

Preventive Health and Health Services Block Grant

Grantee Discretionary Funding, Fiscal Year 2017 Key Findings



Center for State, Tribal, Local, and Territorial Support
Centers for Disease Control and Prevention



**Preventive Health and Health Services (PHHS) Block Grant
Key Findings: Fiscal Year (FY) 2017 Grantee Funding Allocations**

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More Information

For more information about the Preventive Health and Health Services Block Grant, visit www.cdc.gov/phhsblockgrant.

Suggested Citation

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Introduction

The Preventive Health and Health Services (PHHS) Block Grant provides flexible federal funding to 61 grantees—all 50 states, 2 American Indian tribes, 8 US territories, and the District of Columbia. These grantees use the funding to meet vital public health needs within their jurisdictions that align with a total of 44 health topic areas. Health topic areas include the 42 *Healthy People 2020* health topic areas, an Emergency Medical Services health topic area, and a Rape/Attempted Rape Prevention health topic area. This report presents select results from descriptive analyses of grantees' allocation of discretionary funds to these 44 health topic areas for FY 2017. Cross-time comparisons of FY 2015, FY 2016, and FY 2017 data are also provided.

Methods

Data source: Data were extracted from the PHHS Block Grant Management Information System (BGMIS), a web-based system that collects allocation (i.e., intended use of funds) data linked to the 44 health topic areas.

Data analysis: Data for FY 2017 were exported from BGMIS into Excel® for analysis.¹ The discretionary funding was calculated by removing administrative costs, direct assistance costs, and the mandatory annual sex offense set-aside (non-discretionary funding) amount from the total grantee award funding amount. Descriptive analyses, including sums, frequencies, and percentages, were performed on grantee discretionary funding allocations only. Additionally, historical comparison of the top 10 funded health topic areas were compiled for the past three years (FY 2015, FY 2016, and FY 2017).²

Limitations: Data presented in this document were self-reported by grantees to CDC via BGMIS. These data represent grantee intentions for expending PHHS Block Grant funds, as reflected in grantee work plans as of October 11, 2017. Data do not necessarily indicate how funds are actually spent, nor do they reflect changes in funding allocations submitted to CDC after October 11, 2017.

Results

As shown in Table 1 below, grantees received a total of \$147,109,167 in Block Grant funding for FY 2017. Of this, \$130,348,208 was discretionary funding allocated to activities across the 44 health topic areas. In addition, \$7,000,000 is legislatively mandated for sexual violence/rape prevention activities. The remaining amount, \$9,760,959, is used for grantee administrative costs. (See Appendix A for additional funding.)

Table 1. FY 2017 PHHS Block Grant Funding Overview

| | |
|---|----------------------|
| Total grantee funding | \$147,109,167 |
| Grantee administrative costs | \$(9,760,959) |
| Sex offense set-aside (non-discretionary funding) ³ | \$(7,000,000) |
| Total health topic area discretionary funding (allocated to grantee-selected priorities) | \$130,348,208 |

¹ Based on data extracted on October 11, 2017.

² FY 2015 and FY 2016 data as of November 16, 2017.

³ The annual sex offense set-aside is the \$7 million authorized by the legislation to be used for sex offense prevention and victim services.

Health Topic Areas Funded by the PHHS Block Grant

In FY 2017, grantees allocated funding to 34 of the 44 health topic areas, with the 10 highest funded areas accounting for 83.2% of total discretionary funding (see Table 2 and Appendix A for more detail).

- All of the grantees (n=61) allocated funding to one or more of the 10 highest funded health topic areas.
- Public Health Infrastructure and Educational and Community-Based Programs accounted for nearly half (49.6%) of PHHS Block Grant discretionary allocations. (For funding allocation details for these two topic areas, see Tables 6 and 7 in Appendix B.)
- More than 75% (n=46) of grantees allocated funding to Public Health Infrastructure.

Table 2. The 10 Highest Funded Health Topic Areas—FY 2017

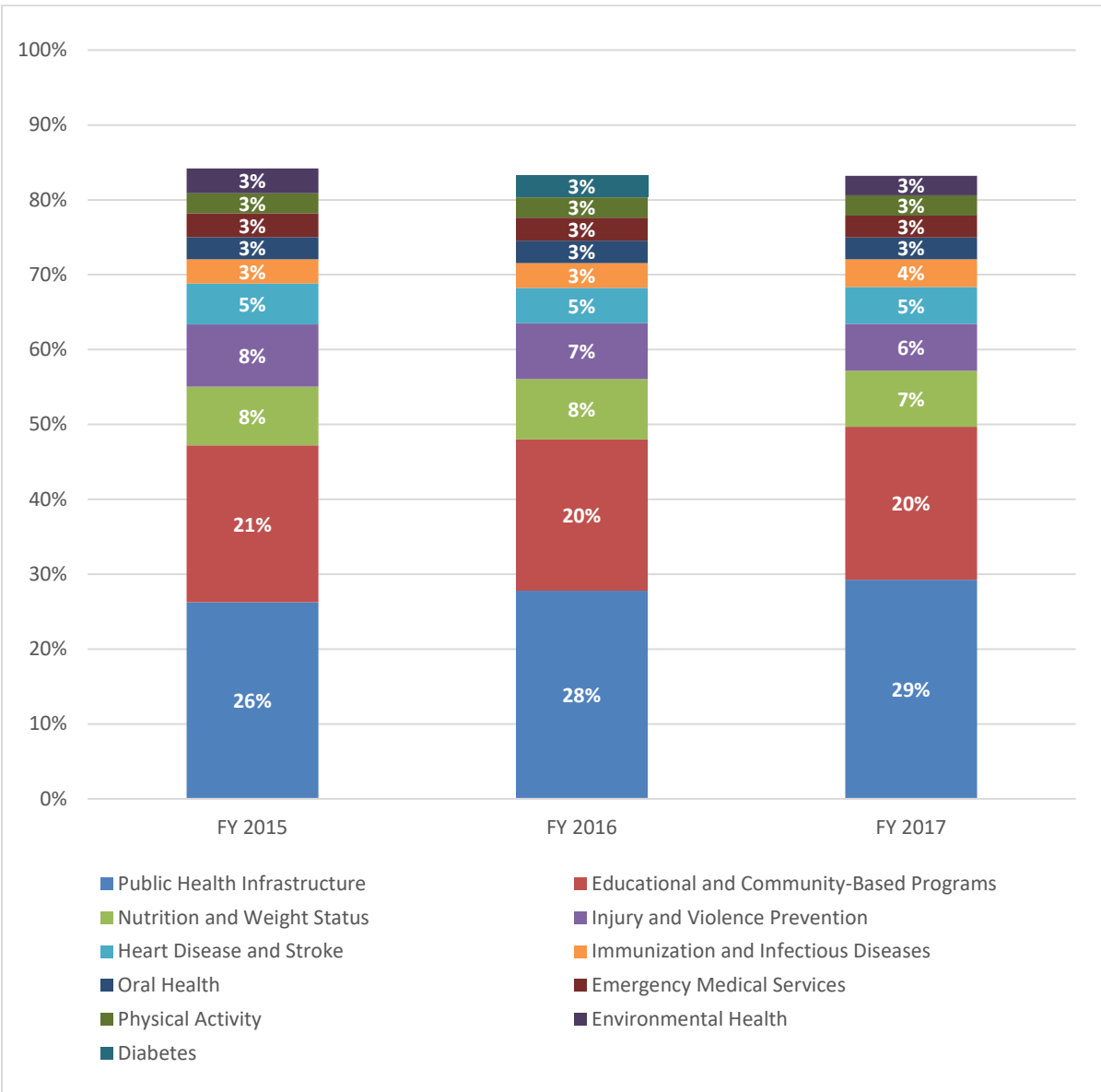
| Health Topic Areas (HTAs) | HTA Funding | % of Total Discretionary Funding | No. of Grantees |
|--|----------------------|----------------------------------|-----------------|
| Public Health Infrastructure | \$38,107,783 | 29.2% | 46 |
| Educational and Community-Based Programs | \$26,365,235 | 20.4% | 29 |
| Nutrition and Weight Status | \$9,755,273 | 7.5% | 26 |
| Injury and Violence Prevention | \$8,172,746 | 6.3% | 29 |
| Heart Disease and Stroke | \$6,421,211 | 4.9% | 20 |
| Immunization and Infectious Diseases | \$4,847,753 | 3.7% | 11 |
| Oral Health | \$3,800,220 | 2.9% | 15 |
| Emergency Medical Services | \$3,766,647 | 2.9% | 9 |
| Physical Activity | \$3,583,951 | 2.7% | 15 |
| Environmental Health | \$3,366,811 | 2.6% | 11 |
| Total Top 10 HTAs | \$108,457,630 | 83.2% | 59 |
| Other HTAs | \$21,890,578 | 16.8% | 59 |
| Total Discretionary Funding | \$130,348,208 | 100.0% | 61 |

Changes in Grantee Allocations, FY 2015–2017

In FY 2017, grantees had \$130,348,208 available in discretionary funding to allocate to their priority public health needs, compared with \$130,025,716 in FY 2016 and \$127,061,490 in FY 2015—a 0.2% and 2.3% increase, respectively.

- The top 10 highest funded health topic areas have remained largely consistent over the past three years (FY 2015 to FY 2017) (see Figure 1). One change was noted in FY 2016, whereby Environmental Health replaced Diabetes in the top 10 highest funded health topic areas for that year.

Figure 1. The 10 Highest Funded Health Topic Areas, FY 2015–2017



Relative Level of Funding from the PHHS Block Grant

Grantees may use the PHHS Block Grant funds as the sole funding source (100%) or supplemental funding source (50%–99%) for their public health efforts. For FY 2017, \$47,195,426 (36.2%) of the PHHS Block Grant discretionary funding was allocated as the sole funding source for public health efforts.

- 73.8% (n=45) of grantees reported allocating funding to one or more public health efforts where 100% of the funding was provided by the PHHS Block Grant (see Table 3).
 - More grantees (n=25) reported allocating sole funding from the PHHS Block Grant to Public Health Infrastructure than to any other health topic area.

- PHHS Block Grant was the sole source of funding used to support the majority of the activities or programs for Physical Activity (71.2%), Emergency Medical Services (61.4%), Heart Disease and Stroke (51.9%), and Injury and Violence Prevention (51.0%) (see Table 4).

Table 3. Relative Funding Provided by the PHHS Block Grant—FY 2017⁴

| Level of Funding Provided to Public Health Efforts | Funding Amount | % of Discretionary Funding | No. of Grantees | % of Grantees |
|--|----------------|----------------------------|-----------------|---------------|
| Sole Funding (100%) | \$47,195,426 | 36.2% | 45 | 73.8% |
| Supplemental Funding (50%-99%) | \$45,292,077 | 34.7% | 47 | 77.0% |
| Partial Funding (0%-49%) | \$37,860,705 | 29.0% | 56 | 91.8% |
| All Funding Levels (0%-100%) | \$130,348,208 | 100.0% | - | - |

Table 4. Sole Funding Provided by the PHHS Block Grant to the 10 Highest Funded Health Topic Area Efforts—FY 2017

| 10 Highest Funded Health Topic Areas (HTAs) | HTA Funding | Sole Funding (100%) | % of HTA Funding | No. of Grantees |
|---|----------------------|---------------------|------------------|-----------------|
| Public Health Infrastructure | \$38,107,783 | \$12,300,589 | 32.3% | 25 |
| Educational and Community-Based Programs | \$26,365,235 | \$10,542,333 | 39.6% | 11 |
| Nutrition and Weight Status | \$9,755,273 | \$1,735,911 | 17.8% | 8 |
| Injury and Violence Prevention | \$8,172,746 | \$4,165,645 | 51.0% | 12 |
| Heart Disease and Stroke | \$6,421,211 | \$3,332,537 | 51.9% | 9 |
| Immunization and Infectious Diseases | \$4,847,753 | \$998,278 | 20.6% | 4 |
| Oral Health | \$3,800,220 | \$1,378,151 | 36.3% | 7 |
| Emergency Medical Services | \$3,766,647 | \$2,311,680 | 61.4% | 2 |
| Physical Activity | \$3,583,951 | \$2,551,225 | 71.2% | 8 |
| Environmental Health | \$3,366,811 | \$1,150,415 | 34.2% | 6 |
| Total Top 10 HTAs | \$108,457,630 | \$40,466,764 | 37.3% | 42 |
| Other HTAs | \$21,890,578 | \$6,728,662 | 30.8% | 26 |
| Total Discretionary Funding | \$130,348,208 | \$47,195,426 | 36.2% | 45 |

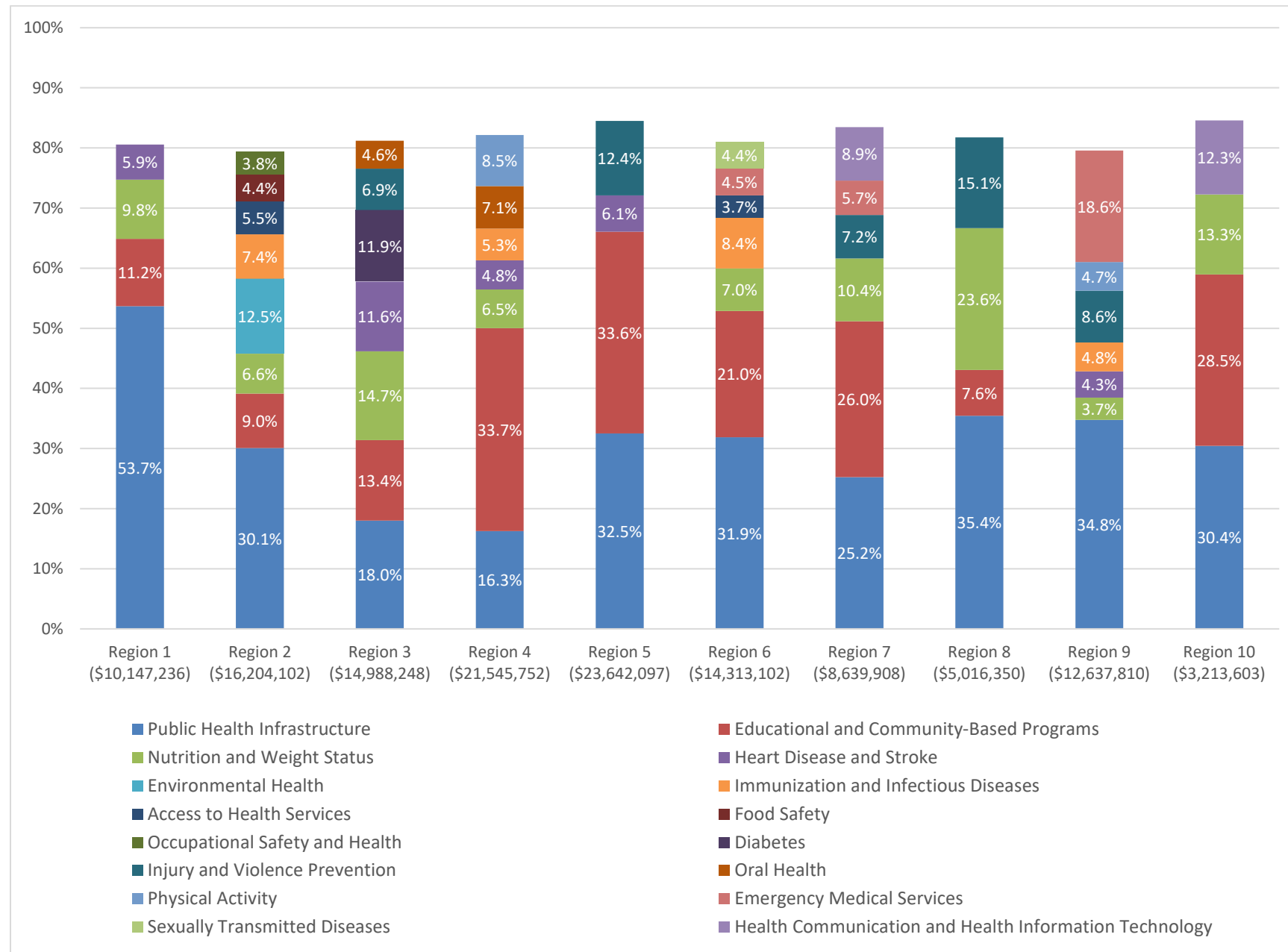
⁴ Due to rounding, the percentage of discretionary funding might not equal 100%.

Regional Analysis of the Highest Funded Health Topic Areas

The US Department of Health and Human Services (HHS) maintains offices in 10 regions of the country (see Appendix C for a list of grantees by HHS region). Data were analyzed by HHS region to identify funding priorities in health topic areas across the regions.

- The highest funded health topics varied across all HHS regions, with as few as 4 health topic areas accounting for more than 80% of the funding in Regions 1, 5, and 10, to as many as 8 health topic areas accounting for just under 80% of the funding in Region 2 (see Figure 2).
- Some of the overall highest funded topic areas also consistently appeared in the highest funding topic areas by HHS region. Public Health Infrastructure appeared in the top 10 funded health topic areas for all 10 HHS regions. Educational and Community-Based Programs appeared in the top funded health topic areas in every region except Region 9. Nutrition and Weight Status appeared in the top funded health topic areas in every region except Region 5.
- Many health topic areas that are not part of the overall top 10 highest funded health topic areas—including Diabetes, Food Safety, Access to Health Services, and Health Communication and Health Information Technology—rose to the highest funded in different regions,.

Figure 2. The Highest Funded Health Topic Areas in Each HHS Region—FY 2017



Appendix A - Total PHHS Block Grant Grantee Funding

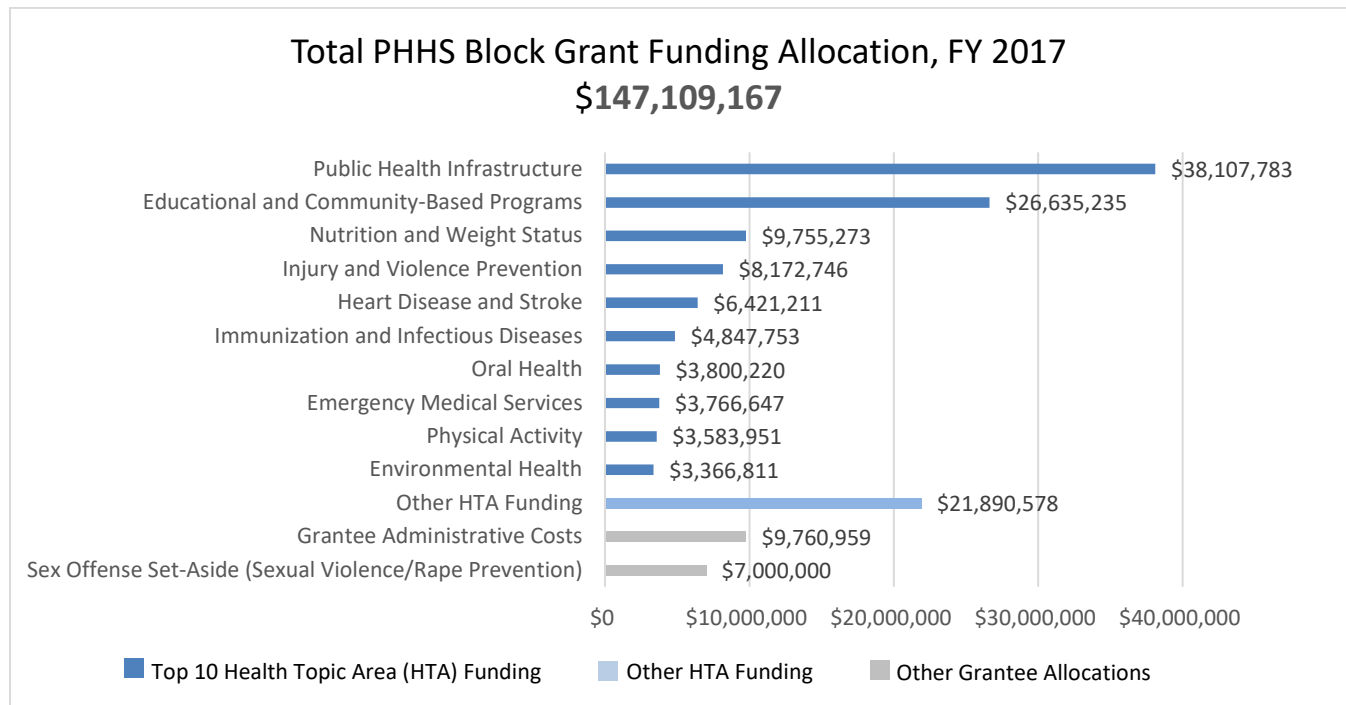
Table 5. PHHS Block Grant FY 2017 Grantee Funding

| Funding Category | FY 2017 Amount | % of TDHTAF ⁵ | % of TGF ⁶ |
|---|----------------------|--------------------------|-----------------------|
| Discretionary Health Topic Area (HTA) | | | |
| 1. Public Health Infrastructure | \$38,107,783 | 29.2% | 25.9% |
| 2. Educational and Community-Based Programs | \$26,635,235 | 20.4% | 17.9% |
| 3. Nutrition and Weight Status | \$9,755,273 | 7.5% | 6.6% |
| 4. Injury and Violence Prevention | \$8,172,746 | 6.3% | 5.6% |
| 5. Heart Disease and Stroke | \$6,421,211 | 4.9% | 4.4% |
| 6. Immunization and Infectious Diseases | \$4,847,753 | 3.7% | 3.3% |
| 7. Oral Health | \$3,800,220 | 2.9% | 2.6% |
| 8. Emergency Medical Services | \$3,766,647 | 2.9% | 2.6% |
| 9. Physical Activity | \$3,583,951 | 2.7% | 2.4% |
| 10. Environmental Health | \$3,366,811 | 2.6% | 2.3% |
| Total Top 10 HTA Funding | \$108,457,630 | 83.2% | 73.7% |
| Total Other HTA Funding | \$21,890,578 | 16.8% | 14.9% |
| Total Discretionary HTA Funding (TDHTAF) | \$130,348,208 | 100.0% | 88.6% |
| Sex Offense Set-Aside (Sexual Violence/Rape Prevention) | \$7,000,000 | - | 4.8% |
| Grantee Administrative Costs | \$9,760,959 | - | 6.6% |
| Total Grantee Funding (TGF) | \$147,109,167 | - | 100.0% |

⁵ Total Discretionary Health Topic Area Funding.

⁶ Total Grantee Funding.

Figure 3. Total PHHS Block Grant Grantee Funding Allocation, FY 2017



Appendix B - Funding Allocation Details for Highest Funded Health Topic Areas

Tables 6 and 7 provide details about grantee allocations to the two highest funded *Healthy People 2020* Health Topic Areas.

Table 6. Funding Allocation Detail: Public Health Infrastructure (PHI)—FY 2017

| PHI Domain | PHI Objectives | Objective Funding | % of Total PHI Funding | No. of Grantees | % Grantees | Support to Locals ¹ | % of PHI Obj. to Support Locals | Support for Disparate Populations | % of PHI Obj. to Disparate Populations |
|--|--|---------------------|------------------------|-----------------|--------------|--------------------------------|---------------------------------|-----------------------------------|--|
| Workforce | PHI-1: Competencies for public health professionals | \$1,101,946 | 2.9% | 7 | 11.5% | \$0 | 0.0% | \$218,550 | 19.8% |
| | PHI-2: Continuing education of public health personnel | \$2,334,864 | 6.1% | 13 | 21.3% | \$425,000 | 18.2% | \$681,990 | 29.2% |
| | Subtotal | \$3,436,810 | 9.0% | 18 | 29.5% | \$425,000 | 12.4% | \$900,540 | 26.2% |
| Data and Information Systems | PHI-7: National data for <i>Healthy People 2020</i> objectives | \$4,282,614 | 11.2% | 15 | 24.6% | \$150,000 | 3.5% | \$903,654 | 21.1% |
| | PHI-8: National tracking of <i>Healthy People 2020</i> objectives | \$134,434 | 0.4% | 2 | 3.3% | \$0 | 0.0% | \$0 | 0.0% |
| | PHI-9: Timely release of national data for <i>Healthy People 2020</i> objectives | \$1,116,673 | 2.9% | 2 | 3.3% | \$0 | 0.0% | \$450,000 | 40.3% |
| | Subtotal | \$5,533,721 | 14.5% | 17 | 27.9% | \$150,000 | 2.7% | \$1,353,654 | 24.5% |
| Public Health Organizations—Surveillance and Investigation | PHI-11: Public health agencies laboratory services | \$1,208,985 | 3.2% | 3 | 4.9% | \$0 | 0.0% | \$0 | 0.0% |
| | PHI-13: Epidemiology services | \$3,680,641 | 9.7% | 9 | 14.8% | \$1,452,536 | 39.5% | \$505,506 | 13.7% |
| | Subtotal | \$4,889,626 | 12.8% | 10 | 16.4% | \$1,452,536 | 29.7% | \$505,506 | 10.3% |
| Public Health Organizations—Performance Improvement and Accreditation | PHI-14: Public health system assessment | \$5,007,738 | 13.1% | 8 | 13.1% | \$478,339 | 9.6% | \$531,649 | 10.6% |
| | PHI-15: Health improvement plans | \$8,529,316 | 22.4% | 18 | 29.5% | \$3,305,228 | 38.8% | \$3,222,674 | 37.8% |
| | PHI-16: Public health agency quality improvement program | \$3,736,239 | 9.8% | 12 | 19.7% | \$0 | 0.0% | \$0 | 0.0% |
| | PHI-17: Accredited public health agencies | \$6,974,333 | 18.3% | 21 | 34.4% | \$829,752 | 11.9% | \$667,376 | 9.6% |
| | Subtotal | \$24,247,626 | 63.6% | 40 | 65.6% | \$4,613,319 | 19.0% | \$4,421,699 | 18.2% |
| Total PHI Funding | | \$38,107,783 | 100% | 46 | 75.4% | \$6,640,855 | 17.4% | \$7,181,399 | 18.8% |

¹ “Support to locals” reflects grantees’ self-reported monetary support to local agencies and organizations. This figure does not include non-monetary forms of support to local agencies and organizations, such as training and technical assistance.

Table 7. Funding Allocation Detail: Educational and Community-Based Programs (ECBP)—FY 2017

| ECBP Domain | ECBP Objectives | Objective Funding | % of Total ECBP Funding | No. of Grantees | % Grantees | Support to Locals ⁸ | % of ECBP Obj. to Support Locals | Support for Disparate Populations | % of ECBP Obj. to Disparate Populations |
|------------------|--|---------------------|-------------------------|-----------------|--------------|--------------------------------|----------------------------------|-----------------------------------|---|
| School | ECBP-1: Preschool health education | \$201,621 | 0.8% | 1 | 1.6% | \$134,414 | 66.7% | \$201,621 | 100% |
| | ECBP-2: School health education | \$363,998 | 1.4% | 3 | 4.9% | \$219,180 | 60.2% | \$0 | 0.0% |
| | Subtotal | \$565,619 | 2.1% | 4 | 6.6% | \$353,594 | 62.5% | \$201,621 | 35.6% |
| Worksite | ECBP-8: Worksite health promotion programs | \$1,556,621 | 5.8% | 6 | 9.9% | \$214,414 | 13.8% | \$476,621 | 30.6% |
| | ECBP-9: Participation in employer-sponsored health promotion | \$213,921 | 0.8% | 2 | 3.3% | \$0 | 0.0% | \$0 | 0.0% |
| | Subtotal | \$1,770,542 | 6.6% | 8 | 13.1% | \$214,414 | 12.1% | \$476,621 | 26.9% |
| Community | ECBP-10: Community-based primary prevention services | \$23,545,109 | 88.4% | 23 | 37.7% | \$12,961,919 | 55.1% | \$8,939,126 | 38.0% |
| | ECBP-11: Culturally appropriate community health programs | \$753,965 | 2.8% | 3 | 4.9% | \$110,000 | 14.6% | \$227,014 | 30.1% |
| | Subtotal | \$24,299,074 | 91.2% | 26 | 42.6% | \$13,071,919 | 53.8% | \$9,166,140 | 37.7% |
| | Total ECBP Funding | \$26,635,235 | 100% | 29 | 47.5% | \$13,639,927 | 51.2% | \$9,844,382 | 37.0% |

⁸ “Support to locals” reflects grantees’ self-reported monetary support to local agencies and organizations. This figure does not include non-monetary forms of support to local agencies and organizations, such as training and technical assistance.

Appendix C - HHS Regions

Table 8. Grantees by HHS Region

| HHS Region | Grantees | No. of Grantees |
|------------|--|-----------------|
| 1 | Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont | 6 |
| 2 | New Jersey, New York, Puerto Rico, US Virgin Islands | 4 |
| 3 | Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia | 6 |
| 4 | Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee | 8 |
| 5 | Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin | 6 |
| 6 | Arkansas, Louisiana, New Mexico, Oklahoma, Texas | 5 |
| 7 | Iowa, Kansas, Kickapoo Tribe, Missouri, Nebraska, Santee Sioux Tribe | 6 |
| 8 | Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming | 6 |
| 9 | Arizona, California, Hawaii, Nevada, American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Marshall Islands, Republic of Palau | 10 |
| 10 | Alaska, Idaho, Oregon, Washington | 4 |
| | Total | 61 |

For more information about HHS regions, visit www.hhs.gov/about/agencies/iea/regional-offices/index.html.