

# Program Accomplishments & Public Health Actions

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

record\_id \_\_\_\_\_

## 1. Title

Create a concise title. \_\_\_\_\_

Upon completion of the title, additional fields related to the PA/PHA will appear below.

Additionally, another PA/PHA title field will appear to begin entry for description of the next PA/PHA. Once all PA/PHAs have been entered, leave the last PA/PHA title field blank. This will indicate there are no further PA/PHAs to describe.

## Background Information

Provide background information about the problem or situation (e.g., data or information gap, need for technical assistance or expertise, potential association between health and exposure, potential disease cluster/increased rates) and how Tracking got involved.

\_\_\_\_\_  
(limit of 100 words)

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).

## Workplan Activity

Please select the associated Workplan Activity.

S: Surveillance

IT: Information Technology

P: Partnerships

C: Communication and Outreach

PC: Program Capacity

E: Evaluation

- S: Establish processes and ensure data quality for CDC data submission
- S: Integrate data into recipient's Tracking Network
- S: Maintain existing and newly adopted Nationally Consistent Data and Measures (NCDM) requirements
- S: Disseminate additional indicators and measures, as needed
- S: Address gaps or limitations in available data
- S: Conduct routine descriptive analysis of Tracking data
- S: Use Tracking data to identify and prioritize Tracking program activities
- S: Apply and interpret Tracking data to inform the development of public health actions
- S: Develop and maintain at least 1 sub-county and/or real-time/near real-time data feed
- S: Develop and implement plans for surveillance data collection, quality checks, and dissemination with a focus on data interoperability
- S: Use Tracking data to identify at least one disproportionately affected population and address the concern
- S: Identify and develop advanced analytic data science methods to further the use of data sources
- IT: Modernize existing data, data pipelines or systems
- IT: Increase data management efficiency
- IT: Implement additional innovative enhancements that improve analysis, enable collaboration, or increase the sustainability or efficiency of systems
- IT: Evaluate informatics needs and conduct a gap analysis
- IT: Support the development and sustainability of a technical portal
- IT: Enhance existing information systems by adding or improving functionality to integrate, analyze, and visualize data.
- IT: Establish repeatable, reliable, and readily accessible electronic access to data sources, including tools and processes to increase the availability and accessibility of timely and locally relevant data (e.g., sub-county and real time data) and any needs discovered as the result of the gap analysis.
- IT: Maintain the technology infrastructure and resources to submit Tracking NCDMs to CDC during scheduled data calls.
- IT: Make data sharing easier through common policies, practices, and standards.
- P: Lead, maintain, and grow existing partnerships with diverse public and private organizations to inform decisions about Tracking Program data, data analysis, communication messages and products.
- P: Collaborate with CDC, data stewards, data users, and other Tracking recipients to improve existing NCDMs and adopt new and optional NCDMs as developed by the Content Workgroup.
- P: Develop a partnership with the IT department and establish a scope of work to coordinate IT investments, decisions, and policies across the health department or jurisdiction; ensure program informatics/IT activities align with organizational strategies and objectives; and leverage IT resources.
- C: Create and disseminate communication messages and products (e.g., data stories, community health reports, social media posts) to key audiences. Ensure messaging aligns with CDC's Health Equity

- guiding principles for inclusive communication.
- C: Present and/or exhibit at meetings and conferences.
- C: Conduct needs assessment with priority audiences to inform communication message and product development and dissemination methods selection.
- C: Participate in one coordinated, program-wide communication activity (e.g., Tracking Awareness Week) each year.
- PC: Develop a formal mentoring relationship with one surrounding unfunded jurisdiction and provide support, facilitate data and knowledge sharing, build capacity, and increase Tracking program reach.
- PC: Develop and maintain an Environmental Public Health Tracking Program within state and/or local jurisdiction. Provide technical assistance on EPHT best practices; integrate Tracking priorities throughout the jurisdiction; improve workforce and skills in key programmatic areas including data science, epidemiology, bioinformatics, and computer scientist.
- PC: Support and facilitate the development of state and local public health workforce to train staff and partners on understanding the Tracking Program principles.
- PC: Plan for/address surge capacity needs for responding to known, reemerging, new environmental health concerns, and outbreaks (e.g., establishing teams/workforce, cross training staff, building resilience).
- E: Monitor program implementation and progress through performance measurement.

## Environmental Health Topic

Please select all that apply.

- Acute Toxic
- Air quality
- Asthma
- Biomonitoring
- Birth defects
- Cancer
- Carbon monoxide poisoning
- Childhood cancers
- Children's environmental health
- COPD
- Climate change
- Community characteristics
- Community design
- COVID-19
- Developmental disabilities
- Drinking water
- Drought
- Drug/illegal drug
- Emergency response/preparedness
- Environmental justice
- Food safety
- Harmful algal blooms
- Hazardous waste site
- Heart disease and stroke
- Heat and heat-related illness
- Hormone disorders
- Hydraulic fracturing ('fracking')
- Infectious disease
- Lead poisoning
- Lifestyle risk factors
- Pesticide exposures
- Per- and polyfluoroalkyl substances (PFAS)
- Pollen
- Populations and vulnerabilities
- Precipitation and flooding
- Private well water
- Radon
- Reproductive and birth outcomes
- Severe weather
- Sunlight and UV
- Toxic substance releases
- Vector-borne disease
- Wastewater
- Wildfire
- Other

Please describe what other EH Topic(s) is addressed.

((limit of 100 words))

## Tracking's Role

Select all roles that apply.

- Share information
- Provide expertise
- Analyze data
- Conduct linkage analysis
- Conduct investigation or study
- Enhance surveillance
- Prepare recommendation
- Track environment and/or health
- Other

Please describe other roles Tracking served.

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#### Tracking's Role Description

Please describe Tracking's role.

\_\_\_\_\_  
((limit of 200 words))

Possible because of data/tools already available on the Tracking Network

- Yes  
 No

Select whether data or tools that already existed were used (e.g., data explorer, maps).

#### Data/Tools Used

Please select all that apply.

- CDC Data Explorer  
 Recipient Data Portal  
 CDC Dashboard  
 Recipient Dashboard  
 CDC API  
 Recipient API  
 Tracking Method GitHub Repository  
 CDC Geocoding Tools  
 Recipient Geocoding Tools  
 Focused Data Report  
 Other

Please describe what other data/tools already available on the Tracking Network were used.

\_\_\_\_\_  
((limit of 50 words))

#### Product/Output Type

Select the category that most closely aligns with the product/output you are describing.

- Presentation  
 Report  
 Manuscript  
 Web exposure  
 Additional data  
 Training or guidance  
 Recommendation  
 Resource  
 Communication material  
 Tool  
 Partnership  
 Other

Please provide a description of other product/output type.

\_\_\_\_\_  
((limit of 100 words))

Describe the output of Tracking's work

(e.g., presentation, report, manuscript, training, dashboard, map)

\_\_\_\_\_  
((limit of 100 words))

Please upload output file if available.

Please provide link to output if available.

\_\_\_\_\_

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**Action/Decision Category**

Select the category that most closely aligns with the action/decision.

If there is not an action or decision, leave this and the following items blank. The submission will be considered for a Program Accomplishment.

- Inform policy, legislation, or regulation
  - Identify potential source of exposure or increased risk
  - Implement program, intervention, or response plan
  - Inform impact assessment or city planning
  - Improve data quality and access
  - Improve program, intervention, or response plan
  - Improve health behavior
  - Issue health alerts or advisories
  - Provide targeted education or communication
  - Respond to concern or data need
- 

**Action/Decision**

Describe the action or decision that occurred as a result of the work categorized above.

\_\_\_\_\_ ((limit of 100 words))

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**Who was responsible for the Action/Decision?**

Select who was responsible for the action/decision. If you select "other actor" or "both," explain in the next field.

- Tracking
  - Other actor
  - Both
- 

If you selected "other actor" or "both" in the previous field, select the response that best matches.

- State government
  - Local government
  - NGO or non-profit
  - Academic institution
  - Private company
  - Community member(s)
  - Healthcare provider
- 

**Outcome of action/decision**

Describe the expected outcome (measurable change) or result of the action/decision. If possible, quantify the outcome (e.g., reduced exposure to lead for over 100,000 elementary school students). This can be an estimate.

\_\_\_\_\_ ((limit of 100 words))

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Is there currently evidence to support this outcome?

- Yes
  - Not yet
  - No
- 

**Available Evidence**

Please describe the evidence that currently exists for the outcome of the action/decision.

\_\_\_\_\_ ((limit of 100 words))

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Please upload evidence file if available.

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Please provide link to evidence if available.

\_\_\_\_\_

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Is this action/decision expected to realize longer-term outcomes?

- Yes  
 No  
 Not Sure

This can include outcomes and evidence where none is initially reported, or in addition to what is initially reported with PHA submission.

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Expected timeframe for outcomes?

- 6 months  
 1 year  
 1-5 years  
 5+ years

If you selected "Yes" in the previous field, describe the expected time frame for identifying outcomes of the action/decision. If no evidence is expected, leave blank.

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\*\*\*\*For Project Officer Completion--Do Not Fill Out  
\*\*\*

- Program Accomplishment  
 Public Health Action  
 Needs More Information

PA/PHA Classification

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