

Preventive Health and Health Services Block Grant Assessment

Thank you for participating in the Centers for Disease Control and Prevention's (CDC's) assessment of the Preventive Health and Health Services (PHHS) Block Grant. Your participation will help CDC gather important information regarding results and improvements achieved by the PHHS Block Grant from July 1, 2024, through June 30, 2025.

Completing the questionnaire is voluntary and will take approximately **45** minutes.

Instructions

To advance through the questionnaire, please use the Forward (>>) and Back (<<) buttons located in the lower-right corner of each page. Please note that you do not have to complete the questionnaire in one sitting. The data you enter are automatically saved as you progress to each new section; therefore, you may stop and return at a later time if needed. You will also have an opportunity to review and print your responses before submitting. **Your response to the questionnaire is due on X/X/2025.**

Throughout the questionnaire, key terms appear in underlined, italicized font. If you hover over a key term with your mouse/pointer, the term's definition will appear in a text box.

Technical Support

For technical support on completing and submitting the questionnaire, please contact ASTHO's Research and Evaluation team (researchandevaluation@astho.org /202-371-9090).

For other questions about this questionnaire, please contact the PHHS Block Grant Evaluation Team at phhsblockgranteval@cdc.gov.

Use of the Findings from This Assessment

The findings from this assessment will be used to inform CDC of the outputs and cross-cutting outcomes of the PHHS Block Grant, refine existing measures, and/or inform the development of future measures. No personally identifiable information will be collected. Responses will be kept secure, and results will be reported only in aggregate form. Findings will be shared with various stakeholders, including recipients, and might be included in articles and reports that will be made available publicly.

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data 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 aspects of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Information Collection Review Office, 1600 Clifton Rd. NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-1257).

I. Respondent Information

1. Select your PHHS Block Grant-funded jurisdiction from the drop-down menu. **[List of 61 recipients]**

II. Public Health Infrastructure

Public health infrastructure includes the organizational capacity (i.e., the systems, workforce, partnerships, and resources) that enables agencies to perform their core functions and provide essential services. Improvements to infrastructure may occur within the recipient health department, either department-wide or within a specific program, or across the recipient jurisdiction's public health system.

This section includes questions related to measure 1.1 and measure 1.2, which are focused on two aspects of public health infrastructure respectively: 1) information systems capacity improvement and 2) quality improvement.

Information Systems Capacity Improved – Measure 1.1

Please answer the following questions related to information systems that were newly developed, improved, and/or maintained through PHHS Block Grant-funded support during the 12-month reporting period.

2. Have any **agencies** in your jurisdiction used PHHS Block Grant funds to support development, improvement, and/or maintenance of one or more information systems?
☐ Yes [\[DISPLAY Q3\]](#)
☐ No [\[SKIP to Q5\]](#)
3. What type of **agency** in your jurisdiction used PHHS Block Grant funds to support development, improvement, and/or maintenance of one or more information systems? Select all that apply.
☐ Recipient health department
☐ Local health department [\[DISPLAY 3a\]](#)
☐ Tribal health department [\[DISPLAY 3b\]](#)
☐ Local organization [\[DISPLAY 3c\]](#)

3a. How many unique **local health departments** used PHHS Block Grant funds to support development, improvement, and/or maintenance of one or more information systems?
Number of local health departments: _____
3b. How many unique **tribal health departments** used PHHS Block Grant funds to support development, improvement, and/or maintenance of one or more information systems?
Number of tribal health departments: _____
3c. How many unique **local organizations** used PHHS Block Grant funds to support development, improvement, and/or maintenance of one or more information systems?
Number of local organizations: _____
4. What is the **total number** of unique **information systems** that were newly developed, improved, and/or maintained by agencies within your jurisdiction? Number: _____

4a. What is the name/title of the newly developed, improved, and/or maintained information system?

4a.1 What type of system was newly developed, improved, and/or maintained?

- ☐ Laboratory data system
- ☐ Surveillance system
- ☐ Vital events database (e.g., birth, death, fetal death)
- ☐ Registry (e.g., cancer registry)
- ☐ Performance management system
- ☐ Program administration
- ☐ Financial management system
- ☐ Human capital management system (e.g., human resources, personnel)
- ☐ Health information exchange (HIE)
- ☐ Electronic health record (EHR) system
- ☐ Public health database (e.g., public facing database)
- ☐ Public health digital library (e.g., publications, journals)
- ☐ Online mapping system (e.g., GIS)
- ☐ Other information system

4a.2 What **type of agency** developed, improved, and/or maintained this information system? Select all that apply.

- ☐ Recipient health department [\[DISPLAY Q4a.2a\]](#)
- ☐ Local health department
- ☐ Tribal health department
- ☐ Local organization

4a.2a For the recipient health department developed, improved, and/or maintained information systems, what types of agencies and how many agencies **used or had access to** the system?

- ☐ Number of local health departments: _____
- ☐ Number of tribal health departments: _____
- ☐ Number of local organizations: _____
- ☐ Not sure

4a.3 Which of the following **best describes** how PHHS Block funds were used to support this information system?

- ☐ Initiated development of the new system or module
- ☐ Maintained existing system or module
- ☐ Enhanced or expanded existing system or module
- ☐ Sustained or restored the system or module

Quality Improved – Measure 1.2

Please answer the following questions related to improvements in the efficiency and/or effectiveness of operations, programs, or services that were achieved through PHHS Block Grant-funded support during the 12-month reporting period.

5. Have any **agencies** in your jurisdiction used PHHS Block Grant funds to achieve an efficiency and/or effectiveness improvement for an operation, program, or service through a quality improvement effort?

- ☐ Yes [\[DISPLAY Q5a\]](#)
☐ No [\[SKIP to Q6\]](#)

- 5a. What type of **agency** in your jurisdiction used PHHS Block Grant funds to achieve an efficiency and/or effectiveness improvement for an operation, program, or service through a quality improvement effort? Select all that apply.

- ☐ Recipient health department [\[DISPLAY Q5b\]](#)
☐ Local health department [\[DISPLAY Q5c\]](#)
☐ Tribal health department [\[DISPLAY Q5d\]](#)
☐ Local organization [\[DISPLAY Q5e\]](#)

- 5b. What is the **total number** of unique operations, programs, or services for which an efficiency and/or effectiveness improvement was achieved by **your (recipient) health department** using PHHS Block Grant-funded support? Number: _____

- 5b.1. What **types of improvements** were achieved? Select all that apply.

- ☐ Time saved
☐ Reduced number of steps
☐ Costs saved
☐ Costs avoided
☐ Revenue generated due to billable service
☐ Increased staff satisfaction
☐ Organizational design improvements
☐ Quality enhancements of operations, programs, or services
☐ Other (please specify): _____

- 5b.2. Indicate the number of operations, programs, or services that achieved the following improvements: [\[Display improvements selected in 5b.1\]](#)

- | | |
|---------------------------|---------------|
| • Time saved | Number: _____ |
| • Reduced number of steps | Number: _____ |
| • <u>Costs saved</u> | Number: _____ |
| • <u>Costs avoided</u> | Number: _____ |

- Revenue generated due to billable service Number: _____
- Increased staff satisfaction Number: _____
- Organizational design improvements Number: _____
- Quality enhancements of operations, programs, or services Number: _____

5b.3 For how many operations, programs, or services were PHHS Block Grant funds used to:

- Initiate new efforts to improve efficiency and/or effectiveness? Number: _____
- Maintain ongoing efforts to improve efficiency and/or effectiveness (i.e., efficiency and/or effectiveness effort was ongoing from previous reporting period, but improvement was achieved during this reporting period)? Number: _____
- Enhance or expand efforts to improve efficiency and/or effectiveness? Number: _____
- Sustain or restore efforts to improve efficiency and/or effectiveness? Number: _____

5c. How many **local health departments** used PHHS Block Grant funds to achieve an efficiency and/or effectiveness improvement for an operation, program, or service? Number of local health departments: _____

5c.1 What is the **total number** of unique operations, programs, or services for which an efficiency and/or effectiveness improvement was achieved by **local health departments** using PHHS Block Grant-funded support? Number: _____

5c.2 What **types of improvements** were achieved? Select all that apply.

- ☐ Time saved
- ☐ Reduced number of steps
- ☐ Costs saved
- ☐ Costs avoided
- ☐ Revenue generated due to billable service
- ☐ Increased staff satisfaction
- ☐ Organizational design improvements
- ☐ Quality enhancements of operations, programs, or services
- ☐ Other (please specify): _____

5c.3 Indicate the number of operations, programs, or services that achieved the following improvements: [\[Display improvements selected in 5c.2\]](#)

- Time saved Number: _____
- Reduced number of steps Number: _____
- Costs saved Number: _____
- Costs avoided Number: _____
- Revenue generated due to billable service Number: _____
- Increased staff satisfaction Number: _____
- Organizational design improvements Number: _____
- Quality enhancements of operations, programs, or services Number: _____

- Other [\[Display specified responses provided in 5c.2\]](#) Number: _____

5c.4 For how many operations, programs, or services were PHHS Block Grant funds used to:

Note: The sum of your responses should equal your previous response of [piped text here].

- Initiate new efforts to improve efficiency and/or effectiveness? Number: _____
- Maintain ongoing efforts to improve efficiency and/or effectiveness (i.e., efficiency and/or effectiveness effort was ongoing from previous reporting period, but improvement was achieved during this reporting period)? Number: _____
- Enhance or expand efforts to improve efficiency and/or effectiveness? Number: _____
- Sustain or restore efforts to improve efficiency and/or effectiveness? Number: _____

5d. How many **tribal health departments** used PHHS Block Grant funds to achieve an efficiency and/or effectiveness improvement for an operation, program, or service? Number of tribal health departments: _____

5d.1 What is the **total number** of unique operations, programs, or services for which an efficiency and/or effectiveness improvement was achieved by a **tribal health department** in your jurisdiction using PHHS Block Grant-funded support? Number: _____

5d.2 What **types of improvements** were achieved? Select all that apply.

- ☐ Time saved
- ☐ Reduced number of steps
- ☒ Costs saved
- ☒ Costs avoided
- ☐ Revenue generated due to billable service
- ☐ Increased staff satisfaction
- ☐ Organizational design improvements
- ☐ Quality enhancements of operations, programs, or services
- ☐ Other (please specify): _____

5d.3 Indicate the number of operations, programs, or services that achieved the following improvements: [\[Display improvements selected in 5d.2\]](#)

- Time saved Number: _____
- Reduced number of steps Number: _____
- Costs saved Number: _____
- Costs avoided Number: _____
- Revenue generated due to billable service Number: _____
- Increased staff satisfaction Number: _____
- Organizational design improvements Number: _____
- Quality enhancements of operations, programs, or services Number: _____

5d.4 For how many operations, programs, or services were PHHS Block Grant funds used to:

Note: The sum of your responses should equal your previous response of [piped text here].

- Initiate new efforts to improve efficiency and/or effectiveness? Number: _____
- Maintain ongoing efforts to improve efficiency and/or effectiveness (i.e., efficiency and/or effectiveness effort was ongoing from previous reporting period, but improvement was achieved during this reporting period)? Number: _____
- Enhance or expand efforts to improve efficiency and/or effectiveness? Number: _____
- Sustain or restore efforts to improve efficiency and/or effectiveness? Number: _____

5e. How many **local organizations** used PHHS Block Grant funds to achieve an efficiency and/or effectiveness improvement for an operation, program, or service? Number local organizations:

5e.1 What is the **total number** of unique operations, programs, or services for which an efficiency and/or effectiveness improvement was achieved by a **local organization** in your jurisdiction using PHHS Block Grant-funded support? Number: _____

5e.2 What **types of improvements** were achieved? Select all that apply.

- ☐ Time saved
- ☐ Reduced number of steps
- ☐ Costs saved
- ☐ Costs avoided
- ☐ Revenue generated due to billable service
- ☐ Increased staff satisfaction
- ☐ Organizational design improvements
- ☐ Quality enhancements of operations, programs, or services
- ☐ Other (please specify): _____

5e.3 Indicate the number of operations, programs, or services that achieved the following improvements: *[Display improvements selected in 5e.2]*

- | | |
|---|---------------|
| • Time saved | Number: _____ |
| • Reduced number of steps | Number: _____ |
| • <u>Costs saved</u> | Number: _____ |
| • <u>Costs avoided</u> | Number: _____ |
| • Revenue generated due to billable service | Number: _____ |
| • Increased staff satisfaction | Number: _____ |
| • Organizational design improvements | Number: _____ |
| • Quality enhancements of operations, programs, or services | Number: _____ |

5e.4 For how many operations, programs, or services were PHHS Block Grant funds used to:

Note: The sum of your responses should equal your previous response of [piped text here].

- Initiate new efforts to improve efficiency and/or effectiveness? Number: _____
- Maintain ongoing efforts to improve efficiency and/or effectiveness (i.e., efficiency and/or effectiveness effort was ongoing from previous reporting period, but improvement was achieved during this reporting period)? Number: _____

- Enhance or expand efforts to improve efficiency and/or effectiveness? Number: _____
- Sustain or restore efforts to improve efficiency and/or effectiveness? Number: _____

5f. Was an established **quality improvement method** (e.g., Plan-Do-Study-Act, Lean/Six Sigma) used by an **agency** to achieve any of the improvements in the efficiency and/or effectiveness of an operation, program, or service you have reported on in this questionnaire?

- ☐ Yes [DISPLAY Q5f.1. - Q5f.4.]
- ☐ No
- ☐ Not sure

Please provide the following information for **one example** of an improvement in the efficiency and/or effectiveness of an operation, program, or service for which a deliberate and defined quality improvement method was used by an **agency**:

- 5f.1. Name/title of the operation, program, or service: _____
- 5f.2. Specific issue being addressed through quality improvement: _____
- 5f.3. Quality improvement method used: _____
- 5f.4. Brief description of the efficiency and/or effectiveness achieved: _____

To help us learn more about public health infrastructure improvements achieved through PHHS Block Grant-funded support during the 12-month reporting period, please answer the following question focused on national standards and accreditation.

6. How did **your health department** use PHHS Block Grant funds to address national standards or conduct accreditation-related activities as established by the Public Health Accreditation Board (PHAB)? Select all that apply.
- ☐ PHHS Block Grant funds not used in this way
 - ☐ Paid for PHAB fees
 - ☐ Hired staff to support accreditation-related activities (e.g., performance improvement manager, accreditation coordinator)
 - ☐ Worked to meet and/or maintain performance against the standards (including prerequisites, key plans, and processes described through the standards)
 - ☐ **Provided support to local health department(s)** to pay for PHAB fees
 - ☐ **Provided support to local health department(s)** to hire staff to support accreditation-related activities (e.g., performance improvement manager, accreditation coordinator)
 - ☐ **Provided support to local health department(s)** to meet and/or maintain performance against the standards
 - ☐ **Provided support to tribal health department(s)** to pay for PHAB fees
 - ☐ **Provided support to tribal health department(s)** to hire staff to support accreditation-related activities (e.g., performance improvement manager, accreditation coordinator)

- ☐ **Provided support to tribal health department(s)** to meet and/or maintain performance against the standards
- ☐ Other (please specify): _____

III. Emerging Needs

Emerging needs are public health issues that are beginning to present themselves as problems within the recipient's jurisdiction. They can affect the jurisdiction as a whole or specific areas within the jurisdiction, such as counties, tribes, and cities.

This section includes questions related to measure 2.1, which is focused on all types of emerging public health needs.

Emerging Public Health Needs Addressed – Measure 2.1

Please answer the following questions related to emerging public health needs that were addressed through PHHS Block Grant-funded support during the 12-month reporting period.

7. Have any **agencies** in your jurisdiction used PHHS Block Grant funds to support an effort to address an emerging public health need?
 - ☐ Yes [\[DISPLAY Q7a\]](#)
 - ☐ No [\[SKIP to Q8\]](#)
- 7a. What is the **total number** of unique emerging public health needs that were addressed by **agencies** in your jurisdiction through PHHS Block Grant-funded support?

Number of unique emerging public health needs: _____
- 7b. What is the **name/title** of the **emerging public health need** that was addressed? _____
 - 7b.1 How would you characterize this emerging public health need?
 - ☐ Newly developing
 - ☐ Newly prioritized
 - 7b.2 How was this emerging public health need identified? Select all that apply.
 - ☐ Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment)
 - ☐ Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
 - ☐ Identified via surveillance systems or other data sources
 - ☐ Prioritized within a strategic plan
 - ☐ Declared as an emergency within your jurisdiction
 - ☐ Governor (or other political leader) established as a priority
 - ☐ Legislature established as a priority
 - ☐ Tribal government/elected official established as a priority
 - ☐ Other (please specify): _____

7b.3 What Healthy People 2030 health topic area best aligns with the emerging need? Select the health topic area that was the primary focus for the emerging need.

- | | |
|---|---|
| 1-Access to health services | q |
| 2-Adolescent health | q |
| 3-Arthritis, osteoporosis, and chronic back conditions | q |
| 4-Blood disorders and blood safety | q |
| 5-Cancer | q |
| 6-Chronic kidney disease | q |
| 7- Chronic pain | q |
| 8-Dementias, including Alzheimer's disease | q |
| 9-Diabetes | q |
| 10-Disability and health | q |
| 11-Early and middle childhood | q |
| 12-Educational and community-based programs | q |
| 13-Environmental health | q |
| 14-Family planning | q |
| 15-Food safety | q |
| 16-Global health | q |
| 17-Health communication and health information technology | q |
| 18-Healthcare-associated infections | q |
| 19-Hearing and other sensory or communication disorders | q |
| 20-Heart disease and stroke | q |
| 21-HIV | q |
| 22-Immunization and infectious diseases | q |
| 23-Injury and violence prevention | q |
| 24-Lesbian, gay, bisexual, and transgender health | q |
| 25-Maternal, infant, and child health | q |
| 26-Medical product safety | q |
| 27-Mental health and mental disorders | q |
| 28-Nutrition and weight status | q |
| 29-Occupational safety and health | q |
| 30-Older adults | q |
| 31-Oral health | q |
| 32- Osteoporosis | q |
| 33-Physical activity | q |
| 34-Preparedness | q |
| 35-Public health infrastructure | q |
| 36-Respiratory diseases | q |
| 37-Sexually transmitted diseases | q |
| 38-Sleep health | q |
| 39-Social determinants of health | q |
| 40-Substance abuse | q |

41-Tobacco use q
42-Vision q

7b.4 What was the focus of the emerging need?

- ☐ Health-related (e.g., health risk factors, disease outcomes) [DISPLAY 7b.4a - 4c]
- ☐ Organizational or systems-related (e.g., agency infrastructure)

7b.4a What was the geographic area affected by this emerging need?

- ☐ Jurisdiction-wide: Entire recipient jurisdiction
- ☐ Regional: More than one city, county, borough, etc. but not jurisdiction-wide
- ☐ Local: Limited to one city, county, borough, etc.
- ☐ Not sure

7b.4b What was the size of the population potentially affected by this emerging need?

Number: _____

7b.4c Please provide a brief description of how the population estimate was identified.

7b.5 Which of the following **best describes** how PHHS Block Grant funds were used to support efforts to address this emerging need?

- ☐ Initiated a new effort to address the emerging public health need
- ☐ Maintained an existing effort to address the emerging public health need
- ☐ Enhanced or expanded an existing effort to address the emerging public health need
- ☐ Sustained or restored an effort to address the emerging public health need

VI. Evidence-Based Public Health

Evidence-based public health practice involves implementing effective interventions. It also includes both building and using evidence (i.e., data and information) to assess and define public health needs, prioritize public health needs for action, and determine the effectiveness of interventions.

This section includes questions related to measure 3.1, which is focused on a key aspect of evidence-based public health practice—implementing evidence-based public health interventions.

Evidence-Based Public Health Interventions Implemented - Measure 3.1

Please answer the following questions related to public health interventions that were implemented (i.e., delivered for the first time, ongoing, or completed) through PHHS Block Grant-funded support during the 12-month reporting period.

8. Have any **agencies** in your jurisdiction used PHHS Block Grant funds to support implementation of public health interventions?

- ☐ Yes [DISPLAY 8a]
- ☐ No [SKIP to Q9]

8a. What is the **total number** of unique public health interventions that were implemented by **agencies** in your jurisdiction through PHHS Block Grant-funded support? Number of unique public health interventions: _____

8a.1 Through the use of PHHS Block Grant funds, how many public health interventions were:

- Newly initiated? Number: _____ (If none, enter a zero.)
- Maintained? Number: _____ (If none, enter a zero.)
- Enhanced or expanded? Number: _____ (If none, enter a zero.)
- Sustained or restored? Number: _____ (If none, enter a zero.)

8b. What type of **agency** in your jurisdiction used PHHS Block Grant funds to support implementation of public health interventions? Select all that apply.

- ☐ Recipient health department [\[DISPLAY 8b.1\]](#)
- ☐ Local health department [\[DISPLAY 8c.1\]](#)
- ☐ Tribal health department [\[DISPLAY 8d.1\]](#)
- ☐ Local organization [\[DISPLAY 8e.1\]](#)

8b.1 What is the **total number** of unique public health interventions that were implemented by **your (recipient) health department** through PHHS Block Grant-funded support? Number of unique public health interventions: _____

8b.2 Which Healthy People 2030 health topic areas were addressed by the public health interventions implemented by **your (recipient) health department**? Select each health topic area that was identified as the primary focus for an intervention.

- | | |
|---|---|
| 1-Access to health services | q |
| 2-Adolescent health | q |
| 3-Arthritis, osteoporosis, and chronic back conditions | q |
| 4-Blood disorders and blood safety | q |
| 5-Cancer | q |
| 6-Chronic kidney disease | q |
| 7- Chronic pain | q |
| 8-Dementias, including Alzheimer's disease | q |
| 9-Diabetes | q |
| 10-Disability and health | q |
| 11-Early and middle childhood | q |
| 12-Educational and community-based programs | q |
| 13-Environmental health | q |
| 14-Family planning | q |
| 15-Food safety | q |
| 16-Global health | q |
| 17-Health communication and health information technology | q |
| 18-Healthcare-associated infections | q |
| 19-Hearing and other sensory or communication disorders | q |
| 20-Heart disease and stroke | q |
| 21-HIV | q |
| 22-Immunization and infectious diseases | q |

23-Injury and violence prevention	q
24-Lesbian, gay, bisexual, and transgender health	q
25-Maternal, infant, and child health	q
26-Medical product safety	q
27-Mental health and mental disorders	q
28-Nutrition and weight status	q
29-Occupational safety and health	q
30-Older adults	q
31-Oral health	q
32- Osteoporosis	q
33-Physical activity	q
34-Preparedness	q
35-Public health infrastructure	q
36-Respiratory diseases	q
37-Sexually transmitted diseases	q
38-Sleep health	q
39-Social determinants of health	q
40-Substance abuse	q
41-Tobacco use	q
42-Vision	q

8b.3 For each *Healthy People 2030* health topic area addressed, how many of the public health interventions implemented **by your (recipient) health department** were supported by rigorous, strong, moderate, weak, or no evidence?

<i>[Populate list based on health topic areas selected in 8b.2]</i>	Rigorous	Strong	Moderate	Weak <i>(If >0, display 8b.3a - 8b.3b)</i>	No Evidence <i>(If >0, display 8b.3a - 8b.3b)</i>	Not Sure

8b.3a How many of the public health interventions with either weak or no evidence were untested, new, and/or innovative? _____

8b.3b For how many of the public health interventions with either weak or no evidence were data or information collected to determine the intervention's effectiveness at achieving intended outcomes? _____

8c.1 What is the **total number** of unique public health interventions that were implemented by **local health departments** through PHHS Block Grant-funded support? Number of unique public health interventions: _____

8c.2 Which Healthy People 2030 health topic areas were addressed by the public health interventions

implemented by **local health departments**? Select each health topic area that was identified as the primary focus for an intervention.

- | | |
|---|---|
| 1-Access to health services | q |
| 2-Adolescent health | q |
| 3-Arthritis, osteoporosis, and chronic back conditions | q |
| 4-Blood disorders and blood safety | q |
| 5-Cancer | q |
| 6-Chronic kidney disease | q |
| 7- Chronic pain | q |
| 8-Dementias, including Alzheimer's disease | q |
| 9-Diabetes | q |
| 10-Disability and health | q |
| 11-Early and middle childhood | q |
| 12-Educational and community-based programs | q |
| 13-Environmental health | q |
| 14-Family planning | q |
| 15-Food safety | q |
| 16-Global health | q |
| 17-Health communication and health information technology | q |
| 18-Healthcare-associated infections | q |
| 19-Hearing and other sensory or communication disorders | q |
| 20-Heart disease and stroke | q |
| 21-HIV | q |
| 22-Immunization and infectious diseases | q |
| 23-Injury and violence prevention | q |
| 24-Lesbian, gay, bisexual, and transgender health | q |
| 25-Maternal, infant, and child health | q |
| 26-Medical product safety | q |
| 27-Mental health and mental disorders | q |
| 28-Nutrition and weight status | q |
| 29-Occupational safety and health | q |
| 30-Older adults | q |
| 31-Oral health | q |
| 32- Osteoporosis | q |
| 33-Physical activity | q |
| 34-Preparedness | q |
| 35-Public health infrastructure | q |
| 36-Respiratory diseases | q |
| 37-Sexually transmitted diseases | q |
| 38-Sleep health | q |
| 39-Social determinants of health | q |
| 40-Substance abuse | q |
| 41-Tobacco use | q |

- 8c.3 For each *Healthy People 2030* health topic area addressed, how many of the public health interventions implemented **by local health departments** were supported by rigorous, strong, moderate, weak, or no evidence?

<i>[Populate list based on health topic areas selected in 8c.2]</i>	Rigorous	Strong	Moderate	Weak <i>(If >0, display 8c.3a - 8c.3b)</i>	No Evidence <i>(If >0, display 8c.3a - 8c.3b)</i>	Not Sure

8c.3a How many of the public health interventions with either weak or no evidence were untested, new, and/or innovative? _____

8c.3b For how many of these public health interventions with either weak or no evidence were data or information collected to determine the intervention's effectiveness at achieving intended outcomes? _____

8d.1 What is the **total number** of unique public health interventions that were implemented by **tribal health departments** through PHHS Block Grant-funded support? Number of unique public health interventions: _____

8d.2 Which Healthy People 2030 health topic areas were addressed by the public health interventions implemented by **tribal health departments**? Select each health topic area that was identified as the primary focus for an intervention.

- | | |
|---|---|
| 1-Access to health services | q |
| 2-Adolescent health | q |
| 3-Arthritis, osteoporosis, and chronic back conditions | q |
| 4-Blood disorders and blood safety | q |
| 5-Cancer | q |
| 6-Chronic kidney disease | q |
| 7- Chronic pain | q |
| 8-Dementias, including Alzheimer's disease | q |
| 9-Diabetes | q |
| 10-Disability and health | q |
| 11-Early and middle childhood | q |
| 12-Educational and community-based programs | q |
| 13-Environmental health | q |
| 14-Family planning | q |
| 15-Food safety | q |
| 16-Global health | q |
| 17-Health communication and health information technology | q |
| 18-Healthcare-associated infections | q |
| 19-Hearing and other sensory or communication disorders | q |

20-Heart disease and stroke	q
21-HIV	q
22-Immunization and infectious diseases	q
23-Injury and violence prevention	q
24-Lesbian, gay, bisexual, and transgender health	q
25-Maternal, infant, and child health	q
26-Medical product safety	q
27-Mental health and mental disorders	q
28-Nutrition and weight status	q
29-Occupational safety and health	q
30-Older adults	q
31-Oral health	q
32- Osteoporosis	q
33-Physical activity	q
34-Preparedness	q
35-Public health infrastructure	q
36-Respiratory diseases	q
37-Sexually transmitted diseases	q
38-Sleep health	q
39-Social determinants of health	q
40-Substance abuse	q
41-Tobacco use	q
42-Vision	q

8d.3 For each *Healthy People 2030* health topic area addressed, how many of the public health interventions implemented **by tribal health departments** were supported by rigorous, strong, moderate, weak, or no evidence?

<i>[Populate list based on health topic areas selected in 8d.2]</i>	Rigorous	Strong	Moderate	Weak <i>(If >0, display 8d.3a - 8d.3b)</i>	No Evidence <i>(If >0, display 8d.3a - 8d.3b)</i>	Not Sure

8d.3a How many of the public health interventions with either weak or no evidence were untested, new, and/or innovative? _____

8d.3b For how many of these public health interventions with either weak or no evidence were data or information collected to determine the intervention's effectiveness at achieving intended outcomes? _____

8e.1 What is the **total number** of unique public health interventions that were implemented by **local organizations** through PHHS Block Grant-funded support?
Number of unique public health interventions: _____

8e.2 Which Healthy People 2030 health topic areas were addressed by the public health interventions implemented by local organizations? Select each health topic area that was identified as the primary focus for an intervention.

- | | |
|---|---|
| 1-Access to health services | q |
| 2-Adolescent health | q |
| 3-Arthritis, osteoporosis, and chronic back conditions | q |
| 4-Blood disorders and blood safety | q |
| 5-Cancer | q |
| 6-Chronic kidney disease | q |
| 7- Chronic pain | q |
| 8-Dementias, including Alzheimer's disease | q |
| 9-Diabetes | q |
| 10-Disability and health | q |
| 11-Early and middle childhood | q |
| 12-Educational and community-based programs | q |
| 13-Environmental health | q |
| 14-Family planning | q |
| 15-Food safety | q |
| 16-Global health | q |
| 17-Health communication and health information technology | q |
| 18-Healthcare-associated infections | q |
| 19-Hearing and other sensory or communication disorders | q |
| 20-Heart disease and stroke | q |
| 21-HIV | q |
| 22-Immunization and infectious diseases | q |
| 23-Injury and violence prevention | q |
| 24-Lesbian, gay, bisexual, and transgender health | q |
| 25-Maternal, infant, and child health | q |
| 26-Medical product safety | q |
| 27-Mental health and mental disorders | q |
| 28-Nutrition and weight status | q |
| 29-Occupational safety and health | q |
| 30-Older adults | q |
| 31-Oral health | q |
| 32- Osteoporosis | q |
| 33-Physical activity | q |
| 34-Preparedness | q |
| 35-Public health infrastructure | q |
| 36-Respiratory diseases | q |
| 37-Sexually transmitted diseases | q |
| 38-Sleep health | q |
| 39-Social determinants of health | q |
| 40-Substance abuse | q |

41-Tobacco use

q

42-Vision

q

8e.3 For each *Healthy People 2030* health topic area addressed, how many of the public health interventions implemented **by local organizations** were supported by rigorous, strong, moderate, weak, or no evidence?

<i>[Populate list based on health topic areas selected in 8e.2]</i>	Rigorous	Strong	Moderate	Weak <i>(If >0, display 8e.3a - 8e.3b)</i>	No Evidence <i>(If >0, display 8e.3a - 8e.3b)</i>	Not Sure

8e.3a How many of the public health interventions with either weak or no evidence were untested, new, and/or innovative? _____

8e.3b For how many of these public health interventions with either weak or no evidence were data or information collected to determine the intervention's effectiveness at achieving intended outcomes? _____

To help us learn more about evidence-based public health practice implemented through PHHS Block Grant-funded support during the 12-month reporting period, please answer the following questions focused on 1) building the evidence base for public health and 2) making evidence-based decisions.

9. How did **your health department** use PHHS Block Grant funds to support building the evidence base for public health? Select all that apply.

- ☐ PHHS Block Grant funds not used in this way
- ☐ Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment)
- ☐ Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
- ☐ Analyzed or monitored surveillance or other types of data
- ☐ **Provided support to local health department(s)** to conduct, monitor, or update a community health assessment
- ☐ **Provided support to local health department(s)** to conduct a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
- ☐ **Provided support to local health department(s)** to analyze or monitor surveillance or other types of data
- ☐ **Provided support to tribal health department(s)** to conduct, monitor, or update a tribal health assessment
- ☐ **Provided support to tribal health department(s)** to conduct, monitor, or update a tribal community health assessment
- ☐ **Provided support to tribal health department(s)** to conduct a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
- ☐ **Provided support to tribal health department(s)** to analyze or monitor surveillance or other types of data

- ☐ **Provided support to local organization(s)** to conduct, monitor, or update a community health assessment
- ☐ **Provided support to local organization(s)** to conduct a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
- ☐ **Provided support to local organization(s)** to analyze or monitor surveillance or other types of data
- ☐ Other (please specify): _____

10. How did **your health department** use PHHS Block Grant funds to support evidence-based decision making? Select all that apply.

- ☐ PHHS Block Grant funds not used in this way
- ☐ Developed or updated a jurisdiction's health improvement plan (e.g., state health improvement plan) based on a jurisdiction health assessment (e.g., state health assessment)
- ☐ Developed or updated a community health improvement plan based on a community health assessment
- ☐ Developed or updated a topic- or program-specific action plan
- ☐ **Provided support to local health department(s)** to develop or update a community health improvement plan
- ☐ **Provided support to local health department(s)** to develop or update a topic- or program-specific action plan
- ☐ **Provided support to tribal health department(s)** to develop or update a tribal health improvement plan based on a tribal health assessment
- ☐ **Provided support to tribal health department(s)** to develop or update a tribal community health improvement plan
- ☐ **Provided support to tribal health department(s)** to develop or update a topic- or program-specific action plan
- ☐ **Provided support to local organization(s)** to develop or update a community health improvement plan
- ☐ **Provided support to local organization(s)** to develop or update a topic- or program-specific action plan
- ☐ Other (please specify): _____

You have reached the end of the survey. On the next page, you will be given an opportunity to review and print your responses. [\[Forward button on this page reads "Review Your Responses >>"\]](#)

[\[Summary response page\]](#) **You have not yet submitted your responses.** Please review your responses to the survey below. You may also print a copy of your responses for your records.

If you are finished reporting your data, please scroll to the bottom of this page and **click the forward (>>) button to submit the questionnaire.** You will not be able to return to the questionnaire after submitting your responses. To revise a response after submission, please contact ASTHO's Research and Evaluation team (researchandevaluation@astho.org / 202-371-9090).

Thank you!

[\[After submission page\]](#) Thank you for taking the time to participate in this assessment of the PHHS Block Grant. Please contact the PHHS Block Grant Evaluation Team at phhsblockgranteval@cdc.gov if you have any questions. Also,

please feel free to provide any feedback about this questionnaire, the process used to collect/report the required information, or the measures in general to phhsblockgranteval@cdc.gov.

Definition of key terms by survey section—for use in “hover over” function

Overall survey

- **12-month reporting period:** July 1, 2024, through June 30, 2025.
- **PHHS Block Grant-funded support:** Use of PHHS Block Grant funds, in any amount, to directly fund, provide staff for, or provide technical assistance to support an activity.
- **Local organizations:** Governmental and non-governmental entities within a recipient's jurisdiction that receive support from the recipient to implement public health efforts in support of communities within that jurisdiction. Types of local organizations include community-based organizations, schools, faith-based organizations, community health centers, and medical clinics. Local organizations do not include local health departments.
- **Initiate new public health efforts:** Develop and implement new programs, services, and activities that address public health needs that were previously not funded, either due to lack of available funds or an absence of funding allotted to the need.
- **Maintain existing public health efforts:** Support established programs, services, and activities from year to year.
- **Enhance or expand existing public health efforts:** Enhance an effort by refining and improving its quality or expand an effort by adding components or outreach to additional populations.
- **Sustain public health efforts:** Continue an effort without disruptions after original funding for the effort has ended.
- **Restore public health efforts:** Reinstate or rebuild an effort that was significantly disrupted or had ended due to loss of original funding.
- **Healthy People 2030 health topic area(s):** The 42 health topic areas designated by *Healthy People 2030*. Note: Two additional categories—“emergency medical services” and “rape or attempted rape”—are included in the Block Grant Information System as health topic areas that recipients can select to identify the focus of their work.

Information Systems Capacity Improved

- **Measure 1.1:** Number of state, territorial, tribal, and local agencies whose capacity to collect or enhance data that provide information of public health importance was improved or maintained through the use of PHHS Block Grant funds.
- **Information systems:** Systems that provide the ability to collect, store, protect, process, manage, analyze, use, and communicate information.
- **Information of public health importance:** Any data that provide insight into health, health inequities, contributing factors or causes of health challenges, and/or potential policy, public health, or community solutions. These are data that are needed for the planning, implementation, and evaluation of public health practice.

Quality Improved

- **Measure 1.2:** Number of state, territorial, tribal, and local agencies in which the efficiency or effectiveness of operations, programs, or services was improved through the use of PHHS Block Grant funds.
- **Costs avoided:** Reduction in future costs due to innovations in, or changes to, process or program implementation or service delivery. The difference between the documented costs after implementation of a quality improvement effort and the predicted costs before the effort was implemented.
- **Costs saved:** Reduction in existing costs of completing a process, implementing a program, or delivering a service. The difference between the documented costs after implementation of a quality improvement effort and the costs that occurred before the effort was implemented.
- **Efficiency and/or effectiveness (i.e., quality improvements):** Improvements in programs, operations, or services that result in reductions in the amount of resources required for implementation (i.e., efficiency) or in a greater ability to achieved agency or program goals through improved delivery of programs or services or implementation of organizational processes (i.e., effectiveness).
- **Public Health Accreditation Board (PHAB):** A nonprofit organization dedicated to advancing the continuous quality improvement of state, territorial, tribal, and local public health departments.

Emerging Needs Addressed

- **Measure 2.1:** Number of emerging public health needs that were addressed through the use of PHHS Block Grant funds.
- **Emerging public health needs:** Public health needs within a recipient's jurisdiction that are newly developing or newly prioritized.
- **Newly developing:** A public health need that is newly arisen; exists, but has developed new characteristics; or has re-emerged.
- **Newly prioritized:** A public health need that has been known to the recipient but lacked funding or support; is new to the public health field; or has new expectations for a public health response.

Evidence-Based Public Health Interventions Implemented

- **Measure 3.1:** Number of evidence-based public health interventions implemented through the use of PHHS Block Grant funds.
- **Build the evidence base for public health:** Produce new or strengthen existing data and information that are used to 1) define public health needs and 2) determine the effectiveness of interventions at achieving intended outcomes.
- **Public health intervention(s):** Any type of planned activity (e.g., program, service, policy) designed to prevent disease or injury or promote health in a group of people.
- **Innovative:** Incorporating novel, creative thinking around new or existing programs or services.
- **Evidence-based decision making:** The use of data and information to prioritize public health needs and approaches for addressing those public health needs.

- **Rigorous:** *Healthy People 2030* rating criteria for strength of evidence (Rating category 4)—Formal, comprehensive, and systematic review of all relevant literature (i.e., published intervention evaluations or studies that have evidence of effectiveness, feasibility, reach, sustainability, and transferability). Examples of sources of evidence qualifying as rigorous include The Guide to Community Preventive Services, the US Preventive Services Task Force, and systematic reviews published in peer-reviewed journals.
- **Strong:** *Healthy People 2030* rating criteria for strength of evidence (Rating category 3)—An informal, non-comprehensive, non-systematic review of some but not all relevant literature (i.e., multiple published evaluations or studies that have evidence of effectiveness, feasibility, reach, sustainability, and transferability). Examples of sources of evidence qualifying as strong include non-systematic reviews published by the federal government and non-systematic reviews published in peer-reviewed journals.
- **Moderate:** *Healthy People 2030* rating criteria for strength of evidence (Rating category 2) —At least one published evaluation or study, with peer review, that has evidence of effectiveness, feasibility, reach, sustainability, and transferability. Examples of sources of evidence qualifying as moderate include journal articles of individual studies, published intervention research, and published pilot studies.
- **Weak:** *Healthy People 2030* rating criteria for strength of evidence (Rating category 1) —At least one unpublished evaluation or study without peer review, that has evidence of effectiveness, feasibility, reach, sustainability, and transferability. Examples of sources of evidence qualifying as weak include unpublished intervention research, pilot studies, case studies, and field-based summaries.
- **No evidence:** No evaluation or study either peer reviewed or non-peer reviewed, that has evidence of effectiveness, feasibility, reach, sustainability, and transferability. New and/or innovative interventions would most likely have no evidence established.