The Preventive Health and Health Services Block Grant: the Massachusetts Experience

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Synopsis

The Preventive Health and Health Services Block Grant funds a variety of disparate programs in health promotion and disease prevention. Many of these programs were funded by categorical grants to the States prior to the creation of this block grant in 1981. This block grant allows States to set priorities among the different programs by shifting their funding allocations. In addition, there is considerable opportunity to use these funds creatively in shaping the content of their programs.

The Massachusetts Department of Public Health's experience with this block grant is reviewed, showing the grant's critical importance in the department's statewide disease prevention efforts. In order to maximize public health impact, the department has shifted its funding allocations based on explicit criteria. These criteria represent a model that may have widespread applicability for other State health departments.

THE PREVENTIVE HEALTH AND HEALTH SERVICES (PHHS) Block Grant was created as part of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35). This block grant combined funding for the following programs, most of which up to that time had been categorically funded: hypertension, health education and risk reduction, fluoridation, emergency medical services, services to rape victims and for rape prevention, rodent control, health incentives, and home health services.

In establishing block grants, the intent of Congress and the Reagan Administration was to allow States flexibility in setting priorities for use of these funds (*1*). One goal of the block grants was to return decisionmaking authority to States and their respective community and constituency groups. There were few Federal restrictions on State's abilities to shift funds within these eight categories. Each State received approximately 25 percent less under the PHHS Block Grant than the combined amount it had received for the different categorical programs.

Because the PHHS Block Grant funds so many diverse services, it lacks a clear constituency, unlike the Maternal and Child Health Services Block Grant and the Alcohol, Drug Abuse, and Mental Health Services Block Grant. It is therefore extremely important that its role in meeting critical public health needs be fully appreciated.

This article focuses on the importance of the PHHS Block Grant in the health promotion and disease prevention efforts of State health departments. Using the Massachusetts Department of Public Health as a case study, we will show how these funds are used for a diversity of important services which improve public health. The Massachusetts experience will be used to illustrate the key opportunities for changing the mixture of services to meet emerging public health needs that this block grant provides. Finally, we will describe the criteria we have used for setting priorities for allocating funding among different programs.

Funding for PHHS Block Grant Programs

After block grants began in 1981, the department maintained funding for the program areas covered by the PHHS Block Grant at approximately the same levels as before. Funding levels were maintained to minimize programmatic disruption during the transition, but this situation continued for another 3 years. The department was not forced to make any program cuts because of the substantial amount of carryover funds available

from the 9-month overlap between funding of the categorical programs and the start of the block grant. However, there were important shifts in emphases in how the funds were used in these initial years.

The approximate funding allocation percentages follow for the different programs for the first 4 years (1982–85) of the block grant's annual award of $2.5 million to Massachusetts:

Program area	*Percent*
Hypertension	12
Health education and risk reduction	15
Fluoridation	9
Emergency medical services	39
Rape prevention and victim services	5
Rodent control	9
Health incentives	11
Home health services	0
Total	100

Over the first 4 years, the programs funded through the PHHS Block Grant in Massachusetts have accomplished a great deal. Highlights of these accomplishments are outlined by program area in the following sections. We strongly emphasize that few of these accomplishments would have occurred without this Federal funding. It is important to note that the success of these programs has prompted the State to supplement funding for the majority of programs covered by this block grant.

Hypertension. The department's hypertension control program has been initiated through Federal categorical funding, which all States received to conduct high blood pressure control activities in the 1970s and early 1980s, and it was continued through the PHHS Block Grant. An average of five community agencies in Massachusetts received block grant funding each year to conduct hypertension screening, referral, and education campaigns. In the first 4 years in these programs, more than 10,000 adults were screened annually; more thn 20 percent of those screened were identified as having uncontrolled hypertension.

In addition, several programs that train health professionals concerning hypertension have been held each year using block grant funding. Approximately 800 health professionals have attended these sessions. These training programs serve as an important adjunct to the screening, education, and referral programs described previously by reinforcing for health professionals the importance of controlling hypertension.

Information materials on hypertension control have also been developed through block grant funding. These materials have been sent to more than 250 interested community agencies annually.

In 1985 and 1986, two distinct models of hypertension projects have been developed and funded: (*a*) projects to screen 5,000–10,000 persons to provide a small amount of health education about hypertension and to refer those persons with elevated blood pressures to physicians; and (*b*) intensive intervention projects to deliver a variety of in depth educational programs to improve compliance and to monitor closely the blood pressures of 500–1,000 persons with hypertension.

In the first model, the department shifted its focus from high risk groups to all adults in the population. Given that approximately 33 percent of the population is hypertensive, it became appropriate to target screening efforts to reach larger numbers than previous efforts. The second model—intensive followup of small numbers of persons with hypertension—was selected to address the other major issue in control of hypertension, long-term compliance with therapy.

Health education and risk reduction. In the early years of the PHHS Block Grant, the two major emphases of the health education and risk reduction program were teacher training programs and development of materials for the mass media.

Programs to train teachers in preventing smoking and the use of alcohol by their students were funded to stimulate the inclusion of these subjects in primary and secondary school curriculums. Approximately 800 teachers have received such training.

A variety of materials aimed at promoting healthy lifestyles through the mass media have been funded by the block grant. These materials include television and radio public service announcements promoting exercise, not smoking, good nutrition, and control of high blood pressure; a series of 15 1-minute segments on smoking cessation; and a statewide information program on diethylstilbestrol (DES) for use by local news stations. All materials produced for television and radio have received extensive play in Massachusetts, and several have received national recognition.

In the past year, eight community-based multiple risk factor reduction programs have been initiated through block grant funding to reduce mortality from heart disease, cancer, and stroke, the three leading causes of death in Massachusetts. Given the widespread prevalence of these three diseases and their underlying risk factors, the department

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felt it was imperative to begin community-based risk reduction programs.

These programs aim to lower the prevalence of smoking, diets high in fat and salt, uncontrolled hypertension, and physical inactivity through intensive risk reduction activities for approximately 500 participants who have one or more risk factors for heart disease, cancer, and stroke. These activities complement a major statewide program targeting these diseases for which the department received State funding as described subsequently in this article.

In addition, a number of other new initiatives were undertaken in 1984, with funding from the PHHS Block Grant. Most notable was the smokeless tobacco project. Funds were used to investigate the adverse health effects of smokeless tobacco, resulting in the first State public health regulation requiring health warning labels on snuff. Funds were also used to develop and produce educational brochures and public service announcements on smokeless tobacco. The use of a small amount of block grant funds in this State triggered national attention to this problem, which ultimately resulted in Federal legislation requiring warning labels on this product.

Fluoridation. PHHS Block Grant funds have been used to promote fluoridation in cities and towns throughout Massachusetts, using organized educational campaigns, and they have been used to purchase equipment and chemicals for those communities that decide to fluoridate. Public service announcements, posters, brochures, and handbooks on fluoridation were developed and disseminated as part of educational campaigns.

Twenty-nine cities and towns with a combined population of more than 600,000 persons have fluoridated their waste supplies following these campaigns. This results in a potential annual savings of $7 million in dental bills. The percentage of the population in Massachusetts now drinking fluoridated water is 56 percent. Ten cities with a total population of about 370,000 rejected fluoridation following these campaigns; the five largest of these cities began State-funded fluoride mouth rinse programs in their schools as a substitute.

During the past 4 years, funds from the PHHS Block Grant have also been used to improve the quality of fluoridation in the 109 communities with a combined population of 3.3 million. Activities include annually inspecting all fluoridating systems, daily monitoring of fluoride levels, proficiency testing for local laboratory personnel who conduct fluoride testing in the towns, biennial training of all 300 local water works personnel in Massachusetts, and replacing defective equipment.

From 1981 to 1985, the statewide mean fluoride level rose from .91 parts per million to .98 parts per million, the closest to the recommended level ever recorded in Massachusetts. By maintaining optimal fluoridation throughout Massachusetts, many millions of dollars are saved annually in dental care costs.

Emergency medical services. PHHS Block Grant funds have supported more than 60 percent of the State's emergency medical services (EMS) staff and activities. These funds have been used for the following purposes:

1. to develop a statewide EMS plan,
2. to support regional councils which oversee EMS programs in the six regions of the State,
3. to train emergency medical technicians (EMTs) in basic life support and advanced life support techniques,
4. to provide continuing education programs for emergency department nurses,
5. to conduct public information programs about early warning signs of heart attack and methods to access the EMS system,
6. to present cardiopulmonary resuscitation (CPR) training programs for the public, and
7. to provide programs for high school students to prevent (cancel) alcohol-related emergencies (C.A.R.E.).

Each of these efforts has involved large numbers of Massachusetts residents. For example, more than 10,000 students participated in the C.A.R.E.

program last year. Courses to train more than 3,000 persons in CPR were funded. Approximately 2,600 EMTs are training each year in 88 courses, and 2,700 continuing education programs are offered.

Rape prevention and victim services. The PHHS Block Grant enabled the department to allocate funds for the prevention of rape and the support of services to rape victims for the first time in Massachusetts. Eight rape crisis centers across the State received contracts beginning in 1983, resulting in services to 1,100 victims and significant others annually.

Rape crisis centers assist victims of incest, sexual abuse, and rape trauma syndrome to minimize long-term damage from sexual abuse and aid the victim's family members in coping with the victim's trauma. Rape prevention and victim services include (*a*) 24-hour hotlines; (*b*) individual and group counseling; (*c*) advocacy through medical, law enforcement, and legal systems; (*d*) interagency coordination and case management for victims of rape; and (*e*) preventive education for community groups, schools, and professionals.

In subsequent years, these services have continued and in fact been expanded due to increased State funding as will be described. Block grant funds have also been used to hire full-time staff in the department to develop a women's health program and to monitor the rape crisis centers which receive funds from the department.

Rodent control. Two comprehensive rodent control programs which affected a total population of about 125,000 persons in the cities of Boston and Lawrence were funded by the PHHS Block Grants. During the 2 years in which the Lawrence program was funded, a significant rodent problem was eliminated from two neighborhoods of the city. Both tenants and property owners were educated as to proper garbage disposal and storage practices, and the homes in the areas became free of rodents. The Lawrence Board of Health staff was trained in rodent control methods, and many of them became certified pest control operators. The board is now able to provide sufficient services to maintain the results that were achieved.

The Boston project at its inception targeted 460 contiguous blocks inhabited by a low socioeconomic level population that was plagued by significant rodent problems, as well as by poor housing and environmental sanitation. Through an active educational program as well as improved enforcement of relevant housing code provisions, the area with rodent problems has been reduced by 25 percent. In addition, the City of Boston has recently added funding for this program based on its accomplishments.

Health incentives. The health incentives portion of the block grant enables the Department of Public Health to fund key staff positions in community sanitation, radiation control, local health services, environmental toxicology, and public information. These positions have been important in filling gaps in the skills and services offered by the department.

These monies have also been used for a variety of innovative initiatives, allowing a quick response to emerging public health issues. For example, when ethylene dibromide (EDB) became an important focus of concern in 1984, block grant funds were used by Massachusetts for EDB-testing of foods as well as for staffing and educational costs associated with this problem.

Another important initiative was a statewide public information program on the health effects of nuclear war. A public service announcement on this issue was produced and received extensive coverage. The department distributed more than 40,000 copies of a brochure on this subject. The public service announcement and the brochure were the first produced by a State health department in the United States.

Funds have also been used to support a "Women in the Workplace" conference, an effort to identify the barriers women face in the workplace and develop solutions for changes in Massachusetts. Fifty workshops in occupational health and safety, economics, and social issues were conducted at this conference.

Home health services. No services in this area have been funded by the PHHS Block Grant in Massachusetts.

State funding for block grant-supported activities. As a result of the achievements of many programs funded by the PHHS Block Grant, the administration and the State legislature have added significant State funds to several of the programs noted previously. For example, for the past 2 years the department has received more than $200,000 annually in State monies to fund community-based programs to reduce risk factors for heart disease, cancer, and stroke. The Center for Health Promotion and Environmental Disease Prevention was

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established in 1984 within the department to develop a statewide program to prevent these three diseases with approximately $1.3 million of State funding. This initiative has recently been described in detail elsewhere (*2*).

In 1984 and 1985, State funding for emergency medical services was increased by a total of almost $400,000. State funding for fluoridation increased from $4,000 in 1982 to $118,000 in 1985 through legislative initiatives.

In 1984, block grant funds for rape crisis centers were augmented by $100,000 in State funds. This allowed the department to increase the number of rape crisis centers, serving a total of 1,900 victims and significant others. Similarly, 1985 saw an increase in State funding to $280,000, with the rape crisis centers providing services to 2,500 victims and significant others. In addition $50,000 was allocated for the development of the Resource Center for the Prevention of Family Violence and Sexual Abuse.

Setting of priorities. Although it is clear that the PHHS Block Grant has been invaluable for disease prevention efforts in Massachusetts and has stimulated significant additional funding for some programs, the luxury of funding all of these programs at the same level of Federal funding has run out as carryover funds have been exhausted. Now that overall spending has had to be cut by approximately 25 percent, the setting of priorities has begun. The initiative for priority-setting came from the Office of the Commissioner of the Department of Public Health because the programs funded by the block grant were administered by different divisions in the department.

To assist in establishing these priorities, the department developed a model for resource allocation to maximize the public health impact of the limited funds available. This model relies heavily on an epidemiologic perspective and stresses the importance of documenting the program's effectiveness. The model assessed programs based on the following criteria:

1. the magnitude of the public health problem addressed by the program as measured by the severity of the problem and the number of people affected,
2. the extent to which modifiable causes for the problem have been identified, and
3. the extent to which intervention can reduce or eliminate the causal factors and thereby reduce the magnitude of the problem,
4. the cost of the program relative to accomplishments, and
5. whether the program has set rigorous goals and objectives and whether it has acomplished them.

The Commissioner's Office looked at each program funded under this block grant both to see how well these criteria were met as well as to compare the programs. The federal requirement for the State legislature to hold public hearings on block grant spending has been supplemented by departmental public hearings and seminars. This opportunity for public input into governmental decisionmaking has been an important part of the process of allocating scarce resources.

In the spring of 1984, the department held educational seminars in five regions of the State for community agencies, constituency groups, and other interested parties. These seminars were used as a forum to discuss the content and future directions of each program area. The model criteria noted previously were presented with the statement that they would be used in deciding allocations beginning in October 1985. Reactions to the proposed changes at the seminars were guarded. The department did not recommend changes in funding levels for 1985, since it was clear that programmatic staff, agencies funded by the grant, and outside constituency groups needed a year to prepare for these shifts.

The department subsequently prepared its draft application of intended use for 1985 block grant funds and reiterated its model criteria. The draft application was the basis for both the discussion at the five public hearings held around the State in the summer of 1984 as well as the subsequent legislative hearings. Because no immediate changes

were recommended, there were relatively few comments at either the public or legislative hearings.

In 1985, the department followed the same process as the previous year. However, in the educational seminars we presented our recommendations to increase funding substantially of the health education and risk reduction and the fluoridation programs and to decrease the funding for the emergency medical services and rodent control programs. Because the programs for which recommended increases had little organized constituency support and those for which we recommended decreases had strong constituency support, we received heavy pressure to modify our recommendations and keep the funding levels reasonably similar to the previous year. This pressure came from both the constituency groups and the legislature, which makes the final decisions on block grant allocations.

Following this input from the public and the legislature, the Commissioner's Office modified the department's recommendations, striking a balance between basing funding on the model criteria versus constituent input. Based on this balancing process, the health education and risk reduction program and the fluoridation program received a 10 percent increase in funding in 1986. The impact of the increases is enhanced by targeting these monies for service delivery.

Although the hypertension program ranked high based on the model criteria, it did not receive additional funds. Given the multiple risk factor etiology of heart disease, cancer, and stroke, the department felt it was more appropriate to emphasize multiple risk factor reduction in its programming, and therefore hypertension screening and education was built into all its community-based health education and risk reduction programs.

Finally, modest decreases were made in the budgets of the rodent control and emergency medical services programs. These decreases were based largely on the assessment of these programs according to the model criteria.

Our recommendations represent only a beginning at setting priorities for these funds. We anticipate further changes in 1987, consistent with the approach we have taken in 1986.

Conclusion

The Preventive Health and Health Services Block Grant represents one of the major funding sources for State health departments to mount health promotion and disease prevention programs in a diversity of areas. In Massachusetts, these funds have been used to address 7 of the 15 key strategy areas discussed in "Healthy People: the Surgeon General's Report on Health Promotion and Disease Prevention" (*3*) and for which national objectives were subsequently set: improved nutrition, smoking cessation, exercise and fitness, high blood pressure contol, toxic agent control, accidental injury control, and fluoridation of community water supplies (*4*).

Through the use of a model that we believe has widespread applicability for other State health departments, we have been able to establish priorities for use of these critical funds. This model favors increased programmatic initiatives in the areas discussed in "Healthy People," since such initiatives are more likely to have a significant public health impact. Community and constituency group acceptance of this model has been good, and their input into our decisionmaking has been important. We have thus attained one of the key goals of the block grant.

The Massachusetts experience reflects the key role of the PHHS Block Grant for both Massachusetts and the United States as a whole in funding programs to reduce preventable morbidity and mortality. The importance of this funding to continued State progress in these areas should not be minimized.

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