ATTACHMENT 5B

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Guidance Document
Completing Your States PHHS Block Grant Annual Report
Dated 07/2007

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Annual Report --Completing "Our States" PHHS Block Grant Annual Report

This document provides a *1. Definition, 2. Example, 3. Discussion, and 4. GARS button* related to the various information items that make up the PHHS Block Grant Annual Report. **It is recommended that you use this document in conjunction with the printed Example Annual Report.**

Cover Page

1. Definition: The Cover Page of the Block Grant Annual report identifies items such as the Title of your States Block Grant Annual report, date and time of creation, Version (Original or Revision), Annual report Fiscal Year, your state's governor, and the name of the Block Grant Coordinator. See Discussion for more clarification.

2. Example: *(Please Refer to Cover Page in the Example Application)*

Governor: Honorable M Jodi Rell
State Health Officer: J Robert Galvin, M.D., M.P.H.
Block Grant Coordinator: Julianne Konopka
CDC Annual Report: 2007CTB01PRVS-01R
Created on: 02/01/2008
Work Plan Prepared for Submission: Yes

3. Discussion : none

4. BG-MIS: Annual Report

State Health Objective(s):

1. Definition*:* The information from your work plan will be automatically copied into the Annual Reporting section of the BG-MIS.

2. Example*:*

State Health Objective 1:

Between 01/2000 and 12/2010, decrease the number of children less than six years of age with blood lead levels ≥10µg/dL to less than 1.8%, and those with levels of ≥20µg/dL to 0.4% or less.

Baseline: *2.2% of children tested with blood lead levels of 10µg/dL and 0.4% of children tested with blood lead levels of 20µg/dL. Based on 67,688 children tested and recorded in 2004. (Data for 2005 is not available at this time.)*

Data source: Connecticut LPPCP Comprehensive Lead Surveillance System (Data for 2004 is not available at this time.)

1. Percent Completion relative to the State Health Objective timeframe: 60%
2. Percent Completion since last reporting period: 10%
3. Describe the Progress and Results. See above.

3. Discussion: Update information using the data that is most currently available for incidence or rate data information.
Some information is available from the CDC website: www.cdc.gov/nchs**.** This website has links to many of the federal databases, and/or use information from your states data system or data sources.

4. BG-MIS: Annual Report – Progress On Activities

Desired Impact Objectives and Annual Activity Objectives:

1. Definition: The Desired Impact and Annual Activity objectives written in your work plan will be automatically copied to the Annual Reporting section of the BG-MIS.

2. Example:

Title: Increase Electronic Monitoring
Between 10/2006 and 09/2007 the LPPCP will increase the number of laboratories that electronically report blood lead analysis results to DPH from a baseline of
Baseline: of 9 laboratories (53%) to 12 laboratories (71%).

1. Percent completion relative to the impact objective timeframe: 100%

3. Discussion: *None..*

4. BG-MIS: Annual Report---Progress On Activities

Activities

1. Definition: Annual Activities that are defined in your work plan will be automatically copied to the Annual Reporting section of the BG-MIS.

2. Example:

Annual Activity 1: Between 10/2006 and 09/2007, Identify 3 laboratories that will submit data electronically through assessment of the number of hard copy blood lead lab results submitted by private and commercial laboratories.

1. Percent completion relative to the activity timeframe: 65%
2. Describe the progress/results: The activity was not completed due to staff turnover in 1 of the 3 laboratories. The CLLP is in the process of identifying a new laboratory for this project and will continue this activity in the new funding year.

3. Discussion: *None..*

4. BG-MIS: Annual Report---Progress On Activities

Success Stories

1. ***Definition:*** A one page overview of a Program's success that describes the: ***Issue, Intervention, and Impact***. These stories are the primary tool for educating CDC management and external decision makers about the PHHS Block grant. This Guidance includes examples from Oklahoma's Success Story, as well as Utah's story. Be sure to read additional examples in the Success Story section of the Example Annual Report.

The following criteria are used to review and rate Success Stories.

Title

Does the Title:
1. Capture your attention and make you want to read further?
2. Avoid acronyms?
3. Contain a verb?

Issue

Does the Issue Statement:
1. Have a strong lead sentence?
2. Provide state, regional, or local information about the issue? (e.g., cost burden, death rate, extent of inefficiency using current programs or methodologies)
3. Tie the health burden, training burden, or degree of threat to a cost burden?
4. Specify the affected population?
5. Provide an emotional hook in addition to public health data?

6. Avoid wordiness, passive language, and grammatical errors?
7. Make a clear, concise statement about a single issue?

Intervention

Does the Intervention Statement:
1. Have a strong lead sentence that transitions the Issue section to the Intervention section?
2. Describe how PHHS Block Grant funds were used?
3. Identify who performed the intervention?
4. Identify both where and when the intervention occurred?
5. Specify steps taken to carry out the intervention?
6. Avoid wordiness, passive language, and grammatical errors?

Impact

Does the Impact Statement:
1. Give specific outcomes? (e.g., money saved, change in health status, numbers impacted)
2. Avoid broad, sweeping statements? (e.g., noticeable increase in healthy eating habits, significant amount of money was saved)
3. Provide conclusions that effectively wrap-up the story?

ISSUE: The issue is what is 'created' by the existence of a health problem. For example, increasing rates of diabetes creates many ***issues*** for individuals and society including human suffering due to leg amputations, on-going cost of outpatient medical care, and increased probability of admission to costly long-term care facilities wherein diabetic care is compromised due to staffing issues such as shortages and turn-over that result in lack of diabetes information, education, and ultimately adequate care.

Example Issue: Oklahoma

Issue: Oklahoma ranks 3rd in the nation for heart disease deaths and 8th in the nation for diabetes deaths as of 2002.

- This costs Oklahomans in hospitalizations alone over 2.5 billion dollars annually for cardiovascular diseases and $600 million for diabetes.
- Oklahoma has the eighth highest prevalence rates for both diabetes and high blood pressure in the nation.
- The State of Oklahoma is the largest employer in the state, and the Oklahoma Benefits Council is responsible for brokering the benefits packages available to state employees.
- The overall costs for treating cardiovascular disease exceeds $50.5 million and for diabetes the costs are $13.3 million among state employees.

INTERVENTION: The intervention should have a strong lead in and be from 8 to 10 bullets. It should include a specific statement about what the PHHS Block Grant funds were used for as well as the activities that were performed, programs that were carried out etc.

Example Intervention: Oklahoma

Intervention: The OKHealth Project is a pilot project funded by the Preventive Health and Health Service Block Grant (PHHSBG) over a two-year period at $150,000. OKHealth is an ehealth technology risk and disease management program, addressing the risks for developing both diabetes and cardiovascular disease as well as managing the diseases to prevent further complications. The Pilot project addresses 969 state employees enrolled in the state insurance plan.

- Employees were stratified into groups based on disease diagnosis or risk factors.
- Using mentors and a web-based self-management program designed by a disease management company, participants entered into the program to set and achieve goals related to risk reduction and disease management based on the chronic care model.
- Employee goals, outcomes, and health care standards are communicated to healthcare provider to engage provider in quality improvement.
- Desired outcome of the quality improvement plan is to change the state employee benefit package to address prevention and chronic disease care management.

IMPACT: Did the intervention bring about change? If so, what change occurred and how much change occurred? Considerations: How much did a behavior increase or decrease, and what is the *significance* of this increase or decrease relative to the ISSUE?

Health --- What impact did the intervention have on the individuals health condition, the increase or decrease of a desired or undesirable behavior?
Cost --- Was a cost savings recognized, how much, over what period of time? Were costs contained, i.e. they would have increased by X percent without the intervention. Or, was there a cost benefit of implementing a new strategy over an existing strategy. For example, using technology such as Distance Learning to leverage expertise instead of providing hands-on/on-site trainer.

Example Impact: Oklahoma
Impact:

- ✶ Average systolic blood pressure was reduced by 18 and diastolic blood pressure by 12 points
- ✶ Total cholesterol was reduced by 33 points (with LDL reduced by 39 points and HDL raised by 3 points) and Triglycerides were decreased by 58 points
- ✶ The average weight loss of participants was 8 pounds
- ✶ Blood glucose averages was reduced by 22 mg/dl

The outcomes of this pilot project demonstrate improved health outcomes by reducing the risk of cardiovascular disease by 20% and diabetes by 11% and reduced claims by 14.3%. The return on the investment was $77.40/employee/per year or 21 cents daily. The pilot proved the intervention hypothesis and steps are currently being taken to present the results, impact, and cost to the state legislature to leverage benefit coverage change.

See *3. Discussion* for more clarification.

2. *Example -- Success Story (Utah):*

Issue:

Our State is keeping pace with the nation relative to overweight and obesity in school-aged children.

- Approximately 25% of Our States children are overweight or at risk of being overweight (greater than the 85th percentile of CDC's growth charts) and,
- 12% are overweight (greater than the 95th percentile of CDC's growth charts).

Lack of policies and infrastructures to promote and support opportunities for physical activity and healthy nutrition are contributing to the epidemic of obesity among school-aged children. Diabetes, heart disease, and other serious health problems at later stages in life may result from childhood obesity.

Intervention:

Our State's Department of Health, Heart Disease and Stroke Prevention Program, the State Office of Education, and local health departments created the Gold Medal School Initiative. Approximately $175,000 of Preventive Health and Health Services Block Grant dollars was used to fund this incentive program that assists schools in adopting a healthy school culture by making policy and environmental changes to receive funding for physical activity equipment or salad bars. Changes encourage:

- More physical activity opportunities during the day
- Improved nutrition and healthier choices

Schools are given a menu of award criteria to achieve. Examples of criteria include:

- Establish a Gold Medal Mile track on or near school grounds, and set a goal for student participation (at least one mile each week/child)
- Set a policy for at least 90 minutes of structured physical activity for each student per week
- Create a staff and faculty wellness program
- Offer salad bars, more nutritious choices sold in school stores and cafeteria, and limit vending choices to healthy items.

Evaluation of actual impact on obesity will begin in year 4 of the Initiative, the first three years were needed to develop policies and change the school environments.

Impact:

During school years 2001-2004:

- Number of schools participating has increased from 50 to 138
- The number of miles walked has increased from 800,000 the first year to 2, 692,429 miles in 2004 (equal to 5.4 round trips to the moon)
- The number of schools with a policy for 90 minutes of physical activity each week for each child has increased from 13% to 100%
- 3,039 teachers offer non-food incentives and rewards to their students
- Schools report the new healthy policies and environmental supports (about 10 per school) have been instrumental in decreasing playground violence, decreasing plate waste,

increasing attention in the classroom, increasing participation in school lunch, and increasing interest in being physically active.

The cost for the program is $5.11/child. CDC recently estimated Our State's annual direct per capita medical costs for obesity were $296.37 per adult 18 years and older. It is essential that the investment be made **now** to promote physical activity and nutrition in elementary students and establish healthy habits to prevent obesity that will result in health costs savings as these children grow into adulthood.

3. ***Discussion:*** The Success Stories were developed with the Association of State and Territorial Health Officials (ASTHO) at the annual PHHS block grant conference in June, 2000. It was agreed that the annual report should include a place for States to highlight programs which used block grant dollars to significantly impact on a health problem or issue. The success stories are designed to describe in quantitative terms 3 statements: Issue, Intervention, and Impact. These success stories would then be used as tools to further educate block grant constituents.

4. ***BG-MIS:*** Success Stories

ANNUAL REPORT REVIEW

The CDC Project Officer will review the following Annual Report sections:

- 1. State Health Objective
- 2. Impact Objective
- 3. Activities

Each section will be identified as:

- Approved
- Approved with Recommendations
- Not Approved
- Not Reviewed

Annual Reports that receive a rating of Not Approved for any one of the 3 sections will be electronically marked with a status of Not Approved. The deficient items must be corrected and the annual report re-submitted. Items with the status of Approved with Recommendations do not require an annual report re-write.

An annual report is approved when all 3 of the areas reviewed receive a rating of Approved or Approved with Recommendations.

SUCCESS STORY REVIEW

Success stories that receive a rating of 4 or higher will be used in CDC materials to demonstrate the successes of the PHHS Block Grant.

COMPLIANCE REVIEW

The compliance review section of the BG-MIS allows you to view the last information that CDC has on file for your state/territory/tribes compliance review. No grantee data entry is required.