

# Performance Measures - Unique

Form Approved  
OMB No. 0920-1175  
Exp. Date 07/31/2023

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Test

## Surveillance

CDC estimates the average public reporting burden for this collection of information as 20 hours per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-1175).

### Number and description of data gaps or limitations addressed

**Number of data gaps or limitations addressed**

(Numerical Value)

\* must provide value

**Description of data gaps or limitations addressed**

\* must provide value

### Number and description of internal program activities developed, informed, or improved by analysis of Tracking datasets

**Number of internal program activities developed, informed, or improved by analysis of Tracking data**

(Numerical Value)

\* must provide value

**Description of program activities**

\* must provide value

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Number and description of internal program activities developed, informed, or improved after Tracking data were used to identify a disproportionately affected population

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**Number of program activities were developed, informed, or improved after Tracking data were used to identify a disproportionately affected population**

(Numerical Value: may include activities that were listed above)

\* must provide value

**Description of program activities where a disproportionately affected population was identified and/or addressed**

\* must provide value

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## Outreach/Communication

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Number of program announcements/updates disseminated by medium/channel

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**Number of social media posts**

(Numerical Value)

\* must provide value

**Number of emails/listservs sent**

(Numerical Value)

\* must provide value

**Number of press releases**

(Numerical Value)

\* must provide value

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Number of presentations and/or exhibits at meetings and conferences, and the estimated number of attendees/interactions

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**Total number of presentations and/or exhibits at meetings and conferences**

(Numerical Value)

\* must provide value

**Estimated, total number of attendees/interactions during presentations and/or at exhibits**

(Numerical Value)

\* must provide value

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Number and list of program-wide communication activities participated in

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**Which program-wide communication activities did you participate in during the past year?**

- Tracking Awareness Week
- Track-or-Treat

(Select all that apply)

\* must provide value

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## Program Capacity

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Number of personnel supported by this cooperative agreement (total # of individuals). This number should include any staff that addresses NOFO requirements.

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**Number of personnel financially supported by this cooperative agreement?**

(Numerical Value)

\* must provide value

**Number of in-kind support staff (team members not funded by this cooperative agreement)**

(Numerical Value)

\* must provide value

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Number of environmental Tracking trainings provided to state and local public health workforce and partners, and number of trainees.

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**Total number of Tracking trainings provided**

(Numerical Value)

\* must provide value

**Estimated, total number of participants who completed trainings**

(Numerical Value)

\* must provide value

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Number and description of response related activities. Activities can include directly supporting a response or planning for response (establishing teams, cross-training staff, etc.)

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**Number of activities that directly supported an occurring response**

(Numerical Value)

\* must provide value

**Description of direct response support activities**

\* must provide value

**Number of activities focused on planning for response**

(Numerical Value)

\* must provide value

**Description of response planning activities**

\* must provide value

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## Information Technology

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Number and description of new tools and processes developed to improve the usefulness or efficiency of recipient Tracking systems

Number and description of data pipelines enhanced or modernized to improve the quality, usefulness, availability, and timeliness of data related to recipient Tracking systems

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**1. Description of the tool/process or data pipeline enhancement implemented**

**Upon completion of a description, additional fields related to the tool/process/enhancement will appear below. Additionally, another description box will appear to describe the next tool/process/enhancement. Once all tools/processes/enhancements have been entered, leave the last description box blank. This will indicate there are no further tools/processes/enhancements to describe.**

\* must provide value

Example tool/process/enhancement description

**Type of tool/process/enhancement**

\* must provide value

- Connection to API
- Creation of API
- Dashboard
- Data Collection Tool/Survey
- Data Download/Sharing Non-API
- Data Report/Fact Sheet
- Data Sharing Agreement/Data Use Agreement
- Geocoding Tool
- Mapping Tool
- Tool/Script (SAS, R, Tableau, Python) - Analysis
- Tool/Script (SAS, R, Tableau, Python) - Data Cleaning
- Tool/Script (SAS, R, Tableau, Python) - Validation
- Other

(Select one)

**If "Other" type of tool/process/enhancement, please describe.**

\* must provide value

**What improvements does the tool/process/enhancement provide?**

\* must provide value

- Quality of Data
- Timeliness of Data
- Automation
- Partnerships/Relationships with Data Stewards

(Select all that apply)

- Collection
- Processing/Validation
- Analysis
- Visualization
- Dissemination/Sharing
- None

(Select one)

**What stage in the data lifecycle does the tool/process/enhancement address?**

\* must provide value

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**2. Description of the tool/process or data pipeline enhancement implemented**

Once all tools/processes/enhancements have been entered, leave the last description box blank. This will indicate there are no further tools/processes/enhancements to describe.

\* must provide value

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**Form Status**

**Complete?**

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## Performance Measures Longitudinal

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### Surveillance

Number and list of Tracking content areas for which routine descriptive analyses are conducted

**Select all content areas/indicators for which you conduct routine analysis.**

\* must provide value

- Air Quality - Historical Air Quality
- Air Quality - Annual PM2.5 Level
- Air Quality - Fine Particle (PM2.5)-Days Above Regulatory Standard
- Air Quality - National Ambient Air Quality Standards (NAAQS)
- Air Quality - National Ambient Air Quality Standards (NAAQS)
- Air Quality - Ozone-Days Above Regulatory Standard
- Asthma - Emergency Department Visits for Asthma
- Asthma - Hospitalizations for Asthma
- Birth Defects - Prevalence of Birth Defects
- Cancer - Cancer Incidence
- Cancer - Childhood Cancer Incidence
- Carbon Monoxide Poisoning - CO Poisoning Mortality
- Carbon Monoxide Poisoning - Emergency Department Visits for CO Poisoning

- Carbon Monoxide Poisoning - Home CO Detector Coverage
- Carbon Monoxide Poisoning - Hospitalizations for Carbon Monoxide (CO) Poisoning
- Carbon Monoxide Poisoning - Reported Exposure to CO
- Childhood Lead Poisoning - Annual Blood Lead Levels
- Childhood Lead Poisoning - Blood Lead Levels by Birth Cohort
- Childhood Lead Poisoning - Poverty and Housing Age
- Chronic Obstructive Pulmonary Disorder - Emergency Department Visits for COPD
- Chronic Obstructive Pulmonary Disorder - Hospitalizations for COPD
- Climate Change/Heat & Heat-related Illness (HRI) - Emergency Department Visits for HRI
- Climate Change/Heat & Heat-related Illness (HRI) - Hospitalizations for HRI
- Climate Change - Lyme Disease
- Climate Change/Heat & Heat-related Illness (HRI) - Temperature
- Drinking Water - Arsenic Level and Potential Population Exposures
- Drinking Water - Atrazine Level and Potential Population Exposures
- Drinking Water - Combined Radium-226 and -228 Levels and Potential Population Exposure
- Drinking Water - Di (2-Ethylhexyl) phthalate (DEHP) Level and Potential Population Exposures
- Drinking Water - Disinfection Byproducts Level and Potential Population Exposure
- Drinking Water - Nitrate Level and Potential Population Exposures
- Drinking Water - Public Water Use
- Drinking Water - Tetrachloroethene (PCE) Levels and Potential Population Exposure

- Drinking Water - Trichloroethene (TCE) Levels and Potential Population Exposure
- Drinking Water - Uranium Levels and Potential Population Exposure
- Heart Disease & Stroke - Hospitalizations for Heart Attack
- Heart Disease & Stroke - Hospitalizations for Heart Attacks
- Radon - Radon Tests from States
- Reproductive & Birth Outcomes - Fertility
- Reproductive & Birth Outcomes - Low Birthweight
- Reproductive & Birth Outcomes - Mortality
- Reproductive & Birth Outcomes - Prematurity
- Reproductive & Birth Outcomes - Sex Ratio at Birth
- Other

If "Other" content areas/indicators is selected, please describe.

100 words remaining  
(Limit of 50 words)

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Number and description of routine analyses (beyond descriptive analysis) that discover patterns, identify potential concerns, or otherwise provides new insights or solutions for environmental public health

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**Number of routine analyses that discover patterns, identify potential concerns, or otherwise provides new insights or solutions for environmental health**

(Numeric value)

\* must provide value

**Provide a description of the routine analyses.**

\* must provide value

250 words remaining  
(Limit of 200 words)

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**Number and description of sub-county and/or real-time/near real-time data feed developed or maintained**

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**Have you maintained at least 1 sub-county or real-time/near real-time data feed in the last year?**

- Yes  
 No

\* must provide value

**If you selected "Yes," to the previous question, please describe.**

\* must provide value

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## Information Technology

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**Number/percent of recipients with a publicly available portal**

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**Do you have a publicly available portal?**

- Yes  
 No

\* must provide value

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# Program Capacity

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Number and description of mentoring relationships with other jurisdictions (either funded or unfunded)

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**Have you developed mentoring relationship with another jurisdiction?**

- Yes  
 No

\* must provide value

**Please select the number of funded mentees:**

\* must provide value

**1. Describe your mentoring relationship with funded mentee.**

\* must provide value

50 words remaining  
(Limit of 100 words)

**Please select the number of unfunded mentees:**

\* must provide value

**1. Describe your mentoring relationship with unfunded mentee.**

\* must provide value

150 words remaining  
(Limit of 100 words)

**2. Describe your mentoring relationship with unfunded mentee.**

\* must provide value

150 words remaining  
(Limit of 100 words)

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## Partnerships

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Number, list, and description of internal and external partners

Number/percent and description of partnerships working to reduce health disparities

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## 1. Partnership Organization

Upon completion of the partnership organization title, additional fields related to the partnership relationship will appear below.

Additionally, another partnership organization title field will appear to begin the description for the next partnership relationship. Once all partnerships have been entered, leave the last partnership organization title field blank. This will indicate there are no further partnerships to describe.

\* must provide value

Select the type of partnership organization.

\* must provide value

If "Other" type of partnership organization is selected, please describe.

\* must provide value

What is the level of engagement for this partnership organization?

\* must provide value

Select the main goal of this partnership.

\* must provide value

147 words remain  
(Limit of 100 words)

**Does this partnership work to reduce health disparities?**

**(If "Yes" is selected, please describe below)**

Yes

No

\* must provide value

**Please provide description of partnership activities.**

\* must provide value

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## 2. Partnership Organization

**Once all partnerships have been entered, leave the last partnership organization title field blank. This will indicate there are no further partnerships to describe.**

150 words remaining  
(Limit of 100 words)

\* must provide value

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### Form Status

**Complete?**

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