

## Preventive Health & Health Services Block Grant (PHHSBG) –Selection Criteria

### Document #4

#### **California PHHS Block Grant Advisory Committee - 2014 AC Principles for Allocation:**

- Emphasize primary and secondary prevention programs.
- Secondary prevention includes prevention of future injury among the injured population.
- Fund each program for at least three years.
- Do not transfer monies out of the Preventive Health and Health Services Block Grant.
- Prioritize using these criteria:
  - Condition severity
  - Size of the problem/condition
  - Equity in health status
  - Community concern
  - Programs engage communities at the local level
  - Cost of the condition
  - Cost-effectiveness of interventions
  - Concordance with Healthy People Objectives
  - Other resources available to address the conditions
  - Performance on program metrics
  - The needs of EMSA should be considered
  - Innovation in areas for which there are few proven interventions
  - Ability to cross sectors and disciplines (HIAP)
  - Leverage of other funds
  - Impact of terminating program
  - Appropriate balance between infrastructure vs. program services
  - History/longevity of program
  - Reconfiguration/modification of program

#### **Association of State and Territorial Health Officials (ASTHO) Recommended Criteria:**

- Maintain flexibility for use of funds.
- Encourage funds to be used for evidence based programs.
- Ensure adequate reporting and accountability for use of funds.
- Link with strategic goals of the State and HP 2020.
- Support capacity such as the development of QI and performance management.
- Ensure that health equity cuts across funded programs.

#### **California Department of Public Health (CDPH) Selection Criteria:**

- Rank priority provided by Centers
- Public Health reinvestment perspective
- Previous Federal or GF cuts sustained
- Marginal utility (“bang for the buck”)
- Availability of alternate funding sources
- Potential to fund internally
  - a. Year-end GF savings for one-time costs
  - b. Incorporate in distributed overhead
- Outcome of PHEP/HPP budget revision process
- Input from Advisory Committee and Public Meeting
- Ease of implementation (in required timeframe)
- Scalability