State of Connecticut
Department of Public Health

The Preventive Health and Health Services Block Grant Allocation Plan FFY 2027

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY 2027 ALLOCATION PLAN

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I. Narrative Overview of the Preventive Health and Health Services Block Grant

A. Purpose

The Preventive Health and Health Services Block Grant (PHHSBG) is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC). The Department of Public Health (DPH) is designated as the principal state agency for the allocation and administration of the PHHSBG within Connecticut.

The PHHSBG, under the Omnibus Reconciliation Act of 1981, Public Law 97-35 (as amended by the Preventive Health Amendments of 1992, Public Law 102-531), provides funds for the provision of a variety of public health services designed to reduce preventable morbidity and mortality, and to improve population health status. Given that priority health problems and related resource capacity of states vary, Congress redirected the funding previously awarded through six separate categorical public health grants to create the PHHSBG in 1981. Thus, the PHHSBG affords each state much latitude in determining how best to allocate these federal funds to address specific state priorities.

B. Major Uses of Funds

The Preventive Health Amendments of 1992 revised substantial portions of the initial legislation, specifically the manner in which services must be classified and evaluated. The basic portion of the PHHSBG may be used for the following:

1. Activities consistent with making progress toward achieving the objectives in the national public health plan, also known as *Healthy People*. All PHHSBG-funded activities and budgets must be categorized under *Healthy People* selected topics and related risk reduction objectives.
2. Planning, establishing, and expanding emergency medical services systems. Funding for such systems may not be used to cover the operational costs of such systems nor for the purchase of equipment for these systems, other than for payment of not more than 50 percent of the costs of purchasing communications equipment for emergency medical systems.
3. Providing services for victims of sex offenses.
4. Planning, administrative, and educational activities related to items 1 through 3.
5. Monitoring and evaluating items 1 through 5.

Aside from a basic award, each state's total PHHSBG award includes one mandated sex offense allocation which is called the Sex Offense Set-Aside. This mandated sex offense allocation may only be used for providing services to victims of sex offense and for prevention of sex offense.

The PHHSBG funds cannot be used for any of the following:

1. provide inpatient services
2. make cash payments to recipients of health services

3. purchase or improve land; purchase, construct, or permanently improve a building or facility; or purchase major medical equipment
4. provide financial assistance to any entity other than a public or non-profit private entity
5. satisfy requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds

Additionally, 30 U.S.C. Section 1352, which went into effect in 1989, prohibits recipients of these federal funds from lobbying Congress or any federal agency in connection with the award of a particular contract, grant, cooperative agreement or loan. The 1997 Health and Human Services Appropriations Act, effective October 1996, expressly prohibits the use of appropriated funds for indirect or "grass roots" lobbying efforts that are designed to support or defeat legislation pending before the state legislature.

States are required to maintain state expenditures for PHHSBG-funded services at a level not less than the average of the two-year period preceding the grant award. The state's funding for individual programs can change if the aggregate level of state funding for all programs is maintained. Connecticut's estimated 2027 Maintenance of Effort (MOE) is $2,414,708. The MOE total includes state-funded personnel costs and other expenses funds directed at the attainment of the health status objectives funded by the PHHSBG. In addition, no more than 10 percent of the award may be spent on the administration of this grant.

Consistent with Healthy People 2030, the national public health plan's leading health indicators, the FFY 2027 PHHSBG basic award will support the following programs: asthma, cancer, cardiovascular disease, diabetes, policy and environmental change strategies for chronic disease prevention, suicide prevention initiatives, unintentional injury prevention, health behavior data surveillance, state public health accreditation, and related evaluation efforts. The mandated Sex Offense Set-Aside portion of the block grant will fund sexual assault crisis services. In addition, the FFY 2027 PHHSBG basic award will provide contractual funding to local health departments with a focus on the following priority health areas: heart disease and stroke prevention, including obesity, physical inactivity, and nutrition policies; diabetes; unintentional and intentional injury prevention, which includes motor vehicle crashes, falls, suicide, and sexual violence prevention.

C. Federal Allotment Process

Each state's share of the total federal basic PHHSBG appropriation is based upon the amount of funding it received in 1981 for the six categorical grants that the PHHSBG replaced. Connecticut's FFY 2026 basic appropriation was $2,321,577 and the Sex Offense Set-Aside portion, which is based on the State's population, was $75,278. Total PHHSBG funding allocated to Connecticut in FFY 2026 was $2,396,855.

D. Estimated Federal Funding

The following FFY 2027 funding estimates for Connecticut are based on FFY 2026 funding levels:

Basic Award	$2,321,577
Sex Offense Set-Aside	$ 75,278
Total FFY 2026 Estimated Award	$2,396,855

E. Total Available and Estimated Expenditures

The proposed FFY 2027 budget is $2,396,855 and is expected to be expended in a 12-month period.

Effective April 2026, the CDC shifted all awards to a one-year budget period (October 1-September 30). Carryover beyond the funding period has not been permitted since FFY 2014.

F. Proposed Changes from Last Year

In May 2026, DPH was notified that Connecticut's FFY 2026 allocation would be $2,396,855, a reduction of $186,973 from the updated FFY 2025 award. Upon receiving this revised funding amount, executive staff met to identify necessary adjustments while minimizing program impact. Despite this loss in funding, the health priorities and program categories in the proposed FFY 2027 plan remain aligned with anticipated expenditures through FFY 2026. Slight modifications were made to Administration (reduction of approximately $20,000 in the Other category) to offset an increase in salary for a position in the agency's Office of Policy and Strategic Initiatives (OPSI). These modifications do not impact priorities for the agency.

Consistent with the contingency process outlined in the approved allocation plan, executive staff met to determine how to allocate the available funds. Funding for an Asthma Program contract that was not executed was eliminated from the proposed budget (and may be supported at a future time on alternative funding). That, combined with three local health department contracts focused on tobacco use prevention and cessation programs were also shifted off of this funding source given that other funding sources are available to support similar activities and may be a viable avenue to support these contracts in the future. Together, these changes generated the savings needed to cover the $186,973 deficit. The recommended budget revision was presented to the PHHSBG Advisory Committee for approval, and the FFY 2026 Allocation Plan was subsequently modified.

Funding for all other program categories remains consistent with anticipated expenditures in FFY 2026, with the exception of the minor approximately $20,000 adjustment for OPSI salary and offsetting noted above. Connecticut's proposed FFY 2027 Allocation Plan assumes level funding from the prior year and continues to support activities aligned with national Healthy People objectives.

G. Contingency Plan

DPH is prepared to revise the FFY 2027 proposed budget, as needed, to accommodate any changes in the estimated PHHSBG award presented in this Allocation Plan. The development of revisions would be led by DPH executive staff and presented to the Connecticut PHHSBG Advisory Committee. Committee acceptance of the Plan will be followed by a public hearing. The hearing will afford the public an opportunity to comment and make recommendations on proposed PHHSBG allocations. If there are no objections from the public, the Board will formally approve the Plan.

In accordance with section 4-28b of the Connecticut General Statutes, after recommended allocations have been approved or modified, any proposed transfer to or from any specific allocation of a sum or sums of over fifty thousand dollars or ten per cent of any such specific allocation, whichever is less, shall be submitted by the Governor to the speaker and the president pro tempore and approved, modified, or rejected by the committees. Notification of all transfers made shall be sent to the joint standing committee of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and to the committee or committees of cognizance, through the Office of Fiscal Analysis.

H. State Allocation Planning Process

The Preventive Health Amendments of 1992 require that each state develop a plan for achieving the national *Healthy People* objectives addressed by the PHHSBG. This must be achieved in consultation with a PHHSBG Advisory Committee. The Committee must include representatives of the general public and local health services. The responsibilities of the Committee are:

1. To make recommendations regarding the development and implementation of an annual plan, including recommendations on the:
   - activities to be carried out by the grant and allocation of funds,
   - coordination of activities funded by the grant with other appropriate organizations,
   - assessments of the public's health, and
   - collection and reporting of data deemed most useful to monitor and evaluate the progress of funded programs toward the attainment of the national *Healthy People* objectives.

2. To jointly hold a public hearing with the state health officer, or his designee, on the plan.

DPH hosted two meetings this year for the Preventive Health and Health Services Block Grant Advisory Committee. The Committee includes five representatives from local health departments, community-based organizations, educational institutions, and the public. The Advisory Committee met on April 23, 2026, and again on June 23, 2026, to finalize details for the application to be submitted to CDC. A virtual public hearing was also held on June 23, 2026.

I. Grant Provisions

In addition to the federally mandated provisions described previously, states must also comply with the reporting requirements outlined in 42 U.S.C. § 300w–11 — Preventive Health and Health Services Block Grants and summarized below:

Submit an annual application to the CDC that specifies the following:

(a) the amount of PHHSBG, state, and other federal funding directed towards the attainment of each of the state's PHHSBG-funded *Healthy People* health objectives,
(b) a description of each of the programs, strategies, risk reduction, and annual activity objectives and projected outcomes for each,
(c) identification of any populations having a disparate need for such activities,
(d) a description of the strategy for expending payments to improve the health status of each population specified, and
(e) the amount to be expended for each activity and population specified.

If a state adds or deletes a health status objective or makes other substantial revisions to its Allocation Plan after the application has been submitted to the CDC, it must conduct a public hearing on the revised plan and submit a revised application. Each state must also submit an annual report on the attainment of each health status and risk reduction objective and related activities funded during the preceding year. The Governor and Connecticut's Chief Health Officer must sign certification and assurance statements for inclusion in the application to the CDC. These statements certify adherence to the mandated provisions as outlined in this Allocation Plan.

TABLE A

Summary of Appropriations and Expenditures

PROGRAM CATEGORY	FFY 25 Actual/Estimated Expenditures	FFY 26 Actual/Estimated Expenditures	FFY 27 Proposed Expenditures	Percentage Change from FY 26 to FY 27
Administrative Support	$160,624	$192,377	$172,315	-10.43%
Asthma	$97,356	$69,660	$69,660	0.00%
Cancer Prevention	$42,727	$42,727	$42,727	0.00%
Cardiovascular Disease Prevention	$20,000	$20,000	$20,000	0.00%
Local Health Departments	$1,021,349	$830,319	$830,319	0.00%
Rape Crisis Services	$75,278	$75,278	$75,278	0.00%
Surveillance and Evaluation	$316,228	$316,228	$316,228	0.00%
Youth Violence/Suicide Prevention	$99,198	$99,198	$99,198	0.00%
Nutrition and Weight Status	$14,587	$14,587	$14,587	0.00%
Office of Policy & Strategic Initiatives	$736,481	$736,481	$756,543	2.72%
TOTAL	**$2,583,829**	**$2,396,855**	**$2,396,855**	0.00%
SOURCE OF FUNDS				
Block Grant	2,583,829	2,396,855	2,396,855	0.00%
TOTAL FUNDS AVAILABLE	**2,583,829**	**2,396,855**	**2,396,855**	0.00%

[1] Numbers may not add to totals due to rounding.

TABLE B – ALL PROGRAMS

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 25 Actual/Estimated Expenditures	FFY 26 Actual / Estimated Expenditures	FFY 27 Proposed Expenditures	Percentage Change from FY 26 to FY 27
Number of Positions (FTE) budgeted/filled	3.95/3.95	4.95/4.95	3.95/3.95	-20.2%/-20.2%
Personal Services	315,827	378,287	389,260	2.90%
Fringe Benefits	290,963	311,678	320,767	2.92%
Other Expenses	352,510	301,088	122,490	-59.32%
Contracts	430,545	430,545	589,081	36.82%
Grants to:				0.00%
Local Government	1,021,349	830,319	830,319	0.00%
Private agencies	172,634	144,938	144,938	0.00%
TOTAL EXPENDITURES [2]	2,583,828	2,396,855	2,396,855	0.00%
SOURCE OF FUNDS				
Base Grant	2,583,829	2,396,855	2,396,855	0.00%
TOTAL FUNDS AVAILABLE	**2,583,829**	**2,396,855**	**2,396,855**	0.00%

TABLE C – ADMINISTRATIVE SUPPORT

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 25 Proposed Expenditures	FFY 26 Actual/Estimated Expenditures	FFY 27 Proposed Expenditures	Percentage Change from FY 26 to FY 27
Number of Positions (FTE) budgeted/filled	.75/.75	.75/.75	.75/.75	0.00%/0.00%
Personal Services	$76,387	$77,952	$77,952	0.00%
Fringe Benefits	$74,410	$66,970	$66,970	0.00%
Other Expenses	$9,827	$47,455	$27,393	-42.28%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	**$160,624**	**$192,377**	**$172,315**	**-10.43%**

TABLE D – ASTHMA

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 25 Proposed Expenditures	FFY 26 Actual / Estimated Expenditures	FFY 27 Proposed Expenditures	Percentage Change from FY 26 to FY 27
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies	$97,356	$69,660	$69,660	0.00%
TOTAL EXPENDITURES	**$97,356**	**$69,660**	**$69,660**	**0.00%**

TABLE E – CANCER PREVENTION

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 25 Actual/Estimated Expenditures	FFY 26 Actual / Estimated Expenditures	FFY 27 Proposed Expenditures	Percentage Change from FY 26 to FY 27
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts	$42,727	$42,727	$42,727	0.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	**42,727**	**42,727**	**42,727**	**0.00%**

TABLE F – CARDIOVASCULAR DISEASE PREVENTION

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 25 Proposed Expenditures	FFY 26 Actual / Estimated Expenditures	FFY 27 Proposed Expenditures	Percentage Change from FY 26 to FY 27
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses	$20,000	$20,000	$20,000	0.00%
Minor Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	**$20,000**	**$20,000**	**$20,000**	**0.00%**

TABLE G – LOCAL HEALTH DEPARTMENTS

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 25 Proposed Expenditures	FFY 26 Actual / Estimated Expenditures	FFY 27 Proposed Expenditures	Percentage Change from FY 26 to FY 27
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts	$0	$0	$0	0%
Grants to:				
Local Government	$1,021,349	$830,319	$830,319	0.00%
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	**$1,021,349**	**$830,319**	**$830,319**	**0.00%**

TABLE H – RAPE CRISIS SERVICES

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 25 Actual/Estimated Expenditures	FFY 26 Actual / Estimated Expenditures	FFY 27 Proposed Expenditures	Percentage Change from FY 26 to FY 27
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies	$75,278	$75,278	$75,278	0.00%
TOTAL EXPENDITURES	**$75,278**	**$75,278**	**$75,278**	**0.00%**

TABLE I – SURVEILLANCE AND EVALUATION

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 25 Actual/Estimated Expenditures	FFY 26 Actual / Estimated Expenditures	FFY 27 Proposed Expenditures	Percentage Change from FY 26 to FY 27
Number of Positions (FTE) budgeted/filled	0.25/0.25	0.25/0.25	0.25/0.25	0.00%
Personal Services	$18,627	$19,145	$19,145	0.00%
Fringe Benefits	$13,499	$14,514	$14,514	0.00%
Other Expenses	$10,069	$8,536	$0	-100.00%
Equipment				
Contracts	$274,033	$274,033	$282,569	3.11%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	**316,228**	**316,228**	**316,228**	**0.00%**

TABLE J – YOUTH VIOLENCE/SUICIDE PREVENTION

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 25 Proposed Expenditures	FFY 26 Actual / Estimated Expenditures	FFY 27 Proposed Expenditures	Percentage Change from FY 26 to FY 27
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts	$99,198	$99,198	$99,198	0.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	**$99,198**	**$99,198**	**$99,198**	0.00%

TABLE K – NUTRITION AND WEIGHT STATUS

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 25 Proposed Expenditures	FFY 26 Actual / Estimated Expenditures	FFY 27 Proposed Expenditures	Percentage Change from FY 26 to FY 27
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts	$14,587	$14,587	$14,587	0.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	**$14,587**	**$14,587**	**$14,587**	0.00%

TABLE L – OFFICE OF POLICY & STRATEGIC INITIATIVES (OPSI)

PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 25 Actual/Estimated Expenditures	FFY 26 Actual / Estimated Expenditures	FFY 27 Proposed Expenditures	Percentage Change from FY 26 to FY 27
Number of Positions (FTE) budgeted/filled	2.95/2.95	3.95/3.95	2.95/2.95	-25.32%/-25.32%
Personal Services	$220,813	$281,190	$292,163	3.90%
Fringe Benefits	$203,054	$230,194	$239,284	3.95%
Other Expenses	$312,614	$225,097	$75,097	-66.64%
Equipment				
Contracts			$150,000	0.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	**$736,481**	**$736,481**	**$756,543**	2.72%

TABLE M – SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES

Note: FFY 2025 "Numbers Served" and "Performance Measures" reflect interim status. The delayed allocation of FFY 2025 funds from the Centers for Disease Control and Prevention resulted in the late execution of contracts. This has, and will, negatively impact contractor performance for the rest of the grant year ending 9/30/2026.

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2025	Performance Measures
Asthma Prevention	To provide home-based asthma management education and identify and reduce environmental asthma triggers	Asthma program contractors conducted in-home asthma management education and environmental assessments to identify and reduce asthma environmental triggers by a) identifying in-home environmental asthma triggers, b) recommending trigger reduction strategies with provided supplies and, c) evaluating the implementation of trigger reduction strategies.	The two contractors serve 39 towns. Based on the 2024 statewide child-specific asthma prevalence rate of 7.8%, 9,237/118,428 children <18 residing in those towns currently have asthma and would be eligible for services. Enrollment in the program is critically low.	Performance Measure: The CT Asthma program will report on the number of participants who enrolled in the asthma home visiting program and report improved asthma control scores by at least 15% from baseline until completion of the program. Research supports that an improvement of 15% on the Asthma Control Test is clinically significant. Outcome metric: # of participants who complete 3 separate site visits designed to control asthma medically, and to reduce in-home or other triggers that exacerbate the chronic disease. Performance Measure 1: participants achieve a technical self-administration (of asthma medication) skill score of at least 80%.DPH collects data on the findings associated with self-administration. Performance Measure 2: 100 % of participants have an assessment of exposure to environmental triggers found in their homes conducted, and are provided education, supplies, and recommendations to reduce identified triggers. Data on families' exposure to specific triggers are collected as part of the assessment. DPH also collects data on the findings (e.g., poor air ventilation, pet exposure, VOCs, 2nd-hand smoke, rodent droppings, and insect infestation). The percentage of families who implemented recommended trigger reduction strategies is as follows: •100% implemented proper food storage. •67% reduced use of air fresheners and scented candles. •67% reduced exposure to rodents. •67% reduced their exposure to dust. •67% reduced exposure to pets. •33% used mattress cases to reduce exposure to insects. •33% decreased exposure to mold and improved indoor air ventilation. •33% reduced exposure to tobacco smoke

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2025	Performance Measures
Cancer Prevention	Reduce cancer incidence and improve health outcomes in populations at higher risk for cancer by providing relevant cancer prevention information, resources, and implementing targeted initiatives. .	DPH, in conjunction with the Connecticut Cancer Partnership, maintained a state level cancer website, which provided relevant information regarding action steps toward addressing CT Comprehensive Cancer Plan goals and objective with an emphasis on reducing differences in cancer incidence across all population groups. The DPH awarded contractor, through the statewide cancer coalition, the CT Cancer Partnership, will create and maintain workgroups to address different types of cancer.	Number served: To be determined in final report Potential reach: 3.6 million Number served: 3 workgroups that include 42 active members. Lung Workgroup: 24 Healthcare Providers at in-person summit.	Performance Measure: State cancer website is periodically updated and contains information on progress in achieving Plan goals and objectives related to reduce cancer incidence across all population groups. Outcome: The redesigned CT Cancer Partnership website launched in April 2026 and is now regularly updated with events, initiatives, workgroup activities, and data: UCONN Health serves as the contracting partner for administering the Partnership. http://ctcancerpartnership.org Performance Measure: The CT Cancer Partnership and DPH comprehensive Cancer Program will develop and maintain at least 2 work groups to address cancer in CT. Outcome: Three work groups—focused on HPV vaccination, lung cancer screening, and early-onset cancer (EOC) survivorship—meet monthly throughout the reporting period. The HPV Vaccination Work Group continues its partnership with CVS to offer catch-up vaccinations to college students at pop-up health fairs. They developed a one-page parent handout addressing HPV vaccine myths and are creating a similar resource for pediatric and primary care providers. The group also supports UCONN School of Dentistry and the Connecticut Hygienist Association by providing lectures and guidance on integrating HPV prevention and screening into their curriculum.

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2025	Performance Measures
Heart Disease, Stroke, and Diabetes Prevention	Decrease the 10-year risk for heart disease and stroke among adults.	Local health departments/districts (LHDs) will implement a National Diabetes Prevention Program (NDPP), which is a year-long, one week per month lifestyle change program to prevent the onset of type 2 diabetes. LHDs conducted diabetes/chronic disease education classes for adults 18 and older aimed at increasing diabetes/chronic disease self-care and reducing diabetes/chronic disease complications.	Roll out program to all local public health departments and health districts statewide. Those providing health education and health promotion services will be most interested.	Performance Measure: As a newer initiative, the target is to increase the number of people receiving formal diabetes education delivered through local public health by 60%. Outcome: Met and exceeded measure by more than doubling enrollment to 131 formal interventions conducted. Target is to continue to increase at the same rate moving into next fiscal year.
Cardiovascular Disease	Increase the percentage of community-based organizations that are trained to address cardiac episodes.	The Office of Emergency Management Services (OEMS) has seen a steady decline in the number of HEARTSafe Community Designations and seeks to increase its number. Increasing the number of communities will ensure publicly accessible AEDs will remain available and in ready condition.	Number served: Site location census – 424,112	Performance Measure: The HEARTSafe Program will increase the number of HEARTSafe Community designations by 10 from 62 to 72. Outcome: As of 6/2026, there have been 18 HEARTSafe Community Renewals. The number of currently designated HEARTSafe communities has reached 67. The towns renewed were: New Canaan, Weston, Westport, West Haven, Andover, Cromwell, Stafford, West Hartford, Wethersfield, Windsor, Bozrah, Franklin, Lebanon, Danbury, Ridgefield, Sharon, Southbury, Woodbury

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2025	Performance Measures
Policy/Environmental Change for Chronic Disease Prevention	Implement community-wide policy and/or environmental change initiatives to reduce chronic disease risk factors by decreasing obesity, improving dietary habits, increasing physical activity, and decreasing tobacco use.	Community needs are assessed and community-wide policy and/or environmental change initiatives that increase access to healthy foods, increase opportunities for physical activity, and decrease tobacco use are developed, implemented, and evaluated.	Based on population of communities	Performance Measure: LHDs will develop, implement, and evaluate 1 or more community-wide policy and/or environmental change initiative that reduce chronic disease risk factors. Outcome: Four local health departments implemented at least 1 policy or environmental change initiative to increase access to healthy foods, expand opportunities for physical activity, or reduce tobacco use. Examples include worksite wellness efforts and built environment improvements such as constructing sidewalks and bike or walking paths. One local health department also recruited three new partners, two transitional schools and one senior housing complex to join a walking program that promotes physical activity. The partnership was highly successful, with 90% of schools participating in a consistent walking or step-based activity. Creative approaches included indoor walking routes, use of outdoor walking paths, and incorporating activities like basketball.
Tobacco Use Cessation/Create Environmental Changes to Reduce Secondhand Smoke Exposure	Reduce tobacco use and exposure to secondhand smoke	LHDs will provide tobacco use cessation counseling programs that provide smokers with the information, skills and tools needed to successfully quit or reduce their tobacco use. LHDs will conduct tobacco use cessation counseling programs that provide smokers with the information needed to reduce exposure to secondhand smoke	Number Served: 22	Performance Measure: LHDs selecting the "Reduce Tobacco Use - Cessation Program" option will maintain at least 70% of participants in tobacco use cessation programs who report either quitting or reducing tobacco use at the end of the program. Outcome: 74% of participants in tobacco cessation programs reported either quitting or reducing their tobacco use by the end of the program. Performance Measure: Maintain percentage of participants in smoking cessation programs that report making protective environmental changes that reduced non-smokers' exposure to secondhand smoke at 70%. Outcome: 74% of participants in smoking cessation programs reported that they made protective environmental changes that reduced non-smokers' exposure to secondhand smoke.

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2025	Performance Measures
Hypertension Management Practices	Decrease heart disease and stroke due to hypertension	LHDs developed and implemented blood pressure (BP) screening and education programs to initiate action to control high BP among adults ages 18 and older.	Number Served: 832 157 screening events were held. # of people screen: N =1415 3 Chronic Disease Self-Management Program (CDSMP) were conducted # of people served: N = 23.	Performance Measure: 7 LHDS will increase participants awareness of how to accurately conduct high blood pressure readings by conducting blood pressure screenings in these districts. The number of screenings will increase from a baseline of 80 to a final target of 100 screenings events conducted for the program year. Outcome: 91% of screening events and CDSMP were held by 03/31/2026. Performance Measure: 100% of participants in the CDSMP will be taught to accurately measure their blood pressure using an electronic device. Accurately measuring and recording blood pressure readings are key indicators for cardiovascular health.
Surveillance and Evaluation	Increase the availability of state and local health indicators, health status indicators, and priority health data.	Increased the number of completed supplemental interviews for the Behavioral Risk Factor Surveillance Survey (BRFSS), distributed data, and calculated small-area estimates using BRFSS data.	Number Served: 3,675,069 adults and children in CT (CT population estimate, 2024) Potential reach: All CT residents who may benefit from public health surveillance data, reports and programs informed by these data.	Performance Measures: - CT BRFSS is supplemented by an additional 1,500 completed interviews to allow for reliable estimates of sub-state estimates. - conduct an additional 6,000 interviews focused on health-specific topics and population groups using the BRFSS and YRBS. This will increase the total number of interviews to 10,000, improving the ability to identify gaps in health status and modifiable risk factors for chronic diseases in Connecticut. -collect an additional 2,000 surveys and analyze data collected from CT youth and adults. Surveys will measure reductions in tobacco use, perceptions or harm, and trends over time. The final goal is to collect 12,000 surveys total from the YRBS and BRFSS. - DPH will disseminate CT Behavioral Risk Factor Surveillance System (BRFSS) data with a minimum of 4 presentations or publications.

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2025	Performance Measures
Surveillance and Evaluation (cont.)				Outcome: The Connecticut Behavioral Risk Factor Surveillance System (BRFSS) sampling targets for 2025 and 2026 were 7,500 and 10,200 completed interviews, respectively. PHHS Block Grant funding supported an additional 1,500 interviews beyond the 6,000 typically covered by the core BRFSS grant. The 2025 cycle achieved its goal of 7,500 completed interviews, and the program is on track to reach 10,200 in 2026, exceeding the performance measure target. The larger sample size strengthens the state's ability to produce reliable estimates for sub-state regions, population groups, and modifiable chronic disease risk factors. BRFSS data collection occurs continuously throughout the calendar year. As of June 2026, the 2023 and 2024 BRFSS Summary Tables Reports have been published on the CTDPH BRFSS webpage. The 2025 BRFSS data were finalized by the CDC in May 2026, and the 2025 Summary Tables Report is expected to be published in September 2026. The BRFSS program is also preparing a comprehensive Health Indicators Report covering 2021–2024, with publication anticipated in September 2026. These publications support the program's reporting and dissemination goals and will be available online at www.ct.gov/dph/BRFSS . -The 2025 Youth Risk Behavior Survey (YRBS) Summary Graph and Trend Report was published in April 2026. With PHHS Block Grant support, 2,823 high school students from 43 Connecticut high schools participated in the survey. The survey achieved an 86% school response rate and a 76% student response rate, exceeding the target of collecting an additional 2,000 surveys. These data support analyses of tobacco use, perceptions of harm, and trends in health behaviors among Connecticut youth and provide valuable information for monitoring population health over time.

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2025	Performance Measures
Youth Suicide Prevention **Youth Suicide Prevention, cont.**	Decrease in youth suicide.	DPH, in consultation with the CT Suicide Advisory Board (CTSAB), will implement 3 trainings that address the risk factors related to suicide ideations and the reduction of stigma in mental health help seeking. DPH staff, in collaboration with CT Suicide Advisory Board (CTSAB), implemented 2 strategies to reduce access to lethal means of suicide.	These trainings are planned for late summer. One (1) Assessing and Managing Suicide Risk (AMSR) training and 2 Recognizing and Responding to Suicide Risk for Primary Care and Youth Primary Care Providers trainings (RRSR- PC) will be offered in August and September 2026.. Number served: Potential to reach all CT Residents	Performance Measure: Implement a minimum of 3 trainings that address the risk factors related to suicide ideations and the reduction of stigma in mental health help seeking. Outcome: Wheeler Clinic, in partnership with the Jordan Porco Foundation, will sponsor Fresh Check Days on Connecticut college campuses, typically held at the start of the academic year. Fresh Check Day, the Foundation's signature program, is an engaging mental health promotion and suicide prevention event featuring interactive booths, peer-to-peer messaging, involvement from multiple campus departments, free food, entertainment, and giveaways. The event is designed to encourages students to talk openly about mental health and strengthens connections to available resources on campus, in the community, and nationwide. Performance Measure: Implement 2 strategies to reduce access to lethal means of suicide among individuals with identified risks which include provider training, development of educational materials and suicide prevention signage. Outcome; The CT Suicide Advisory Board's Lethal Means Committee continues to advance its strategic plan to reduce access to lethal means for individuals at risk of suicide. Current activities include delivering "Talk Saves Lives" trainings for firearm retailers and shooting range staff, and posting suicide-prevention signage at train stations, bridges, and public parks in partnership with UWC and CT DOT. Additional strategies include creating a 4–5-minute training video on preventing firearm suicide for use in permit and firearm-related classes, and offering a webinar titled *Suicide Awareness for Instructors, FFLs, and Ranges*. The committee is also distributing firearm lockboxes in collaboration with the CT DPH Office of Injury

				Prevention to promote safe storage, reduce firearm-related injuries and deaths, prevent suicides, and address firearms used in intimate partner violence. A community resource—*Suicide Prevention Is Everyone's Business: A Toolkit for Safe Firearm Storage in Your Community*—is available at: https://projectchildsafe.org/discussing-mental-health/
Service Category	**Objective**	**Grantor/Agency Activity**	**Number Served FFY 2025**	**Performance Measures**
Unintentional Injury Prevention **Motor Vehicle Crashes**	Decrease in unintentional injuries.	LHDs conducted child passenger safety programs to demonstrate awareness of the correct use of child safety seats	Number Served: As of 12/31/2025, the New Haven Health Department served 355 adults through its child passenger safety education programs and installed 25 car seats. As of 12/31/2025, the New Haven Health Department conducted 4 community awareness activities on child passenger safety, reaching 355 community members with safety information. There has been a 4-month staff vacancy (1/2026-4/26) of staff to manage the program. New staff onboarded on 5/26.	Performance Measure: New Haven Health Department (NHHD) will increase the percentage of participants who demonstrate awareness of correct installation and use of child passenger safety seats upon attending a child passenger safety in motor vehicles program from 94% to 95%. Outcome: As of 12/31/2025, 100% of New Haven Health Department's child passenger safety (CPS) program participants demonstrated knowledge and awareness of the correct use of restraint systems upon completion of a child passenger safety program. Performance Measure: New Haven Health Department will conduct at least three (3) community awareness activities or events to promote awareness of CT laws on child passenger safety in motor vehicles. Outcome: As of 12/31/2025, New Haven Health Department provided 4 community awareness activities on CPS and 355 community members received CPS information. These were held at: Read aloud children's books in English and Spanish day at Ives Library (20), City of New Haven Employee Safety Health & Wellness Fair (200), Day of Foster Parenting at SCSU (75) and Lulac Head Start (60).

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2025	Performance Measures
Fall-related Injuries **Fall Prevention for Older Adults**	Decrease in unintentional injuries	Develop the Connecticut Falls Prevention Collective by identifying and establishing partnerships with key state agencies, professionals and community organizations interested in providing falls prevention programming for community-living older adults. LHDs conducted fall prevention training programs for health care providers.	Number Served: N= 200+	Performance Measure: CT DPH, in collaboration with CT Department of Aging and Disability Services (ADS) Bureau of Aging and local health departments/districts, will implement a Connecticut Falls Prevention Coalition to increase membership from a baseline of 5 to a final measure of 15 to advance fall prevention efforts in the state for community-living older adults 65+ to enhance their quality of life. Outcome: Falls Free CT Coalition has a multi-disciplinary membership of 200+ members. Organizationally, Falls Free CT includes a Steering Committee, four Work Groups and an Older Adult Advisory Council which meets monthly to carry out the Coalition's strategic plan. CT DPH and CT Department of Aging and Disability Services (ADS) Bureau of Aging have established a Memorandum of Agreement to collaborate on development of the Falls Free CT Coalition. https://fallsfreect.org/. Falls Free CT support the mandates of the Connecticut General Statutes § 17a-859 (formerly § 17a-303a) establishing the statewide Falls Prevention Program. This program promotes and supports fall prevention research; oversee research and development projects; and establishes a professional education program on fall prevention for healthcare providers. Performance Measure: CT DPH, in collaboration with three (3) local health departments (LHD), will increase falls prevention training programs for health care and community service providers to identify falls risks and strategies for falls prevention to, at minimum, two per region served by 3 LHD. Outcome CT DPH, in partnership with three local health departments, successfully expanded falls prevention training across their regions. All participating LHDs delivered multiple trainings for health care and community service providers and

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2025	Performance Measures
Fall-related Injuries **Fall Prevention for Older Adults. Cont.**				enhanced staff capacity through enrollment in MOB and TJQMBB train-the-trainer programs. The LHDs actively engaged in the Falls Free CT Coalition and helped deliver two statewide Fall Risk Screening Train-the-Trainer Workshops reaching approximately 60 providers. Additional collaborations with NFPA, OEMS, and the CT Fire Academy strengthened community risk-reduction efforts. Notably, the Hartford Department of Health and Human Services implemented an innovative NCOA-funded initiative using Alexa devices to support medication adherence, appointment follow-through, and social engagement among older adults. Overall, the LHDs, with DPH support, met the performance measure by increasing and diversifying falls prevention training opportunities within their regions.
Rape Crisis Services	Reduce the annual rate of rapes or attempted rapes	The contractor, The Connecticut Alliance to End Sexual Violence, provided sexual assault victims crisis intervention services, which included transportation to a medical facility, coordination of victim support services, court or police accompaniment, and individual and/or group counseling. The Connecticut Alliance to End Sexual Violence assisted victims of completed or attempted rapes and/or sexual assault in	Number Served: from 10/01/254 through 2/28/26, 3,966 female and male victims of sexual assault were served. Number Served: 100% of the 3,966 female and male victims of sexual assault that called the Rape Crisis toll-free hotline and/or referrals to any of the state's nine Rape Crisis Centers	Performance Measure: At least 4,396 female and male victims of sexual assault will be served at the nine rape crisis centers of The CT Alliance to End Sexual Violence. Outcome: 4,396 female and male victims of sexual assault received crisis intervention services at the nine rape crisis centers of The CT Alliance to End Sexual Violence from 10/01/25 through 2/28/26. Performance Measure: 100% of persons experiencing sexual violence in Connecticut that call the Rape Crisis toll-free hotline and/or referrals to any of the state's nine Rape Crisis Centers will be assessed for the need for the following crisis intervention services: transportation to a medical facility, coordination of victim support services, court or police accompaniment, and individual and/or group counseling Outcome: 100% of the 3,966 female and male victims

		filing a police report.	received crisis intervention services. Number Served: 8 training sessions conducted with 91 attendees trained on trauma-informed care and review processes to assist with referrals	of sexual assault that called the Rape Crisis toll-free hotline and/or referrals to any of the state's nine Rape Crisis Centers were assessed and received, crisis intervention services at the nine rape crisis centers of The CT Alliance to End Sexual Violence from 10/01/25 through 2/28/26. Performance measure: East Hartford Health Department (EHHD) and CT Alliance to End Sexual Violence will educate East Hartford's first responders on trauma-informed care and review processes to encourage warm referrals of victims to local sexual assault crisis centers. Outcome: Ongoing education and training continue to encourage more referrals and to help educate first responders on trauma-informed care. Performance measure: East Hartford Health Department, in partnership with CT Alliance to End Sexual Violence, will assess community wide sexual violence and establish strategies for prevention and intervention. Outcome: There have been delays in identifying and securing a consultant to work on the community needs assessment.
Office of Policy and Strategic Initiatives (formerly Public Health Infrastructure)	Achieve measurable improvements of public health systems and health outcomes for DPH and local public health entities.	CT DPH completes the development of a 3-year strategic plan with priorities for the organization.	Number Served: All CT residents	Performance Measure: Complete the development of a three (3) year Strategic Plan that includes strategic priorities, goals, objectives, indicators of progress, person responsible for the activity, and a timeline for completion of the activities Outcome: CTDPH has completed all of the critical activities to aid us in the development of a strategic plan. Currently we are working on finalizing the strategic priorities and development of goals and objectives and a related implementation plan. We anticipate completion of the plan by September 30,

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2025	Performance Measures
Office of Policy and Strategic Initiatives, cont.				2026. Key activities that have been completed thus far include: 1) A SWOT exercise that was completed in October, 2025 with 16 DPH teams and 47 DPH staff members; 2) Key Informant Interviews/focus groups that were completed with 11 external stakeholders; 3) A staff survey that was completed in February, 2026; and 4) An in-person all day retreat that was completed in May, 2026.
		CT DPH will develop a State Health Assessment dashboard that includes indicators and trends reflective of the health status of Connecticut residents and is presented in a platform that is maintained and updated on a routine basis.	Number Served: All CT residents	Performance Measure: CT DPH will develop a State Health Assessment dashboard reflective of the health status of Connecticut residents. Outcome: The State Health Assessment and supporting data explorers is scheduled for public release on or about July 15, 2026. This aligns the release of the SHA and supporting data explorers with the authority to use a critical data component that will occur on July 1, 2026. The Data Management and Governance (DMAG) Team has implemented data suppression rules to ensure confidentiality is maintained across all report topic areas. Additionally, the DMAG Team is working through the last round of quality assurance activities with data custodians and subject matter experts.
		CT DPH will, at a minimum, review, update and/or develop 10 policies and procedures that support the delivery of essential public health services and ensure alignment with programmatic, regulatory, and accreditation requirements.	Number Served: All CT residents	Performance Measure: CT DPH will review, update and/or develop 10 policies and procedures that support the delivery of essential public health services and ensure alignment with programmatic, regulatory, and accreditation requirements. Outcome: Since October 2025, the Internal Policy Program (IPP) has created/updated four (4) internal policies. In addition, there are four (4) policies under final stages of review and six (6) policies in various stages of development. We anticipate fully meeting our goal by September 30, 2026. The IPP also continues to assess and reevaluate the newly developed

Office of Policy and Strategic Initiatives, cont.		CT DPH will continue to work on accreditation maintenance and respond 100% to the Public Health Accreditation Board (PHAB) requirements made towards the DPH's reaccreditation application. CT DPH will strengthen its capacity for assessment of enforcement functions related to professional licensure of		process for overseeing the development, writing, reviews and approvals of internal policies in the Department and tweak the process based on feedback and efficacy. Performance Measure: 100% response to the Public Health Accreditation Board requirements made towards the DPH's maintenance of accreditation status. Outcome: DPH successfully submitted its first annual Progress Report to the Public Health Accreditation Board (PHAB) in December 2025. The progress report included a detailed narrative of progress made year-to-date on four measures that were identified by PHAB for further development. The agency's progress report was accepted by PHAB. Performance measure: CT DPH will hire a staff attorney to review statutory compliance across its processes including workflows, investigations, and licensure enforcement. Outcome: On May 1, 2026, DPH hired a legal consultant to conduct a strategic review of DPH's investigation and enforcement procedures. To date, the attorney consultant has conducted more than 10 interviews with staff members in the agency, reviewed dozens of hours of hearings, reviewed legal templates, and commenced drafting of a strategic report to identify areas of strength, opportunity, legal concerns and process improvement recommendations. Report drafting and procedural analysis is ongoing.

TABLE N

SUMMARY OF PROGRAM EXPENDITURES BY SUBCATEGORY[1]

Preventive Health & Health Services Block Grant (PHHSBG)	FFY 25 Actual/Estimated Expenditures	FFY 26 Actual/Estimated Expenditures	FFY 27 PROPOSED Expenditures
Asthma	$97,356	$69,660	$69,660
Cancer Prevention	$42,727	$42,727	$42,727
Local Health Departments	$1,021,349	$830,319	$830,319
Rape Crisis Services	$75,278	$75,278	$75,278
Surveillance and Evaluation	$274,033	$274,033	$282,569
Youth Violence/Suicide Prevention	$99,198	$99,198	$99,198
Nutrition and Weight Status	$14,587	$14,587	$14,587
Office of Policy & Strategic Initiatives	$0	$0	$150,000
TOTAL	**$1,624,528**	**$1,405,802**	**$1,564,338**

[1] This table presents program expenditures for contractual services only.