Program Accomplishments & Public Health Actions

Form Approved
OMB No. 0920-1175
Exp. Date XX/XX/202X

record_id   Test

1. Title

Create a concise title.

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

PA PHA e ample i le

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.

* must provide value

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.

150 words remaining
(limit of 100 words)

* must provide value

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

<select>⌄</select>

Environmental Health Topic

Please select all that apply.

- [ ] A   T x
- [ ] A   y
- [ ] A   m
- [ ] B m   g
- [ ] B   f
- [ ] C
- [ ] C   m x   g
- [ ] C
- [ ] C   ' v   m
- [ ] COPD
- [ ] C m   g
- [ ] C mm   y
- [ ] C mm   y   g
- [ ] COVID-19
- [ ] D v   m
- [ ] D k g w
- [ ] D   g
- [ ] D g/ g   g
- [ ]   m g   y   /
- [ ]   v   m   j
- [ ] F   f y
- [ ] H mf   g   m
- [ ] H z   w
- [ ] H   k

- ☐ 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.

150 words remaining
(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.

Tracking's Role Description

Please describe Tracking's role.

250 words remaining
(limit of 200 words)

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

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

◉ Yes
○ No

* must provide value

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.

100 words remaining
(limit of 50 words)

Product/Output Type

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

Other ⌄

* must provide value

Please provide a description of other product/output type.

150 words remaining
(limit of 100 words)

Describe the output of Tracking's work

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

150 words remaining
(limit of 100 words)

Please upload output file if available.

Please provide link to output if available.

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.

Action/Decision

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

150 words remaining
(limit of 100 words)

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.

[▼]

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

☐ S a e g vernmen
☐ L cal g vernmen
☐ NGO r n n-pr fi
☐ Academic ins i u i n
☐ Priva e c mpany
☐ C mmuni y member(s)
☐ Heal care pr vider

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.

150 w rds remaining
(limit of 100 words)

Is there currently evidence to support this outcome?

[es ▼]

Available Evidence

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

150 w rds remaining
(limit of 100 words)

Please upload evidence file if available.

Please provide link to evidence if available.

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

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

Expected timeframe for outcomes?

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.

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

PA/PHA Classification

2. Title

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Form Status

Complete?   omplete ⌄