

State of Connecticut
Department of Public Health

The Preventive Health and Health
Services Block Grant
Allocation Plan
FFY 2026

**PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT
FFY 2026 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 the health status of targeted populations. 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 as long as the aggregate level of state funding for all programs is maintained. Connecticut’s estimated 2022 Maintenance of Effort (MOE) is \$2,353,850. 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 2026 PHHSBG basic award will support the following programs: asthma, cancer, cardiovascular disease, diabetes, tobacco use cessation, 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 2026 PHHSBG basic award will provide contractual funding to local health departments that target the following priority health areas: heart disease and stroke prevention, including obesity, physical inactivity, and nutrition policies; diabetes; tobacco use prevention and cessation; and unintentional and intentional injury prevention, which includes motor vehicle crash, 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: Health Education/Risk Reduction, Hypertension, Emergency Medical Services (EMS), Fluoridation, Rodent Control, and Comprehensive Public Health. Connecticut’s FFY 2025 basic appropriation was \$2,415,063 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 2025 was \$2,490,341.

D. Estimated Federal Funding

The following FFY 2026 funding estimates for Connecticut are based on FFY 2025 funding levels:

Basic Award	\$2,415,063
Sex Offense Set-Aside	\$ 75,278
Total FFY 2026 Estimated Award	\$2,490,341

E. Total Available and Estimated Expenditures

The proposed FFY 2026 budget of \$2,490,341 will not be supplemented with carryover funds. CDC allows states two years to expend funds. Since FFY 2014, carryover of funds beyond the two-year period has not been allowed.

F. Proposed Changes from Last Year

The health priorities and program categories in the proposed FFY 2026 plan remain the same as in the original FFY 2025 allocation plan with the following exception: In May 2025, the Department of Public Health was notified that Connecticut’s FFY 2025 allocation was \$2,490,341, which is an increase of \$249,296 from what was approved in the FFY 2025 Allocation Plan. Consistent with the contingency planning process in the adopted allocation plan, executive staff met to determine how to allocate the additional funding. It was recommended that the increase in funding be allocated to the Office of Policy and Strategic Initiatives (OPSI) to support enhancing the agency’s data capabilities, stewarding accreditation efforts, updating the State Health Assessment, and better integrating performance measurement and health equity with the agency’s policy goals as well as increasing the agency’s ability to build and update internal policy.

Funding for all other program categories is being maintained at the levels in the approved FFY 2025 Plan. The recommended budget revision was subsequently presented to the PHHSBG Advisory Committee for approval and the FFY 2025 Allocation Plan was modified accordingly.

Connecticut’s Allocation Plan for FFY 2026 assumes level funding from the previous year and supports activities that are consistent with achieving progress toward Healthy People objectives, which are our national health objectives.

G. Contingency Plan

The Department of Public Health is prepared to revise the FFY 2026 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.

The DPH Commissioner's designee, Donette Wright, chaired two meetings of this year's Preventive Health and Health Services Block Grant Advisory Committee. The Committee is comprised of five representatives from local health departments, community-based organizations, educational institutions, and the public. The Advisory Committee met on April 23, 2025, and again on June 26, 2025, to finalize details for the application to be submitted to CDC. A virtual public hearing was also held on June 26, 2025.

I. Grant Provisions

In addition to the federally mandated provisions described previously, states must also comply with the reporting requirements outlined 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, within the targeted population, having a disparate need for such activities,
- (d) a description of the strategy for expending payments to improve the health status of each target and disparate population, and
- (e) the amount to be expended for each target and disparate population.

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 24 Actual/Estimated Expenditures	FFY 25 Actual/Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FY 25 to FY 26
Administrative Support	\$176,408	\$160,624	\$160,624	0.00%
Asthma	\$0	\$97,356	\$97,356	0.00%
Cancer Prevention	\$181,727	\$42,727	\$42,727	0.00%
Cardiovascular Disease Prevention	\$20,000	\$20,000	\$20,000	0.00%
Local Health Departments	\$1,118,705	\$1,021,349	\$1,021,349	0.00%
Rape Crisis Services	\$75,278	\$75,278	\$75,278	0.00%
Surveillance and Evaluation	\$330,227	\$316,228	\$316,228	0.00%
Youth Violence/Suicide Prevention	\$99,198	\$99,198	\$99,198	0.00%
Nutrition and Weight Status	\$63,587	\$14,587	\$14,587	0.00%
Public Health Infrastructure	\$518,698	\$642,994	\$642,994	0.00%
TOTAL	\$2,583,828	\$2,490,341	\$2,490,341	0.00%
SOURCE OF FUNDS				
Block Grant	2,583,828	2,490,341	2,490,341	0.00%
TOTAL FUNDS AVAILABLE	2,583,828	2,490,341	2,490,341	0.00%

¹ Numbers may not add to totals due to rounding.

TABLE B – ALL PROGRAMS
PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 24 Actual/Estimated Expenditures	FFY 25 Actual/Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FY 25 to FY 26
Number of Positions (FTE) budgeted/filled [1]	3.0/3.0	3.0/3.0	4.5/4.0	50.00%/33.33%
Personal Services	241,429	315,827	422,561	33.80%
Fringe Benefits	228,814	290,963	390,747	34.29%
Other Expenses	364,644	153,610	67,092	-56.32%
Equipment	0	0	0	
Contracts	652,314	535,958	415,958	-22.39%
Grants to:				
Local Government	1,021,349	1,021,349	1,021,349	0.00%
Other State Agencies	0	0	0	
Private agencies	75,278	172,634	172,634	0.00%
TOTAL EXPENDITURES [2]	2,583,828	2,490,341	2,490,341	0.00%
SOURCE OF FUNDS				
Base Grant	2,583,828	2,490,341	2,490,341	0.00%
Supplemental Funding	0	0	0	0.00%
Carry Over Funding	N/A	N/A	N/A	N/A
TOTAL FUNDS AVAILABLE	2,583,828	2,490,341	2,490,341	0.00%

**TABLE C – ADMINISTRATIVE SUPPORT
PROGRAM EXPENDITURES**

PROGRAM CATEGORY	FFY 24 Actual/Estimated Expenditures	FFY 25 Actual/Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FY 25 to FY 26
Number of Positions (FTE) budgeted/filled	0.75/0.75	0.75/0.75	0.75/0.75	0.00%/0.00%
Personal Services	\$72,763	\$76,387	\$78,735	3.07%
Fringe Benefits	\$70,847	\$74,410	\$74,558	0.20%
Other Expenses	\$32,798	\$9,827	\$7,331	-25.40%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	\$176,408	\$160,624	\$160,624	0.00%

TABLE D – ASTHMA
PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 24 Actual/Estimated Expenditures	FFY 25 Actual/Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FY 25 to FY 26
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	\$97,356	0.00%
TOTAL EXPENDITURES	\$0	\$97,356	\$97,356	0.00%

TABLE E – CANCER PREVENTION
PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 24 Actual/Estimated Expenditures	FFY 25 Actual/Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FY 25 to FY 26
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts	\$181,727	\$42,727	\$42,727	0.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	181,727	42,727	42,727	0.00%

TABLE F – CARDIOVASCULAR DISEASE PREVENTION
PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 24 Actual/Estimated Expenditures	FFY 25 Actual/Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FY 25 to FY 26
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 24 Actual/Estimated Expenditures	FFY 25 Actual/Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FY 25 to FY 26
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses				
Equipment				
Contracts	\$97,356	\$0	\$0	0.00%
Grants to:				
Local Government	\$1,021,349	\$1,021,349	\$1,021,349	0.00%
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	\$1,118,705	\$1,021,349	\$1,021,349	0.00%

TABLE H – RAPE CRISIS SERVICES
PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 24 Actual/Estimated Expenditures	FFY 25 Actual/Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FY 25 to FY 26
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 24 Actual/Estimated Expenditures	FFY 25 Actual/Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FY 25 to FY 26
Number of Positions (FTE) budgeted/filled	0.25/0.25	0.25/0.25	0.25/0.25	0.00%
Personal Services	\$19,766	\$18,627	\$18,627	0.00%
Fringe Benefits	\$22,428	\$13,499	\$13,499	0.00%
Other Expenses	\$14,000	\$10,069	\$10,069	0.00%
Equipment				
Contracts	\$274,033	\$274,033	\$274,033	0.00%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	330,227	316,228	316,228	0.00%

TABLE J – YOUTH SUICIDE PREVENTION
PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 24 Actual/Estimated Expenditures	FFY 25 Actual/Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FY 25 to FY 26
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 24 Actual/Estimated Expenditures	FFY 25 Actual/Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FY 25 to FY 26
Number of Positions (FTE) budgeted/filled				
Personal Services				
Fringe Benefits				
Other Expenses	\$63,587	\$14,587	\$14,587	0.00%
Equipment				
Contracts				
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	\$63,587	\$14,587	\$14,587	0.00%

TABLE L – Policy
PROGRAM EXPENDITURES

PROGRAM CATEGORY	FFY 24 Actual/Estimated Expenditures	FFY 25 Actual/Estimated Expenditures	FFY 26 Proposed Expenditures	Percentage Change from FY 25 to FY 26
Number of Positions (FTE) budgeted/filled	2.0/2.0	2.0/2.0	3.5/3.0	75.0%/50.0%
Personal Services	\$148,900	\$220,813	\$325,199	47.27%
Fringe Benefits	\$135,539	\$203,054	\$302,690	49.07%
Other Expenses	\$234,259	\$99,127	\$15,105	-84.76%
Equipment				
Contracts	\$0	\$120,000	\$0	-100%
Grants to:				
Local Government				
Other State Agencies				
Private agencies				
TOTAL EXPENDITURES	\$518,698	\$642,994	\$642,994	0.00%

TABLE M – SUMMARY OF PROGRAM OBJECTIVES AND ACTIVITIES

Note: FFY 2024 “Numbers Served” and “Performance Measures” reflect interim status. The delayed allocation of FFY 2024 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 9/30/2025.

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2024	Performance Measures
Asthma Prevention	To provide home-based asthma management education and identify and reduce environmental asthma triggers	<p>Asthma program contractors conducted in-home asthma management education and environmental assessments to identify and reduce asthma environmental triggers by</p> <p>a) identifying in-home environmental asthma triggers, b) recommending trigger reduction strategies with provided supplies and, c) evaluating the implementation of trigger reduction strategies.</p> <p>Asthma program contractors identified home-based asthma triggers and recommended environmental strategies for the reduction of the identified triggers</p>	<p>Number served:</p> <p>N = 9 participants have completed the 3-visit program.</p> <p>.</p> <p>Number served N = 9 participants (had environmental assessment)</p>	<p>Performance Measure: Increase the number of participants who complete the asthma 3-home visit program to a total of 30. Upon completion of the program, participants' asthma control score will improve by at least 15% from baseline to the third visit. Research supports the idea that an improvement of 15% in the Asthma Control Test scores is clinically significant.</p> <p>Outcome: Of the 15 participants who completed the first visit, asthma was poorly controlled in 10/11 (91%) children (asthma score ≤ 19). Note: 4 were missing data. After two visits, 7 children's asthma control improved and reached a well-controlled status (score > 19). For 1 child, asthma score remained uncontrolled (score ≤ 19). Asthma score data were missing for 3 participants. Nine (9) participants completed the 3-visit program. Of the 9, 4 participants achieved a well-controlled status (score > 19), 2 participants' asthma was uncontrolled (score ≤ 19). And missing asthma control data were found for 3 children.</p> <p>Performance Measure: Provide the total number of families served and the percentage of those families who are exposed to each identified trigger and evaluate the implementation of recommended strategies on reducing exposure to triggers.</p> <p>Outcome: Of the 15 participants who completed the first visit, 11 (73%) received an environmental assessment. Data on families' exposure to specific triggers are:</p>

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2024	Performance Measures
Asthma Prevention (cont.)	To provide home-based asthma management education and identify and reduce environmental asthma triggers	Asthma program contractors identified home-based asthma triggers and recommended environmental strategies for the reduction of the identified triggers,		<p>Data on families' exposure to specific triggers are:</p> <ul style="list-style-type: none"> •55% of families were found to be exposed to volatile organic compounds (air fresheners, scented candles). 18% of families were exposed to secondhand tobacco smoking. • 91% reported pet exposure. •18% of families were found to be exposed to mold. •For 27% of families, exposure to rodents was identified. • Poor indoor air ventilation was identified for 73%. •9% were exposed to insect infestation. <p><u>Evaluation of Implemented recommended strategies</u> Data presented on the percentage of families who implemented recommended trigger reduction strategies:</p> <ul style="list-style-type: none"> •100% reduced use of air fresheners and scented candles. •100% used mattress cases to reduce exposure to mites. •100% decreased exposure to mold and improved indoor air ventilation. •100% reduced exposure to tobacco smoke. •100% reduced exposure to rodents. •75% reduced their exposure to dust. •75% implemented proper food storage. •40% reduced exposure to pets.
Cancer Prevention Cancer Health Disparities	Reduce cancer health disparities and improve health outcomes in select population and communities 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 health disparities.	<p>Number served: To be determined</p> <p>Potential reach: 3.6 million</p>	<p>Performance Measure: State cancer website is periodically updated and contains information on progress in achieving Plan goals and objectives related to reducing cancer disparities.</p> <p>Outcome: The CT Cancer Partnership website is updated regularly with events, initiatives, workgroup involvement and data. http://ctcancerpartnership.org</p>

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2024	Performance Measures
Cancer Health Disparities (cont.)		The DPH awarded contractor, through the statewide cancer coalition, the CT Cancer Partnership, will create and maintain workgroups to address different types of cancer.	<p>HPV – 200 + people and 6 students received vaccines provided by CVS at a health fair at Bridgeport University.</p> <p>The work group has 2 Pharmacy partnerships, one with CVS and another with Walgreens.</p>	<p>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.</p> <p>Outcome: There are three (3) work groups that cover the following topics: HPV vaccination, lung cancer screening, and early onset cancer (EOC) survivorship. Each work group meets at least once a month throughout the reporting period. The HPV Vaccination work group is in partnership with CVS to provide catchup vaccines to college students at pop up health fairs. This work group is also working with the UCONN School of Dentistry and the CT Hygienist Association to include HPV prevention and screening into their curriculum. The Lung Cancer work group is planning for a Lung Cancer Screening Summit in 2026 targeting General Practitioners to promote screening and referral. The EOC work group is conducting a community assessment to identify needs and develop an electronic resource repository that will be housed on the DPH website and available to the public</p>
		The DPH contractor will conduct a needs assessment to identify gaps in services for Early Onset Breast Cancer (EOBC) survivors and their families and educate and inform survivors, their families and healthcare providers regarding the unique needs of EOBC survivors, especially psychosocial needs to improve survivor's quality of life.	<p>Number served:</p> <p>Potential reach: 2,344 people are diagnosed each year with EOC in CT.</p>	<p>Performance Measure: The DPH contractor will conduct a needs assessment to identify gaps in care for EOBC survivors and their families, educate and inform survivors, caregivers, family members, and friends.</p> <p>Outcome: The EOBC contract is scheduled to be executed July 1, 2025. The Contractor is Hartford Hospital.</p>

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2024	Performance Measures
Heart Disease, Stroke, and Diabetes Prevention	Decrease the 10-year risk for heart disease and stroke among adults.	<p>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.</p> <p>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.</p>	<p>Number served: 4</p> <p>Number Served: 50</p>	<p>Performance Measure: Torrington Area Health District will receive formal training through the Self-Management Resource Center (SMRC) and the National DPP and provide the Diabetes Self-Management Program (DSMP) and the National Diabetes Prevention Program (NDPP) to residents of its local health district that are diabetic or pre diabetic.</p> <p>Outcome: Four people from Torrington Area Health District have received formal training to provide DSMP, NDPP, or Chronic Disease Self-Management Program (CDSMP) to residents in that local health district that are diabetic or pre-diabetic.</p> <p>Performance Measure: Two LHDs will conduct DSMP education classes to residents that register for the programs.</p> <p>Outcome: One LHD has provided four DSMP classes to 50 people that registered for the program.</p>
	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 – 496,001	<p>Performance Measure: The HEARTSafe Program will increase the number of HEARTSafe Community designations by 10 from 65 to 75.</p> <p>Outcome: As of 6/2025, there were 3 community renewals and 1 workplace renewal. They are:</p> <ul style="list-style-type: none"> • Burlington- 11/26/2024 • Westport- 1/15/25 • Salem 4/14/25 <p>Workplace Renewal – Collins Aerospace- 4/1/2025</p>

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2024	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	<p>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.</p> <p>Outcome: 4 LHDs implemented at least 1 policy and/or environmental change initiative that increased access to healthy foods, increased opportunities for physical activity, or decreased tobacco use. Examples of these initiatives include worksite wellness and built environment change initiatives such as construction of sidewalks and bike and walking paths.</p>
Nutrition and Weight Status	The DPH Nutrition, Physical Activity and Obesity (NPAO) Program will implement the Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) that aims to enhance the health and well-being of children in childcare settings by improving policies and practices related to nutrition, physical activity, breastfeeding support, and screen time.	The DPH will conduct an initial self-assessment where childcare providers evaluate their current practices, followed by the establishment of specific goals and action plans for improvement. Providers will receive tailored resources, training, and technical assistance to support these changes through an online tool called Go NAPSACC.	<p>Number Served: An estimated 8,017 individuals are expected to be reached through Go NAPSACC-supported policy, systems and environmental (PSE) change efforts</p> <p>This includes: •3,087 children enrolled across 39 participating childcare sites. •Approximately 300 staff, based on an estimate of 1 staff per family childcare provider and 10 staff per center.</p>	<p>Performance Measure: Childcare providers will complete an initial self-assessment to evaluate their current nutrition practices, focusing on staff professional development, education, policy, meal quality, portion sizes, and the frequency of healthy food offerings.</p> <p>Outcome: Ten (10) family childcare providers in the Spring 2025 Breastfeeding cohort completed initial self-assessments through Go NAPSACC. Three (3) providers completed both their first and second self-assessments, showing improvements in three Go NAPSACC breastfeeding-related best practices. These assessments guided providers in identifying specific PSE goals and targeted improvements. Final assessment analysis will be available by 9/18/2025. Of the 29 center-based child providers participating in the Summer 2025 Farm to Early Childhood Education (ECE) module, 5 sites have completed initial assessments. Final assessment analysis will be available by 9/18/2025.</p> <p>Performance Measure: DPH will offer online training sessions for childcare providers on topics such as meal planning, healthy recipes, and strategies for encouraging children to try new foods.</p>

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2024	Performance Measures
Nutrition and Weight Status, (cont.)	The DPH Nutrition, Physical Activity and Obesity (NPAO) Program will implement the Go NAPSACC (Nutrition and Physical Activity Self-Assessment for Child Care) at childcare facilities.	Providers will receive tailored resources, training, and technical assistance to support these changes through an online tool called Go NAPSACC.	Approximately 4,630 adult family members, based on a conservative estimate of 1.5 adults per enrolled child.	<p>Outcome: DPH has provided a mix of in-person, virtual, and asynchronous training and technical assistance to support providers with completing Go NAPSACC modules and advancing PSE goals related to breastfeeding and Farm to ECE. Nine of ten breastfeeding cohort providers completed at least two-hours of breastfeeding-specific training via Better Kid Care or Go NAPSACC. Additionally, 20 of the 29 Farm to ECE providers are expected to attend the June 25 Farm to ECE Resource Fair, which will cover composting, seeding, and local food connections. The remaining 9 sites will complete the Go NAPSACC virtual Farm to ECE training. These efforts build the providers' capacity to implement evidence-based practices. Final data will be available by 9/18/2025.</p> <p>Performance Measure: Implement Go NAPSACC in a minimum of 10 childcare sites with each adopting or improving at least 1 policy or practice.</p> <p>Outcome: Ten (10) family childcare providers are actively participating in the Spring 2025 Breastfeeding-focused Go NAPSACC cohort. Seven have submitted written breastfeeding and lactation policies and four have achieved the CT Breastfeeding Coalition Breastfeeding-Friendly Child Care Recognition. This cohort serves 87 children, all from limited-income families. An additional 29 center-based childcare providers began the Farm to ECE Go NAPSACC module in late spring 2025. These sites are working toward PSE changes related to gardening, sourcing local foods, and implementing nutrition and agriculture education. Combined, these two cohorts represent a significant expansion of Go NAPSACC implementation efforts. Final outcomes and reach will be reported after the project concludes on 9/18/2025.</p>

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2024	Performance Measures
Tobacco Use Cessation/Create Environmental Changes to Reduce Secondhand Smoke Exposure	Reduce tobacco use and exposure to secondhand smoke	<p>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.</p> <p>LHDs will conduct tobacco use cessation counseling programs that provide smokers with the information needed to reduce exposure to secondhand smoke</p>	Number Served: 32	<p>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.</p> <p>Outcome: 71% of participants in tobacco use cessation programs reported either quitting or reducing tobacco use at the end of the tobacco use cessation program.</p> <p>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%.</p> <p>Outcome: 71% of participants in smoking cessation programs report that they made protective environmental changes that reduced non-smokers' exposure to secondhand smoke at 70%.</p>
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.	<p>Number Served: 832</p> <p>192 screening events were held</p> <p>2 Chronic Disease Self-Management Program (CDSMP) were conducted</p>	<p>Performance Measure: 7 local health department jurisdictions will implement 193 blood pressure screenings, and 3 CDSMPs for the year. At year end, 75% of the planned screenings and CDSMP will have been conducted</p> <p>Outcome: 95% of screening events and CDSMP were held by 03/31/2025</p> <p>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.</p> <p>Outcome: As of 03/31/2025, 100% of CDSMP participants reported knowing how to accurately measure and record their blood pressure readings</p>

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2024	Performance Measures
Surveillance and Evaluation	Increase the availability of state and local health indicators, health status indicators, and priority data with an emphasis on selected populations.	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.	<p>Number Served: Block Grant funds support 1,500 of 8,000 surveyed</p> <p>Potential reach: 3,675,069 adults and children in CT (CT population estimate, 2024)</p>	<p>Performance Measures:</p> <ul style="list-style-type: none"> - Increase BRFSS Sample size by 1,500 for the 2025 survey year. - DPH will disseminate CT Behavioral Risk Factor Surveillance System (BRFSS) data with a minimum of 4 presentations or publications. - DPH will collect data on special topics and special populations using CDC population health surveys. <p>Outcome: The overall sampling plan for the 2025 CT BRFSS was approved by the CDC, with an increased sample size of 1,500 interviews funded by PHHS BG. Together with other federal and state sources, the total sample is approximately 8,000 CT residents.</p> <ul style="list-style-type: none"> - As of June 1, 2024, the 2023 Summary Tables are under review for online posting. The 2024 Summary Tables and the comprehensive 2021–2022 Summary Reports, which include county-level data, are currently being compiled and will be posted online at www.ct.gov/dph/BRFSS. - The 2025 CT BRFSS Sampling Plan methodology has been approved by the CDC to include 9 geographic levels of sampling corresponding to Connecticut's 9 planning regions. This change responds to the Census update, which replaces counties with county equivalents in Connecticut. The change ensures that CT BRFSS data are provided in a way that more accurately reflects how the state functions today. In addition, 2025 CT BRFSS will maintain the 2025 Cell Phone sample to 90%, which will allow for more racial representation and better reach to working residents.

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2024	Performance Measures
Youth Suicide Prevention	Decrease in youth suicide.	<p>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.</p> <p>DPH staff, in collaboration with CT Suicide Advisory Board (CTSAB), implemented 2 strategies to reduce access to lethal means of suicide.</p>	<p>These trainings are planned for late summer.</p> <p>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 2025.</p> <p>Number served: Potential reach all CT Residents</p>	<p>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.</p> <p>Outcome: Wheeler Clinic will, in partnership with the Jordan Porco Foundation, sponsor Fresh Check Days on CT college campuses. These most often occur at the start of the academic year. Fresh Check Days, the signature program of the Jordan Porco Foundation, is an uplifting mental health promotion and suicide prevention event for colleges that includes interactive expo booths, peer-to-peer messaging, support of multiple campus departments and groups, free food, entertainment, and exciting prizes and giveaways. Fresh Check Day aims to create an approachable and hopeful atmosphere where students are encouraged to engage in dialogue about mental health and helps to build a bridge between students and the mental health resources available on campus, in the community, and nationally.</p> <p>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.</p> <p>Outcome: The CT Suicide Advisory Board Lethal Means Committee is actively engaged in their strategic plan to reduce access to lethal means when someone appears to be at risk for suicide. This includes 'Talk Saves Lives' trainings for firearm retailers and public/private shooting range owners and staff. Suicide prevention signage is actively posted at train stations, bridges, and public parks in collaboration with UWC and CT DOT.</p> <p>Addressing Lethal Means Through Partnerships For Suicide Awareness</p>

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2024	Performance Measures
Youth Suicide Prevention (cont.)	Decrease in youth suicide.	.	Number served: All of CT Residents	<p>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.</p> <p>Outcome: The CT Suicide Advisory Board Lethal Means Committee is actively engaged in their strategic plan to reduce access to lethal means when someone appears to be at risk for suicide. This includes 'Talk Saves Lives' trainings for firearm retailers and public/private shooting range owners and staff. Suicide prevention signage is actively posted at train stations, bridges, public parks in collaboration with UWC and CT DOT</p> <p>Addressing Lethal Means Through Partnerships For Suicide Awareness</p>
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	<p>Number Served: As of 3/31/2025, 12 adults were served in child passenger safety educational programs by New Haven Health Department and 14 car seats installed.</p> <p>As of 3/31/2025, the New Haven Health Department provided 3 community awareness activities on child passenger safety and 118 community members received safety information.</p>	<p>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%.</p> <p>Outcome: As of 3/31/2025, 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.</p> <p>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.</p> <p>Outcome: As of 3/31/2025, New Haven Health Department provided 3 community awareness activities on CPS and 118 community members received CPS information.</p>

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2024	Performance Measures
Fall-related Injuries Fall Prevention for Older Adults	Decrease in unintentional injuries	<p>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.</p> <p>LHDs conducted fall prevention training programs for health care providers.</p>	<p>Number Served:</p> <p>~150 Falls Free CT Coalition members active in coalition activities.</p> <p>~60 attendees at National Fire Protection Association Steps to Safety Training in March 2025 sponsored by CT DPH, in collaboration with CT Department of Aging and Disability Services (ADS) and local health departments.</p>	<p>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.</p> <p>Outcome: Falls Free CT Coalition conducted its statewide kickoff in September 2024. The Falls Free CT Coalition multi-disciplinary membership stands at about 150 members. Organizationally, Falls Free CT includes a Steering Committee and five Work Groups which meet monthly to develop strategic plans for the Falls Free CT Coalition.</p> <p>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.</p> <p>Outcome: LHDs are enrolling their staff in Matter of Balance (MOB) and Tai Ji Quan Moving for Better Balance (TJQMBB) train-the-trainer programs. LHDs are then providing these falls prevention programs in their communities.</p>

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2024	Performance Measures
Rape Crisis Services	Reduce the annual rate of rapes or attempted rapes	<p>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.</p> <p>The Connecticut Alliance to End Sexual Violence assisted victims of completed or attempted rapes and/or sexual assault in filing a police report.</p>	<p>Number Served: from 10/01/24 through 2/28/25, 4,396 female and male victims of sexual assault were served.</p> <p>Number Served: 100% of the 4,396 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 received crisis intervention services.</p>	<p>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.</p> <p>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 10/01/24 through 2/28/25.</p> <p>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</p> <p>Outcome: 100% of the 4,396 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 were assessed and received, crisis intervention services at the nine rape crisis centers of The CT Alliance to End Sexual Violence from 10/01/24 through 2/28/25.</p>

Service Category	Objective	Grantor/Agency Activity	Number Served FFY 2024	Performance Measures
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.	<p>CT DPH will initiate a strategic planning process and engage both internal and external stakeholders in the identification of current capacities and development of strategic priorities for the organization.</p> <p>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.</p> <p>CT DPH will engage a broad partnership within the organization and the public health system to develop a State Health Assessment (SHA) that respectively reflects a shared understanding of the health status of Connecticut residents.</p>	Number Served: All CT residents	<p>Performance Measure: Initiation of strategic planning process and engagement of stakeholders.</p> <p>Outcome: The DPH Planning Team has developed a monthly workplan with timelines and activities to initiate the strategic planning process. In January 2025, a Request for Proposal (RFP) was issued, and a Contractor was selected. The contractor will engage staff and external stakeholders to identify strategic priorities for the organization.</p> <p>Performance Measure: 100% response to the Public Health Accreditation Board requirements made towards the DPH's maintenance of accreditation status.</p> <p>Outcome: In December 2024, CT DPH'S accreditation status was renewed for another five years by PHAB. We are currently in compliance with all our accreditation requirements.</p> <p>Performance Measure: OPSI will launch a cross-agency group for the development of an updated SHA to identify community engagement mechanisms and priorities to inform the SHA and identify health metrics to track.</p> <p>Outcome: A cross-agency workgroup that includes representatives from OPSI and the Data Office has met three times during the reporting period. The group has reviewed SHA metrics and dashboards from other states, reviewed each one of the 300+ metrics that are currently in the CT SHA and flagged them for updates and/or revisions, as appropriate.</p>

TABLE N

SUMMARY OF PROGRAM EXPENDITURES BY SUBCATEGORY¹

Preventive Health & Health Services Block Grant (PHHSBG)	FFY 24 Actual/Estimated Expenditures	FFY 25 Actual/Estimated Expenditures	FFY 26 PROPOSED Expenditures
Asthma	\$0	\$97,356	\$97,356
Cancer Prevention	\$181,727	\$42,727	\$42,727
Cardiovascular Disease Prevention	\$0	\$0	\$0
EMS	\$0	\$0	\$0
Local Health Departments	\$1,118,705	\$1,021,349	\$1,021,349
Rape Crisis Services	\$75,278	\$75,278	\$75,278
Surveillance and Evaluation	\$274,033	\$274,033	\$274,033
Youth Violence/Suicide Prevention	\$99,198	\$99,198	\$99,198
Policy Office (Formerly Public Health System Improvement)	\$0	\$120,000	\$0
TOTAL	\$1,748,941	\$1,729,941	\$1,609,941

¹ This table presents program expenditures for contractual services only.