

Preventive Health and Health Services Block Grant Proposed Guiding Principles

The Preventive Health and Health Services Block Grant (PHHSBG) is a cornerstone public health program for preventing disease, illness, and injury. It is designed to allow states/territories and their communities the flexibility to implement, support, and coordinate statewide prevention efforts while at the same time creating efficiencies that eliminate duplication of effort. ASTHO supports the PHHSBG and commends Congress for renewing and increasing its funding. Furthermore, ASTHO supports the internal transfer of the program to the CDC Office of State, Tribal, Local, and Territorial Support (OSTLTS).

ASTHO's board and members—the nation's state and territorial health officials—and the ASTHO Affiliate Council recommend that the PHHSBG demonstrate its importance and impact by maintaining five key principles for a high-performing program (see box below). ASTHO convened a workgroup of leadership representatives from a selection of state health agencies and affiliate organizations to develop the principles, and gained consensus on the principles among the ASTHO Affiliate Council. The guiding principles promote alignment of the PHHSBG and related prevention programs and introduce potential levels of measurement associated with national prevention initiatives. ASTHO members believe the use of guiding principles like those outlined below will ensure effective implementation of the PHHSBG and improve the health and safety of people in every state and territory now and into the future.

PROPOSED GUIDING PRINCIPLES

The Preventive Health and Health Services Block Grant should:

1. Be ***tailored to the unique preventive health needs of states/territories and their communities.***
2. Emphasize ***use of evidence-based and promising practices*** in primary and secondary prevention.
3. Emphasize state/territorial ***health priorities and goal setting***, including a focus on health equity.
4. Support ***capacity-building activities related to accreditation, quality improvement, performance management, and foundational capabilities*** that are essential to the successful implementation of the PHHSBG in states and their communities.
5. Continue to refine and develop its ***strategy for ensuring accountability and reporting results*** based on existing state-selected measures and/or new national measures such as the Healthy People 2020 Leading Health Indicators.

Alignment with National Public Health Initiatives

The ASTHO board and members and the ASTHO Affiliate Council recommend that successful PHHSBG programs align with national preventive health and public health services initiatives. The guiding principles in this document promote alignment with the following national initiatives:

- CDC primary prevention guidance and recommended strategies.
- The Guide to Community Preventive Services.¹
- CDC’s Core Functions of Public Health and 10 Essential Public Health Services.²
- CDC’s Health Impact Pyramid.³
- Healthy People 2020.⁴
- The Institute of Medicine’s Foundational Capabilities.⁵
- The National Prevention Strategy.⁶
- Prevention and Public Health Fund reporting requirements.
- Public Health Accreditation Board (PHAB) prerequisites, standards, and measures for voluntary accreditation of public health agencies.⁷
- Public health disease reporting, including vital records, the Behavioral Risk Factor Surveillance System, and the Youth Risk Behavior Surveillance System.^{8,9}

Proposed Guiding Principles

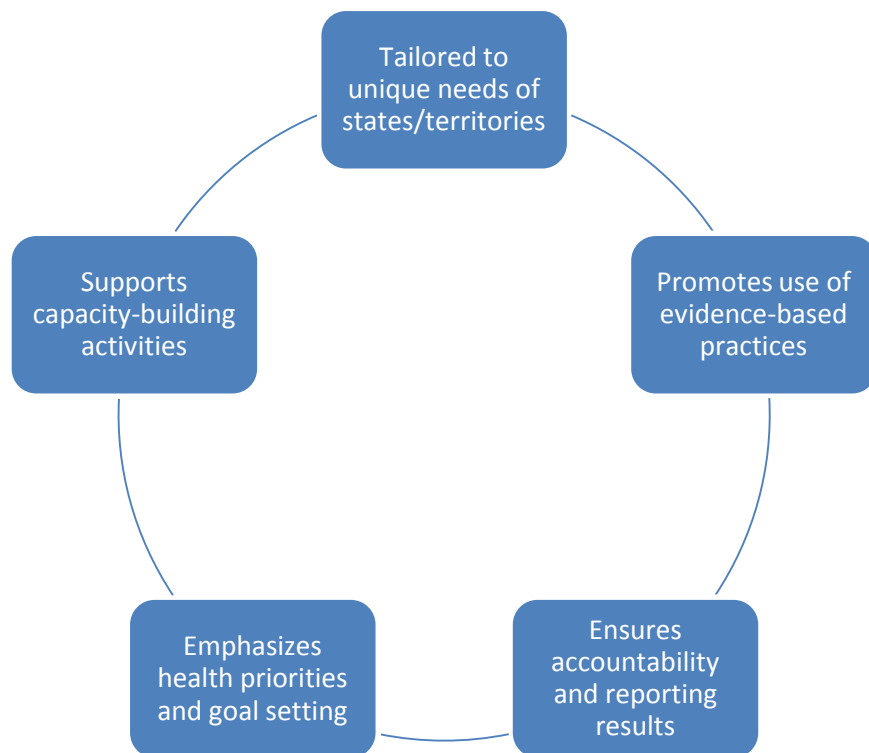


Figure 1. Summary of the Guiding Principles

1. The PHHSBG should be *tailored to the unique preventive health needs of states/territories and their communities.*

The PHHSBG is the only discretionary federal funding for states/territories and their communities for prevention. It ensures the ability of states/territories to support effective reinvestment in public health programs while avoiding duplication. As a block grant, the PHHSBG is intended to ensure that all grantees have resources and flexibility to meet documented health needs in states/territories and their communities. The PHHSBG, by design, ensures that states/territories can extend the scope of underfunded but effective primary and secondary prevention programs, install other evidence-based programs for which there is no state or federal funding, increase coordination of efforts that address the prevention needs of each state and territory, and build capacity to focus on each state's unique health needs, including unanticipated and emerging health issues and greater efficiencies in the implementation of public health programs. PHHSBG uses by states would include primary funding of programs, supplemental funding of programs, start-up funding for programs, and rapid response funding for programs.

2. The PHHSBG should emphasize *use of evidence-based and promising practices* in primary and secondary prevention.

The PHHSBG aligns well with national public health services and initiatives that are evidence-based. It supports Healthy People 2020 goals and objectives and aligns with the Guide to Community Preventive Services, the Core Functions of Public Health, and the 10 Essential Public Health Services. It is also congruent with numerous national prevention and public health system initiatives, such as the National Prevention Strategy; Health Impact Pyramid; CDC prevention guidance and recommended strategies; PHAB prerequisites, standards, and measures for voluntary accreditation of public health agencies; and foundational public health capabilities and services.

The program supports an array of prevention activities aligned with the priorities of states and territories and their communities. The following are major categories of activities likely to be supported through the PHHSBG (in alphabetical order): access to healthcare and non-insurance-reimbursable services, chronic disease, health promotion/community-based programs, health system assessments and health improvement plans, immunization/infectious disease, injury prevention, other primary prevention programs, public health program efficiency and effectiveness activities, sexual assault prevention, and workplace wellness.

3. The PHHSBG should emphasize state/territorial *health priorities and goal setting*, including a focus on health equity.

The PHHSBG should maximize efficiencies in state public health programs and target at-risk populations with evidence-based primary prevention practices using health equity as an integral cross-cutting factor in all PHHSBG activities. The PHHSBG should incorporate data from state/territorial and local community health assessments, public health surveillance, health improvement plans, and strategic planning as guides for targeting at-risk populations.

4. The PHHSBG should support *capacity-building activities related to accreditation, quality improvement, performance management, and foundational capabilities* that are essential to the successful implementation of the PHHSBG in states and their communities.

Quality improvement, performance management, and foundational capabilities are the building blocks for successful implementation of PHHSBG prevention activities. Sufficient capacity to effectively implement, support, and coordinate prevention programs is integral to successful implementation of PHHSBG programs. Activities that support better disease monitoring, rapid response to locally emerging health issues, voluntary accreditation readiness, better health communication and planning, and upgrading the skills and abilities of the public health workforce (including the epidemiologists who measure health impact) all also support public health capacity-building for states and their communities. States may be able to directly link new activities to Healthy People 2020 [public health infrastructure](#) developmental objectives, including:

- Public health systems assessment (PHI-14)
- State/community health improvement planning (PHI-15)
- Quality improvement (PHI-16)
- Accreditation (PHI-17)

Use of performance management and quality improvement tools and techniques will support capacity-building activity reporting.

5. The PHHSBG should continue to refine and develop its *strategy for ensuring accountability and reporting results* based on existing state-selected measures and/or national measures such as the Healthy People 2020 Leading Health Indicators.

The PHHSBG program should clearly indicate the potential impact of these funds, which vary by size of state, and ensure that accountability requirements are designed to ease states' reporting burden. Outcome, impact, and accountability reporting should include multiple, yet limited and focused, levels of measurement. These may include:

- 1) A national tier using a limited number of measures, to be determined by a collaborative consensus process over time. Potential criteria for selection of measures is outlined in the box below.
- 2) A state/territory-level tier of impact measures selected by states/territories from a menu of options, including success stories. For example, the Healthy People 2020 Leading Health Indicators provide an existing menu of reporting options.
- 3) A national aggregate report of PHHSBG program impact utilizing qualitative and quantitative measures that capture both the uniqueness and commonality among the grantees.
- 4) Measures of improvement in populations affected by health disparities and inequities.
- 5) Compliance with Prevention and Public Health Fund reporting requirements.

PROPOSED CRITERIA FOR SELECTION OF MEASURES*

- Is the focus of the measure an area where PHHSBG programs play or should play a core role in advancing and/or investing resources and effort?
- Do state PHHSBG programs have consistent access to timely data for reporting on the specific measure?
- Is the needle movable for the proposed measure (i.e., are states able to demonstrate impact as a result of PHHSBG-funded interventions in the area of the measure)?
- Are there evidence-based interventions that would allow state PHHSBG programs to move the needle?
- Is there potential for demonstrating a return on investment in the specific area of the measure?
- Does the measure reflect an outcomes and/or impact focus?
- Can data related to the measure be prepopulated by CDC to ease reporting burden on the states?

*Adapted from suggested criteria developed by the Association of Maternal and Child Health Programs for the Title V Maternal Child Health Services Block Grant.

Examples of impact and outcome measurement categories include: prevention program health impacts, documentation of increased services to needy populations that might otherwise not be served, documentation of improved effectiveness due to coordination of programs and/or adoption of innovations, and documentation of supportive cross-cutting activities that improve the impact of prevention programs.

National accountability for the PHHSBG program could benefit from CDC (or a national association partner) doing a real-time national aggregate impact report. This report could include a qualitative meta-analysis of state reports that aggregates number/percentage gains irrespective of content area and number or percentage gains by the categories of work/focus that can be measured across states (e.g. categories of success stories linked to Healthy People 2020, accountability, accreditation, etc.), to avoid sole reliance on reporting each individual program's success by its narrow topic area. Reporting should require state stories of impact and best practices—at least one story per state—and include documented approaches to improve effectiveness and efficiency. The Leading Health Indicators in Healthy People 2020 should be considered as a set of common measures.¹⁰

Another key element to ensure accountability and reporting results is adequate training of PHHSBG grantees. Training of PHHSBG grantees should include more than how to use the Prevention and Public Health Fund requirements. People need to know how to spend and report the dollars based on their state plan and disease rates. Training may be useful for all levels of management staff within state and territorial health agencies, including leaders such as state health officials, senior deputies, and chief fiscal officers in addition to PHHSBG block grant coordinators.

Measurement

While it is desirable to develop measures associated with national prevention initiatives for comparative purposes, we need not solely depend on such measures to assess the effectiveness and impact of the PHHSBG program. The PHHSBG-funded programs in states already use state-selected measures to document the success of PHHSBG funding in states.

Examples of state-selected measures/reporting options may include:

- Health impacted (overall or for selected subpopulations).
- Effectiveness of programs and services.
- Efficiencies gained.
- Duplication eliminated.
- Waste reduced.
- Program gaps filled.
- Improved response rates.

- Cost effectiveness.
- Use of state/local health assessments.
- Use of state/local health improvement plans.
- Use of strategic plans.
- Progress on Healthy People 2020 goals and objectives addressed by each state/territory's prevention programs that are implemented, coordinated, and/or aligned with PHHSBG activities.
- State success stories.
- Examples of impact based on state-specific logic models.
- Use of evidence-based programs.
- Health equity impacts.

Examples of state-selected reporting options that emphasize efficient program coordination and health equity may include:

- Documentation of increased coordination and efficiencies among prevention programs.
- Documentation of introduction or innovative use of evidence-based primary prevention programs and supportive services where there is no other state or federal funding.
- Documentation of supportive cross-cutting activities that improve the impact of prevention programs (e.g., health equity, data, integration, and personnel/resource alignment).
- Documentation of use of data to identify where to direct resources to have maximum effect on populations affected by health disparities and inequities subpopulations.

Next Steps

State health agencies can use these principles to guide and refine their planning, implementation, and reporting efforts associated with PHHSBG funds. Sharing these principles with the state's PHHSBG advisory committee and with subgrantees will help foster both practical and innovative PHHSBG programming alternatives over time.

ASTHO plans to convene a measurement workgroup to develop a proposed reporting framework for all states and territories that succinctly captures the PHHSBG's impact from all states.

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