Preventive Health and Health Services Block Grant Framework Measures (Version 1.5)

2025 Questionnaire Guidance



Updated: July 2025



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Introduction

This guidance document is designed to assist with the reporting of data on the 2025 Preventive Health and Health Services (PHHS) Block Grant Measurement Framework (Version 1.5) measures. It outlines and describes the information needed for reporting on each measure. The document consists of two parts.

Part I: Collecting Data on the Measures

- What's Included in the Measure presents what counts and what does not count for the measure. For a glossary of key terms, see Appendix A.
- Step 1: Identify and Gather Relevant Information describes the information you will need
 to collect from within your health department, from local health departments, tribal health
 departments, and from local organizations to report on the measures, where applicable.
- Step 2: Calculate Totals for the Measure describes the numbers you will need to generate for reporting.

Part II: Reporting Data on the Measures

• **Step 3: Complete Questionnaire** – provides instructions and tips on entering data into the questionnaire. Screenshots of the web-based questionnaire are included.

Helpful Resources

The following resources provide additional information on the PHHS Block Grant Measurement Framework (Version 1.5) and data collection and reporting on the measures:

- **Measurement Framework (Version 1.5)** a document providing an overview of the framework and defining framework components including the four measures.
- Framework Measures (Version 1.5) Data Collection Webinars presentations on the data collection and reporting process.
- Framework Measures (Version 1.5) Assessment Questionnaire a hard copy of the questionnaire (see Appendix C).
- Framework Measures (Version 1.5) Data Collection Workbook an Excel workbook
 designed to facilitate compiling data and calculating the counts for each measure (Note: Use
 of this workbook is optional).

Technical Assistance Contact Information

For questions about the PHHS Block Grant Measurement Framework, measures, or the questionnaire, please contact the PHHS Block Grant evaluation team at phhsblockgranteval@cdc.gov.

Key Points

- 1. Only activities for measures that are relevant to your health department's work that occurred between July 1, 2024, and June 30, 2025, should be reported. This includes PHHS Block Grant-supported efforts at the recipient, local health department, tribal health department, and/or local organization levels.
- **2.** The PHHS Block Grant coordinator is the designated primary lead/point of contact. This person will be responsible for entering the information into the web-based questionnaire and ensuring that the information is reviewed thoroughly, correct, and submitted on time.
- **3.** The questionnaire guidance document can be shared with others to promote understanding of the information you need to report, especially for what's included in the measure.
- 4. The process for gathering the required information will be unique to you, as a recipient. You may need to work with program managers within your agency or others who received PHHS Block Grant-funded support to collect the information necessary to complete the questionnaire. You may also need to identify a strategy for gathering data from local health departments, tribal health departments, and/or local organizations if applicable (i.e., if they received PHHS Block Grant-funded support).
- **5.** Based on the information gathered, you will calculate totals for the measures. It is your responsibility to ensure entered totals are correct. Neither the questionnaire nor the optional workbook calculates the totals for you. This is a good opportunity to double-check the information for relevancy and accuracy and to identify gaps.
- 6. The deadline for completion of the web-based questionnaire is 11/07/2025.

Part I: Collecting Data on the Measures

Public Health Infrastructure (PHI) Improved

Information Systems Capacity Improved

Measure 1.1: Number of state, territorial, tribal, and local agencies whose capacity to collect or enhance data that provide information of public health importance was improved or maintained through the use of PHHS Block Grant funds.

What's Included in PHI Measure 1.1

This measure focuses on the capacity to **collect or enhance data**. Specifically, this measure is targeting the infrastructure around the information system itself, not the analysis and use of data the information system collects.

What counts:

- All information systems (in development and completed), including websites that provide a searchable database (e.g., a public website that allows parents to view vaccination rates by school).
- Activities focusing on the development, installation, or maintenance of an information system.
- Resources (e.g., software or hardware) required for the development, implementation, and/or maintenance of an information system.
- Personnel supporting the development, improvement, or maintenance of a system and personnel required for data management, quality control, and assurance.
- Activities involving the provision of technical assistance to information system users, including training and guidance on information input, data access, and reporting.

What does <u>not</u> count:

- Systems and websites designed for marketing or public health education (e.g., a website that provides a description of or information on the early warning signs of autism in children).
- Activities or resources related to data analysis, reporting, or use of the data that are unrelated to the management of the data or information system.

Step 1: Identify and Gather Relevant Information for PHI Measure 1.1

To respond to this measure, you will need to gather details on <u>each</u> information system developed, improved, and/or maintained by health departments and/or local organizations in your jurisdiction between July 1, 2024, and June 30, 2025, using PHHS Block Grant-funded support. This applies to information systems within your health department, local health

departments, tribal health departments, and/or local organizations supported by the PHHS Block Grant.

For each **agency** in your jurisdiction (i.e., recipient health department, local health departments, tribal health departments, and local organizations) that used PHHS Block Grant funds to support development, improvement, and/or maintenance of one or more information systems, collect the following information:

- 1. Name or title of the information system. If the information system does not have a formal name, please provide a descriptive title that indicates the types of data collected in the system, such as "genetic testing laboratory system."
- **2. Type of information system** using the following list:
 - Laboratory data system
 - Surveillance system
 - Vital events database (e.g., birth, death, fetal death)
 - Registry (e.g., cancer registry)
 - Performance management system
 - Program administration
 - o Financial management system
 - o Human capital management system (e.g., human resources, personnel)
 - Health information exchange (HIE)
 - Electronic health record (EHR) system
 - Public health database (e.g., public facing database)
 - Public health digital library (e.g., publications, journals)
 - Online mapping system (e.g., GIS)
 - Other information system
- **3. Type of agency** (recipient health department, local health department, tribal health department, or local organization) that developed, improved, or maintained the information system.
- 4. For information systems developed, improved, or maintained by the recipient, whether and how many local health departments, tribal health departments, or local organizations had access to or used the system.
- **5. How** PHHS Block Grant funds supported the information system, selecting the <u>best</u> <u>description</u> from the following options:
 - o <u>Initiate development of a new system or module</u>. This includes developing an entirely new system, as well as developing a new module within an existing system.
 - Maintain an existing system or module. This includes routine maintenance and operations procedures and resources to ensure the system or module remains current and working as intended.
 - Enhance or expand an existing system module. This includes improvements made in the systems' functionality, data available, and quality.

 Sustain or restore a system or module. This includes systems where gaps in funding may impact or have impacted the continuation, implementation, or relevancy of a system or module.

Step 2: Calculate Totals for PHI Measure 1.1

Based on the information gathered, calculate, and report the following totals:

What to Calculate	Guidance	Questionnaire Number
Total number of unique <u>local health departments</u> in your jurisdiction that used PHHS Block Grant funds to support development, improvement, and/or maintenance of one or more information systems	When calculating these totals, only count an agency once, even if it developed, improved, or maintained more than one information system.	If applicable, 3a, 3b, and 3c.
Total number of unique tribal health departments in your jurisdiction that used PHHS Block Grant funds to support development, improvement, and/or maintenance of one or more information systems		
Total number of unique <u>local organizations</u> in your jurisdiction that used PHHS Block Grant funds to support development, improvement, and/or maintenance of one or more information systems		
Total number of unique <u>information systems</u> that were newly developed, improved, and/or maintained	Count each unique information system once. For example, if two health departments collaborated to work on the oral health Basic Screening Survey, only count the system once.	4
For each information system developed, improved, and/or maintained by the recipient, • total number of local health departments that used or had access to the system • total number of tribal health departments that used or had access to the system • total number of local organizations that used or had access to the system	Enter zero if no local health departments, tribal health departments, and/or local organizations used or had access to the system. An option of "Not Sure" is provided on the questionnaire for those systems where the reach to other health departments or local organizations is unknown.	For each unique system, complete question 4a and subquestions 4a.1-4a.3, etc.

Quality Improved

Measure 1.2: Number of state, territorial, tribal, and local agencies in which the efficiency or effectiveness of operations, programs, or services was improved through the use of PHHS Block Grant-funded support.

What's Included in PHI Measure 1.2

This measure captures the extent to which the PHHS Block Grant supports quality improvement (QI) efforts (i.e., the application of QI principles, models, or methods) to achieve improvements in the efficiency and/or effectiveness of agency operations, programs, or services.

What counts:

Efficiency and/or effectiveness improvements resulting from PHHS Block Grant-supported QI efforts that were achieved within the 12-month reporting period. QI is the planned, purposeful use of a variety of principles, models, or methods to effect change. PHI Measure 1.2 only counts achievements. This is different than the other measures where ongoing efforts may also be included.

What does not count:

- Improvements achieved as part of a non-QI effort.
 - For example, during an annual inspection, a PHHS Block Grant recipient determined their outdated lab equipment needed to be replaced. The PHHS Block Grant supported the new equipment and training for lab technicians on the equipment. As a result, the recipient noted increased efficiencies in completing the work. However, the replacement of the lab equipment was not part of a QI effort with the intention of improving efficiency and/or effectiveness. Therefore, the recipient will not report this result for the measure.

Step 1: Identify and Gather Relevant Information for PHI Measure 1.2

To respond to this measure, you will need to gather details on <u>each</u> operation, program, or service for which an efficiency and/or effectiveness improvement was achieved by health departments and/or local organizations within your jurisdiction between July 1, 2024, and June 30, 2025, using PHHS Block Grant-funded support. This applies to operations, programs, or services within your health department, local health departments, tribal health departments, and/or local organizations supported by the PHHS Block Grant.

For each **agency** in your jurisdiction (i.e., recipient health department, local health departments, tribal health departments, and local organizations) that used PHHS Block Grant funds to achieve a quality improvement in the efficiency and/or effectiveness of an operation, program, or service, collect the following information:

1. Type of <u>agency</u> (recipient, local health department, tribal health department, or local organization) that achieved the improvement(s)

- **2.** Name or title of the operation, program, or service. NOTE: You will not report this information in the questionnaire; however, it will be helpful for you in order to compile and calculate the totals.
- **3. Type(s)** of efficiency and/or effectiveness improvement(s) achieved for the operation, program, or service using the following list:
 - Time saved
 - Reduced number of steps
 - Costs saved
 - Costs avoided
 - o Revenue generated due to billable service
 - Increased staff satisfaction
 - Organizational design improvements
 - Quality enhancements of operations, programs, or services
 - Other (please specify)
- **4. How** PHHS Block Grant funds supported the QI effort that resulted in improved efficiencies and effectiveness, selecting the <u>best description</u> from the following options:
 - Initiate a new effort to improve efficiency and/or effectiveness. This includes implementing a new QI effort during the reporting period.
 - Maintain an ongoing effort to improve efficiency and/or effectiveness. This includes an
 ongoing QI effort from the previous reporting period that achieved an improvement
 during this reporting period.
 - o <u>Enhance or expand an existing effort to improve efficiency and/or effectiveness</u>. This includes existing QI efforts that were adjusted or revised in order to increase impact.
 - Sustain or restore an effort to improve efficiency and/or effectiveness. This includes continuing or reinitiating a QI effort where gaps in funding may impact or have impacted the implementation of the effort.
- **5. One example**, identified by the recipient, of an efficiency or effectiveness improvement achieved as the result of an established QI method (e.g., Plan- Do- Study-Act)
 - Name or title of the operation, program, or service. If a formal name is not available, please provide a descriptive title that indicates the focus of the operation, program, or service.
 - Specific issue being addressed through quality improvement. Provide a brief description of the problem and what the QI effort was trying to accomplish.
 - Quality improvement method used. Examples include, but are not limited to: Plan-Do-Check-Act Cycle, Lean/Six Sigma, Adaptive Promising Practice, Rapid Cycle Improvement, Total Quality Management, Business Process Analysis, etc.
 - o <u>Brief description of the efficiency and/or effectiveness achieved</u>.

Step 2: Calculate Totals for PHI Measure 1.2

Based on the information gathered, calculate, and report the following totals:

What to Calculate	Guidance	Questionnaire Number
Recipi	ent TOTALS	
Total number of <u>unique operations</u> , <u>programs</u> , <u>and services</u> for which an efficiency and/or effectiveness improvement was achieved for the <u>recipient</u>	This total reflects the number of unique operations, programs, and services for the recipient agency only. Reminder: This includes only improvements that were achieved during the reporting period.	5b
Total number of recipient operations, programs, or services that achieved the following efficiency and/or effectiveness improvements: o Time saved o Reduced number of steps o Costs saved o Costs avoided o Revenue generated due to billable service o Increased staff satisfaction o Organizational design improvements o Quality enhancements of operations, programs, or services o Other	Count the number of operations, programs, or services that achieved each improvement for the recipient agency only.	5b.2
Total number of recipient operations, programs, or services that used PHHS Block Grant funds to: Initiate new efforts to improve efficiency and/or effectiveness Maintain ongoing efforts to improve efficiency and/or effectiveness (i.e., efficiency and/or effectiveness effort was ongoing from previous reporting period, but improvement was achieved during this reporting period) Enhance or expand efforts to improve efficiency and/or effectiveness Sustain or restore efforts to improve efficiency and/or effectiveness	Count the number of operations, programs, or services in which PHHS Block Grant funds were used in each of the four ways to achieve an efficiency and/or effectiveness improvement by the recipient agency only. When indicating how funds were used, select the one that best describes how PHHS Block Grant funds supported the quality improvement effort that resulted in improved efficiency and/or effectiveness.	5b.3

What to Calculate	Guidance	Questionnaire Number
LOCAL HEALTH I	DEPARTMENT TOTALS	
Total number of unique local health departments that achieved an efficiency and/or effectiveness improvement	Only count a local health department once , regardless of the number of efficiency and/or effectiveness improvements achieved.	5c
Total number of <u>unique operations</u> , <u>programs</u> , <u>and services</u> for which an efficiency and/or effectiveness improvement was achieved for <u>local health departments</u>	This total reflects the number of unique operations, programs, and services across all local health departments. Reminder: This includes only improvements that were achieved during the reporting period.	5c.1
Total number of local health department operations, programs, or services that achieved the following efficiency and/or effectiveness improvements: Time saved Reduced number of steps Costs saved Costs avoided Revenue generated due to billable service Increased staff satisfaction Organizational design improvements Quality enhancements of operations, programs, or services Other	Count the number of operations, programs, or services that achieved each improvement for local health departments only.	5c.3
Total number of local health department operations, programs, or services that used PHHS Block Grant funds to: Initiate new efforts to improve efficiency and/or effectiveness Maintain ongoing efforts to improve efficiency and/or effectiveness (i.e., efficiency and/or effectiveness effort was ongoing from previous reporting period, but improvement was achieved during this reporting period) Enhance or expand efforts to improve efficiency and/or effectiveness Sustain or restore efforts to improve efficiency and/or effectiveness	Count the number of operations, programs, or services in which PHHS Block Grant funds were used in each of the four ways to achieve an efficiency and/or effectiveness improvement for local health departments only. When indicating how funds were used, select the one that best describes how PHHS Block Grant funds supported the quality improvement effort that resulted in improved efficiency and/or effectiveness.	5c.4

What to Calculate	Guidance	Questionnaire
		Number
TRIBAL HEALTH I	DEPARTMENT TOTALS	
Total number of <u>tribal health departments</u> that achieved an efficiency and/or effectiveness improvement	Only count a tribal health department once , regardless of the number of efficiency and/or effectiveness improvements achieved.	5d
Total number of <u>unique operations</u> , <u>programs</u> , <u>and services</u> for which an efficiency and/or effectiveness improvement was achieved for <u>tribal health departments</u>	This total reflects the number of unique operations, programs, and services across all tribal health departments. Reminder: This includes only improvements that were achieved during the reporting period.	5d.1
Total number of tribal health department operations, programs, or services that achieved the following efficiency and/or effectiveness improvements: Time saved Reduced number of steps Costs saved Costs avoided Revenue generated due to billable service Increased staff satisfaction Organizational design improvements Quality enhancements of operations, programs, or services Other	Count the number of operations, programs, or services that achieved each improvement for tribal health departments only.	5d.3
Total number of tribal health department operations, programs, or services that used PHHS Block Grant funds to: Initiate new efforts to improve efficiency and/or effectiveness Maintain ongoing efforts to improve efficiency and/or effectiveness (i.e., efficiency and/or effectiveness effort was ongoing from previous reporting period, but improvement was achieved during this reporting period) Enhance or expand efforts to improve efficiency and/or effectiveness Sustain or restore efforts to improve efficiency and/or effectiveness	Count the number of operations, programs, or services in which PHHS Block Grant funds were used in each of the four ways to achieve an efficiency and/or effectiveness improvement for tribal health departments only. When indicating how funds were used, select the one that best describes how PHHS Block Grant funds supported the quality improvement effort that resulted in improved efficiency and/or effectiveness.	5d.4

What to Calculate	Guidance	Questionnaire
		Number
LOCAL ORGA	NIZATION TOTALS	
Total number of <u>local organizations</u> that achieved an efficiency and/or effectiveness improvement	Only count a local organization once, regardless of the number of efficiency and/or effectiveness improvements achieved.	5e
Total number of unique operations, programs, and services for which an efficiency and/or effectiveness improvement was achieved for local organizations	This total reflects the number of unique operations, programs, and services across all local organizations. Reminder: This includes only improvements that were achieved during the reporting period.	5e.1
Total number of local organization operations, programs, or services that achieved the following efficiency and/or effectiveness improvements: Time saved Reduced number of steps Costs saved Costs avoided Revenue generated due to billable service Increased staff satisfaction Organizational design improvements Quality enhancements of operations, programs, or services Other	Count the number of operations, programs, or services that achieved each improvement for local organizations only.	5e.3
Total number of local organization operations, programs, or services that used PHHS Block Grant funds to: Initiate new efforts to improve efficiency and/or effectiveness Maintain ongoing efforts to improve efficiency and/or effectiveness (i.e., efficiency and/or effectiveness effort was ongoing from previous reporting period, but improvement was achieved during this reporting period) Enhance or expand efforts to improve efficiency and/or effectiveness Sustain or restore efforts to improve efficiency and/or effectiveness	Count the number of operations, programs, or services in which PHHS Block Grant funds were used in each of the four ways to achieve an efficiency and/or effectiveness improvement for local organizations only. When indicating how funds were used, select the one that best describes how PHHS Block Grant funds supported the quality improvement effort that resulted in improved efficiency and/or effectiveness.	5e.4

Additional Information to Collect on Public Health Infrastructure Improved

CDC is interested in learning more about how the PHHS Block Grant is used to address national standards and accreditation. The web-based questionnaire includes a question on how, if at all, your health department used PHHS Block Grant funds to support national standards or accreditation-related activities at the recipient, local, and/or tribal level during the 12-month reporting period.

The following information will be collected in the questionnaire:

- Use of PHHS Block Grant funds to address national standards or conduct accreditationrelated activities as established by the Public Health Accreditation Board (PHAB)
 - o PHHS Block Grant funds were not used in this way
 - Paid for PHAB fees
 - Hired staff to support accreditation-related activities (e.g., performance improvement manager, accreditation coordinator)
 - Worked to meet and/or maintain performance against the standards (including prerequisites, key plans, and processes described through the standards)
 - o Provided support to local health department(s) to pay for PHAB fees
 - Provided support to <u>local health department(s)</u> to hire staff to support accreditationrelated activities (e.g., performance improvement manager, accreditation coordinator)
 - Provided support to <u>local health department(s)</u> to meet and/or maintain performance against the standards
 - o Provided support to tribal health department(s) to pay for PHAB fees
 - o Provided support to <u>tribal health department(s)</u> to hire staff to support accreditation-related activities (e.g., performance improvement manager, accreditation coordinator)
 - Provided support to <u>tribal health department(s)</u> to meet and/or maintain performance against the standards
 - Other (please specify)

Emerging Needs (EN) Addressed

Emerging Public Health Needs Addressed

Measure 2.1: Number of emerging public health needs that were addressed through the use of PHHS Block Grant funds.

What's Included in EN Measure 2.1

This measure captures **recently identified and/or prioritized** emerging public health needs that are being addressed using PHHS Block Grant-funded support. The prioritization of an emerging public health need is specific and unique to the recipient's jurisdiction. This includes emerging public health needs that may be identified at the national level but prioritized within the recipient jurisdiction. Emerging public health needs can be organizational and systems-related problems or health-related problems, including disease risk factors and conditions (e.g., increased rates in prescription drug overdose, increased rates in tuberculosis).

What counts:

- Newly developing public health needs include those needs that are newly arisen; exist but have developed new characteristics; or have re-emerged. These needs can be organizational-, systems-, or health-related problems.
- Newly prioritized public health needs are those needs that were previously known or recognized but lacked resources and were not addressed. In addition, problems that became important or prominent within the public health field or had new expectations for a public health response are newly prioritized public health needs.

What does not count:

 Activities conducted to <u>identify</u> an emerging public health need but not address it. For example, conducting surveillance to track, monitor, or define the scope of an emerging public health need would not count.

Step 1: Identify and Gather Relevant Information for EN Measure 2.1

To respond to this measure, you will need to gather details on <u>each</u> *unique* emerging public health need within your jurisdiction addressed between July 1, 2024, and June 30, 2025, using PHHS Block Grant-funded support. This applies to emerging public health needs addressed by your health department, local health departments, tribal health departments, and/or local organizations supported by the PHHS Block Grant. Each emerging public health need will receive one count. For example, if an *E. coli* outbreak occurred and affected two counties, and two local health departments addressed it using PHHS Block Grant funds, *E. coli* counts as one emerging public health need addressed.

For each **emerging public health need** addressed by an agency in your jurisdiction through the use of PHHS Block Grant funds, collect the following information:

- 1. Name or title of the emerging public health need. Provide a descriptive name for the emerging public health need that clearly states the problem, such as "tuberculosis in migrant populations" or "opioid drug overdose."
- **2. Type** of emerging public health need (select one):
 - Newly developing: a public health need that has newly arisen; a public health need that has existed but has developed new characteristics; or a previously existing public health need that has re-emerged.
 - Newly prioritized: a public health need that has been known to the recipient but lacked funding or support, is new to the public health field, or has new expectations for a public health response.
- **3.** How the emerging public health need was identified (indicate all that apply):
 - Conducted, monitored, or updated a jurisdictional health assessment (e.g., state health assessment)
 - Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
 - o Identified via surveillance systems or other data sources
 - o Prioritized within a strategic plan
 - Declared as an emergency within your jurisdiction
 - o Governor (or other political leader) established as a priority
 - Legislature established as a priority
 - Tribal government/elected official established as a priority
 - Other (please specify)
- 4. Which *Healthy People 2030* Health Topic Area best aligns with the emerging need. Indicate which *Healthy People 2030* health topic area best aligns with the emerging need. If there is more than one health topic area addressed, identify the primary focus of the emerging need. For a complete list, refer to Appendix B.
- **5. Focus of the emerging need.** Indicate whether the emerging need was <u>health-related</u> (e.g., disease risk factors and conditions such as public health emergencies or tuberculosis), <u>organizational</u>, <u>or systems-related</u> (e.g., increased demand for Medicaid services).
- 6. If the emerging need is health-related, the geographic area affected by the emerging need is jurisdiction-wide (i.e., entire recipient jurisdiction), regional (i.e., more than one city, county, borough, etc. but not jurisdiction-wide), or local (i.e., limited to one city, county, or borough, etc.). An option of "Not Sure" is provided on the questionnaire for those emerging needs where the geographic area is unknown.

- 7. If the emerging need is health-related, the size of the population affected by the emerging public health need. An estimated number of individuals affected or potentially affected by the emerging public health need may be reported. Include a brief description of how the population estimate was identified (e.g., included all youth ages 4-18 in rural areas and select, applicable urban neighborhoods).
- **8. How** PHHS Block Grant funds were used to address the emerging public health need, selecting the best description from the following options:
 - Initiate a new effort to address the emerging public health need. This includes implementing a new effort designed to address the emerging need during the reporting period.
 - Maintain an existing effort to address the emerging public health need. This includes an ongoing effort from the previous reporting period that addresses the emerging need.
 - Enhance or expand an existing effort to address the emerging public health need.
 This includes modifying an existing effort so that it can address the emerging public health need.
 - Sustain or restore an effort to address the emerging public health need. This
 includes continuing or re-establishing an effort where gaps in funding may impact or
 have impacted the implementation of the effort.

Step 2: Calculate Totals for EN Measure 2.1

Based on the information gathered, calculate, and report the following total:

What to Calculate	Guidance	Questionnaire Number
Total number of unique emerging public health needs that were addressed by agencies in your jurisdiction through PHHS Block Grant-funded support	Count each unique emerging public health need once. For example, if five health departments reported addressing public health emergencies, only count it as one emerging public health need.	7a

Evidence-Based Public Health (EBPH) Practiced

Evidence-Based Public Health Interventions Implemented

Measure 3.1: Number of evidence-based public health interventions implemented through the use of PHHS Block Grant funds.

What's Included in EBPH Measure 3.1

This measure captures evidence-based public health interventions that are implemented using PHHS Block Grant-funded support. Public health interventions are any type of planned activity, such as a program, service, or policy, designed to prevent disease or injury or promote health in a group of people. For the purposes of counting for this measure, public health interventions are considered to be evidence-based if they are supported by moderate, strong, or rigorous evidence according to *Healthy People 2020* strength of evidence rating criteria. Although public health interventions supported by weak or no evidence will not "count" for the measure, you will be reporting information for them as well.

What counts:

Public health interventions addressing health-related issues.

What does not count:

 Interventions addressing organizational- or systems-related issues (e.g., workforce training activities).

Step 1: Identify and Gather Relevant Information for EBPH Measure 3.1

To respond to this measure, you will need to gather details on <u>each</u> public health intervention implemented by agencies in your jurisdiction between July 1, 2024, and June 30, 2025, using PHHS Block Grant-funded support. This applies to public health interventions within your health department, local health departments, tribal health departments, and local organizations that are supported by PHHS Block Grant funds.

Keep in mind the following points when considering how to count public health interventions:

- A public health intervention delivered in distinct modules over a period of time counts as one public health intervention. For example, a senior fall prevention education program delivered at a senior center in one module per week for five weeks counts as one public health intervention.
- A public health intervention implemented through a coordinated effort by multiple health departments and/or local organizations and/or delivered in multiple sites counts as <u>one</u> public health intervention. For example, two local health departments coordinate to deliver

¹ Healthy People 2020. Evidence-Based Resources.

the same senior fall prevention education program at multiple senior centers in one module per week for five weeks counts as one public health intervention.

- The same public health intervention implemented independently by multiple health departments and/or local organizations counts as <u>separate</u> public health interventions. For example, the same senior fall prevention program is implemented by two local health departments, or by two local organizations, and there is no collaboration, coordination, or connection between the programs; these programs count as two separate public health interventions.
- Specific policy interventions should be counted individually as interventions even if part of a broader policy change effort. For example, if a policy change effort seeking to improve policy in a school district includes vending machine policy change and physical education (PE) policy change (e.g., increasing time spent being physically active during PE), then they should be counted as two separate public health interventions. Vending machine policy and PE policy are two separate policy interventions targeting distinct risk factors (nutrition-related and physical activity-related) that require independent study to determine their effectiveness. They should be counted separately as two policy interventions despite being part of a single, larger effort to improve school district policy.

For each **agency** in your jurisdiction (i.e., recipient health department, local health departments, tribal health departments, and local organizations) collect the following information for each **public health intervention** implemented through the use of PHHS Block Grant funds:

- **1. Type** of <u>agency</u> (recipient, local health department, tribal health department, or local organization) that implemented the public health intervention. In cases where two or more types of agencies collaborated to implement an intervention, <u>choose only one agency as the representative for the effort.</u>
- 2. Name or title of the public health intervention. NOTE: You will not report this information in the questionnaire, however, it will be helpful for you in order to compile and calculate the totals.
- **3.** Which *Healthy People 2030* Health Topic Area the public health intervention addressed. Indicate which *Healthy People 2030* health topic area the intervention was designed to address. If there is more than one health topic area addressed, identify the primary topic area. For a complete list, refer to Appendix B.
- **4.** Level of evidence² that supports the public health intervention.
 - Rigorous evidence: (Rating category 4) Formal, comprehensive, and systematic review of all relevant literature (i.e., published intervention evaluations or studies that have evidence of effectiveness, feasibility, reach, sustainability, and transferability).
 - Strong evidence: (Rating category 3) An informal, non-comprehensive, nonsystematic review of some but not all relevant literature (i.e., multiple published

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² Healthy People 2020. Evidence-Based Resources.

- evaluations or studies that have evidence of effectiveness, feasibility, reach, sustainability, and transferability).
- Moderate evidence: (Rating category 2) At least one published evaluation or study, with peer review, that has evidence of effectiveness, feasibility, reach, sustainability, and transferability.
- Weak evidence: (Rating category 1) At least one unpublished evaluation or study without peer review, that has evidence of effectiveness, feasibility, reach, sustainability, and transferability.
- No evidence:³ No evaluation or study either peer reviewed or non-peer reviewed, that has evidence of effectiveness, feasibility, reach, sustainability, and transferability. New and/or innovative interventions would most likely have no evidence established.
- 5. For public health interventions with "no evidence" or "weak evidence" only, indicate:
 - Whether the public health intervention was untested, new and/or innovative
 - If data or information were collected for the purposes of determining the intervention's effectiveness. This could be an evaluation, program monitoring, or an assessment of whether intended outcomes were achieved.

NOTE:

- ✓ When determining the <u>level of evidence</u>, keep in mind the following situations:
 - If an evidence-based intervention was adapted for implementation or implemented in a new way (e.g., in a new population, in a new setting), you will need to determine if the supporting evidence still applies. For example, an education program may be fully implemented, but in a new population. If there is no evidence that this program is effective for the new population, it should be indicated as being supported by "no evidence." The source(s) of evidence in the literature might support decision making on this issue.
 - "Recommended" public health interventions found in The Guide to Community Preventive Services meet the *Healthy People* 2020 strength of evidence definition for the "rigorous evidence" category.
- **6. How** PHHS Block Grant funds supported the implementation of the public health intervention, select the best description from the following options:
 - o <u>Initiate a new public health intervention</u>. This includes starting a new public health intervention that was not previously funded and/or implemented.
 - Maintain implementation of an existing public health intervention. This includes an
 ongoing public health intervention from the previous reporting period.
 - o <u>Enhance or expanded an existing public health intervention</u>. This includes modifying or adjusting an existing intervention.

³ This evidence category was developed specifically for this measure and is not included in the *Healthy People 2020* strength of evidence rating categories.

 Sustain or restore a public health intervention. This includes continuing or "resurrecting" a public health intervention where gaps in funding may impact or have impacted the implementation of the effort.

Step 2: Calculate Totals for EBPH 3.1 Measure

Based on the information gathered, calculate, and report the following totals:

What to Calculate	Guidance	Questionnaire Number
ALL AGE	NCY TOTALS	reamser
Total number of <u>unique public health</u> interventions that were implemented by agencies in your jurisdiction through PHHS Block Grant-funded support	Count each public health intervention implemented by all agencies . If health departments and/or local organizations collaborated to implement the same intervention, count the intervention once.	8a.
	This total should equal the totals for each type of agency (i.e., recipient, local health departments, tribal health departments, and/or local organizations), as applicable, added together (i.e., Question 8a = 8b.1 + 8c.1 + 8d.1 + 8e.1).	
 Total number of unique public health interventions that were implemented by all agencies in your jurisdiction that used PHHS Block Grant funds to: Initiate a new public health intervention Maintain implementation of an existing public health intervention Enhance or expanded an existing public health intervention Sustain or restore a public health intervention 	Count the number public health interventions implemented by all agencies in which PHHS Block Grant funds were used in each of the four ways. When indicating how funds were used, select the one that best describes how PHHS Block Grant funds supported the public health intervention. If no PHHS Block Grant funds were used to implement a public health intervention in a specific way, enter zero.	8a.1

What to Calculate	Guidance	Questionnaire Number	
RECIPIE	RECIPIENT TOTALS		
Total number of unique public health interventions that were implemented by your (recipient) health department through PHHS Block Grant-funded support	Count each public health intervention implemented by the recipient health department only.	8b.1	
Total number of unique public health interventions, by Healthy People 2030 health topic area, implemented by the recipient health department that were supported by each type of the below evidence: Rigorous Strong Moderate Weak No evidence Not sure	For each <i>Healthy People 2030</i> health topic area addressed, count the public health interventions implemented by the recipient health department that were supported by <u>rigorous</u> , <u>strong</u> , <u>moderate</u> , <u>weak</u> , <u>or no evidence</u> . An option of "Not Sure" is provided on the questionnaire for those interventions where the level of evidence is unknown.	8b.3	
[For weak or no evidence interventions only]. Total number of public health interventions implemented by the recipient that were untested, new, and/or innovative	For those interventions that are supported by weak or no evidence, count the interventions implemented by the recipient that were untested, new, and/or innovative.	8b.3a	
[For weak or no evidence interventions only]. Total number of public health interventions implemented by the recipient where data or information were collected to determine the intervention's effectiveness at achieving intended outcomes.	For those interventions that are supported by weak or no evidence, count the interventions implemented by the recipient where data or information were collected to determine the intervention's effectiveness at achieving intended outcomes.	8b.3b	

What to Calculate	Guidance	Questionnaire Number
LOCAL HEALTH DEPARTMENT TOTALS		
Total number of <u>unique public health</u> interventions that were implemented by local health departments through PHHS Block Grant-funded support	Count each public health intervention implemented by local health departments only.	8c.1
Total number of unique public health interventions, by Healthy People 2030 health topic area, implemented by local health departments that were supported by each type of the below evidence: Rigorous Strong Moderate Weak No evidence Not sure	For each <i>Healthy People 2030</i> health topic area addressed, count the public health interventions implemented by local health departments that were supported by rigorous, strong, moderate, weak, or no evidence. An option of "Not Sure" is provided on the questionnaire for those interventions where the level of evidence is unknown.	8c.3
[For weak or no evidence interventions only]. Total number of public health interventions implemented by local health departments that were untested, new, and/or innovative	For those interventions that are supported by weak or no evidence, count the interventions implemented by local health departments that were untested, new, and/or innovative.	8c.3a
[For weak or no evidence interventions only]. Total number of public health interventions implemented by local health departments where data or information were collected to determine the intervention's effectiveness at achieving intended outcomes.	For those interventions that are supported by weak or no evidence, count the interventions implemented by local health departments where data or information were collected to determine the intervention's effectiveness at achieving intended outcomes.	8c.3b

What to Calculate	Guidance	Questionnaire Number
TRIBAL HEALTH DEPARTMENT TOTALS		
Total number of unique public health interventions that were implemented by tribal health departments through PHHS Block Grant-funded support	Count each public health intervention implemented by tribal health departments only.	8d.1
Total number of unique public health interventions, by Healthy People 2030 health topic area, implemented by tribal health departments that were supported by each type of the below evidence: Rigorous Strong Moderate Weak No evidence Not sure	For each <i>Healthy People 2030</i> health topic area addressed, count the public health interventions implemented by tribal health departments that were supported by rigorous, strong, moderate, weak, or no evidence. An option of "Not Sure" is provided on the questionnaire for those interventions where the level of evidence is unknown.	8d.3
[For weak or no evidence interventions only]. Total number of public health interventions implemented by tribal health departments that were untested, new, and/or innovative	For those interventions that are supported by weak or no evidence, count the interventions implemented by tribal health departments that were untested, new, and/or innovative.	8d.3a
[For weak or no evidence interventions only]. Total number of public health interventions implemented by tribal health departments where data or information were collected to determine the intervention's effectiveness at achieving intended outcomes.	For those interventions that are supported by weak or no evidence, count the interventions implemented by tribal health departments where data or information were collected to determine the intervention's effectiveness at achieving intended outcomes.	8d.3b

What to Calculate	Guidance	Questionnaire Number
LOCAL ORGANIZATION TOTALS		
Total number of <u>unique public health</u> interventions that were implemented by local organizations through PHHS Block Grant-funded support	Count each public health intervention implemented by local organizations only.	8e.1
Total number of unique public health interventions, by Healthy People 2030 health topic area, implemented by local organizations that were supported by each type of the below evidence: Rigorous Strong Moderate Weak No evidence Not sure	For each <i>Healthy People 2030</i> health topic area addressed, count the public health interventions implemented by local organizations that were supported by rigorous, strong, moderate, weak, or no evidence. An option of "Not Sure" is provided on the questionnaire for those interventions where the level of evidence is unknown.	8e.3
[For weak or no evidence interventions only]. Total number of public health interventions implemented by local organizations that were untested, new, and/or innovative	For those interventions that are supported by weak or no evidence, count the interventions implemented by local organizations that were untested, new, and/or innovative.	8e.3a
[For weak or no evidence interventions only]. Total number of public health interventions implemented by local organizations where data or information were collected to determine the intervention's effectiveness at achieving intended outcomes.	For those interventions that are supported by weak or no evidence, count the interventions implemented by local organizations where data or information were collected to determine the intervention's effectiveness at achieving intended outcomes.	8e.3b

Additional Information to Collect on Evidence-Based Public Health Practiced

CDC is interested in learning more about how the PHHS Block Grant is used to build the evidence base for public health. The web-based questionnaire includes two questions on how, if at all, your health department used PHHS Block Grant funds to build the evidence base for public health and make evidence-based decisions at the recipient, local, or tribal level during the 12-month reporting period.

The following information will be collected:

• Use of PHHS Block Grant funds to support building the evidence base for public health

- PHHS Block Grant funds were not used in this way
- Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment)
- Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
- Analyzed or monitored surveillance or other types of data
- Provided support to local health department(s) to conduct, monitor, or update a community health assessment
- Provided support to local health department(s) to conduct a topic- or programspecific assessment (e.g., tobacco assessment, environmental health assessment)
- Provided support to local health department(s) to analyze or monitor surveillance or other types of data
- Provided support to tribal health department(s) to conduct, monitor, or update a tribal health assessment
- Provided support to tribal health department(s) to conduct, monitor, or update a tribal community health assessment
- Provided support to tribal health department(s) to conduct a topic- or programspecific assessment (e.g., tobacco assessment, environmental health assessment)
- Provided support to tribal health department(s) to analyze or monitor surveillance or other types of data
- Provided support to local organization(s) to conduct, monitor, or update a community health assessment
- Provided support to local organization(s) to conduct a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
- Provided support to local organization(s) to analyze or monitor surveillance or other types of data

		• •
0	Other	please specify):

Use of PHHS Block Grant funds to support evidence-based decision making

- PHHS Block Grant funds were not used in this way
- Developed or updated a jurisdiction's health improvement plan (e.g., state health improvement plan) based on a jurisdiction health assessment (e.g., state health assessment)
- Developed or updated a community health improvement plan based on a community health assessment
- Developed or updated a topic- or program-specific action plan

- Provided support to local health department(s) to develop or update a community health improvement plan
- Provided support to local health department(s) to develop or update a topic- or program-specific action plan
- o **Provided support to tribal health department(s)** to develop or update a tribal health improvement plan based on a tribal health assessment
- Provided support to tribal health department(s) to develop or update a tribal community health improvement plan
- Provided support to tribal health department(s) to develop or update a topic- or program-specific action plan
- o **Provided support to local organization(s)** to develop or update a community health improvement plan
- o **Provided support to local organization(s)** to develop or update a topic- or programspecific action plan

0	Other (please specify):	

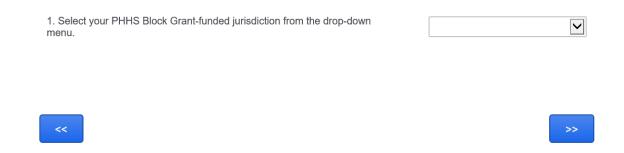
Part II: Reporting Data on the Measures

Step 3: Complete the Questionnaire

Part two contains screenshots for each question on the web-based questionnaire to assist you in completing the questionnaire. Please note that screenshots are not provided for the basic introductory information at the beginning of the questionnaire or for each section within the questionnaire. Instructions and tips for responding to the questions and entering your data are provided below. The related measure you are responding to, and the focus of the question is shown prior to each question. These instructions and tips will help familiarize you with the flow of questions and how to accurately report your data.

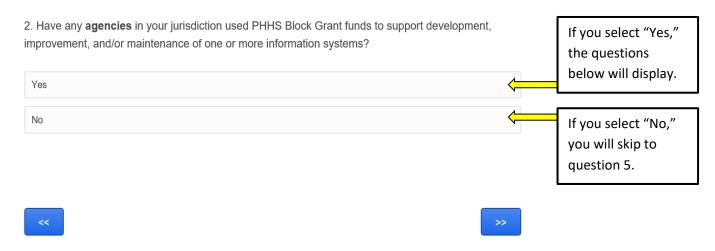
Preventive Health and Health Services Block Grant Assessment

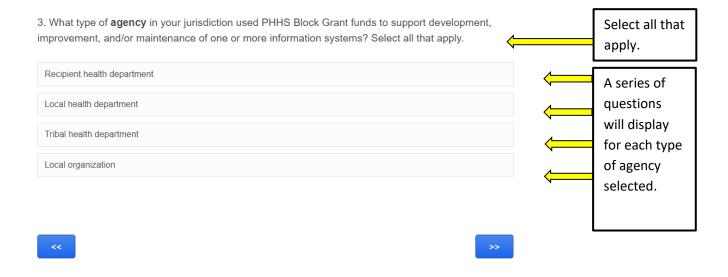
I. Respondent Information



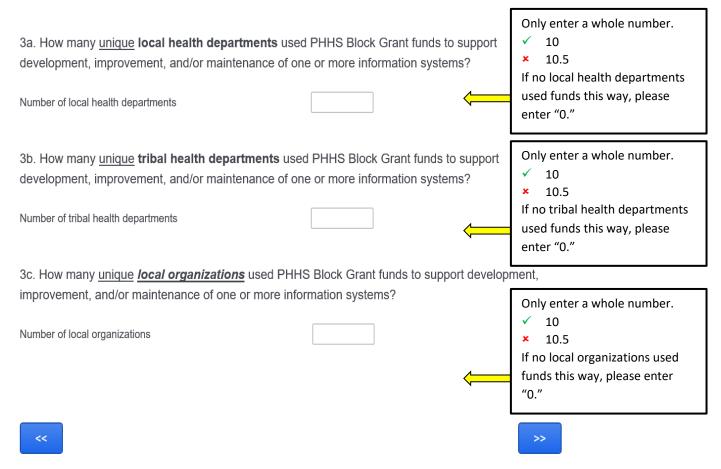
II. Public Health Infrastructure Improved

Measure 1.1: Information Systems Capacity Improved - Agencies



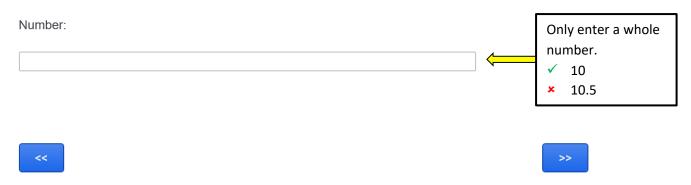


Measure 1.1: Information Systems Capacity Improved – *Number of Agencies by Type*



Measure 1.1: Information Systems Capacity Improved -Number of Information Systems

4. What is the **total number** of <u>unique</u> **information systems** that were newly developed, improved, and/or maintained by agencies within your jurisdiction?



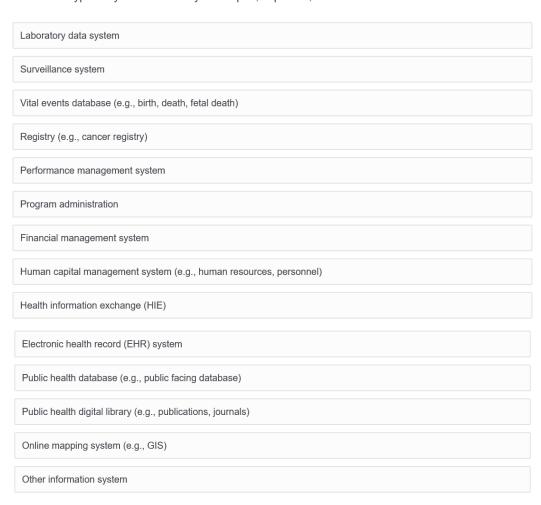
Measure 1.1: Information Systems Capacity Improved – Type of Information System

	ea. What are the names/titles of the newly developed, improved, and/or maintained information						
systems?		The number of systems listed here will					
System #1		correspond to the number entered in the					
System #2		previous question, up to a maximum of 20.					
System #3		If the number of systems exceeds 20, only					
		20 answer spaces will display.					
<<		>>					

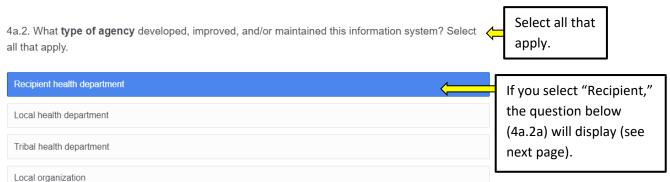
Measure 1.1: Information Systems Capacity Improved -Type of Information System

The name of each information system listed will display here. The next 3 questions will be answered for each information system.

4a.1. What type of system was newly developed, improved, and/or maintained?



Measure 1.1: Information Systems Capacity Improved – Type of Agency

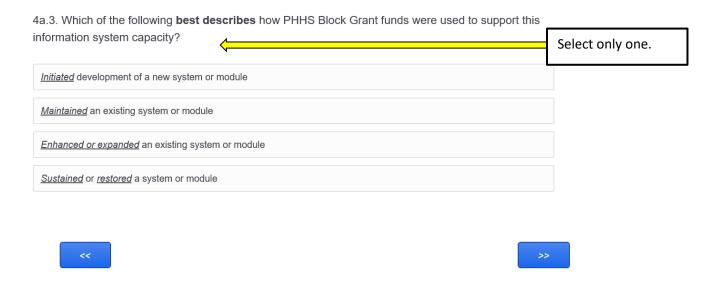


Measure 1.1: Information Systems Capacity Improved – Recipient Information Systems Only: Local Health Department/Tribal Health Department/Local Organization Use/Access to Information System

4a.2a. How many agencies used or had access to the system?



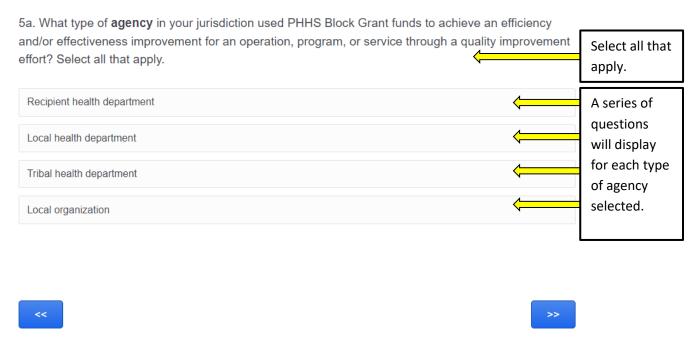
Measure 1.1: Information Systems Capacity Improved – Use of Funds



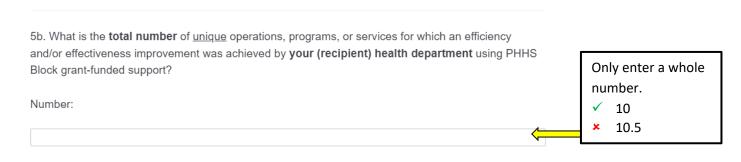
Measure 1.2: Quality Improved - Agencies



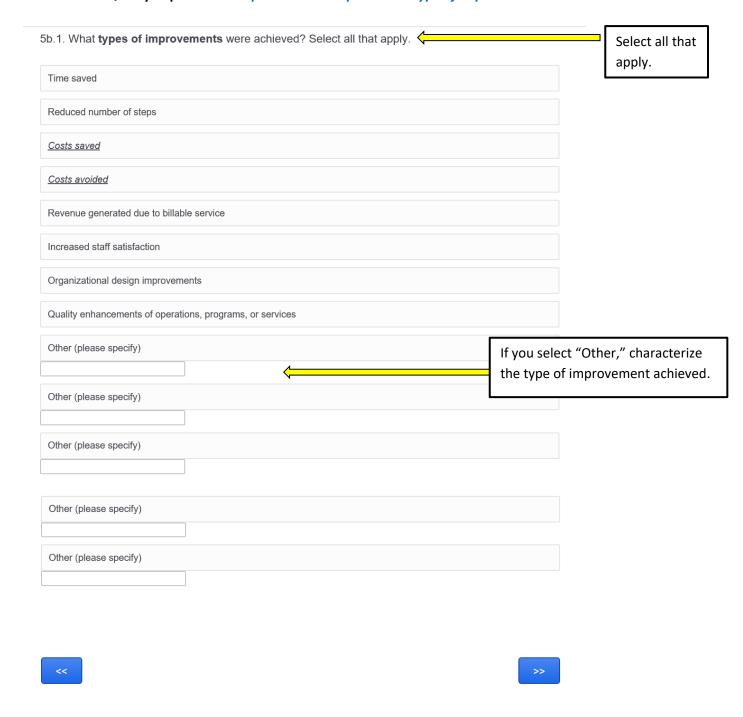
Measure 1.2: Quality Improved – *Type of Agency*



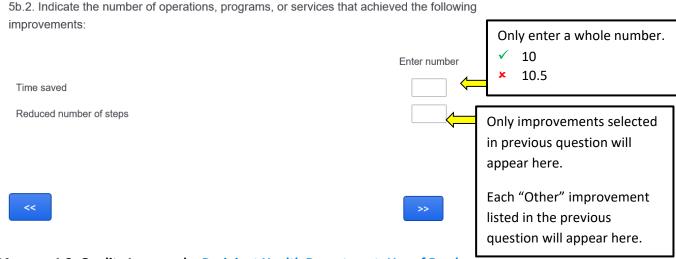
Measure 1.2: Quality Improved – Recipient Health Department: Number of Operations, Programs, and Services



Measure 1.2: Quality Improved - Recipient Health Department: Type of Improvement

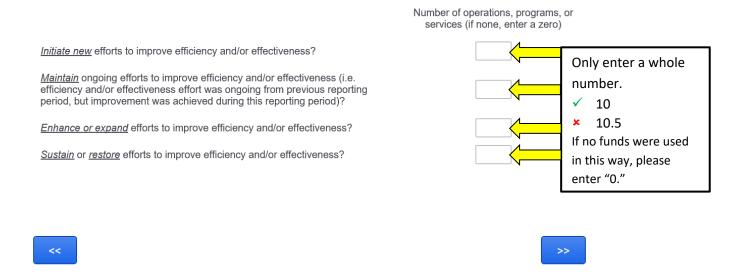


Measure 1.2: Quality Improved - Recipient Health Department: Number of Improvements

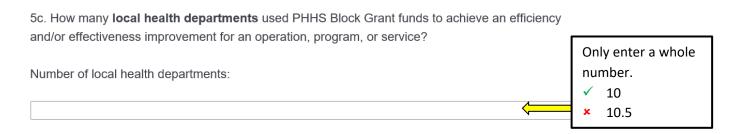


Measure 1.2: Quality Improved – Recipient Health Department: Use of Funds

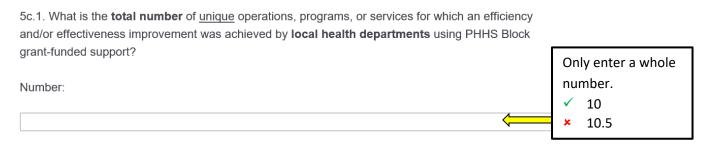
5b.3. For how many operations, programs, or services were PHHS Block Grant funds used to:



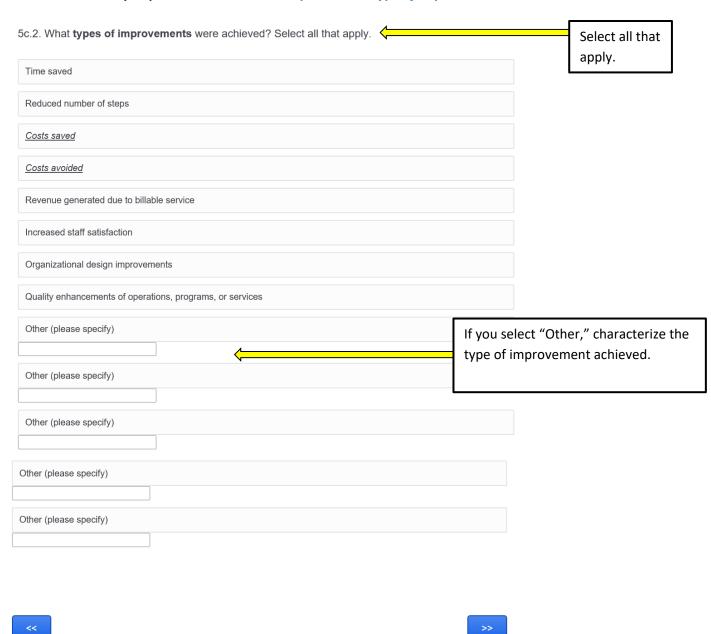
Measure 1.2: Quality Improved – Number of Local Health Departments



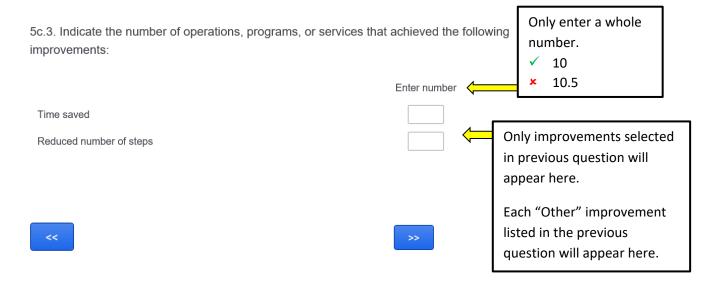
Measure 1.2: Quality Improved – *Local Health Departments: Number of Operations, Programs, and Services*



Measure 1.2: Quality Improved – Local Health Departments: Type of Improvement

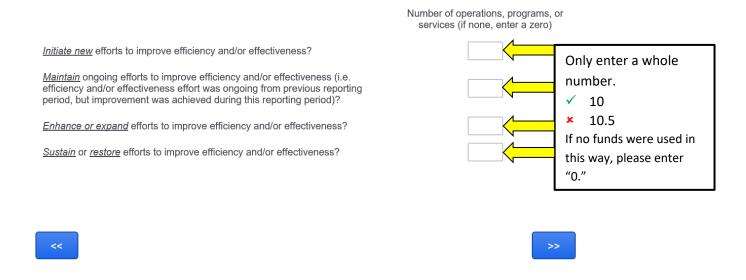


Measure 1.2: Quality Improved - Local Health Department: Number of Improvements



Measure 1.2: Quality Improved - Local Health Departments: Use of Funds

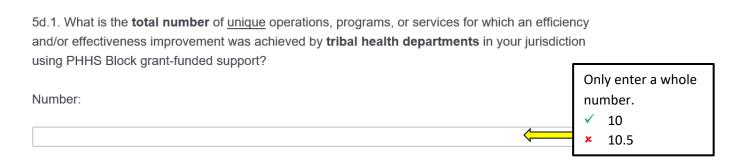
5c.4. For how many operations, programs, or services were PHHS Block Grant funds used to:



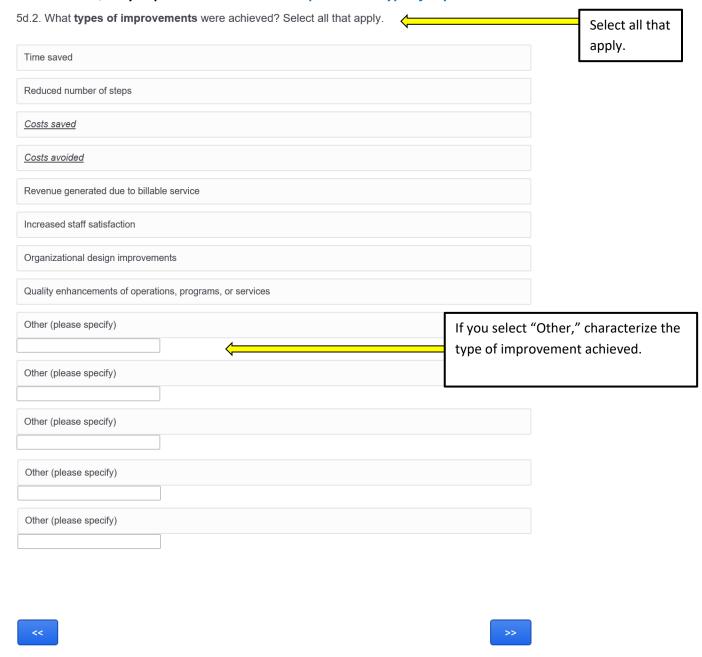
Measure 1.2: Quality Improved - Number of Tribal Health Departments



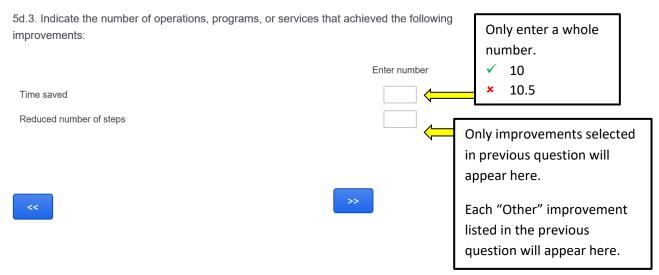
Measure 1.2: Quality Improved – *Tribal Health Departments: Number of Operations, Programs, and Services*



Measure 1.2: Quality Improved – Tribal Health Departments: Type of Improvement

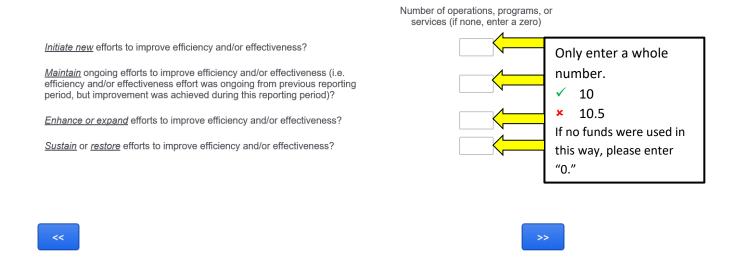


Measure 1.2: Quality Improved - Tribal Health Department: Number of Improvements



Measure 1.2: Quality Improved - Tribal Health Departments: Use of Funds

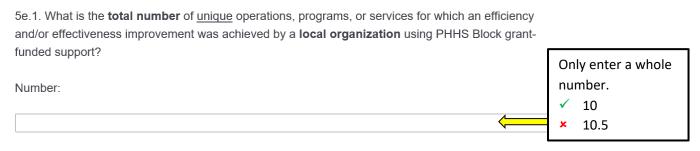
5d.4. For how many operations, programs, or services were PHHS Block Grant funds used to:



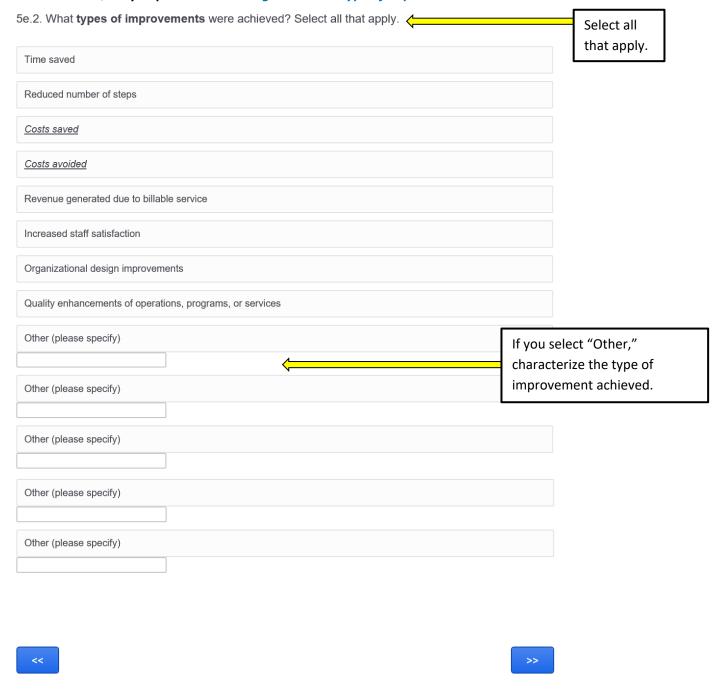
Measure 1.2: Quality Improved - Number of Local Organizations



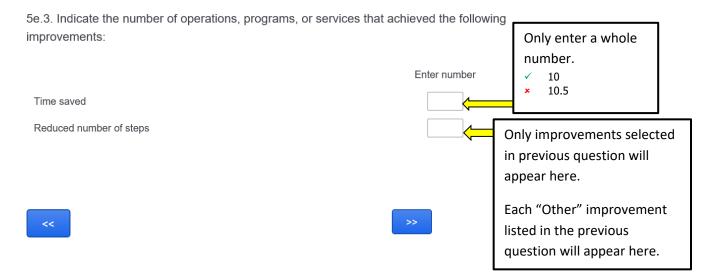
Measure 1.2: Quality Improved – Local Organizations: Number of Operations, Programs, and Services



Measure 1.2: Quality Improved – Local Organizations: Type of Improvement

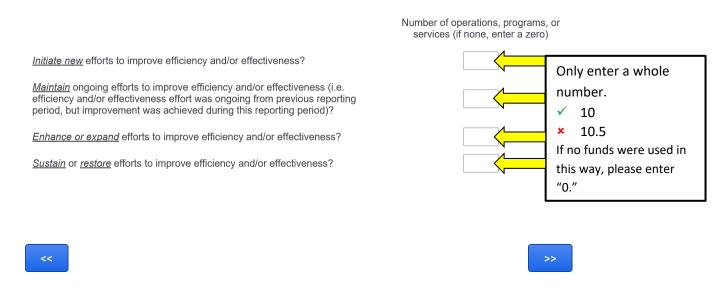


Measure 1.2: Quality Improved - Local Organizations: Number of Improvements



Measure 1.2: Quality Improved - Local Organizations: Use of Funds

5e.4. For how many operations, programs, or services were PHHS Block Grant funds used to:



Measure 1.2: Quality Improved - Established QI Method

5f. Was an established **quality improvement method** (e.g., Plan-Do-Study-Act, Lean/Six Sigma) used by an **agency** to achieve any of the improvements in the efficiency and/or effectiveness of an operation, program, or service you have reported on in this questionnaire?

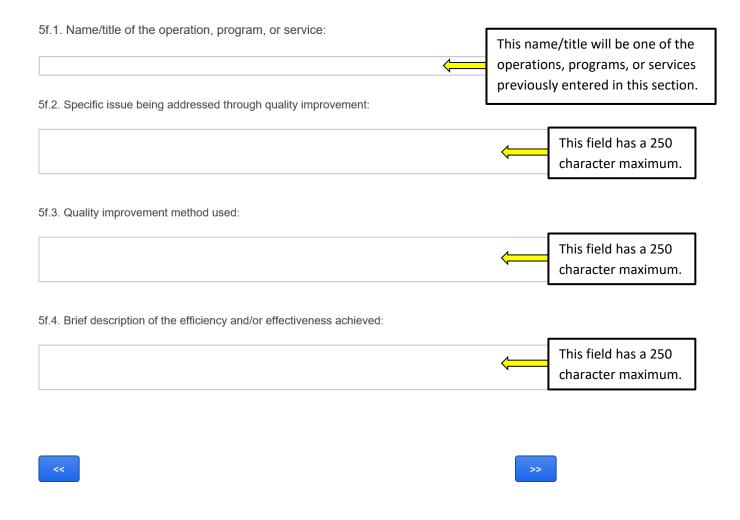
If you select "Yes," the 4 questions below will display.

No

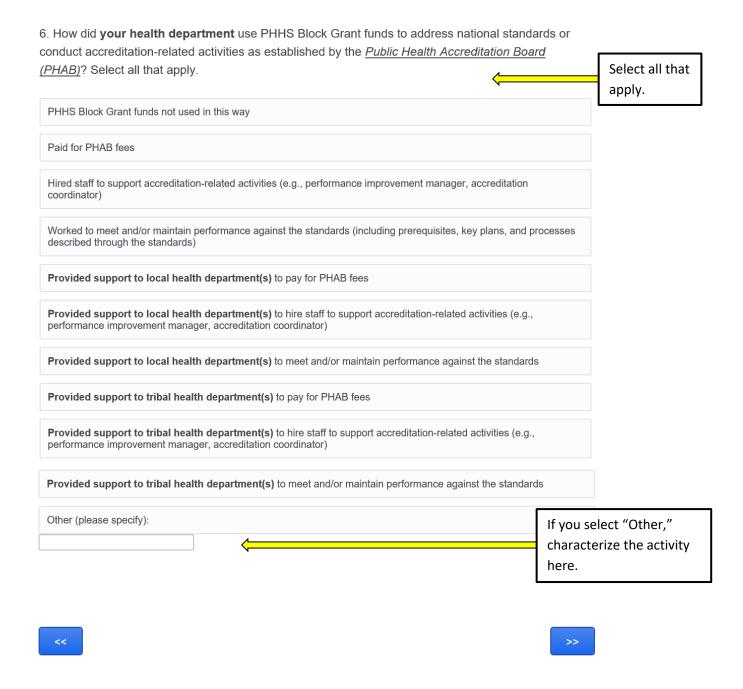
Not sure

Measure 1.2: Quality Improved – Established QI Method: Example

Please provide the following information for **one example** of an improvement in the <u>efficiency and/or</u> <u>effectiveness</u> of an operation, program, or service for which a deliberate and defined quality improvement method was used by an **agency**:

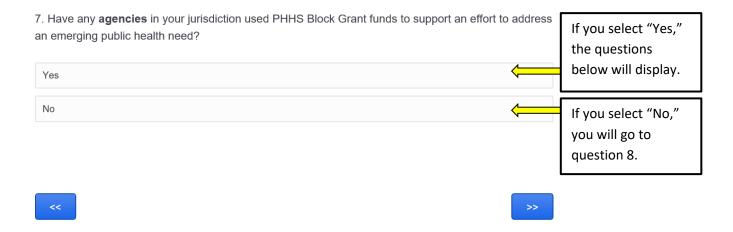


Public Health Infrastructure Improved – Accreditation



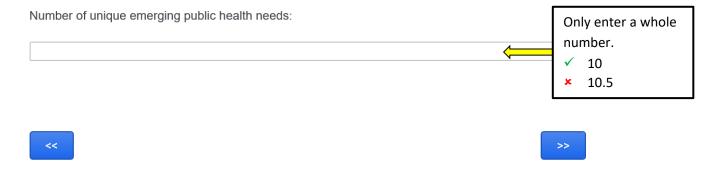
III. Emerging Needs Addressed

Measure 2.1: Emerging Public Health Needs Addressed - Agencies

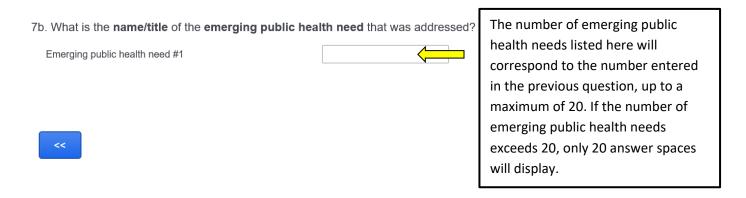


Measure 2.1: Emerging Public Health Needs Addressed – Number of Emerging Public Health Needs

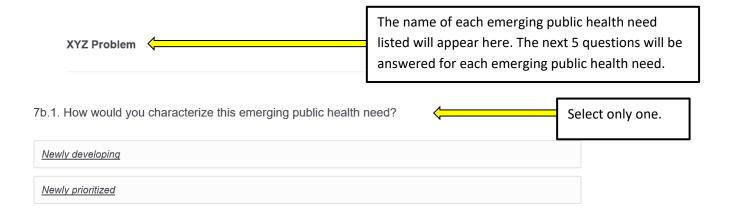
7a. What is the **total number** of <u>unique</u> emerging public health needs that were addressed by **agencies** in your jurisdiction through PHHS Block grant-funded support?



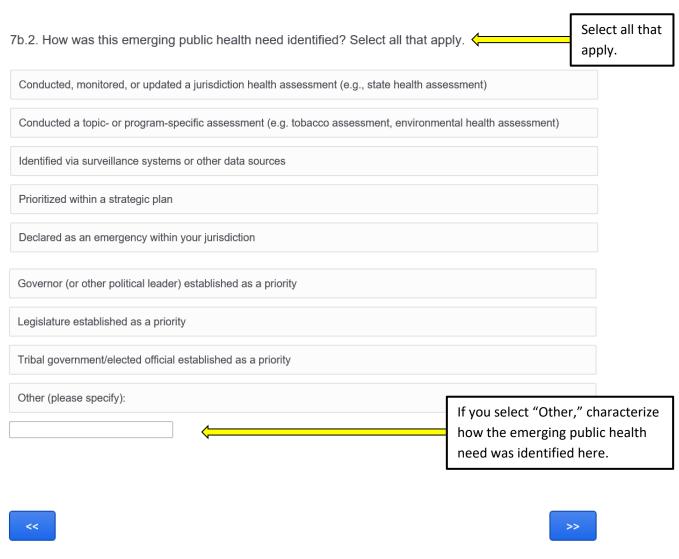
Measure 2.1: Emerging Public Health Needs Addressed – Name/Title of Emerging Public Health Needs



Measure 2.1: Emerging Public Health Needs Addressed - Type of Emerging Public Health Need



Measure 2.1: Emerging Public Health Needs Addressed – *Identification of Emerging Public Health Need*



Measure 2.1: Emerging Public Health Needs Addressed – Healthy People 2030 health topic area

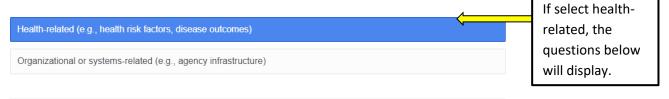
7b.3. What <u>Healthy People 2030 health topic area</u> best aligns with the emerging need? Select the health topic area that was the primary focus for the emerging need.

1-Access to Health Services	
2-Adolescent Health	
3-Arthritis	
4-Blood Disorders and Blood Safety	
5-Cancer	
6-Chronic Kidney Disease	
7-Chronic Pain	
8-Dementias, Including Alzheimer's Disease	
9-Diabetes	
10-Disability and Health	
11-Early and Middle Childhood	
12-Educational and Community-Based Programs	
13-Environmental health	
14- Family planning	
15-Food safety	
16-Global health	
17-Health Communication and Health Information Technology	
18-Healthcare-Associated Infections	
19-Hearing and Other Sensory or Communication Disorders	
20-Heart Disease and Stroke	
21-HIV	
22-Immunization and Infectious Diseases	
23-Injury and Violence Prevention	
24-Lesbian, Gay, Bisexual, and Transgender Health	

25-Maternal, Infant, and Child Health
26-Medical Product Safety
27-Mental Health and Mental Disorders
28-Nutrition and Weight Status
29-Occupational Safety and Health
30-Older Adults
31-Oral Health
32-Osteoporosis
33-Physical Activity
34-Preparedness
35-Public Health Infrastructure
36-Respiratory Diseases
37-Sexually Transmitted Infections
38-Sleep Health
39-Social Determinants of Health
40-Substance Use
41-Tobacco Use
42-Vision

Measure 2.1: Emerging Public Health Needs Addressed – Size of Population Affected

7b.4. What was the focus of the emerging need?



7b.4a. What was the geographic area affected by this emerging need?

Jurisdiction-wide: Entire recipient jurisdiction

Regional: More than one city, county, borough, etc. but not jurisdiction-wide

Local: Limited to one city, county, borough, etc.

Not sure

Number:	Only enter a whole number. ✓ 10 × 10.5
7b.4c. Please provide a brief description of how the population estimate was identified.	
Measure 2.1: Emerging Public Health Needs Addressed – <i>Use of Funds</i> 7b.5. Which of the following best describes how PHHS Block Grant funds were used to support effort to address this emerging need?	s
Initiated a new effort to address the emerging public health need	
<u>Maintained</u> an existing effort to address the emerging public health need	
Enhanced or expanded an existing effort to address the emerging public health need	

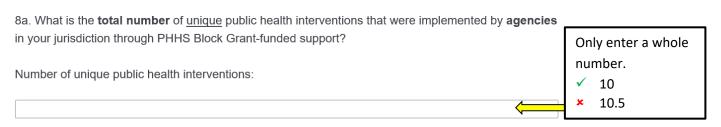
 $\underline{\textit{Sustained}}$ or $\underline{\textit{restored}}$ an effort to address the emerging public health need

IV. Evidence-Based Public Health Practiced

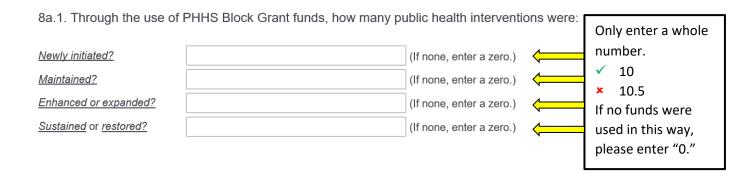
Measure 3.1: Evidence-Based Public Health Interventions Implemented - Agencies



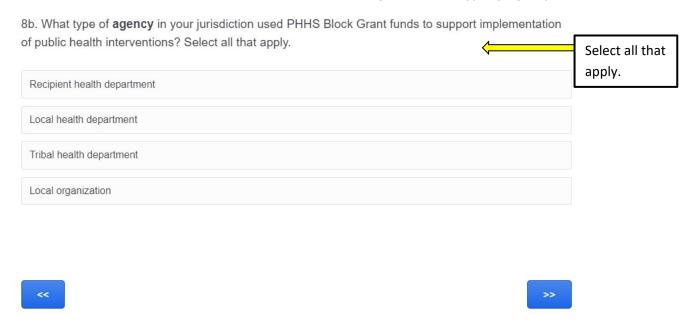
Measure 3.1: Evidence-Based Public Health Interventions Implemented – *Number of Public Health Interventions*



Measure 3.1: Evidence-Based Public Health Interventions Implemented – Use of Funds

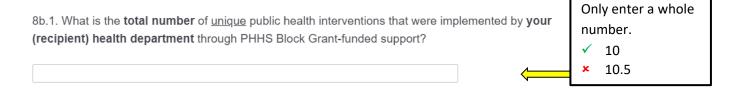


Measure 3.1: Evidence-Based Public Health Interventions Implemented – Type of Agency



Measure 3.1: Evidence-Based Public Health Interventions Implemented – Recipient Health

Department – Number of Public Health Interventions



Measure 3.1: Evidence-Based Public Health Interventions Implemented – Recipient Health Department – Healthy People Health Topic Areas

8b.2. Which Healthy People 2030 health topic areas were addressed by the public health interventions implemented by your (recipient) health department? Select each health topic area that was identified as the primary focus for an intervention.

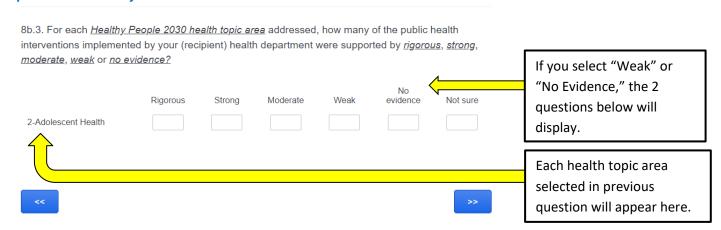


9-Diabetes	
10-Disability and Health	
11-Early and Middle Childhood	
12-Educational and Community-Based Programs	
13-Environmental health	
14- Family planning	
15-Food safety	
16-Global health	
17-Health Communication and Health Information Technology	
18-Healthcare-Associated Infections	
19-Hearing and Other Sensory or Communication Disorders	
20-Heart Disease and Stroke	
21-HIV	
22-Immunization and Infectious Diseases	
23-Injury and Violence Prevention	
24-Lesbian, Gay, Bisexual, and Transgender Health	
25-Maternal, Infant, and Child Health	
26-Medical Product Safety	
27-Mental Health and Mental Disorders	
28-Nutrition and Weight Status	
29-Occupational Safety and Health	
30-Older Adults	
31-Oral Health	
32-Osteoporosis	
33-Physical Activity	
34-Preparedness	
35-Public Health Infrastructure	
36-Respiratory Diseases	
37-Sexually Transmitted Infections	



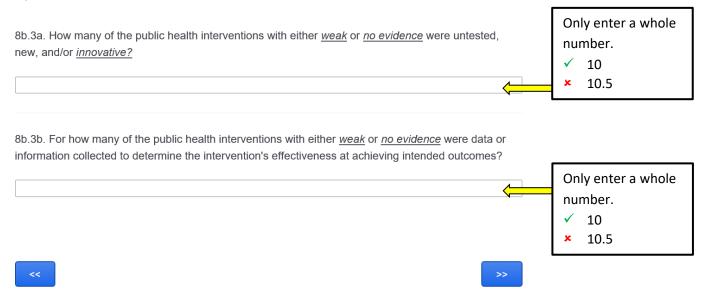
Measure 3.1: Evidence-Based Public Health Interventions Implemented – Recipient Health

Department – Level of Evidence

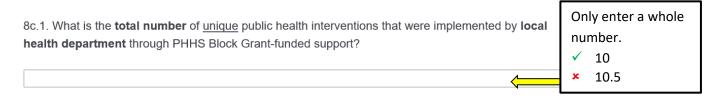


Measure 3.1: Evidence-Based Public Health Interventions Implemented – Recipient Health

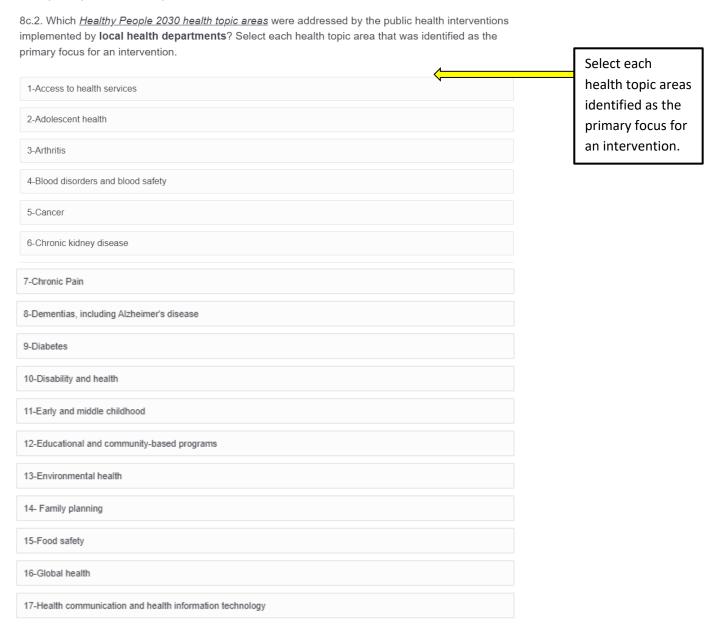
Department - Weak or No Evidence



Measure 3.1: Evidence-Based Public Health Interventions Implemented – Local Health Department – Number of Public Health Interventions

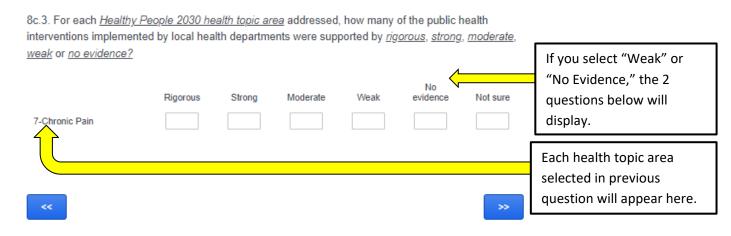


Measure 3.1: Evidence-Based Public Health Interventions Implemented – Local Health Department – Healthy People Health Topic Areas

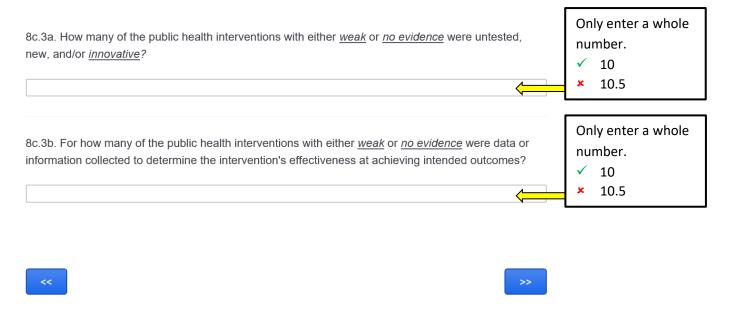


18-Healthcare-associated infections
19-Hearing and other sensory or communication disorders
20-Heart disease and stroke
21-HIV
22-Immunization and infectious diseases
23-Injury and violence prevention
24-Lesbian, gay, bisexual, and transgender health
25-Maternal, Infant, and Child Health
26-Medical Product Safety
27-Mental Health and Mental Disorders
28-Nutrition and Weight Status
29-Occupational Safety and Health
30-Older Adults
31-Oral Health
32-Osteoporosis
33-Physical Activity
34-Preparedness
35-Public Health Infrastructure
36-Respiratory Diseases
37-Sexually Transmitted Infections
38-Sleep Health
39-Social Determinants of Health
40-Substance Use
41-Tobacco Use
42-Vision

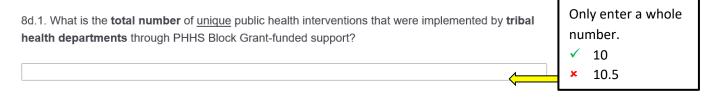
Measure 3.1: Evidence-Based Public Health Interventions Implemented – *Local Health Department – Level of Evidence*



Measure 3.1: Evidence-Based Public Health Interventions Implemented – Local Health Department – Weak or No Evidence



Measure 3.1: Evidence-Based Public Health Interventions Implemented – *Tribal Health Department – Number of Public Health Interventions*



Measure 3.1: Evidence-Based Public Health Interventions Implemented – *Tribal Health Department* – *Healthy People Health Topic Areas*

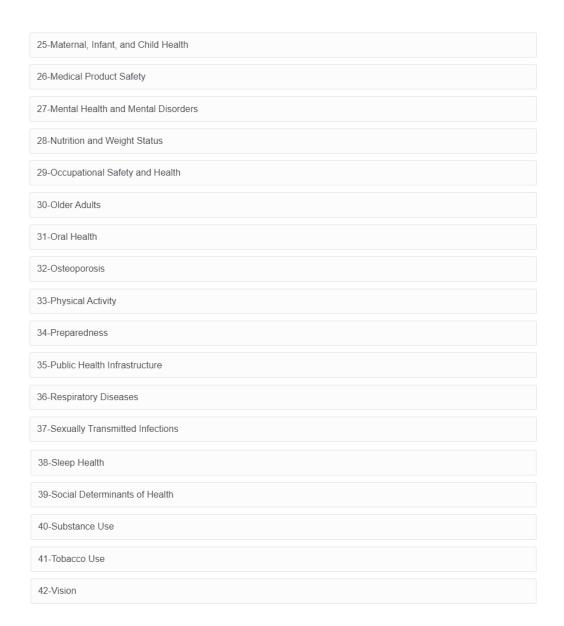
8d.2. Which Healthy People 2030 health topic areas were addressed by the public health interventions implemented by tribal health departments? Select each health topic area that was identified as the primary focus for an intervention. 1-Access to Health Services 2-Adolescent Health 3-Arthritis 4-Blood Disorders and Blood Safety 5-Cancer 6-Chronic Kidney Disease 7-Chronic Pain 8-Dementias, Including Alzheimer's Disease 9-Diabetes 10-Disability and Health 11-Early and Middle Childhood 12-Educational and Community-Based Programs 13-Environmental health 14- Family planning 15-Food safety 16-Global health 17-Health Communication and Health Information Technology 18-Healthcare-Associated Infections 19-Hearing and Other Sensory or Communication Disorders 20-Heart Disease and Stroke 21-HIV 22-Immunization and Infectious Diseases 23-Injury and Violence Prevention 24-Lesbian, Gay, Bisexual, and Transgender Health

Select each

health topic areas

identified as the

primary focus for an intervention.

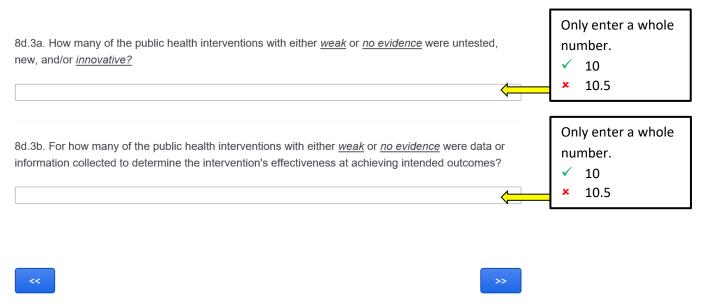


Measure 3.1: Evidence-Based Public Health Interventions Implemented – *Tribal Health Department – Level of Evidence*

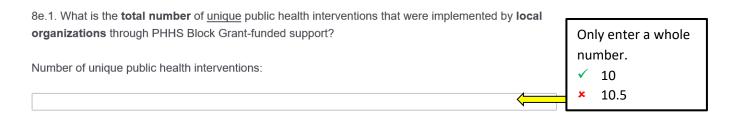
8d.3. For each <u>Healthy People 2030 health topic area</u> addressed, how many of the public health interventions implemented by tribal health departments were supported by <u>rigorous</u> , <u>strong</u> , <u>moderate</u> ,								
weak or no evidence? 13-Environmental health	Rigorous	Strong	Moderate	Weak	No evidence	Not sure	If you select "Weak" or "No Evidence," the 2 questions below will display.	
<<						>>>		Each health topic area selected in previous question will appear here.

Measure 3.1: Evidence-Based Public Health Interventions Implemented – *Tribal Health Department* –

Weak or No Evidence



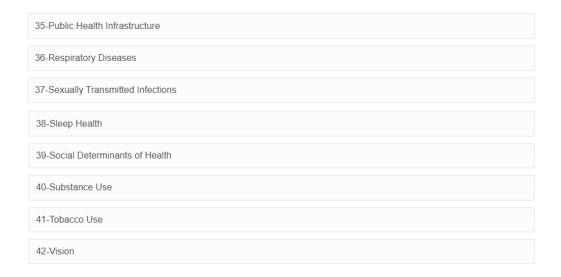
Measure 3.1: Evidence-Based Public Health Interventions Implemented – *Local Organizations* – *Number of Public Health Interventions*



Measure 3.1: Evidence-Based Public Health Interventions Implemented – *Local Organizations* – *Healthy People Health Topic Areas*

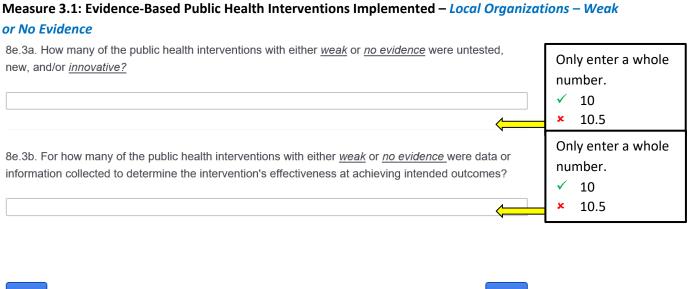


7-Chronic Pain
8-Dementias, including Alzheimer's disease
9-Diabetes
10-Disability and health
11-Early and middle childhood
12-Educational and community-based programs
13-Environmental health
14- Family planning
15-Food safety
16-Global health
17-Health communication and health information technology
18-Healthcare-associated infections
19-Hearing and other sensory or communication disorders
20-Heart disease and stroke
21-HIV
22-Immunization and infectious diseases
23-Injury and violence prevention
24-Lesbian, gay, bisexual, and transgender health
25-Maternal, Infant, and Child Health
26-Medical Product Safety
27-Mental Health and Mental Disorders
28-Nutrition and Weight Status
29-Occupational Safety and Health
30-Older Adults
31-Oral Health
32-Osteoporosis
33-Physical Activity
34-Preparedness



Measure 3.1: Evidence-Based Public Health Interventions Implemented – Local Organizations – Level of Evidence

8e.3. For each Healthy People 2030 health topic area addressed, how many of the public health interventions implemented by *local organizations* were supported by *rigorous*, *strong*, *moderate*, weak or no evidence? If you select "Weak" or "No Evidence," the 2 No Rigorous Moderate Strong Weak evidence Not sure questions below will 17-Health communication display. and health information technology Each health topic area selected in previous question will appear here.



Measure 3.1: Evidence-Based Public Health Interventions Implemented – *Building the Evidence Base*

9. How did your health department use PHHS Block Grant funds to support <u>building the evidence</u> <u>base for public health</u> ? Select all that apply.	Select all that apply.
PHHS Block Grant funds not used in this way	
Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment)	
Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)	
Analyzed or monitored surveillance or other types of data	
Provided support to local health department(s) to conduct, monitor, or update a community health assessment	
Provided support to local health department(s) to conduct a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)	
Provided support to local health department(s) to analyze or monitor surveillance or other types of data	
Provided support to tribal health department(s) to conduct, monitor, or update a tribal health assessment	
Provided support to tribal health department(s) to conduct, monitor, or update a community health assessment	
Provided support to tribal health department(s) to conduct a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)	
Provided support to tribal health department(s) to analyze or monitor surveillance or other types of data	
Provided support to local organization(s) to conduct, monitor, or update a community health assessment	
Provided support to local organization(s) to conduct a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)	
Provided support to local organization(s) to analyze or monitor surveillance or other types of data	
Other (please specify):	If you select "Other," characterize the activity here.

Measure 3.1: Evidence-Based Public Health Interventions Implemented – Evidence-Based Decision

Making 10. How did your health department use PHHS Block Grant funds to support evidence-based Select all that decision making? Select all that apply. apply. PHHS Block Grant funds not used in this way Developed or updated a jurisdiction's health improvement plan (e.g., state health improvement plan) based on a jurisdiction health assessment (e.g., state health assessment) Developed or updated a community health improvement plan based on a community health assessment Developed or updated a topic- or program-specific action plan Provided support to local health department(s) to develop or update a community health improvement plan Provided support to local health department(s) to develop or update a topic- or program-specific action plan Provided support to tribal health department(s) to develop or update a tribal health improvement plan based on tribal health assessment Provided support to tribal health department(s) to develop or update a tribal community health improvement plan Provided support to tribal health department(s) to develop or update a topic- or program-specific action plan Provided support to local organization(s) to develop or update a community health improvement plan Provided support to local organization(s) to develop or update a topic- or program-specific action plan If you select "Other,"

You have reached the end of the survey.



Other (please specify):

characterize the activity

here.

Submitting the questionnaire

You have not yet submitted your responses. Please review your responses to the survey below. Use the back button (<<) below to make any changes.

You may print a copy of your responses for your record using the "Download PDF" link.

If you are finished reporting your data, please scroll to the bottom of this page and click the forward (>>) button to complete the questionnaire. You will not be able to return to the questionnaire after submitting your responses.

To revise a response after submission, please contact ASTHO's Research and Evaluation Team (researchandevaluation@astho.org/202-371-9090).

Thank you!

Once you reviewed your responses, scroll to the bottom of the page and click the ">>" button to submit the questionnaire.

Below is a summary of your responses

Download PDF

Thank you and feedback request

Thank you!

Thank you for taking the time to participate in this assessment of the PHHS Block Grant. Please contact the PHHS Block Grant Evaluation Team at phhsblockgranteval@cdc.gov if you have any questions. Also, please feel free to provide any feedback about this survey, the process used to collect/report the required information, or the measures in general to phhsblockgranteval@cdc.gov.

Appendix A: Key Terms to Know

General

Agencies: The collective term used to reference recipient health departments, local health departments, tribal health departments, and local organizations.

Recipient: The PHHS Block Grant-funded jurisdictional health department (i.e., state, District of Columbia, American Indian tribe, US territory, freely associated state). Achievements that occurred at the recipient level can be department-wide, across multiple offices or programs, or within a specific program or office. Contractors or paid entities working on behalf of the agency are also considered as the recipient health department.

Local health department: City, county, district, and/or regional health departments. For the purposes of this assessment, local health departments are not included as part of the term 'local organizations.'

Local organizations: Governmental and non-governmental entities within a recipient's jurisdiction that receive PHHS Block Grant-funded support to implement public health efforts in communities within that jurisdiction. Types of local organizations include community-based organizations, schools, faith-based organizations, community health centers, and medical clinics. The term 'local organizations' does not include local health departments.

PHHS Block Grant-funded support/Use of Funds: Used interchangeably, PHHS Block Grant-funded support and Use of Funds indicate the use of PHHS Block Grant funds, in any amount, to directly fund, provide staff for, or provide technical assistance to support efforts to address prioritized public health needs. Recipients can use grant funds to address their jurisdictions' needs, as well as provide support to other entities (i.e., local health departments, tribal health departments, local organizations) to address local, prioritized public health needs.

Tribal health department: A federally recognized tribal government, tribal organization, or inter-tribal consortium, which has jurisdictional authority to provide public health services.

By Measure

Information Systems Capacity Improved

Information systems: Systems that provide the ability to collect, store, protect, process, manage, analyze, use, and communicate information.

Information of public health importance: Any data that provide insight into health, health inequities, contributing factors or causes of health challenges, and/or potential policy, public health, or community solutions. These are data that are needed for the planning, implementation, and evaluation of public health practice.

Quality Improved

Costs avoided: Reduction in future costs due to innovations in, or changes to, process or program implementation or service delivery. The difference between the documented costs after implementation of a quality improvement effort and the predicted costs before the effort was implemented.

Costs saved: Reduction in existing costs of completing a process, implementing a program, or delivering a service. The difference between the documented costs after implementation of a quality improvement effort and the costs that occurred before the effort was implemented.

Efficiency and/or effectiveness (i.e., quality improvements): Improvements in programs, operations, or services that result in reductions in the amount of resources required for implementation (i.e., efficiency) or in a greater ability to achieved agency or program goals through improved delivery of programs or services or implementation of organizational processes (i.e., effectiveness).

Public Health Accreditation Board (PHAB): A nonprofit organization dedicated to advancing the continuous quality improvement of tribal, state, local, and territorial public health departments.

Emerging Needs Addressed

Emerging public health needs: Public health needs within a recipient's jurisdiction that are newly developing or newly prioritized.

Newly developing: A public health need that is newly arisen; exists but has developed new characteristics; or has re-emerged.

Newly prioritized: A public health need that has been known to the recipient but lacked funding or support; is new to the public health field; or has new expectations for a public health response.

Evidence-Based Public Health Interventions Implemented

Build the evidence base for public health: Produce new or strengthen existing data and information that are used to (1) define public health needs, and (2) determine the effectiveness of interventions at achieving intended outcomes.

Evidence-based decision making: The use of data and information to prioritize public health needs and approaches for addressing those public health needs.

Innovative: The creation and implementation of a novel process, policy, product, program, or system leading to improvements that impact health and equity. It is a new or adapted solution that may be creative, untested, and based on context. A successful innovation results in improved effectiveness, efficiency, or quality. The process of innovating, through successes and

failures, will produce new learning and understanding for informed decision-making and program improvement. Broad characteristics that can help identify an innovation include:

- Collaboration: Work with other entities or sectors, including nontraditional partners, to produce or create something.
- Geography/Context: Considers regional and contextual differences during implementation.
- Health Equity: Promotes optimal health for all, particularly related to social or demographic factors such as race, gender, income, or geographic region.
- Impact: Intends to generate population health effects by addressing root causes or systems.
- Improvement: Changes something established or adds value by improved efficiency or quality.
- New: Introduces a novel concept, solution, or change in the way work is done.
 This includes creative, imaginative, or original ideas.
- Untested: Work that has little or no evidence to date, often in the form of a pilot project.

Public health intervention(s): Any type of planned activity (e.g., program, service, policy) designed to prevent disease or injury or promote health in a group of people.

Appendix B: *Healthy People 2030* Topic Areas*

1. Access to Health Services	21. HIV
2. Adolescent Health	22. Immunization and Infectious Diseases
3. Arthritis	23. Injury and Violence Prevention
4. Blood Disorders and Blood Safety	24. Lesbian, Gay, Bisexual, and Transgender
5. Cancer	Health
6. Chronic Kidney Disease	25. Maternal, Infant, and Child Health
7. Chronic Pain	25. Medical Product Safety
8. Dementias, Including Alzheimer's	27. Mental Health and Mental Disorders
Disease	28. Nutrition and Weight Status
9. Diabetes	29. Occupational Safety and Health
10. Disability and Health	30. Older Adults
11. Early and Middle Childhood	31. Oral Health
12. Educational and Community-Based	32. Osteoporosis
Programs	33. Physical Activity
13. Environmental Health	34. Preparedness
14. Family Planning	35. Public Health Infrastructure
15. Food Safety	36. Respiratory Diseases
16. Global Health	37. Sexually Transmitted Infections
17. Health Communication and Health	38. Sleep Health
Information Technology	39. Social Determinants of Health
18. Healthcare-Associated Infections	40.01

40. Substance Use

41. Tobacco Use

42. Vision

19. Hearing and Other Sensory or

Communication Disorders

20. Heart Disease and Stroke

^{*}Healthy People topic areas aligned with topic areas listed in the Block Grant Information System

Appendix C: Preventive Health and Health Services Block Grant Measures Assessment – Questionnaire

Form approved OMB No. 0920-1257 Expiration date: 8/31/2028

Preventive Health and Health Services Block Grant Assessment

Thank you for participating in the Centers for Disease Control and Prevention's (CDC's) assessment of the Preventive Health and Health Services (PHHS) Block Grant. Your participation will help CDC gather important information regarding results and improvements achieved by the PHHS Block Grant from July 1, 2024, through June 30, 2025.

Completing the questionnaire is voluntary and will take approximately **45** minutes.

Instructions

To advance through the questionnaire, please use the Forward (>>) and Back (<<) buttons located in the lower-right corner of each page. Please note that you do not have to complete the questionnaire in one sitting. The data you enter are automatically saved as you progress to each new section; therefore, you may stop and return at a later time if needed. You will also have an opportunity to review and print your responses before submitting. Your response to the questionnaire is due on 11/07/2025.

Throughout the questionnaire, key terms appear in <u>underlined, italicized</u> font. If you hover over a key term with your mouse/pointer, the term's definition will appear in a text box.

Technical Support

For technical support on completing and submitting the questionnaire, please contact ASTHO's Research and Evaluation team (researchandevaluation@astho.org /202-371-9090).

For other questions about this questionnaire, please contact the PHHS Block Grant Evaluation Team at phhsblockgranteval@cdc.gov.

Use of the Findings from This Assessment

The findings from this assessment will be used to inform CDC of the outputs and cross-cutting outcomes of the PHHS Block Grant, refine existing measures, and/or inform the development of future measures. No personally identifiable information will be collected. Responses will be kept secure, and results will be reported only in aggregate form. Findings will be shared with various stakeholders, including recipients, and might be included in articles and reports that will be made available publicly.

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Information Collection Review Office, 1600 Clifton Rd. NE, MS H21-8, Atlanta, GA 30333; ATTN: PRA (0920-1257).

Respondent Information I.

Select your PHHS Block Grant-funded jurisdiction from the drop-down menu. [List of 61 recipients]

II. **Public Health Infrastructure**

Public health infrastructure includes the organizational capacity (i.e., the systems, workforce, partnerships, and resources) that enables agencies to perform their core functions and provide essential services. Improvements to infrastructure may occur within the recipient health department, either department-wide or within a specific program, or across the recipient jurisdiction's public health system.

This section includes questions related to measure 1.1 and measure 1.2, which are focused on two aspects of public health infrastructure respectively: 1) information systems capacity improvement and 2) quality improvement.

Information Systems Capacity Improved – Measure 1.1

Please answer the following questions related to information systems that were newly developed improved

			arough PHHS Block Grant-funded support during the 12-month reporting period.				
2.	Have any agencies in your jurisdiction used PHHS Block Grant funds to support development, improvement, and/or maintenance of one or more information systems?						
		_	DISPLAY Q3] KIP to Q5]				
3.	improveme	ent, an Recip Local Triba	ency in your jurisdiction used PHHS Block Grant funds to support development, ad/or maintenance of one or more information systems? Select all that apply. Dient health department [DISPLAY 3a] I health department [DISPLAY 3b] organization [DISPLAY 3c]				
		3a. 3b.	How many <u>unique</u> local health departments used PHHS Block Grant funds to support development, improvement, and/or maintenance of one or more information systems? Number of local health departments: How many <u>unique</u> tribal health departments used PHHS Block Grant funds to support development, improvement, and/or maintenance of one or more information systems? Number of tribal health departments:				
		3c.	How many <u>unique</u> <u>local organizations</u> used PHHS Block Grant funds to support development, improvement, and/or maintenance of one or more information systems? Number of local organizations:				
4.			number of unique information systems that were newly developed, improved, and/or gencies within your jurisdiction? Number:				
	4a. What	t is the	e name/title of the newly developed, improved, and/or maintained information system?				

4a.1 What	type of system was newly developed, improved, and/or maintained?
	Laboratory data system
	Surveillance system
	Vital events database (e.g., birth, death, fetal death)
	Registry (e.g., cancer registry)
	Performance management system
	Program administration
	Financial management system
	Human capital management system (e.g., human resources, personnel)
	Health information exchange (HIE)
	Electronic health record (EHR) system
	Public health database (e.g., public facing database)
	Public health digital library (e.g., publications, journals)
	Online mapping system (e.g., GIS)
	Other information system
	Recipient health department [DISPLAY Q4a.2a] Local health department Tribal health department Local organization
4a.2a	For the recipient health department developed, improved, and/or maintained
	information systems, what types of agencies and how many agencies used or had access to the system?
	☐ Number of local health departments:
	☐ Number of tribal health departments:
	☐ Number of local organizations:
	☐ Not sure
	ch of the following best describes how PHHS Block funds were used to support this rmation system? Initiated development of the new system or module
	<u>Maintained</u> existing system or module
	☐ <u>Enhanced or expanded</u> existing system or module
	☐ <u>Sustained</u> or <u>restored</u> the system or module

Quality Improved – Measure 1.2

Please answer the following questions related to improvements in the <u>efficiency and/or effectiveness</u> of operations, programs, or services that were achieved through <u>PHHS Block Grant-funded support</u> during the <u>12-month reporting period</u>.

•	•	in your jurisdiction used PHHS Block Grant funds to achieve an ϵ ovement for an operation, program, or service through a quality	•
<u> </u>	Yes [DISPLANO [SKIP to		
eff	ectivenes	f agency in your jurisdiction used PHHS Block Grant funds to ach s improvement for an operation, program, or service through a c t all that apply.	
	Recipien	t health department [DISPLAY Q5b]	
	Local hea	alth department [DISPLAY Q5c]	
	Tribal he	alth department [DISPLAY Q5d]	
	Local org	ganization [DISPLAY Q5e]	
5b	and/or e	the total number of <u>unique</u> operations, programs, or services fo ffectiveness improvement was achieved by your (recipient) hea ock Grant-funded support? Number:	•
	5b.1.	What types of improvements were achieved? Select all that ap	oply.
		Time saved	
		Reduced number of steps	
		<u>Costs saved</u>	
		<u>Costs avoided</u>	
		Revenue generated due to billable service	
		Increased staff satisfaction	
	_	Organizational design improvements	
		Quality enhancements of operations, programs, or services Other (please specify):	
	_	other (picuse specify).	
	5b.2. Ir	ndicate the number of operations, programs, or services that ach	nieved the following
	in	nprovements: [Display improvements selected in 5b.1]	
	•	Time saved	Number:
	•	Reduced number of steps	Number:
	•	<u>Costs saved</u>	Number:
	•	<u>Costs avoided</u>	Number:
	•	Revenue generated due to billable service	Number:
	•	Increased staff satisfaction	Number:
	•	Organizational design improvements	Number:
	•	Quality enhancements of operations, programs, or services	Number:

5.

	5k	o.3 Fc	or how many operations, programs, or services were PHHS Block	c Grant funds used to:
		•	<u>Initiate new</u> efforts to improve efficiency and/or effectiveness? <u>Maintain</u> ongoing efforts to improve efficiency and/or effective and/or effectiveness effort was ongoing from previous reporting improvement was achieved during this reporting period)? Num <u>Enhance or expand</u> efforts to improve efficiency and/or effective <u>Sustain</u> or <u>restore</u> efforts to improve efficiency and/or effective	eness (i.e., efficiency g period, but ber: veness? Number:
5c.		•	local health departments used PHHS Block Grant funds to achies improvement for an operation, program, or service?	eve an efficiency and/or
	Numb	er of	local health departments:	
	5c.1	and	at is the total number of <u>unique</u> operations, programs, or service /or effectiveness improvement was achieved by local health de	•
	5c.2		at types of improvements were achieved? Select all that apply. Time saved Reduced number of steps <u>Costs saved</u> <u>Costs avoided</u> Revenue generated due to billable service Increased staff satisfaction Organizational design improvements Quality enhancements of operations, programs, or services Other (please specify):	
	5c.3	imp	Indicate the number of operations, programs, or services that provements: [Display improvements selected in 5c.2] Time saved Reduced number of steps Costs saved Costs avoided Revenue generated due to billable service Increased staff satisfaction Organizational design improvements Quality enhancements of operations, programs, or services	Number:
	5c.4	Note •	now many operations, programs, or services were PHHS Block Ge: The sum of your responses should equal your previous respondinitiate new efforts to improve efficiency and/or effectiveness? Maintain ongoing efforts to improve efficiency and/or effective and/or effectiveness effort was ongoing from previous reporting improvement was achieved during this reporting period)? Num	nse of [piped text here]. Number: eness (i.e., efficiency ng period, but

		_	<u>Enhance or expand</u> efforts to improve efficiency and/or effective Sustain or <u>restore</u> efforts to improve efficiency and/or effective	
5d.			ny tribal health departments used PHHS Block Grant funds to a fectiveness improvement for an operation, program, or service	•
	Nun	nber	of tribal health departments:	
	5d.1	and/	t is the total number of <u>unique</u> operations, programs, or servid or effectiveness improvement was achieved by a tribal health diction using PHHS Block Grant-funded support? Number:	
	5d.2	Wha	at types of improvements were achieved? Select all that apply	
			Time saved Reduced number of steps <u>Costs saved</u> <u>Costs avoided</u> Revenue generated due to billable service Increased staff satisfaction Organizational design improvements Quality enhancements of operations, programs, or services Other (please specify):	
	5d.3	Indi	cate the number of operations, programs, or services that achi	eved the following
		impi	rovements: [Display improvements selected in 5d.2]	
		•	Time saved	Number:
		•	Reduced number of steps	Number:
		•	<u>Costs saved</u>	Number:
		•	<u>Costs avoided</u>	Number:
		•	Revenue generated due to billable service	Number:
		•	Increased staff satisfaction	Number:
		•	Organizational design improvements	Number:
		•	Quality enhancements of operations, programs, or services	Number:
		• <u>!</u>	how many operations, programs, or services were PHHS Block as sum of your responses should equal your previous response of initiate new efforts to improve efficiency and/or effectiveness? Maintain ongoing efforts to improve efficiency and/or effective and/or effectiveness effort was ongoing from previous reporting mprovement was achieved during this reporting period)? Nume Enhance or expand efforts to improve efficiency and/or effectiveness and or effectiveness efforts to improve efficiency and/or effectiveness efforts e	of [piped text here]. Number: eness (i.e., efficiency ng period, but sber: veness? Number:
		-	<u>Sustain</u> or <u>restore</u> efforts to improve efficiency and/or effective	iness: Number

5e.1	What is the total number of unique operations, programs, or serv	
	efficiency and/or effectiveness improvement was achieved by a logical jurisdiction using PHHS Block Grant-funded support? Number:	_
5e.2	What types of improvements were achieved? Select all that	annly
30.2	☐ Time saved	ωρρ.γ.
	☐ Reduced number of steps	
	☐ Costs saved	
	Costs avoided	
	Revenue generated due to billable service	
	☐ Increased staff satisfaction	
	Organizational design improvements	
	Quality enhancements of operations, programs, or services	
	Other (please specify):	
5e.3	Indicate the number of operations, programs, or services that achie	eved the following
	improvements: [Display improvements selected in 5e.2]	
	Time saved	Number:
	Reduced number of steps	Number:
	• <u>Costs saved</u>	Number:
	• <u>Costs avoided</u>	Number:
	 Revenue generated due to billable service 	Number:
	Increased staff satisfaction	Number:
	Organizational design improvements	Number:
	Quality enhancements of operations, programs, or services	Number:
5e.4 l	For how many operations, programs, or services were PHHS Block (Grant funds used to
Note:	The sum of your responses should equal your previous response of initiate new efforts to improve efficiency and for effectiveness?	
	 <u>Initiate new</u> efforts to improve efficiency and/or effectiveness? Maintain ongoing efforts to improve efficiency and/or effective 	
	and/or effectiveness effort was ongoing from previous reporting	, ,
	improvement was achieved during this reporting period)? Num	•
	• <i>Enhance or expand</i> efforts to improve efficiency and/or effective	
	 <u>Sustain</u> or <u>restore</u> efforts to improve efficiency and/or effective 	
	<u>Justain</u> of <u>restore</u> enorts to improve enticency and/or effective	ness: Number
	established quality improvement method (e.g., Plan-Do-Study-Act	

		□ No □ Not sure
	<u>eff</u>	ase provide the following information for one example of an improvement in the <u>efficiency and/or</u> <u>ectiveness</u> of an operation, program, or service for which a deliberate and defined quality provement method was used by an agency :
	5f.:	Name/title of the operation, program, or service:
	5f.2	2. Specific issue being addressed through quality improvement:
	5f.3	3. Quality improvement method used:
	5f.4	Brief description of the efficiency and/or effectiveness achieved:
	<u>funded</u>	us learn more about public health infrastructure improvements achieved through <u>PHHS Block Grantsupport</u> during the <u>12-month reporting period</u> , please answer the following question focused on all standards and accreditation.
6.	How di	d your health department use PHHS Block Grant funds to address national standards or conduct
	accredi	tation-related activities as established by the Public Health Accreditation Board (PHAB)? Select all
	that ap	ply.
		PHHS Block Grant funds not used in this way
		Paid for PHAB fees
		Hired staff to support accreditation-related activities (e.g., performance improvement manager,
		accreditation coordinator)
		Worked to meet and/or maintain performance against the standards (including prerequisites, key plans, and processes described through the standards)
		Provided support to local health department(s) to pay for PHAB fees
	_	Provided support to local health department(s) to hire staff to support accreditation-related
	_	activities (e.g., performance improvement manager, accreditation coordinator)
		Provided support to local health department(s) to meet and/or maintain performance against the
		standards
		Provided support to tribal health department(s) to pay for PHAB fees
		Provided support to tribal health department(s) to hire staff to support accreditation-related
		activities (e.g., performance improvement manager, accreditation coordinator)
		Provided support to tribal health department(s) to meet and/or maintain performance against the
		standards
		Other (please specify):

III. Emerging Needs

Emerging needs are public health issues that are beginning to present themselves as problems within the recipient's jurisdiction. They can affect the jurisdiction as a whole or specific areas within the jurisdiction, such as counties, tribes, and cities.

This section includes questions related to <u>measure 2.1</u>, which is focused on all types of emerging public health needs.

Emerging Public Health Needs Addressed – Measure 2.1

Please answer the following questions related to <u>emerging public health needs</u> that were addressed through <u>PHHS Block Grant-funded support</u> during the <u>12-month reporting period</u>.

7.				n your jurisdiction used PHHS Block Grant funds to supp lith need?	port an effort to address an
		☐ Yes	[DISF	PLAY Q7a]	
		□ No [SKIP	to Q8]	
	7a.	in your j	uris	total number of unique emerging public health needs to diction through PHHS Block Grant-funded support?	that were addressed by agencies
		Number	of ı	unique emerging public health needs:	
	7b.	What is	the	name/title of the emerging public health need that wa	as addressed?
		7b.1		w would you characterize this emerging public health r <u>Newly developing</u> <u>Newly prioritized</u>	need?
		7b.2		w was this emerging public health need identified? Sele Conducted, monitored, or updated a jurisdiction hea assessment)	, , ,
				Conducted a topic- or program-specific assessment (environmental health assessment)	e.g., tobacco assessment,
				Identified via surveillance systems or other data source	ces
				Prioritized within a strategic plan	
				Declared as an emergency within your jurisdiction	
				, , , , , , , , , , , , , , , , , , , ,	riority
				Legislature established as a priority	
				Tribal government/elected official established as a pri	ority
				Other (please specify):	
		7b.3		nat <u>Healthy People 2030 health topic area</u> best aligns w alth topic area that was the primary focus for the emer	
			1-	Access to health services	
			2-	Adolescent health	
			3-	Arthritis, osteoporosis, and chronic back conditions	
			4-	Blood disorders and blood safety	
			5-	Cancer	
			6-	Chronic kidney disease	
			7-	Chronic pain	
			8-	Dementias, including Alzheimer's disease	
			9-	Diabetes	
			10	O-Disability and health	
			13	L-Early and middle childhood	
			12	2-Educational and community-based programs	
			13	3-Environmental health	

	14-	Family planning	
	15-	Food safety	
	16-	Global health	
	17-	Health communication and health information technology	
	18-	Healthcare-associated infections	
	19-	Hearing and other sensory or communication disorders	
		Heart disease and stroke	
	21-		
		mmunization and infectious diseases	П
		njury and violence prevention	П
		Lesbian, gay, bisexual, and transgender health	П
		Maternal, infant, and child health	П
		Medical product safety	П
		Mental health and mental disorders	
		Nutrition and weight status	П
		Occupational safety and health Older adults	
		Oral health	
		Osteoporosis	
		Physical activity	
		Preparedness	
		Public health infrastructure	
		Respiratory diseases	
		Sexually transmitted diseases	
		Sleep health	
		Social determinants of health	
		Substance abuse	
		Tobacco use	
	42-	Vision	
7b.4	١٨	/hat was the focus of the emerging need?	
,	•	☐ Health-related (e.g., health risk factors, disease outc	omes) [DISPLAY 7h 4a – 4c]
		☐ Organizational or systems-related (e.g., agency infra	
		Organizational or systems related (e.g., agency initia	structure,
	7b.4a	What was the geographic area affected by this emerging Jurisdiction-wide: Entire recipient jurisdiction	need?
		Regional: More than one city, county, borough, etc.	but not jurisdiction-wide
		☐ Local: Limited to one city, county, borough, etc.	
		☐ Not sure	
	7b.4b	What was the size of the population potentially affected by	by this emerging need?
		Number:	
	7b.4c	Please provide a brief description of how the population es	stimate was identified.

7b.5	Which of the following best describes how PHHS Block Grant funds were used to support efforts to address this emerging need?
	 □ <u>Initiated</u> a new effort to address the emerging public health need □ <u>Maintained</u> an existing effort to address the emerging public health need □ <u>Enhanced or expanded</u> an existing effort to address the emerging public health need □ <u>Sustained</u> or <u>restored</u> an effort to address the emerging public health need
VI. Evidend	ce-Based Public Health
building and using	ublic health practice involves implementing effective interventions. It also includes both g evidence (i.e., data and information) to assess and define public health needs, prioritize ds for action, and determine the effectiveness of interventions.
	des questions related to <u>measure 3.1</u> , which is focused on a key aspect of evidence-based ctice—implementing evidence-based public health interventions.
Fridayaa Daaada	Dublic Health Interventions Involute and Massage 2.1
Please answer the	Public Health Interventions Implemented – Measure 3.1 e following questions related to <u>public health interventions</u> that were implemented (i.e., first time, ongoing, or completed) through <u>PHHS Block Grant-funded support</u> during the <u>12-period</u> .
8. Have any age health interve	ncies in your jurisdiction used PHHS Block Grant funds to support implementation of public entions?
	es [DISPLAY 8a] Io [SKIP to Q9]
	O [SKIP to Q9]
your juris	he total number of <u>unique</u> public health interventions that were implemented by agencies in diction through PHHS Block Grant-funded support? Number of unique public health ions:
8a.1 Thro • •	
public he Rec Loc Tri Loc	e of agency in your jurisdiction used PHHS Block Grant funds to support implementation of alth interventions? Select all that apply. cipient health department [DISPLAY 8b.1] cal health department [DISPLAY 8c.1] bal health department [DISPLAY 8d.1] cal organization [DISPLAY 8e.1]
xn 1 \/\	/hat is the total number of unique public health interventions that were implemented by your

(recipient) health department through PHHS Block Grant-funded support?

	Number of unique public health interventions:	
oh a	Which Healthy Deeple 2020 health tonic areas were addressed by the	nublic boolth intonuontion
8b.2	Which <u>Healthy People 2030</u> health topic areas were addressed by the implemented by your (recipient) health department ? Select each he	
	identified as the primary focus for an intervention.	aith topic area that was
	1-Access to health services	
	2-Adolescent health	П
	3-Arthritis, osteoporosis, and chronic back conditions	
	4-Blood disorders and blood safety	
	5-Cancer	
	6-Chronic kidney disease	
	7- Chronic pain	
	8-Dementias, including Alzheimer's disease	
	9-Diabetes	
	10-Disability and health	
	11-Early and middle childhood	
	12-Educational and community-based programs	
	13-Environmental health	
	14-Family planning	
	15-Food safety	
	16-Global health	
	17-Health communication and health information technology	
	18-Healthcare-associated infections	
	19-Hearing and other sensory or communication disorders	
	20-Heart disease and stroke	
	21-HIV	
	22-Immunization and infectious diseases	
	23-Injury and violence prevention	
	24-Lesbian, gay, bisexual, and transgender health	
	25-Maternal, infant, and child health	
	26-Medical product safety	
	27-Mental health and mental disorders	
	28-Nutrition and weight status	
	29-Occupational safety and health	
	30-Older adults	
	31-Oral health	
	32- Osteoporosis	
	33-Physical activity	
	34-Preparedness	
	35-Public health infrastructure	
	36-Respiratory diseases	
	37-Sexually transmitted diseases	
	38-Sleep health	
	39-Social determinants of health	
	40-Substance abuse	
	41-Tobacco use	
	42-Vision	

8b.3 For each *Healthy People 2030* health topic area addressed, how many of the public health interventions implemented **by your (recipient) health department** were supported by rigorous, <u>strong</u>, <u>moderate</u>, <u>weak</u>, or <u>no evidence</u>?

[Populate list based on health topic areas selected in 8b.2]	Rigorous	Strong	Moderate	Weak (If >0, display 8b.3a – 8b.3b)	No Evidence (If >0, display 8b.3a – 8b.3b)	Not Sure
8b.3a How many of the untested, new, a	-			<u></u>	r <u>no evidence</u> w	rere
8b.3b For how many of were data or info achieving intende	rmation col	lected to	determine th	e interventio		
8c.1 What is the total number of <u>u</u> health departments through F health interventions:					•	ocal
8c.2 Which <u>Healthy People 2030 he</u> implemented by local health of the primary focus for an interv	department					
1-Access to health service				П		
2-Adolescent health				П		
3-Arthritis, osteoporosis	. and chroni	ic back co	nditions			
4-Blood disorders and b						
5-Cancer	,					
6-Chronic kidney disease	9					
7- Chronic pain	-					
8-Dementias, including A	Alzheimer's	disease				
9-Diabetes						
10-Disability and health						
11-Early and middle chil	dhood					
12-Educational and com	munity-base	ed progra	ms			
13-Environmental health	•					
14-Family planning						
15-Food safety						
16-Global health						
17-Health communication	on and healt	h informa	ation technol	ogy 🗆		
18-Healthcare-associate						
19-Hearing and other se	nsory or co	mmunicat	ion disorders	s 🗆		
				_		

20-Heart disease and stroke

23-Injury and violence prev	vention					
24-Lesbian, gay, bisexual, a	and transge	nder heal	th			
25-Maternal, infant, and cl	nild health					
26-Medical product safety						
27-Mental health and men	tal disorder	rs				
28-Nutrition and weight st	atus					
29-Occupational safety and	d health					
30-Older adults						
31-Oral health						
32- Osteoporosis						
33-Physical activity						
34-Preparedness						
35-Public health infrastruc	ture					
36-Respiratory diseases						
37-Sexually transmitted dis	seases					
38-Sleep health						
39-Social determinants of	health					
40-Substance abuse						
41-Tobacco use						
42-Vision						
or each <i>Healthy People 2030</i>	•			•	•	
or each <i>Healthy People 2030</i> Iterventions implemented b Inoderate, weak, or no eviden	y local heal			•	•	<u>ng</u> ,
terventions implemented b	y local heal			•	•	ng, Not Sure
nterventions implemented b noderate, <u>weak</u> , or <u>no evider</u>	y local heal nce?	th depart	ments were	supported b	No Evidence (If >0, display	Not
	26-Medical product safety 27-Mental health and men 28-Nutrition and weight st 29-Occupational safety and 30-Older adults 31-Oral health 32- Osteoporosis 33-Physical activity 34-Preparedness 35-Public health infrastruc 36-Respiratory diseases 37-Sexually transmitted dis 38-Sleep health 39-Social determinants of 40-Substance abuse 41-Tobacco use	26-Medical product safety 27-Mental health and mental disorder 28-Nutrition and weight status 29-Occupational safety and health 30-Older adults 31-Oral health 32- Osteoporosis 33-Physical activity 34-Preparedness 35-Public health infrastructure 36-Respiratory diseases 37-Sexually transmitted diseases 38-Sleep health 39-Social determinants of health 40-Substance abuse 41-Tobacco use	26-Medical product safety 27-Mental health and mental disorders 28-Nutrition and weight status 29-Occupational safety and health 30-Older adults 31-Oral health 32- Osteoporosis 33-Physical activity 34-Preparedness 35-Public health infrastructure 36-Respiratory diseases 37-Sexually transmitted diseases 38-Sleep health 39-Social determinants of health 40-Substance abuse 41-Tobacco use	26-Medical product safety 27-Mental health and mental disorders 28-Nutrition and weight status 29-Occupational safety and health 30-Older adults 31-Oral health 32- Osteoporosis 33-Physical activity 34-Preparedness 35-Public health infrastructure 36-Respiratory diseases 37-Sexually transmitted diseases 38-Sleep health 39-Social determinants of health 40-Substance abuse 41-Tobacco use	26-Medical product safety 27-Mental health and mental disorders 28-Nutrition and weight status 29-Occupational safety and health 30-Older adults 31-Oral health 32- Osteoporosis 33-Physical activity 34-Preparedness 35-Public health infrastructure 36-Respiratory diseases 37-Sexually transmitted diseases 38-Sleep health 39-Social determinants of health 40-Substance abuse 41-Tobacco use	26-Medical product safety 27-Mental health and mental disorders 28-Nutrition and weight status 29-Occupational safety and health 30-Older adults 31-Oral health 32- Osteoporosis 33-Physical activity 34-Preparedness 35-Public health infrastructure 36-Respiratory diseases 37-Sexually transmitted diseases 38-Sleep health 39-Social determinants of health 40-Substance abuse 41-Tobacco use

21-HIV

22-Immunization and infectious diseases

8d.2 Which <u>Hea</u>	althy People 2030 health topic areas were addressed by the	public health
	mented by tribal health departments ? Select each health t	opic area that was
· · · · · · · · · · · · · · · · · · ·	mary focus for an intervention.	
	cess to health services	
2-Ad	lolescent health	
3-Ar	thritis, osteoporosis, and chronic back conditions	
4-Blo	ood disorders and blood safety	
5-Ca	ncer	
6-Ch	ronic kidney disease	
7- Cł	nronic pain	
8-De	mentias, including Alzheimer's disease	
9-Dia	abetes	
10-D	isability and health	
11-E	arly and middle childhood	
12-E	ducational and community-based programs	
13-E	nvironmental health	
14-F	amily planning	
15-F	ood safety	
16-G	ilobal health	
17-H	lealth communication and health information technology	
18-H	lealthcare-associated infections	
19-H	learing and other sensory or communication disorders	
20-H	leart disease and stroke	
21-H	IIV	
22-Ir	mmunization and infectious diseases	
23-Ir	njury and violence prevention	
24-L	esbian, gay, bisexual, and transgender health	
25-N	Naternal, infant, and child health	
26-N	Nedical product safety	
27-N	Nental health and mental disorders	
28-N	lutrition and weight status	
29-0	Occupational safety and health	
30-C	Older adults	
31-0	Oral health	
	Osteoporosis	
33-P	hysical activity	
	reparedness	
35-P	ublic health infrastructure	
36-R	espiratory diseases	
37-S	exually transmitted diseases	
	leep health	
	ocial determinants of health	
	ubstance abuse	
41-T	obacco use	
42-V	'ision	

8d.3 For each *Healthy People 2030* health topic area addressed, how many of the public health

interventions implemented **by tribal health departments** were supported by <u>rigorous</u>, <u>strong</u>, <u>moderate</u>, <u>weak</u>, or <u>no evidence</u>?

[Populate lis in 8d.2]	t based on health topic areas selected	Rigorous	Strong	Moderate	Weak (If >0, display 8d.3a – 8d.3b)	No Evidence (If >0, display 8d.3a – 8d.3b)	Not Sure
	8d.3a How many of the untested, new, ar	-		tions with ei	ther <u>weak</u> or 	<u>no evidence</u> we	ere
	8d.3b For how many of were data or informachieving intende	rmation colle	ected to d	etermine the	intervention	<u> </u>	
8e.1	What is the total number of <u>ur</u> organizations through PHHS B Number of unique public healt	lock Grant-fu	ınded sup	port?	·	emented by lo d	cal
8e.2	Which <i>Healthy People 2030</i> he	alth topic are	eas were	addressed by	the public he	ealth	
interven							
	implemented by <i>local organize</i>	ations? Selec	t each he	alth topic are	ea that was id	entified as the	
	primary focus for an interventi	on.					
	1-Access to health service	es					
	2-Adolescent health						
	3-Arthritis, osteoporosis,	, and chronic	back con	ditions			
	4-Blood disorders and bl	ood safety					
	5-Cancer						
	6-Chronic kidney disease	<u>:</u>					
	7- Chronic pain						
	8-Dementias, including A	Alzheimer's d	lisease				
	9-Diabetes						
	10-Disability and health						
	11-Early and middle child	dhood					
	12-Educational and com	munity-base	d progran	าร			
	13-Environmental health	1					
	14-Family planning						
	15-Food safety						
	, 16-Global health						
	17-Health communication	n and health	n informat	ion technolo	gv 🗆		
	18-Healthcare-associated				<i>□</i>		
	19-Hearing and other se		nmunicati	on disorders			
	20-Heart disease and str	•					
	21-HIV						
	22-Immunization and inf	ections disea	ases		П		

23-Injury and violence prevention

	24-Le	esbian, gay, bisexual,	and transge	ender hea	lth			
		laternal, infant, and c	_					
		ledical product safety						
		lental health and mer		ers				
		utrition and weight st				П		
		ccupational safety an				П		
		lder adults	a ricaitii			П		
		ral health						
		Steoporosis				П		
		nysical activity						
		reparedness						
		ublic health infrastruc	sturo			П		
			luie			П		
		espiratory diseases						
		exually transmitted di	seases					
		eep health	l 4 -					
		ocial determinants of	neaith					
		ubstance abuse						
		bacco use						
	42-Vi	sion						
[Popu in 8e.	ılate list based on healt	te, weak, or no evider	Rigorous	Strong	Moderate	Weak (If >0, display 8e.3a – 8e.3b)	No Evidence (If >0, display 8e.3a – 8e.3b)	Not Sure
	8e.3a	How many of the p	ublic health	n interven	tions with ei	ther <u>weak</u> or	no evidence we	ere
		untested, new, and	or <u>innovat</u>	<u>tive</u> ?				
	8e.3b	For how many of the were data or inform achieving intended	nation colle	cted to d	etermine the	intervention		
<u>funded s</u>	<i>upport</i> during the <u>r</u>	t evidence-based pul 12-month reporting p for public health and	<i>eriod</i> , pleas	se answer	the followin	g questions f		
_		·					neo hasa fara	hl:-
	-	epartment use PHHS I	Block Grant	tunas to	support <u>build</u>	<u>iing the eviae</u>	nce base for pu	DIIC
	th? Select all that a	• •	hioe					
		nt funds not used in t	•	la a c lt l			h	
_		nitored, or updated a						
l	Conducted a to assessment)	pic- or program-specit	ric assessme	ent (e.g., t	obacco asses	sment, enviro	onmental health	l

	Ц	Analyzed or monitored surveillance or other types of data
		Provided support to local health department(s) to conduct, monitor, or update a community health assessment
		Provided support to local health department(s) to conduct a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
		Provided support to local health department(s) to analyze or monitor surveillance or other types of
	_	data
		Provided support to tribal health department(s) to conduct, monitor, or update a tribal health
		assessment
		Provided support to tribal health department(s) to conduct, monitor, or update a tribal community
	_	health assessment
		Provided support to tribal health department(s) to conduct a topic- or program-specific assessment
		(e.g., tobacco assessment, environmental health assessment)
		Provided support to tribal health department(s) to analyze or monitor surveillance or other types of data
		Provided support to local organization(s) to conduct, monitor, or update a community health
		assessment
		Provided support to local organization(s) to conduct a topic- or program-specific assessment (e.g.,
		tobacco assessment, environmental health assessment)
		Provided support to local organization(s) to analyze or monitor surveillance or other types of data
		Other (please specify):
10. ⊦	low di	d your health department use PHHS Block Grant funds to support evidence-based decision making?
S	Select a	all that apply.
		PHHS Block Grant funds not used in this way
		Developed or updated a jurisdiction's health improvement plan (e.g., state health improvement plan)
		based on a jurisdiction health assessment (e.g., state health assessment)
		Developed or updated a community health improvement plan based on a community health
		assessment
		Developed or updated a topic- or program-specific action plan
		Provided support to local health department(s) to develop or update a community health
		improvement plan
		Provided support to local health department(s) to develop or update a topic- or program-specific
		action plan
		Provided support to tribal health department(s) to develop or update a tribal health improvement
		plan based on a tribal health assessment
		Provided support to tribal health department(s) to develop or update a tribal community health
		improvement plan
		Provided support to tribal health department(s) to develop or update a topic- or program-specific
		action plan
		Provided support to local organization(s) to develop or update a community health improvement plan
		Provided support to local organization(s) to develop or update a topic- or program-specific action plan
		Other (please specify):

You have reached the end of the survey. On the next page, you will be given an opportunity to review and print your responses. [Forward button on this page reads "Review Your Responses >>"]

[Summary response page] You have not yet submitted your responses. Please review your responses to the survey below. You may also print a copy of your responses for your records.

If you are finished reporting your data, please scroll to the bottom of this page and **click the forward (>>) button to submit the questionnaire**. You will not be able to return to the questionnaire after submitting your responses. To revise a response after submission, please contact ASTHO's Research and Evaluation team (researchandevaluation@astho.org / 202-371-9090).

Thank you!

[After submission page] Thank you for taking the time to participate in this assessment of the PHHS Block Grant. Please contact the PHHS Block Grant Evaluation Team at phhsblockgranteval@cdc.gov if you have any questions. Also, please feel free to provide any feedback about this questionnaire, the process used to collect/report the required information, or the measures in general to phhsblockgranteval@cdc.gov.