify data source for measurement]

G.

4. A. By December 31, 2009, outcomes of injury prevention focused strategy(ies) for [insert population focus] will be reported by the [insert name] Health Department in collaboration with community partners.

B. DELIVERABLE DUE DATE: 01/15/2010.

An Agency Report, or SPHERE report, to document: injury prevention strategies implemented and the outcome(s), the population focus, number of individuals affected by the initiative, and identification of the community partners

C. Activities focus on the jurisdiction. Implementing strategies is based upon the completion of an identified needs assessment and development and implementation of a plan to address issues. Develop strategic alliances with community based organizations and other groups that are working to improve the health status of the jurisdiction. Infrastructure should include expertise in the focus area. All Prevention Quality Criteria apply.

D. [Include a brief description of the priority area(s) chosen and the strategies that will be implemented and include names of community partners.]

These listed activities are required but are not intended to be all encompassing. Additional activities can be described.

E. Baseline for measurement: Number of children served in the previous years or identify as a new initiative

F. [Identify data source for measurement]

5. A. By December 31, 2010, (insert number) children ages 6 months through 6 years will receive early childhood caries prevention services from (insert name) Health Department.

B. DELIVERABLE DUE DATE: 01/15/2011.

A narrative report to document, by child's age and type of service, the early childhood caries prevention services provided by (insert name) Health Department. A SPHERE report based on the data source for measurement.

C. Acceptable value range for this objective is \$35-\$90 per child, as determined by the DHS Oral Health Program. The following early childhood oral health preventive services are integrated into primary health care visits: 1) anticipatory guidance for parents and other caregivers, 2) an oral assessment for infants and children ages 6 months through 6 years, 3) fluoride varnish applications (up to 4 applications per year per child), and 4) referral to a dentist if necessary. It is recommended that outreach be done for services to infants and young children to sites such as health clinics, WIC Program, Head Start or Early Head Start, and child care programs. Staff training, technical assistance and materials are available through the DHS Oral Health Program. Contact Lisa Bell, State Public Health Dental Hygienist at 608-266-3201 Lisa.Bell@dhs.wisconsin.gov or Warren LeMay, Chief Dental Officer at 608-266-5152 Warren.Lemay@dhs.wisconsin.gov.

D. The early childhood caries prevention program will provide: 1) anticipatory guidance for parents and other caregivers, 2) an oral assessment for infants and children ages 6 months through 6 years, 3) fluoride varnish applications (up to 4 applications per year per child), and 4) referral to a dentist if necessary. Program to follow protocols as documented in: Integrating Preventive Oral Health Measures Into Healthcare Practice at http://dhs.wisconsin.gov/health/Oral_Health/trainingresources.htm and Fluoride Varnish Application Program for Children Agency Protocol at http://dhs.wisconsin.gov/health/Oral_Health/pdf_files/varnishpolicyprocr42505.pdf.

E. Number of children served in the previous years or identify as new initiative.

F. SPHERE Individual/Household Report to include the MCH Required Demographic Data and data from the following screens: Intervention: Screening, Sub-Intervention: Oral Health Assessment (with details) and Fluoride Assessment (with details); Intervention: Delegated Functions, Sub-Intervention: Fluoride Varnish (no detail screen); Intervention: Health Teaching, Sub-Intervention: Oral Health (with results); Intervention: Referral and Follow-Up (with details).

G.