Attachment 4B: Work Plan Guidance

Revised 2013

Notes:

1. **There are no changes to the data collection instrument.**
2. **Enhancements are summarized in Attachment 4C: Work Plan Guidance Updates**
3. **The expiration date will be updated upon receipt of OMB approval**

Form Approved
OMB No. 0920-0106
Exp. Date: XX-XX-XXXX

Guidance Document for Completing Your States/Territories/Tribes PHHS Block Grant Work Plan

Updated 2013

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PHHS BLOCK GRANT WORK PLAN
GUIDANCE

Updated December 2012

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PHHS BLOCK GRANT
WORK PLAN

AT-A-GLANCE

The outline below serves as an "At-A-Glance" or the structure of the PHHS Block Grant Work Plan captured in BGMIS.

1. COVER PAGE
- 1.1. Administrative Information
- 1.2. Executive Summary
- 1.3. Funding Rationale

2. STATUTORY INFORMATION
- 2.1. Advisory Committee Member Representation
- 2.2. Advisory Committee Meetings
- 2.3. Public Hearing-
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3. TOTAL BUDGET
- 3.1. Basic, Sex Offense, Prior Year Funds, and Direct Assistance

4. PROGRAM(s)
- 4.1. State Program Strategy: Program Title, Goal (s), Health Priority, Primary Strategic Partners, Evaluation Methodology
- 4.2. Program Setting or Site
- 4.3. Program FTE Allocation
- **4.4. PROGRAM NATIONAL HEALTH OBJECTIVE(s)**
  - 4.4.1. State Health Objective (s)
    - 4.4.1.1. Objective Description
    - 4.4.1.2. Baseline Data
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    - 4.4.2.3. Population with Disparate Need
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PHHS BLOCK GRANT WORK PLAN GUIDANCE

1. COVER PAGE

The cover page provides the grantee's administrative information, the executive summary of the application, and a funding rationale for the prioritization of Block Grant fund allocation.

1.1. Administrative Information

The administrative information section under Cover Page collects the general information pertaining to the applicant, such as the DUNS#, contact information, Governor's name, and other information. Grantee should provide information appropriate for each category in the fields provided.

1.2. Executive Summary

The executive summary allows grantees to provide readers, such as Advisory Committee members, with a summary of the proposed work plan for the upcoming fiscal year. It describes the background, funding assumptions, and proposed allocation and funding priority for the fiscal year. Below is the suggested language to complete the executive summary. Please replace the underlined text with your own information that applies.

This work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 20xx. It is submitted by the *ENTER NAME OF GRANTEE HERE* as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY 20xx Preventive Health and Health Services Block Grant is *ENTER $ AMOUNT HERE*. This amount is based on a funding update allocation table distributed by CDC in the previous fiscal year.

Proposed Allocation and Funding Priorities for FY 20xx Sexual Assault-Rape Crisis (HO IPV 40): *ENTER $ AMOUNT HERE* of this total is a mandatory allocation to the *ENTER NAME OF GRANTEE HERE* which provides this funding to *BRIEFLY DESCRIBE ACTIVITIES HERE*.

Name of another National Health Objective (HO #): *ENTER $ AMOUNT HERE* of this total will be utilized to *DESCRIBE WHO IS THE RECIPIENT OF FUNDS AND ACTIVITIES HERE*.

Name of another National Health Objective (HO #): *ENTER $ AMOUNT HERE* of this total will be utilized to *DESCRIBE WHO IS THE RECIPIENT OF FUNDS AND ACTIVITIES HERE.*

Administrative costs: associated with the Preventive Health Block Grant total *ENTER $ AMOUNT HERE* which is less than *ENTER PERCENT HERE* of the grant. These costs include funding for *DESCRIBE WHO IS THE RECIPIENT OF FUNDS AND ACTIVITIES HERE*.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020.

1.3. Funding Rationale

The funding rationale section helps identify the reasons why the grantee and the Advisory Board decided to fund the activities described in the Block Grant Work Plan for FY 20xx. This section asks grantee to rank the four categories provided from 1 to 4 (1 being most important and 4 least important) that helped the grantee and the Advisory Board prioritize Block Grant funds allocation.

2. STATUTORY INFORMATION

Statutory information identifies the advisory committee's member representation, documents the dates and minutes of the Public Hearing and Advisory Committee meetings, and collects various signed certifications forms. Copies of the minutes and signed certification forms must be attached in BGMIS in order to submit the work plan/application to CDC.

2.1. Advisory Committee Member Representation

The advisory committee member representation section requires grantee to indicate the committee members' affiliation with a particular constituency, organization, or perspective.

2.2. Advisory Committee Meetings

Grantees must hold a minimum of two advisory committee meetings each fiscal year, one of which must be prior to work plan/application submission. All past meetings need to have minutes attached. Grantees are required to indicate the date of the meeting and attach the meeting's minutes.

2.3. Public Hearing -

At least one Public Hearing is required per fiscal year. A public hearing must have occurred prior to application submission. Grantees are required to indicate the date of the meeting and attach the meeting's minutes.

2.4. Certification Form

A signed certification form by an authorized agent is required. A certification form is provided in the system for grantee to print out and have signed by the authorizing agent. Grantees are required to indicate the date the form was signed and attach a scanned signed form.

2.5. Certification and Assurance Forms

A Certification & Assurances form signed by the Governor or delegated official is required each fiscal year. A new form must be signed during the initial year of a Governor's four-year term. Copies of the original form can be attached each year thereafter. If a delegated official (must be cabinet level) is authorized to sign the form, the official's name and title must be indicated in the form. An original form must be attached each year if signed by a delegated official. In either case, grantees are required to indicate the date the form was signed and attach a scanned signed form in the system.

3. TOTAL BUDGET

The Total Budget section provides a dollar breakdown of each Program by the amount allocated to the National Health Objective(s) that is associated with the Program. The Annual Basic and Sex Offense amounts must match the current allocation table amounts. The Annual Basic administrative cost must not exceed 10% of the Annual Basic amount. The Sex Offense administrative cost must not exceed 10% of the Sex Offense amount. The Transfer amount must not exceed 7% of the Annual Basic amount. If Direct Assistance funds are being provided, grantee is required to indicate the name of the person(s) receiving the Direct Assistance, the person's CDC Center location, and the amount being provided. Direct Assistance is funding provided by the state to support a CDC employee to provide specialized expertise otherwise not found in the state health department.

4. PROGRAM(s)

The Program section includes the Program's Strategy which includes its title, goal, health priority, primary strategic partners, evaluation methodology, program setting, program FTE allocation, national health objective, state health objective, essential services and their impact objectives and activities.

4.1. State Program Strategy

Under the State Program Strategy, the grantee must describe the Program's title, goal(s), healthy priority, primary strategic partners and evaluation methodology. All programs described in the work plan must be identified by a Program Title that is descriptive of the State Health Department Program. Grantee is also required to report on the program's primary strategic partnerships such as within the health department, other agencies, state organizations, or community organizations. And lastly, grantee should describe the program's evaluation methodology which includes the grantee's plan to evaluate the progress of reaching the program's goal(s).

4.2.1 Program Setting or Site

Under the program setting or site section, grantee is required to indicate the settings or sites that most or all program activities take place.

4.3. Program FTE Allocation

The legislation for PHHS Block Grant requires that grantee identifies the number of FTE's allocated to each program. In this section, the grantee enters the % of time that personnel devote to Block Grant activities. For example, an individual that is 50% funded by Block Grant dollars may be providing support to State activities, Local activities or Other activities. The 50% can be broken down to State at 16%, Local at 17%, and Other at 17%, equaling to a total of 50%. Note that the system does not allow for fractions. If you have more than one position supported by Block Grant dollars include those as well. At this time, do not include contractors, subcontractors, and consultants.

4.4. Program National Health Objective(s)

A Program includes three levels of objectives for reporting and tracking purposes. First is the National Health Objective (selected from HP2020); second is the State Health Objectives; and third is the Impact

Objectives. Impact Objectives are tied to the State Health Objective. State and Impact Objectives are to reflect the SMART Objectives principles-- Specific, Measurable, Achievable, Relevant, and Time Based.

Suggested Web links to SMART Objectives appear below.

http://www.cdc.gov/nccdphp/dnpa/physical/handbook/pdf/handbook.pdf
http://www.cdc.gov/dhdSP/programs/nhdsp_program/evaluation_guides/docs/smart_objectives.pdf

Under the National Health Objective section, you will select the National Health Objective from a drop down list. National Health Objectives are used as the basis for the PHHS Block Grant work plan, and are derived from the National Healthy People 2020 Health Objectives document. HP2020 objectives are considered long term and strategic in the planning process. Chapters which are health problem specific will have one or more health objective(s) that correspond to a specific health problem. For example: the Diabetes chapter has 16 health objectives which correspond to reducing Diabetes. If a state is using PHHS Block Grant funds to reduce Diabetes deaths, then select HO D-5 Diabetes Deaths.

Please note that some past national health objectives or sub-objectives originally available in BGMIS have been deleted or modified due to the changes made during the development of HP2020 National Health Objectives. As of December 2012, BGMIS has been updated to include Healthy People 2020 National Health Objectives. Lastly, as you enter information into BGMIS, keep in mind that all Programs, State Health Objectives, Impact Objectives, Annual Activities, and Funding are tied to one or more National Health Objective.

4.4.1. State Health Objective(s)

In this section, the grantee provides information on the state health objective that includes the objective's SMART description, its baseline information and data source. Grantee is required to provide a specific, measurable, achievable, and realistic description of the objective including entering a start and end date for the performance period of the state health objective. The performance period can have an end date through year 2020. Baseline data applies both to health objectives that measure change in health status as well as health objectives that establish infrastructure or focus on health education.

For example, if you plan to provide training to local health departments, the baseline would be the number of trainings that you provide at beginning of reporting period compared to the number of trainings that you intend to provide at the end of the reporting period. The baseline data should reflect the status of the health problem within your state. In order to track the change or progress of your set objective, grantee is required to provide a data source that will be utilized to compare the baseline to the outcome period. For example, will change be measured by data derived from standard surveys such as BRFSS or YRBS, data from the Medicare Medicaid database, Vital Statistics data, Hospital Discharge data, or others?

4.4.2. State Health Problem

The state health problem includes the health burden, target population and population with disparate need within the target population and data sources used to describe the state health problem. More information for each subsection of the state health problem is provided below.

4.4.2.1. Health Burden

The health burden is a description of the scope and magnitude of the burden as it applies to the state using current or trend data such as morbidity/mortality, incidence/prevalence by race, ethnicity, age, gender for the health problem related to the state and jurisdictions or regions. The grantee should include similar data on risk /contributing factors; disproportionately burdened groups; and other data that contributes to the picture of the health problem.

4.4.2.2. Target Population

A Target Population is defined as the population for which the intervention is planned. The population demographics for Healthy People 2020 Objectives that relate to Public Health Infrastructure (Chapter PHI) generally differ significantly from the population demographics for HP2020 chapters that relate to health problems. Subsequently, a special set of population demographics has been created for HP 2020 objectives.

Target Population for National Health Objective other than Chapter PHI

Race and Ethnicity –The options for race and ethnicity reflect OMB minimum requirements for combined Race/Ethnicity reporting. Select "Other" when none of the items in the list identify the population served, or when the populations served includes additional items not included in the list. In the second instance, grantee would check "Other" in addition to the items in the list.
Age – States vary widely in the age ranges that are used to define populations. Subsequently, an attempt was made to identify ranges that are consistent with ranges for CDC's National Center for Chronic Disease Prevention and Health Promotion. This will insure that the data that is submitted by the state can be used center (and hopefully) CDC wide.

Target Population for National Health Objective Chapter PHI

A Target Population is defined as the population for which the intervention is planned. The population demographics for Healthy People 2020 Objectives that relate to Public Health Infrastructure (Chapter PHI) generally differ significantly from the population demographics for HP2010 chapters that relate to health problems. Subsequently, a special set of population demographics has been created for HP 2020 objectives.

4.4.2.3. Population with Disparate Need

Based on the population being targeted, identify any sub-populations that bear a disproportionate burden from the health problem. In some instances, the Disparate Population will be identical to the Target Population.

- *Race and Ethnicity –The options for race and ethnicity reflect OMB minimum requirements for combined Race/Ethnicity reporting. Select "Other" when none of the items in the list identify the population served, or when the populations served includes additional items not included in the list. In the second instance, you would check "Other" in addition to the items in the list.*
- *Age – States vary widely in the age ranges that are used to define populations. Subsequently, an attempt was made to identify ranges that are consistent with ranges*

for CDC's National Center for Chronic Disease Prevention and Health Promotion. This will insure that the data that is submitted by your state can be used center (and hopefully) CDC wide. Choose the range that most closely approximates the population age range(s) served. Use US and/or state census data.

- *Gender*
- *Income – "Poverty thresholds are the statistical version of the poverty measure and are issued by the Census Bureau. They are used for calculating the number of persons in poverty in the United States or in states and regions." Refer to: How the Census Bureau Measures Poverty, http://www.census.gov/hhes/www/poverty/about/overview/measure.html.*
  ***Many states develop their own thresholds for poverty/low income. Use your states' definition if it exists. Otherwise, use US Census data.*
- *Geography – When possible, use the US Census Bureaus classifications for defining rural vs. urban populations. The following website provides helpful information. Census 2010 Urban and Rural Classification: http://www.census.gov/geo/reference/urban-rural.html*

***Use your state guidelines if they exist.*

4.4.2.4. Data Source

Describe which data sources were used to determine the population statistics. In many cases, the US Census Data is used.

4.2.3 Evidence Based and Promising Practice

The PHHS Block Grant captures information about the public health science that is the basis of interventions carried out by Block Grant dollars. This section requires grantee to select from a list of established evidence based and promising practices or add their own if none apply, to indicate what evidence based or promising practice on which the state based their program. CDC strongly encourages states to only use evidence based or promising practice when using Block Grant funds to meet their state health objectives.

4.4.4 Block Grant Role Under the National Health Objective

The Block Grant's role under the National Health Objective helps define how funds are being utilized, particularly to indicate if the state funds are for state rapid response activities, for start up activities, supplementing other existing funds, or no other funds exist from the federal or state government to support the National Health Objective.

4.2.5 Block Grant Funds for the National Health Objective

Under this section, the grantee is required to allocate funds to the National Health Objective under each Program for annual basic funds, sex offense, and other budget line items provided in this section.

4.2.6 Impact Objective(s)

Impact objectives identify what grantee should expect to happen as a result of the activities that are carried out. They are completed within a one year timeframe and are considered strategic for planning purposes. The Impact Objective should be concise and is guided by the SMART tool. Grantee should include at least one Impact Objective, but no more than five. .

4.4.6.1. Activities

Activities are short term and are carried out in order to obtain the desired Impact Objective. In accordance with the PHHS Block Grant legislation, Activities are one year in length and are considered tactical. Activities include a beginning and an end date. They do not need to include a baseline or a data source.

1. PAGE LIMITS

CDC recommends the following page limits for the entire work plan:

1) *For grantees with a PHHS Block Grant budget up to $1 Million the page limit is **up to 50 pages;***
2) *For grantees with a PHHS Block Grant budget between $1 Million and $3.99 Million the page limit is **up to 85 pages**;*
3) *And for grantees with a PHHS Block Grant budget higher than $4 Million the page limit is **up to 125 pages**.*

WORK PLAN REVIEW

1. The CDC Project Officer will review the following Work Plan sections:
    1. Page Limits
    2. Cover Page
    3. Statutory Information
    4. Budget
    5. Programs/HO's

2. Each section will be identified as:
    - Approved
    - Approved with Recommendations
    - Not Approved
    - Not Reviewed

Work plans that receive a rating of Not Approved for any one of the 5 sections will be electronically marked with a status of Not Approved. The deficient items must be corrected and the plan re-submitted.

Items with the status of Approved with Recommendations do not require a work plan re-write.

A work plan is approved when all 5 of the areas reviewed receive a rating of Approved or Approved with Recommendations.