Performance Measures - Unique

record_id

_____

| **Surveillance** | **Number and description of data gaps or limitations addressed** |

Number of data gaps or limitations addressed

_____
((Numerical Value))

Description of data gaps or limitations addressed

_____

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))

Description of program activities

_____

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

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))

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

_____

| **Outreach/Communication** | **Number of program announcements/updates disseminated by medium/channel** |

Number of social media posts

_____
((Numerical Value))

Number of emails/listserv

_____
((Numerical Value))

Number of press releases

_____
((Numerical Value))

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

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

_____
((Numerical Value))

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

_____
((Numerical Value))

Number and list of program-wide communication activities participated in

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

☐ Tracking Awareness Week
☐ Track-or-Treat
((Select all that apply))

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

Number of personnel financially supported by this
cooperative agreement?

_____
((Numerical Value))

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

_____
((Numerical Value))

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

Total number of Tracking trainings provided

_____
((Numerical Value))

Estimated, total number of participants who completed
trainings

_____
((Numerical Value))

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

Number of activities that directly supported an
occuring response

_____
((Numerical Value))

Description of direct response support activities

_____

Number of activities focused on planning for response

_____
((Numerical Value))

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Description of response planning activities

_____

Information Technology

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

---

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.

Type of tool/process/enhancement

○ 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.

_____

What improvements does the tool/process/enhancement provide?

☐ Quality of Data
☐ Timeliness of Data
☐ Automation
☐ Partnerships/Relationships with Data Stewards
 ((Select all that apply))

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

○ Collection
○ Processing/Validation
○ Analysis
○ Visualization
○ Dissemination/Sharing
○ None
 ((Select one))

---

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.

_____

Type of tool/process/enhancement	◯ 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.

_____

What improvements does the tool/process/enhancement provide?	☐ Quality of Data
	☐ Timeliness of Data
	☐ Automation
	☐ Partnerships/Relationships with Data Stewards
	((Select all that apply))

What stage in the data lifecycle does the tool/process/enhancement address?	◯ Collection
	◯ Processing/Validation
	◯ Analysis
	◯ Visualization
	◯ Dissemination/Sharing
	◯ None
	((Select one))

3. 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.

_____

Type of tool/process/enhancement	◯ 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.	_____
What stage in the data lifecycle does the tool/process/enhancement address?	◯ Collection ◯ Processing/Validation ◯ Analysis ◯ Visualization ◯ Dissemination/Sharing ◯ None ((Select one))
What improvements does the tool/process/enhancement provide?	☐ Quality of Data ☐ Timeliness of Data ☐ Automation ☐ Partnerships/Relationships with Data Stewards ((Select all that apply))

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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.

- ☐ 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

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

_____
((Limit of 50 words))

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

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

_____
((Numeric value))

Provide a description of the routine analyses.

_____
((Limit of 200 words))

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

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

◯ Yes
◯ No

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

_____

Information Technology

Number/percent of recipients with a publicly available portal

Do you have a publicly available portal?

◯ Yes
◯ No

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

Have you developed mentoring relationship with another
jurisdiction?

◯ Yes
◯ No

Please select the number of funded mentees:

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ 9
◯ 10

1. Describe your mentoring relationship with funded mentee.

_____
((Limit of 100 words))

2. Describe your mentoring relationship with funded mentee.

_____
((Limit of 100 words))

3. Describe your mentoring relationship with funded mentee.

_____
((Limit of 100 words))

4. Describe your mentoring relationship with funded mentee.

_____
((Limit of 100 words))

5. Describe your mentoring relationship with funded mentee.

_____
((Limit of 100 words))

6. Describe your mentoring relationship with funded mentee.

_____
((Limit of 100 words))

7. Describe your mentoring relationship with funded mentee.

_____
((Limit of 100 words))

8. Describe your mentoring relationship with funded mentee.

_____
((Limit of 100 words))

9. Describe your mentoring relationship with funded mentee.

_____
((Limit of 100 words))

10. Describe your mentoring relationship with funded mentee.

_____
((Limit of 100 words))

Please select the number of unfunded mentees:

○ 0
○ 1
○ 2
○ 3
○ 4
○ 5
○ 6
○ 7
○ 8
○ 9
○ 10

1. Describe your mentoring relationship with unfunded mentee.

_____
((Limit of 100 words))

2. Describe your mentoring relationship with unfunded mentee.

_____
((Limit of 100 words))

3. Describe your mentoring relationship with unfunded mentee.

_____
((Limit of 100 words))

4. Describe your mentoring relationship with unfunded mentee.

_____
((Limit of 100 words))

5. Describe your mentoring relationship with unfunded mentee.

_____
((Limit of 100 words))

6. Describe your mentoring relationship with unfunded mentee.

_____
((Limit of 100 words))

7. Describe your mentoring relationship with unfunded mentee.

_____
((Limit of 100 words))

8. Describe your mentoring relationship with unfunded mentee.

_____
((Limit of 100 words))

9. Describe your mentoring relationship with unfunded mentee.

_____
((Limit of 100 words))

10. Describe your mentoring relationship with unfunded mentee.

_____

((Limit of 100 words))

Partnerships

Number, list, and description of internal and external partners

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

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.

_____

((Limit of 100 words))

Select the type of partnership organization.

- ◯ Internal: Health Department Program
- ◯ Internal: Health Department Workgroup
- ◯ External: Other Government Program (State/Local)
- ◯ External: Other Government Program (Federal)
- ◯ External: Tribal Organization
- ◯ External: Private Company
- ◯ External: NGO
- ◯ External: Workgroup
- ◯ External: Academic Institution (College/University)
- ◯ External: Healthcare/Hospital
- ◯ Other

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

_____

What is the level of engagement for this partnership organization?

- ◯ Formal Agreement (Specific Deliverables/Project)
- ◯ No Formal Agreement (Specific Deliverables/Project)
- ◯ Active Conversations (Project Potential)
- ◯ Awareness Only
- ◯ Inactive

Select the main goal of this partnership.

- ◯ Improved Environmental Health Science / Data Science (Environmental Health Science / Research / Epidemiology)
- ◯ Improved Data Systems (Infrastructure, Data Modernization)
- ◯ Improved Data (Data Steward)
- ◯ Improved Accessibility / Use of Data (Improved Tools, Products, Data Visualization)
- ◯ Improved Environmental Health Capacity / Workforce Development (Mini-Grants, Training)
- ◯ Increased Awareness (Communication)
- ◯ Improved Emergency Response (Capacity, Support)

| Does this partnership work to reduce health disparities?

(If "Yes" is selected, please describe below) | ⃝ Yes
⃝ No |

Please provide description of partnership activities.

_____

---

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. | _____
((Limit of 100 words)) |

| Select the type of partnership organization. | ⃝ Internal: Health Department Program
⃝ Internal: Health Department Workgroup
⃝ External: Other Government Program (State/Local)
⃝ External: Other Government Program (Federal)
⃝ External: Tribal Organization
⃝ External: Private Company
⃝ External: NGO
⃝ External: Workgroup
⃝ External: Academic Institution (College/University)
⃝ External: Healthcare/Hospital
⃝ Other |

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

| What is the level of engagement for this partnership organization? | ⃝ Formal Agreement (Specific Deliverables/Project)
⃝ No Formal Agreement (Specific Deliverables/Project)
⃝ Active Conversations (Project Potential)
⃝ Awareness Only
⃝ Inactive |

| Select the main goal of this partnership. | ⃝ Improved Environmental Health Science / Data Science (Environmental Health Science / Research / Epidemiology)
⃝ Improved Data Systems (Infrastructure, Data Modernization)
⃝ Improved Data (Data Steward)
⃝ Improved Accessibility / Use of Data (Improved Tools, Products, Data Visualization)
⃝ Improved Environmental Health Capacity / Workforce Development (Mini-Grants, Training)
⃝ Increased Awareness (Communication)
⃝ Improved Emergency Response (Capacity, Support) |

| Does this partnership work to reduce health disparities?

(If "Yes" is selected, please describe below) | ⃝ Yes
⃝ No |

Please provide description of partnership activities.

_____

---

3. 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.

_____

((Limit of 100 words))

Select the type of partnership organization.

- ◯ Internal: Health Department Program
- ◯ Internal: Health Department Workgroup
- ◯ External: Other Government Program (State/Local)
- ◯ External: Other Government Program (Federal)
- ◯ External: Tribal Organization
- ◯ External: Private Company
- ◯ External: NGO
- ◯ External: Workgroup
- ◯ External: Academic Institution (College/University)
- ◯ External: Healthcare/Hospital
- ◯ Other

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

_____

What is the level of engagement for this partnership organization?

- ◯ Formal Agreement (Specific Deliverables/Project)
- ◯ No Formal Agreement (Specific Deliverables/Project)
- ◯ Active Conversations (Project Potential)
- ◯ Awareness Only
- ◯ Inactive

Select the main goal of this partnership.

- ◯ Improved Environmental Health Science / Data Science (Environmental Health Science / Research / Epidemiology)
- ◯ Improved Data Systems (Infrastructure, Data Modernization)
- ◯ Improved Data (Data Steward)
- ◯ Improved Accessibility / Use of Data (Improved Tools, Products, Data Visualization)
- ◯ Improved Environmental Health Capacity / Workforce Development (Mini-Grants, Training)
- ◯ Increased Awareness (Communication)
- ◯ Improved Emergency Response (Capacity, Support)

Does this partnership work to reduce health disparities?

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

- ◯ Yes
- ◯ No

Please provide description of partnership activities.

_____

4. 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.

_____
((Limit of 100 words))

Select the type of partnership organization.

○ Internal: Health Department Program
○ Internal: Health Department Workgroup
○ External: Other Government Program (State/Local)
○ External: Other Government Program (Federal)
○ External: Tribal Organization
○ External: Private Company
○ External: NGO
○ External: Workgroup
○ External: Academic Institution (College/University)
○ External: Healthcare/Hospital
○ Other

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

_____

What is the level of engagement for this partnership organization?

○ Formal Agreement (Specific Deliverables/Project)
○ No Formal Agreement (Specific Deliverables/Project)
○ Active Conversations (Project Potential)
○ Awareness Only
○ Inactive

Select the main goal of this partnership.

○ Improved Environmental Health Science / Data Science (Environmental Health Science / Research / Epidemiology)
○ Improved Data Systems (Infrastructure, Data Modernization)
○ Improved Data (Data Steward)
○ Improved Accessibility / Use of Data (Improved Tools, Products, Data Visualization)
○ Improved Environmental Health Capacity / Workforce Development (Mini-Grants, Training)
○ Increased Awareness (Communication)
○ Improved Emergency Response (Capacity, Support)

Does this partnership work to reduce health disparities?

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

○ Yes
○ No

Please provide description of partnership activities.

_____

5. 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.

_____
((Limit of 100 words))

Select the type of partnership organization.

○ Internal: Health Department Program
○ Internal: Health Department Workgroup
○ External: Other Government Program (State/Local)
○ External: Other Government Program (Federal)
○ External: Tribal Organization
○ External: Private Company
○ External: NGO
○ External: Workgroup
○ External: Academic Institution (College/University)
○ External: Healthcare/Hospital
○ Other

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

_____

What is the level of engagement for this partnership organization?

○ Formal Agreement (Specific Deliverables/Project)
○ No Formal Agreement (Specific Deliverables/Project)
○ Active Conversations (Project Potential)
○ Awareness Only
○ Inactive

Select the main goal of this partnership.

○ Improved Environmental Health Science / Data Science (Environmental Health Science / Research / Epidemiology)
○ Improved Data Systems (Infrastructure, Data Modernization)
○ Improved Data (Data Steward)
○ Improved Accessibility / Use of Data (Improved Tools, Products, Data Visualization)
○ Improved Environmental Health Capacity / Workforce Development (Mini-Grants, Training)
○ Increased Awareness (Communication)
○ Improved Emergency Response (Capacity, Support)

Does this partnership work to reduce health disparities?

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

○ Yes
○ No

Please provide description of partnership activities.

_____