

## **Attachment J: Annual Report Guidance**

**Updated**

### **Notes:**

- 1. There are no changes to the data collection instrument and no changes to the Annual Report Guidance document since the last submitted request.**
- 2. The expiration date will be updated upon receipt of OMB approval**

**Guidance Document**  
**Completing Your States PHHS Block Grant Annual Report**  
**Updated 2013**

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Public reporting burden for this collection of information is estimated to average 15 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collected 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 aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0106).

## PHHS Block Grant Annual Report Guidance

*Updated December 2012*

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#### Notes:

1. Prior to inputting your annual report into the Block Grant Management Information System (BGMIS) it is **HIGHLY** recommended that you review your approved work plan to make sure it includes any recommendations made by your Project Officer.
2. On the cover page, if any of the State Contacts information is incorrect (State Coordinator, State Health Officer or Governor), please contact your Project Officer to have it modified. All contact information is view-only in the system.
3. The National Health Objectives, State Health Objectives, Impact Objectives and Annual Activities will be automatically imported from your approved work plan. If the Impact Objectives are not **Specific Measurable Achievable Relevant and Time-based (SMART)**, you may have difficulty in documenting progress within the Annual Report module of BGMIS. Once you begin entering your annual report data into BGMIS you will **NOT** be able to make any changes to your objectives.
4. Unless indicated in this guidance, all information imported from your work plan will be view only.

# PHHS BLOCK GRANT ANNUAL REPORT

## 1. COVER PAGE

### 1.1 Administrative Information

*The administrative information is automatically imported from the work plan. The only information that can be modified is that pertaining to the state coordinator. All other information is view only.*

### 1.2 The Executive Summary

*The executive summary describes the background, funding assumptions, proposed allocation, and funding priority for programs and activities in your work plan. This information will be imported from the work plan. You will not be able to modify this information in the Annual Report module of BGMIS.*

## 2. PROGRAMS

### 2.1 State Program Title, Strategy, and Setting

*This component of your work plan describes the Program's title, goal(s), health priority, primary strategic partners, evaluation and the settings or sites that most or all program activities takes place. This information will be automatically imported from your work plan and will be view only. You will not be able to modify this information in the Annual Report module of BGMIS.*

### 2.2 National Health Objectives

*The National Health Objectives are selected and used as the basis for your work plan and are derived from the National Healthy People 2020 Health Objectives. The objectives selected will be imported from your work plan and will be view only.*

## 3.0 STATE HEALTH OBJECTIVE

*BGMIS will automatically import your state health objective from your work plan. You will not be able to modify this information.*

3.1 Review the objective and select the option that best describes the state health objective status from the drop down box:

- “Partially Met”- while activities were implemented, the objective was not achieved as stated
- “Met” - the objective was achieved as stated
- “Exceeded” – achievement was above and beyond the stated objective

3.2 Fill in appropriate information on the results of your state health objective in the “State Health Objective Outcome” box.

*Describe the specific results for each objective.*

3.3 Fill in appropriate information in “Barriers/Challenges to Success” box.

*Please describe and discuss any problems/issues you may have encountered that hindered you in successfully achieving your stated objectives.*

3.4 Fill in appropriate information in “Plans to Overcome the Barriers/Challenges to Success.”

*Please describe and discuss all attempts that were made or will be made to address the issues identified above. Discuss any assistance you may need to address/resolve these issues in the future.*

#### **4.0 IMPACT OBJECTIVES**

*The impact objectives are automatically imported from the work plan. Once these are generated you will not be able to modify them. If they are not written in the SMART format, your outcomes will not be presented in a way that will clearly show your achievements. Therefore, it is HIGHLY recommended that you review your Impact Objectives as written in your work plan and make any necessary modifications before beginning work on your Annual Report.*

4.1 Review Impact Objectives and Progress and select the option that best describes the status of the objective from the drop down box:

- “Met” - the objective was achieved as stated
- “Partially Met”- while activities were implemented, the objective was not achieved as stated
- “Exceeded” – achievement was above and beyond the stated objective
- “Not Started”- no attempts were made towards completing the stated objective

4.2 Use “Smart Outcomes Builder.”

*Using information from the impact objectives in the work plan, the Smart Outcomes Builder will assist you in generating Progress to Date. Enter only the information requested. For example if your objective states “ Between October 1, 2011 and September 30, 2012 trainings will be provided to 10 communities to assist in establishing local coalitions to address health related issues.”, the outcomes builder will ask you to enter the number of trainings provided.*

4.3 Preview the SMART Outcome.

*The SMART Outcome Builder will format your progress based on the information you entered. Please review to make sure the information is presented in a way that clearly indicates the outcomes you have achieved. Using the example above, if you entered 8, the results will read:*

*“Between October 1, 2011 and September 30, 2012 trainings were provided to 8 communities to assist in establishing local coalitions to address health related issues.”*

4.4 Fill in appropriate information in the “Barriers/Challenges to Success” box.

*Please describe and discuss any problems/issues you may have encountered that hindered you in successfully achieving your stated objectives.*

3.4 Fill in appropriate information in “Plans to Overcome the Barriers/Challenges to Success.”

*Please describe and discuss all attempts that were made or will be made to address the issues identified above. Discuss any assistance you may need to address/resolve these issues in the future.*

## **5.0 ANNUAL ACTIVITIES**

5.1 Preview Annual Activities.

Review the activity and select the option that best describes the activity status from the drop down box:

- *“Completed”*- accomplished the desired outcome for the activity
- *“Partially Completed”*- some attempt has been made towards completing the activities to accomplish the desired outcome for the impact objective
- *“Not Started”*- no attempt has been made towards completing the activities to accomplish the desired outcome for the impact objective

5.2 Fill in appropriate information on the results of your activity in the “Activity Outcome” box.

*Describe the specific results for each activity.*

5.3 Fill in appropriate information in “Barriers/Challenges to Success” box.

*Please describe and discuss any problems/issues you may have encountered that hindered you in successfully achieving your stated activities.*

5.4 Fill in appropriate information in “Plans to Overcome the Barriers/Challenges to Success.”

*Please describe and discuss all attempts that were made or will be made to address the issues identified above. Discuss any assistance you may need to address/resolve these issues in the future.*

**CDC PHS Block Grant Program  
Success Story Criteria  
Preventive Health and Health Services Block Grant**

A success story documents program improvement over time and demonstrates the value of program activities. When presented effectively, success stories can be a useful tool for educating stakeholders about the outcomes of your work and the results you are achieving.

Use these criteria as a guide for writing your program story. Stories are rated against the following standards.

**TITLE:**

Does the title:

1. Capture your attention and make you want to read further?
2. Use a short, headline format with no more than 44 characters?
3. Avoid acronyms?
4. Contain a verb?

**PUBLIC HEALTH PROBLEM (ISSUE):**

Does the issue statement:

1. Provide an emotional hook in opening sentences, in addition to public health data? Briefly, feature a central character/hero facing a serious problem.
2. Have a strong lead sentence introducing public health data?
3. Provide state, regional, or local information about the issue? (e.g., cost burden, death rate, extent of inefficiency using current programs or methodologies.)
4. Tie the health burden, training burden, or degree of threat to a cost burden?
5. Specify the affected population?
6. Avoid wordiness, passive language, and grammatical errors?
7. Make a clear, concise statement about a single issue?

**TAKING ACTION (INTERVENTION):**

Does the intervention statement:

1. Have a strong lead sentence that transitions the Issue section to the Intervention section?
2. Describe how PHHS Block Grant funds were used and if any evidenced-based strategies were used as a foundation?
3. Identify who performed the intervention and any key partnerships with government, community, business, and voluntary organizations?
4. Identify both where and when the intervention occurred?

**TAKING ACTION (INTERVENTION):**

Does the intervention statement:

5. Identify the essential steps taken to carry out an effective intervention?
6. Avoid wordiness, passive language, grammatical errors, and use bullet points to outline the steps?

**IMPACT:**

Does the impact statement:

1. Briefly, wrap up what happened to the central character/hero introduced in the Issue section after the Intervention?
2. Give specific outcomes using bullet points? (e.g., money saved, change in health status, numbers impacted.)
3. Avoid broad, sweeping statements? (e.g., noticeable increase in healthy eating habits, a significant amount of money was saved.)
4. Provide conclusions that effectively wrap-up the story, including future plans?

**TERMS AND FORMATTING:**

Does the success story:

1. Use terms that are clearly understood by a non-public health audience?
2. Avoid public-health industry jargon?
3. Have information in the appropriate sections (Issue, Intervention, and Impact)?



4. Use no more than 541 words in the Issue, Intervention, and Impact sections?
5. Use indented bullets rather than dense paragraphs?
6. List contact information at the end of the document?

**GENERAL:**

Does the success story:

1. Relate to the chosen Health Objective?
2. Contain a quote and the author?
3. Contain footnotes that are numbered and in the appropriate format per the CDC Style Guide (pp. 39-41)?
  - a. Provide data sources for any information presented as fact or as an evidence-based strategy?
  - b. Provide full references at the end of the story?

Does the success story:

4. Contain at least two photos and the corresponding release forms?
5. Follow the CDC Mini-Style Guidelines located on the Success Story home page of the BGMIS Website.

## **CDC Review**

### **A. ANNUAL REPORT REVIEW**

1. The CDC Project Officer will review the following Annual Report sections:
  - State Health Objective
  - Impact Objective
  - Activities
2. Each section will be identified as:
  - Approved
  - Approved with Recommendations
  - Not Approved
  - Not Reviewed
3. Annual Reports that receive a rating of Not Approved for any one of the 3 sections will be electronically marked with a status of Not Approved. The deficient items must be corrected and the annual report re-submitted. Items with the status of Approved with Recommendations do not require an annual report re-write.
4. An annual report is approved when all 3 of the areas reviewed receive a rating of Approved or Approved with Recommendations.

### **B. SUCCESS STORY REVIEW**

Success stories that receive a rating of 4 or higher will be used in CDC materials to demonstrate the successes of the PHHS Block Grant.

### **C. COMPLIANCE REVIEW**

The compliance review section of the BG-MIS allows you to view the last information that CDC has on file for your state/territory/tribes compliance review. No grantee data entry is required.