Preventive Health and Health Services Block Grant

EVALUATION REPORT

2022 FRAMEWORK MEASURES ASSESSMENT—KEY FINDINGS

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For more information or for questions about this report, please contact phhsblockgranteval@cdc.gov.

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PREFACE

The findings presented in this evaluation report are based on analyses of the data collected by the Centers for Disease Control and Prevention (CDC) on measures from the Preventive Health and Health Services (PHHS) Block Grant Measurement Framework (Version 1.5). Established in 2016, the framework was designed to enable CDC to standardize collected data for select outputs and outcomes (i.e., results) of the grant. The framework defines and describes four measures for assessing three cross-cutting results from recipients' use of funds. The first round of data collected on the measures was conducted in 2017. The final report for the 2017 data collection is accessible at PHHS Block Grant Evaluation—2017 Framework Measures Assessment.

In 2019, the framework was updated from version 1.0 to 1.5 to expand the scope of the measures to include achievements of local organizations that received funding through primary health departments. Findings from the 2019 collection can be found at PHHS Block Grant Evaluation—2019 Framework Measures Assessment.

Using version 1.5 of the framework, CDC conducted a third round of data collection in 2022. The data collection was delayed by a year due to the COVID-19 pandemic and associated burden on recipients. Data for the measures were self-reported by recipients during October 3–November 15, 2022, using a web-based questionnaire (OMB No. 0920-1257). The evaluation findings from these measures data are a priority in understanding how the PHHS Block Grant helps to strengthen the public health system.

For more information about the PHHS Block Grant, please visit www.cdc.gov/phhsblockgrant.

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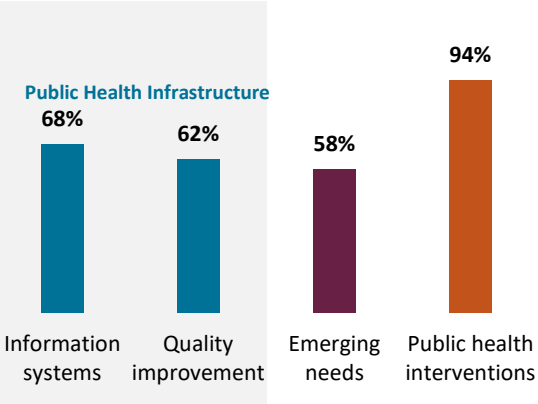
Executive Summary

The Preventive Health and Health Services (PHHS) Block Grant provides federal funding to 61 recipients—all 50 states, the District of Columbia, 2 American Indian tribes, 5 US territories, and 3 freely associated states. In fall 2022, 50 out of 61 PHHS Block Grant recipients (82%) completed a survey that assessed select outputs and outcomes achieved within recipient health departments, local health departments, and local organizations during July 2021–June 2022 using grant funds. Overall, findings show that the PHHS Block Grant helped strengthen the public health system by enabling state, tribal, local, and territorial agencies to use grant funds to improve public health infrastructure (information systems capacity and quality improvement), address emerging public health needs, and practice evidence-based public health.

Of the 50 respondents, most used PHHS Block Grant funds to support:



Public Health Infrastructure – Information Systems Capacity Improved

The PHHS Block Grant supports public health agencies in improving their capacity to collect or enhance data.

632 agencies

developed, improved, and/or maintained information systems

30 Recipient HDs	271 Local HDs	4 Tribal HDs	327 Local Orgs

Public Health Infrastructure – Quality Improved

The PHHS Block Grant supports improvements in the quality of public health agency operations, programs, and services.

707 agencies

achieved an efficiency and/or effectiveness quality improvement

27 Recipient HDs	338 Local HDs	3 Tribal HDs	339 Local Orgs

Emerging Public Health Needs Addressed

The PHHS Block Grant supports public health agency efforts to address emerging public health needs unique to their jurisdiction.

118

emerging public health needs were addressed

Evidence-Based Public Health Interventions Implemented

The PHHS Block Grant supports the implementation of public health interventions that are known to work.

776

evidence-based public health interventions implemented

2022 Framework Measures Assessment

Background

For more than 35 years, the Preventive Health and Health Services (PHHS) Block Grant has been a primary source of funding that enables recipients to address public health priorities unique to their own jurisdictions. Through legislative authority, the PHHS Block Grant funds 61 recipients—all 50 states, the District of Columbia, two American Indian tribes, five US territories, and three freely associated states. Recipients use these funds to address priority public health needs within their jurisdictions in collaboration with local and tribal public health organizations. The legislation requires recipients to align their program objectives to *Healthy People 2030*[1], a set of national objectives designed to guide health promotion and disease prevention efforts. CDC administers the PHHS Block Grant and is responsible for evaluating the grant to account for outcomes achieved.

PHHS Block Grant Evaluation

The purposes of the PHHS Block Grant evaluation are to—

1. Assess the value of the grant (i.e., benefits and contributions to public health)
2. Describe select outputs and outcomes of the grant
3. Strengthen accountability of the grant

The evaluation assesses the grant as a whole—not individual recipient activities or outcomes.

Evaluation Questions

There are two overarching evaluation questions:

1. How does the PHHS Block Grant support recipients in addressing their jurisdictions' prioritized public health needs related to *Healthy People 2030* objectives?
2. How does the PHHS Block Grant contribute toward the achievement of organizational, systems, and health-related outcomes?

PHHS Block Grant Measurement Framework

Flexible funding and the resulting wide variation in recipient activities pose challenges for aggregating data and measuring outcomes of the grant. The PHHS Block Grant Measurement Framework (referred to hereafter as "the framework") is an innovative approach to assessing the outputs and outcomes resulting from recipients' use of grant funds. (See **Appendix A** for an illustrative model on the framework.) CDC developed the framework in collaboration with a variety of stakeholders, including recipients and the Association of State and Territorial Health Officials (ASTHO). Development of the framework was also informed by an evaluability assessment of the PHHS Block Grant, the PHHS Block Grant logic model (see **Appendix B**), and an exploratory qualitative study designed to gain insight into the grant's benefits.

The framework is designed to address challenges to evaluating the PHHS Block Grant—specifically, aggregating data and measuring outcomes of the grant. The framework consists of three components—*flexibility, use of funds,* and *results*. *Flexibility* refers to the ability of recipients to identify, prioritize, and determine appropriate strategies for addressing their public health needs. Flexibility also includes recipients' ability to direct the *use of funds* in various ways to address their needs (e.g., funding new programs). *Results* refers to three cross-cutting outcomes from use of PHHS Block Grant funds: 1) public health infrastructure improved, 2) emerging needs addressed, and 3) evidence-based public health practiced. To account for the outputs and outcomes being achieved through the grant as a whole, measures are needed that allow data to be aggregated across all recipients.

[1] Healthy People 2030 | health.gov.

Framework Measures

PHHS Block Grant recipients can focus their funding on more than 500 *Healthy People 2030* objectives to address their public health needs. As a result, there is wide variation in individual recipients' goals, objectives, activities, outputs, and outcomes. This variation precludes using typical performance measures for evaluation that are focused on specific outcomes. These types of measures would be insufficient for evaluating the overall grant because of the inability to aggregate data across all recipients.

The framework defines four measures that enable CDC to standardize collection of data on recipient achievements. The measures are designed to assess select outputs and outcomes from the wide range of activities that recipients implement. The measures are not specific to any one health topic area. They are cross-cutting measures and can apply to recipient activities regardless of how funds are invested or which *Healthy People 2030* objectives recipients are working toward. Recipients should be able to see alignment between their work and the framework measures. However, depending on a recipient's activities, not every measure will necessarily be relevant in any given reporting period.

The measures assess specific aspects of the three framework results (public health infrastructure improved, emerging needs addressed, and evidence-based public health practiced) that were considered most important, relevant, measurable, and feasible. Additional measures might be developed for future versions of the framework as needed (e.g., measures for additional aspects of public health infrastructure, such as workforce). Figure 1 shows the current framework measures.

Figure 1. PHHS Block Grant Measurement Framework (Version 1.5) – Measures by the Framework Results

Public Health Infrastructure Improved

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

Quality Improved

Measure 1.2: Number of state, territorial, tribal, and local agencies in which the efficiency or effectiveness of operations, programs, and services was improved through the use of PHHS Block Grant funds

Emerging Needs Addressed

Emerging Public Health Needs Addressed

Measure 2.1: Number of emerging public health needs that were addressed through the use of PHHS Block Grant funds

Evidence-Based Public Health Practiced

Evidence-Based Public Health Interventions Implemented

Measures 3.1: Number of evidence-based public health interventions implemented through the use of PHHS Block Grant funds

Use of the Framework Measures

The design of the framework measures enables CDC to aggregate recipient data and improve accountability by demonstrating outcomes of the overall grant. Specifically, key findings on the measures will be used to 1) describe the outcomes of recipients' public health efforts, and 2) provide evidence to inform future budgetary requests and support program monitoring at the national level.

It should be noted that the framework measures are not intended to be used to limit or direct recipient activities to address public health priorities within their jurisdiction. In addition, the measures are not intended to assess recipient performance, as there are no performance standards outlined in the authorizing legislation. The measures do not capture, and were not designed to capture, all recipient activities or achievements.

Methods

The 2022 Framework Measures Assessment was distributed to the 61 PHHS Block Grant coordinators via a web-based questionnaire. The PHHS Block Grant coordinators oversee the completion of and adherence to grant administrative requirements. The questionnaire was developed in collaboration with ASTHO using Qualtrics®. It was accessible during October 3–November 15, 2022, and PHHS Block Grant coordinators or their designees were asked to report information regarding achievements supported by the PHHS Block Grant from July 1, 2021, through June 30, 2022. Because PHHS Block Grant funds are multi-year funds (i.e., recipients have more than one year to spend each annual appropriation), the results are reflective of the timeframe for activities and not fiscal year. Responding to this data collection was voluntary.

To increase the response rate and improve data quality, the evaluation team took the following steps to encourage participation and reduce nonresponse bias:

1. **Technical assistance (TA), training, and tools:** All recipients were provided documentation and tools before the web-based questionnaire was released. Tools included a guidance document, an Excel workbook, and a hard copy of the questionnaire. Training opportunities included a series of webinars on these topics:
    a. Evaluation 101: Overview of the PHHS Block Grant evaluation and its components
    b. Framework overview: In-depth orientation to the measurement framework and measures by result type
    c. Measures reporting: Review of parameters and reporting requirements
    d. Office hours: Sessions where recipients could bring any questions about the data collection

    In addition, evaluation team members and project officers coordinated responses to ad hoc TA requests and questions throughout the reporting phase.
2. **Ample time for data entry:** The web-based questionnaire was available for recipients to complete and submit for a total of 33 business days (October 3–November 15, 2022).
3. **Multiple reminders:** Reminder emails were sent at 8 business days into the reporting period (October 12, 2022), at 13 business days into the reporting period (October 19, 2022), and at 18 business days into the reporting period (October 26, 2022).
4. **Programmatic outreach:** Project officers and project staff conducted individual outreach to recipients who had not yet completed the data collection or needed to validate submitted data.

Data Analysis

Data were aggregated and analyzed across all respondents. A descriptive analysis was conducted on quantitative data that determined frequencies, means, and medians (see **Appendix C**).

The response rate was high, with 50 of the 61 recipients (82%) completing the survey. This is lower than prior collection response rates in 2017 and 2019 where 57 of 61 recipients (93%) completed the survey.

Limitations

Two main limitations are identified for this analysis:

1. All data were self-reported.
2. Outliers were found in all four measures, affecting counts and averages. These outliers might have resulted from several factors, including, but not limited to, varied interpretations of a measure or survey item, effects of governance structure, or variation in the types of activities and priorities recipients addressed using PHHS Block Grant funds. However, quality assurance checks and outreach to PHHS Block Grant coordinators were conducted to reduce or account for these limitations.

Key Findings

Of the 61 recipients, 50 (82%) reported data via the web-based questionnaire. The majority of recipients reported data on each measure (range = 58%–94%), and 96% (n=48) reported data on at least one measure. The high percentages of recipients reporting on the measures demonstrate that the measures are relevant and capture achievements related to the results in the framework for most recipients.

Overall, findings show that the PHHS Block Grant helped strengthen the public health system by enabling state, tribal, local, and territorial agencies to use grant funds to improve public health infrastructure, address emerging public health needs, and practice evidence-based public health.

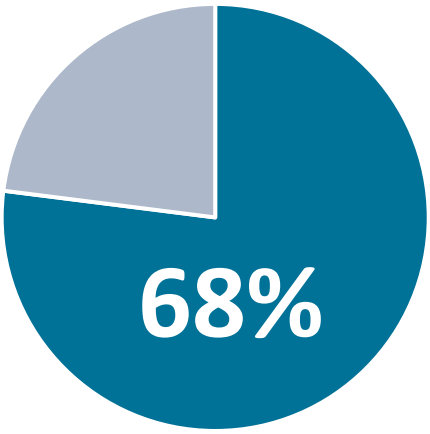
Findings are reported below by each framework measure.

Public Health Infrastructure Improved

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

Of the 50 responding recipients, most used PHHS Block Grant funds to support the development, improvement and/or maintenance of information systems.



Agencies can address public health problems when they know what the problems are, and they can identify these problems with sufficient information systems capacity.

About this measure

This measure focuses on the capacity to *collect or enhance* essential public health data. Specifically, this measure targets the infrastructure of the information system itself, not the analysis and use of data the information system collects.

Why this measure is important for evaluating the PHHS Block Grant

Data and information are essential to help public health agencies identify, prioritize, and effectively address public health issues, and to monitor trends and outcomes of public health efforts.

What was learned about the PHHS Block Grant and information systems capacity

The majority of recipients used PHHS Block Grant funds to support efforts to improve agency information systems. Of the 50 respondents, 34 (68%) reported that they used PHHS Block Grant funds to support development, improvement, and/or maintenance of one or more information systems. Recipient health departments, local health departments, tribal health departments, and local organizations developed, improved, and/or maintained information systems, most of which were surveillance systems and public health databases. Improvements made by recipients reached beyond recipients' own agencies to also benefit local and tribal agencies that used or had access to these systems.

Information Systems Capacity—Key Findings

Recipient, tribal, and local agencies improved or maintained their information systems capacity.

Measure 1.1

632 agencies

developed, improved, and/or maintained information systems

A total of 632 agencies—30 recipients, 271 local health departments, 4 tribal health departments, and 327 local organizations—developed, improved, and/or maintained a total of 133 information systems. Recipient agency funds directly supported the majority of the systems (n=100; 75%), while the remainder (n=33; 25%) were funded by other agency types, oftentimes sharing systems across agencies.

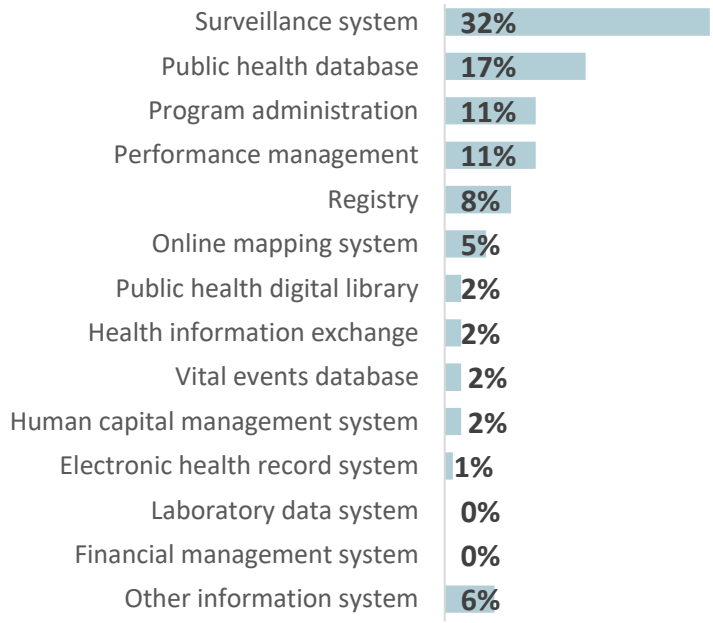
Information system improvements made by recipient health departments benefited local and tribal agencies as well as local organizations.

Of the 100 information systems developed, improved, or maintained by 30 recipients, 53 were made available for local and tribal agencies to use. The majority of recipients (n=23; 77%) made their information systems available to these agencies, an average of 73 local health departments, 16 tribal health departments, and 290 local organizations used or had access to these information systems.

Most of the improvements in information system capacity were for surveillance systems, public health databases, performance management, and program administration systems.

Nearly one-third of the information systems developed, improved, and/or maintained were surveillance systems (n=43, 32%). These surveillance systems included the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, and infectious disease surveillance tools (e.g., COVID-19, tuberculosis). Public health databases (n=23, 17%) and program administration systems (n=15, 11%) were also frequently reported information system types. Other systems improved included performance management (n=14, 11%), registries (n=11, 8%), and online mapping systems (n=6, 5%). Six percent (n=8) of the other types of systems were uncategorized.

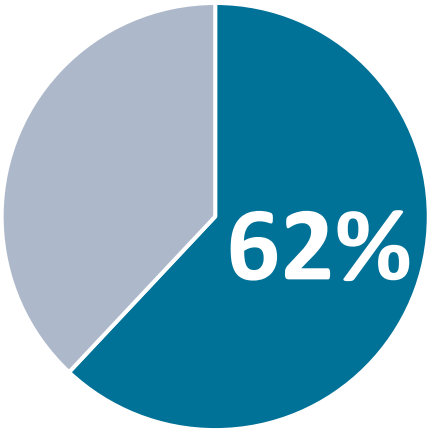
The top four types of information systems accounted for 71% of all system types (N=133).



Quality Improved

Measure 1.2: Number of state, territorial, tribal, and local agencies in which the efficiency or effectiveness of operations, programs, and services was improved through the use of PHHS Block Grant funds

Of the 50 responding recipients, 31 used PHHS Block Grant funds to achieve an efficiency and/or effectiveness quality improvement.



Agencies are able to make greater progress on public health problems when they use data and information to increase the efficiency and effectiveness of their public health efforts.

About this measure

This measure captures the extent to which the PHHS Block Grant supports quality improvement efforts to increase the efficiency and/or effectiveness of public health agency operations, programs, or services.

Why this measure is important for evaluating the PHHS Block Grant

Quality improvement is a formal approach used to strengthen organizational performance and increase the efficiency and/or effectiveness of public health operations, programs, and services. While individual employee performance may contribute to increased efficiency and effectiveness, it is important that the processes to improve efficiency and effectiveness be infused into agency-wide public health practice and operations to achieve significant and lasting improvements in quality.[2]

What was learned about the PHHS Block Grant and quality improvement

The majority of recipients used PHHS Block Grant funds to support implementation of quality improvement efforts designed to increase the efficiency and/or effectiveness of agency operations, programs, or services. Of the 50 respondents, 31 (62%) reported that they used PHHS Block Grant funds to support a quality improvement effort. Recipient, local, and tribal agencies implemented quality improvement projects and achieved a variety of efficiency and effectiveness improvements.

[2] Public Health Accreditation Board Standard 9.2: Develop and implement quality improvement processes integrated into organizational practice, programs, processes, and interventions.

Quality Improvement—Key Findings

Recipient, local, and tribal agencies achieved efficiency and/or effectiveness improvements in agency operations, programs, and/or services.

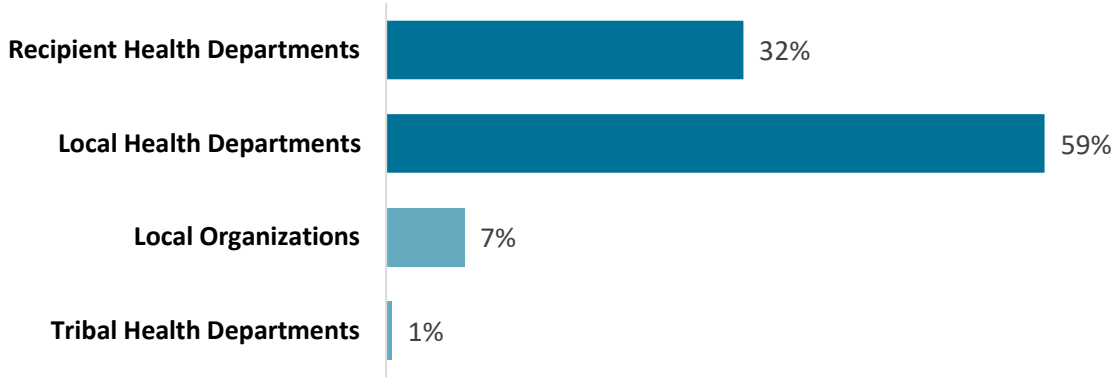
Measure 1.2

707 agencies

achieved an efficiency and/or effectiveness quality improvement

A total of 707 agencies—27 recipients, 338 local health departments, 3 tribal health departments, and 339 local organizations[3]—achieved an efficiency and/or effectiveness quality improvement. These agencies achieved at least one quality improvement for 349 unique operations, programs, or services using PHHS Block Grant funds. Most of the operations, programs, or services (91%) were at the recipient health department or local health department.

91% of operations, programs, or services with improved efficiency or effectiveness were within recipient health departments and local health departments, with the majority occurring in local health departments (n=349).



More than half of recipients who are working to improve efficiency and/or effectiveness used an established quality improvement approach.

17

Recipients reported using an established quality improvement method

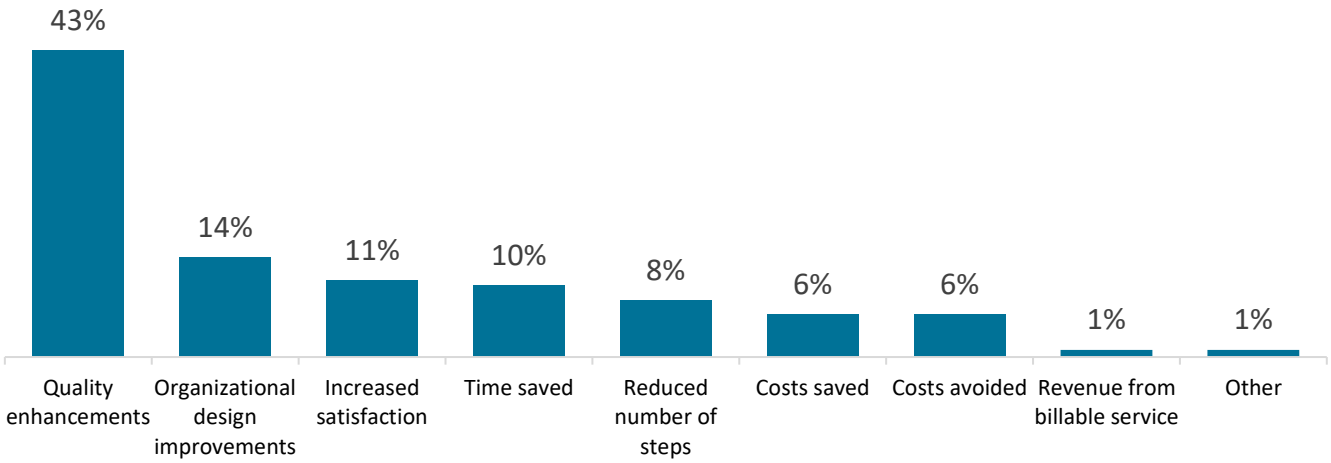
A total of 17 recipients reported using an established quality improvement approach to achieve at least 1 improvement in an operation, program, or service. Examples included Plan-Do-Study-Act, Lean, and A3 Problem Solving Report. PHHS Block Grant-supported quality improvement projects contributed to recipients' ongoing efforts to achieve measurable improvements that support public health in their jurisdictions.

Agencies achieved a variety of efficiency and effectiveness improvements.

A total of 699 individual quality improvements were reported by recipients. Of these, effectiveness improvements were reported more frequently than efficiency improvements, representing 68% (n=477) and 31% (n=216), respectively. Other reported improvements (n=6) include increased access to services and program sustainability planning.

[3] One recipient reported 315 (out of the 339) local organizations achieved a quality efficiency or effectiveness improvement.

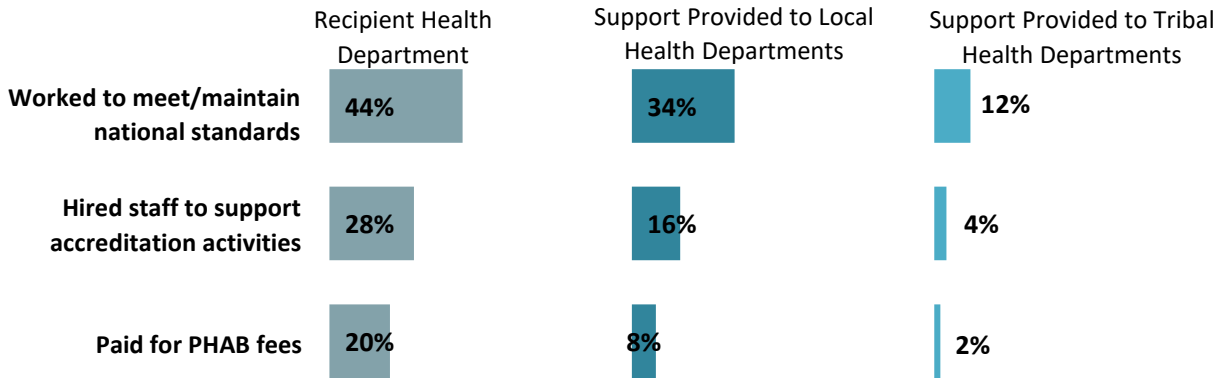
Nearly half of the 699 quality improvements focused on quality enhancement of services or programs.



Other Findings About Public Health Infrastructure

To gather more information about public health infrastructure improvements achieved through PHHS Block Grant support, the questionnaire asked recipients to identify public health accreditation-related activities they conducted within the recipient health department, as well as work toward achieving national standards.

33 respondents addressed national standards or accreditation-related activities as established by the Public Health Accreditation Board (PHAB).



Nearly half (n=22, 44%) of respondents used funds to support **work to meet or maintain performance** against national standards in their own health departments, while 34% (n=17) of recipients supported this work in local health departments, and 12% (n=6) of recipients supported this work in tribal health departments.

28% (n=14) of respondents used funds to **hire staff to support accreditation-related activities**, while 16% (n=8) of recipients supported this work in local health departments. Two recipients (4%) used funds to support tribal health departments for accreditation-related activities.

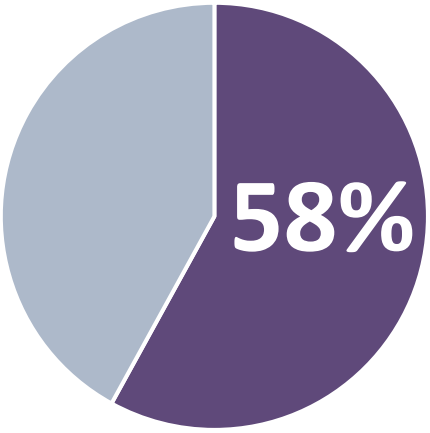
20% (n=10) of respondents used funds to **pay for PHAB fees**, while 8% (n=4) provided funds to local health departments for this purpose. One recipient (2%) used funds to help tribal health departments pay PHAB fees.

Emerging Needs Addressed

Emerging Public Health Needs Addressed

Measure 2.1: Number of emerging public health needs that were addressed through the use of PHHS Block Grant funds

Of the 50 responding recipients, 29 used PHHS Block Grant funds to support efforts to address emerging public health needs



Protecting and improving public health often requires flexibility for agencies to tackle public health problems as they emerge in unique ways within their jurisdiction.

About this measure
This measure captures recently identified and/or prioritized emerging public health needs that were addressed using PHHS Block Grant support.

Why this measure is important for evaluating the PHHS Block Grant
Emerging public health needs often include specific challenges faced by recipient jurisdictions, some of which might be unique and warrant recipient-specific approaches enabled by PHHS Block Grant funding.

What was learned about the PHHS Block Grant and emerging public health needs
The majority of recipients used PHHS Block Grant funds to support efforts to address emerging public health needs specific to their jurisdiction. Of the 50 respondents, 29 (58%) reported using PHHS Block Grant funds to address emerging public health needs, such as immunization and infectious diseases and social determinants of health.

Emerging Public Health Needs—Key Findings

Recipient, local, and tribal agencies addressed specific emerging public health needs.

Measure 2.1

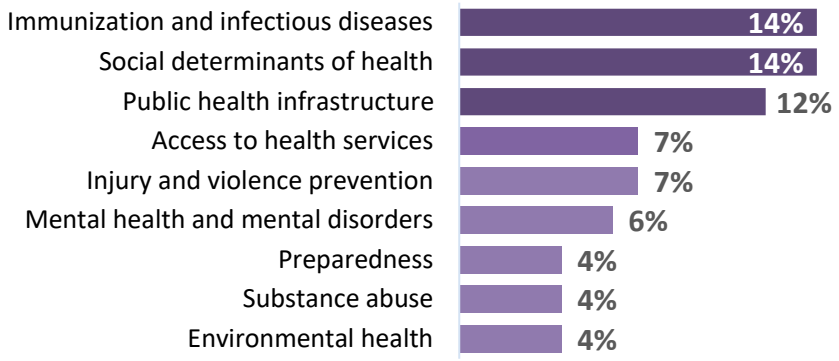
118 emerging public health needs addressed

A total of 118 emerging public health needs were addressed using PHHS Block Grant funds. The majority (n=68, 58%) of the 118 emerging public health needs were characterized as newly prioritized.[4]

Various types of emerging public health needs were addressed.

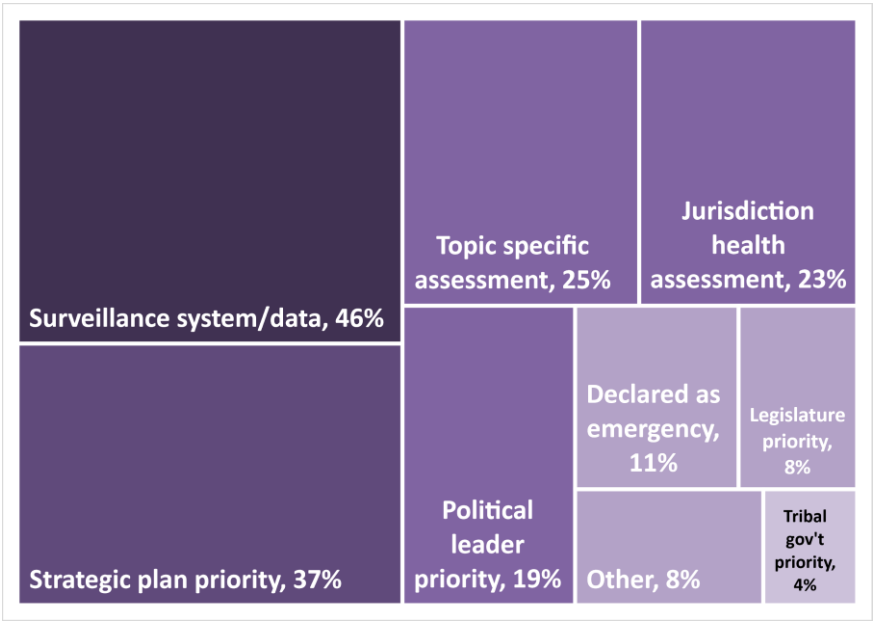
The emerging public health needs addressed were varied, with the top three health topic areas accounting for 40% of all emerging needs reported. Immunization and infectious diseases as well as social determinants of health each accounted for 14% of needs addressed, followed by public health infrastructure with 12%. This graph displays the top nine most commonly addressed topics. Details on other areas addressed can be found in Appendix C.

40% of all emerging public health needs (N=118) addressed three health topic areas.



Recipients used various methods to identify and prioritize emerging public health needs.

Various methods were used to identify and prioritize the 118 emerging public health needs; 46% percent of the emerging needs addressed were identified using surveillance systems or other data sources. Prioritizing emerging public health needs within a strategic plan was the next most frequently identified method, with 37% of needs identified in this way. Using topic or program specific health assessments (e.g., environmental health assessment) was also among the top methods for identifying emerging needs; 25% of needs were identified using topical health assessments. Similar methods were used in the 2019 measures assessment collection. More than one method could be selected, resulting in percentages going over 100%.



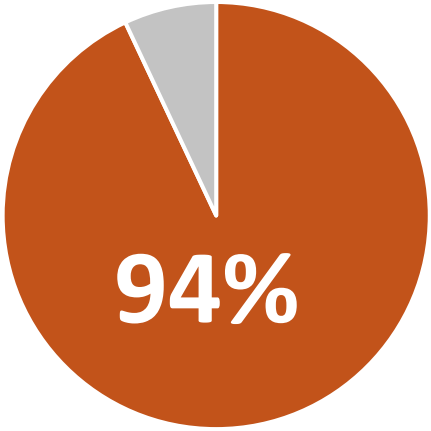
[4] Newly prioritized needs are defined in the framework as those emerging needs that have been known to the recipient but lacked funding or support, are new to the public health field, or have new expectations for a public health response.

Evidence-Based Public Health Practiced

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

Of the 50 responding recipients, the vast majority used PHHS Block Grant funds to support implementation of public health interventions.



Agencies are able to protect and improve public health when they implement public health interventions that are known to work and collect data and information about public health efforts whose effectiveness is not yet known.

About this measure

This measure captures the number of evidence-based public health interventions implemented through PHHS Block Grant funds. Public health interventions are defined as any type of planned activity, such as a program, service, or policy, designed to prevent disease or injury or promote health in a group of people. For the purposes of this measure, public health interventions are considered to be evidence based if they are supported by moderate, strong, or rigorous evidence according to the *Healthy People 2020* strength of evidence rating criteria.[5]

Why this measure is important for evaluating the PHHS Block Grant

Implementing public health interventions based on the best available evidence is an important practice for maximizing public health outcomes.

What was learned about the PHHS Block Grant and evidence-based public health interventions

The majority of recipients used PHHS Block Grant funds to support implementation of public health interventions. Of the 50 respondents, 47 (94%) reported using PHHS Block Grant funds to implement a total of 947 public health interventions. Most of the public health interventions implemented were evidence based. For many of the interventions implemented whose effectiveness was unknown, agencies assessed the interventions to determine whether they were effective.

[5] *Healthy People 2020*. Evidence-Based Resources. www.healthypeople.gov/2020/Implement/EBR-glossary#selection-criteria. Accessed November 11, 2020.

Evidence-Based Public Health Interventions—Key Findings

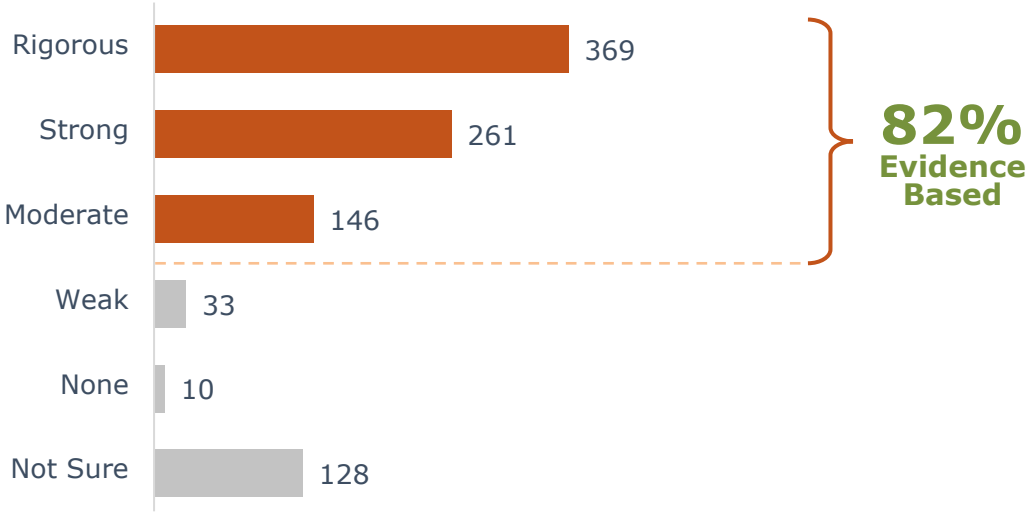
The majority of public health interventions implemented were evidence based.

Measure 3.1

776 evidence-based public health interventions

Of the 947 public health interventions[6] that recipients implemented, 776 (82%) were evidence based (i.e., supported by moderate, strong, or rigorous evidence according to the *Healthy People 2020* strength of evidence rating criteria); 67% of all public health interventions implemented were supported by rigorous and strong evidence.

Evidence-based public health interventions accounted for 82% of all interventions implemented (N=947).



Recipients developed practice-based evidence by assessing public health interventions to see how well they worked.

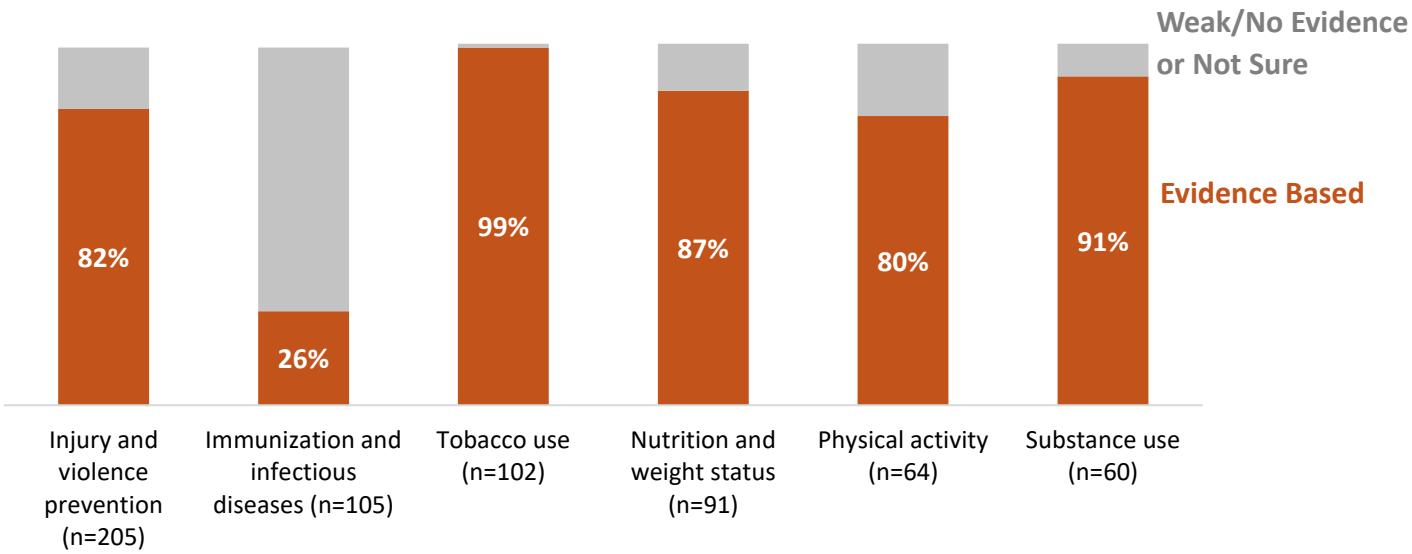
One of the benefits of the PHHS Block Grant is the flexibility to build the evidence-base. Of the 43 interventions with a weak or no evidence base, 27 were untested, innovative, and/or new. Also, of the 43 interventions, recipients collected data on 28 of these interventions to determine whether they were effective at achieving intended outcomes, thereby contributing to practice-based evidence for public health.

The top *Healthy People 2030* topic areas addressed were injury and violence prevention, immunization and infectious diseases, tobacco use and nutrition and weight status.

Of the public health interventions implemented, 205 addressed injury and violence prevention, 105 addressed immunization and infectious diseases, 102 addressed tobacco use, and 91 addressed nutrition and weight status. For the majority of health topic areas, evidence-based interventions accounted for more than 82% of the interventions implemented. For a few health topic areas, such as injury/violence prevention and immunization/infectious diseases, many interventions had weak or no evidence, or the level of evidence was unknown or uncertain.

[6] Public health interventions reported in two jurisdictions were excluded from analysis due to missing data, incomplete data validation, or identified errors.

The majority of the interventions implemented across *Healthy People 2030* health topic areas were evidence based. This graph displays the top health topic areas and distribution of evidence levels.



Other Findings About Evidence-Based Public Health Practice

To gather more information about evidence-based public health practice implemented through PHHS Block Grant support, the questionnaire asked recipients to identify activities they funded within their health department, or within local or tribal agencies, to build the evidence base for public health and to support evidence-based decision making.

Recipients supported health assessment activities at jurisdiction, community, and tribal levels to gather evidence (i.e., data and information) to determine public health needs.

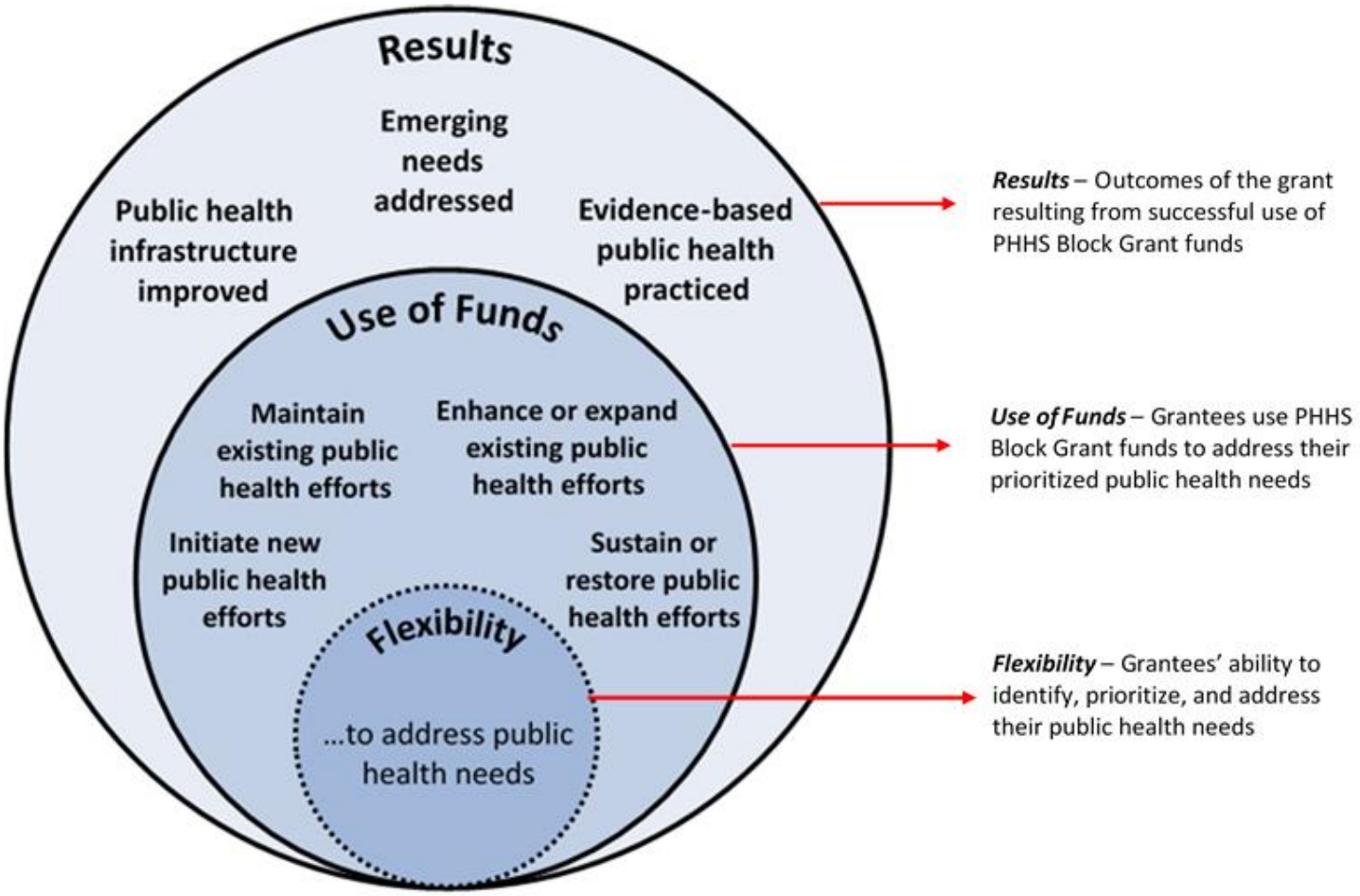
Health assessments at the jurisdiction level (e.g., state, territory) were conducted, monitored, or updated by 23 (46%) recipients. In addition, community health assessments conducted, monitored, or updated by local health departments were supported by 22 recipients (44%); 5 recipients (10%) supported tribal health departments for this activity. Other health-related assessments, such as topic-specific and program-specific assessments, were conducted by 13 (26%) recipients. These types of assessments were also supported within local health departments by 9 (18%) recipients and within a tribal health department by 1 (2%) recipient.

Recipients supported health improvement planning activities to prioritize public health needs and guide public health action (i.e., evidence-based decision making).

Health improvement plans at the jurisdiction level (e.g., state, territory) were developed or updated by 17 (34%) recipients. Community health improvement plans were developed or updated by 12 recipients (21%), while 17 (34%) recipients supported health improvement planning in local health departments, 4 (8%) in tribal health departments, and 6 (12%) in local organizations. Topic-specific or program-specific action plans were developed or updated by 22 (39%) recipients, while 10 (20%) recipients supported development of topic-specific or program-specific action plans in local health departments, 2 (4%) in tribal health departments, and 10 (20%) in local organizations.

APPENDIX A – PHHS BLOCK GRANT MEASUREMENT FRAMEWORK

Components of the PHHS Block Grant Measurement Framework (Version 1.5)



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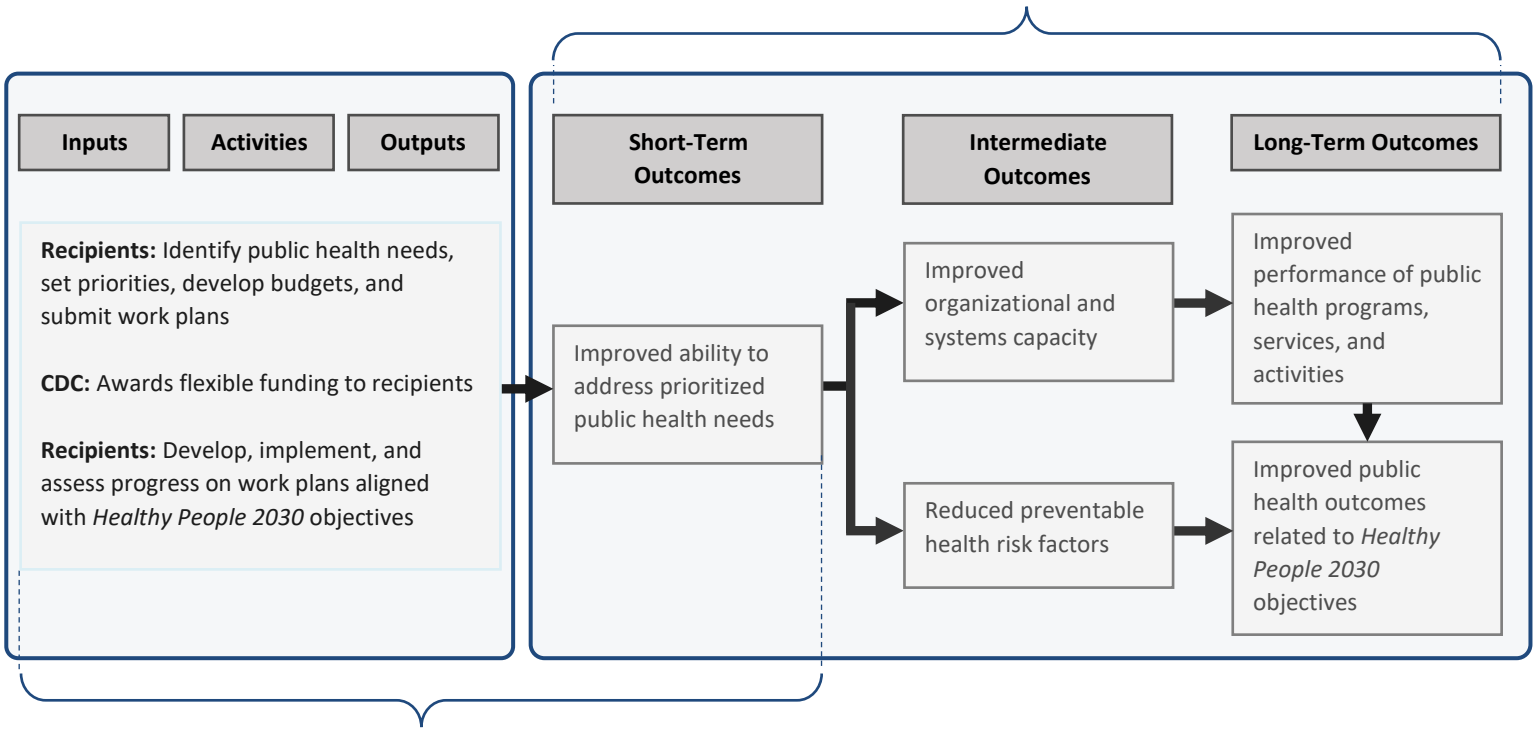
APPENDIX B – PHHS BLOCK GRANT LOGIC MODEL

Preventive Health and Health Services Block Grant Logic Model (Simplified Version) Evaluation Question Alignment

Evaluation Question 2: How does the PHHS Block Grant contribute toward the achievement of organizational, systems, and health-related outcomes?



Evaluation Question 1: How does the PHHS Block Grant support recipients in addressing their jurisdiction's prioritized public health needs related to *Healthy People 2030* objectives?

Appendix C – 2022 Framework Measures Assessment—Data Tables

The data tables below present results from the 2022 Framework Measures Assessment. Key findings on the framework measures in this report are based on data from these tables. Percentages in some tables may not total 100% due to rounding.

Table 1. Response (Submission) Rates, by Measure, Out of 50 Total Recipients

PHHS Block Grant Measure	N	%
PHI 1.1 Information Systems Capacity Improved	50	*82*
PHI 1.2 Quality Improved	50	*82*
EN 2.1 Emerging Public Health Needs Addressed	50	*82*
EBPH 3.1 Evidence-Based Public Health Interventions Implemented	50	*82*
Overall survey response rate	**50**	***82***

Table 2. Summary of Recipient Reporting, by Measure (n=50)

PHHS Block Grant Measure	N	%
PHI 1.1 Information Systems Capacity Improved	34	*68*
PHI 1.2 Quality Improved	31	*62*
EN 2.1 Emerging Public Health Needs Addressed	29	*58*
EBPH 3.1 Evidence-Based Public Health Interventions Implemented	47	*94*
Reported on at least 1 measure	48	*96*
Reported on all 4 measures	15	*30*
Did not report on any measure	2	*4*

Table 3. Summary of Information Systems Developed, Improved, or Maintained, by Type of System

Type of System	N	%
Laboratory data system	0	*0*
Surveillance system	43	*32*
Vital events database	3	*2*
Registry	11	*8*
Performance management system	14	*11*
Program administration	15	*11*
Financial management system	0	*0*
Human capital management system	3	*2*
Health information exchange	3	*2*
Electronic health record system	1	*1*
Public health database	23	*17*
Public health digital library	3	*2*
Online mapping system	6	*5*
Other information system	8	*6*
All systems	**133**	***100***

Table 4. Summary of How PHHS Block Grant Funds Were Used To Support Information Systems, by Type of System

Type of System	Initiated New		Maintained Existing		Enhanced or Expanded		Sustained or Restored	
	N	%	N	%	N	%	N	%
Laboratory data system	0	*0*	0	*0*	0	*0*	0	*0*
Surveillance system	4	*25*	25	*35*	11	*27*	3	*60*
Vital events database	0	*0*	3	*4*	0	*0*	0	*0*
Registry	0	*0*	6	*8*	5	*12*	0	*0*
Performance management system	6	*38*	6	*8*	2	*5*	0	*0*
Program administration	5	*31*	8	*11*	2	*5*	0	*0*
Financial management system	0	*0*	0	*0*	0	*0*	0	*0*
Human capital management system	0	*0*	2	*3*	1	*2*	0	*0*
Health information exchange	0	*0*	2	*3*	1	*2*	0	*0*
Electronic health record system	0	*0*	0	*0*	1	*2*	0	*0*
Public health database	0	*0*	10	*14*	13	*32*	0	*0*
Public health digital library	0	*0*	2	*3*	0	*0*	1	*20*
Online mapping system	0	*0*	5	*7*	1	*2*	0	*0*
Other information system	1	*6*	2	*3*	4	*10*	1	*20*
Total systems	**16**	***100***	**71**	***100***	**41**	***100***	**5**	***100***

Table 5. Summary of Quality Improvement Outcomes, by Type of Improvement Achieved

Type of Improvement	N	%
Time saved	68	*10*
Reduced number of steps	56	*8*
Costs saved	44	*6*
Costs avoided	40	*6*
Revenue generated due to billable service	8	*1*
Increased staff satisfaction	78	*11*
Organizational design improvements	101	*14*
Quality enhancements of operations, programs, or services	298	*43*
Other	6	*1*
All improvements	**699**	***100***

Table 6. Summary of How PHHS Block Grant Funds Were Used To Support Quality Improvement (QI), by Type of Health Department

Type of Health Department	Initiated New		Maintained Existing		Enhanced or Expanded		Sustained or Restored		Total Number of Programs, Operations, or Services for Which a QI Was Achieved
	N	%	N	%	N	%	N	%	
Recipient health department	19	*17*	39	*35*	43	*38*	11	*10*	112
Local health department	20	*10*	127	*61*	55	*27*	5	*2*	207
Tribal health department	1	*33*	2	*67*	0	*0*	0	*0*	3
Local organizations	3	*12*	14	*54*	9	*35*	0	*0*	26
All agencies	**43**	***12***	**182**	***52***	**107**	***31***	**16**	***5***	**348***

One jurisdiction's response was excluded from analysis of this item due to missing data, incomplete data validation, or known errors.

Table 7. Summary of Recipient Activities To Address National Standards or Conduct Accreditation-Related Activities* (n=50)

Activity	Recipient Activities		Recipient-Supported Local Health Department Activities		Recipient-Supported Tribal Health Department Activities	
	N	%	N	%	N	%
Paid for PHAB fees	10	*20*	4	*8*	1	*2*
Hired staff to support accreditation-related activities	14	*28*	8	*16*	2	*4*
Worked to meet and/or maintain performance against standards	22	*44*	17	*34*	6	*12*

Table presents duplicated data for activities supported by PHHS Block Grant funds.

Table 8. Summary of Emerging Needs Addressed, by Health Topic Area

Health Topic Area	N	%
Access to health services	8	*7*
Adolescent health	2	*2*
Cancer	1	*1*
Chronic kidney disease	1	*1*
Dementia, including Alzheimer's disease	1	*1*
Diabetes	1	*1*
Disability and health	1	*1*
Educational and community-based programs	2	*2*
Environmental health	5	*4*
Food safety	2	*2*
Global health	2	*2*
Health communication and health information technology	3	*3*
Heart disease and stroke	4	*3*
HIV	1	*1*
Immunization and infectious diseases	16	*14*
Injury and violence prevention	8	*7*
Maternal, infant, and child health	3	*3*
Mental health and mental disorders	7	*6*
Nutrition and weight status	2	*2*
Occupational safety and health	2	*2*
Oral health	1	*1*
Preparedness	5	*4*
Public health infrastructure	14	*12*
Sexually transmitted diseases	2	*2*
Social determinants of health	16	*14*
Substance abuse	5	*4*
Tobacco use	3	*3*
All health topic areas	**118**	***100***

Table 9. Summary of Characteristics of Emerging Public Health Needs Addressed

Characterization of Emerging Need	N	%
Newly developing	50	*42*
Newly prioritized	68	*58*
All emerging needs	**118**	***100***

Table 10. Summary of Methods Used To Identify Emerging Public Health Needs (N=118)

Identification Method	N	%
Conducted, monitored, or updated a jurisdiction health assessment	27	*23*
Conducted a topic- or program-specific assessment	30	*25*
Identified via surveillance systems or other data sources	54	*46*
Prioritized within a strategic plan	44	*37*
Declared as an emergency within your jurisdiction	13	*11*
Governor (or other political leader) established as a priority	23	*19*
Legislature established as a priority	9	*8*
Tribal government/elected official established as a priority	5	*4*
Other	10	*8*

Table 11. Summary of How PHHS Block Grant Funds Were Used To Support Emerging Public Health Needs

Use of PHHS Block Grant Funds	N	%
Initiated new effort to address the emerging public health need	26	*22*
Maintained existing effort to address the emerging public health need	23	*19*
Enhanced or expanded existing effort to address the emerging public health need	65	*55*
Sustained or restored an effort to address the emerging public health need	4	*3*
All emerging needs	**118**	***100***

Table 12. Summary of Strength of Evidence of Evidence-Based Public Health Interventions Implemented

Strength of Evidence Base	N	%
Rigorous*	**369**	***39***
Strong*	**261**	***28***
Moderate*	**146**	***15***
Weak	33	*3*
None	10	*1*
Not sure	128	*14*
All interventions	947	***100***

**Rigorous, strong, and moderate evidence-based interventions account for 82% of all interventions.*

Table 13. Summary of Characteristics of Interventions with Weak or No Evidence Base (n=43)

Strength of Evidence Base	Was the intervention untested, new, and/or innovative?			
	Yes		No	
	N	%	N	%
Weak or no evidence	27	*63*	16	*37*

Table 14. Summary of Data or Information Collected for Interventions with Weak or No Evidence Base (n=43)

Strength of Evidence Base	Was data or information collected to determine intervention effectiveness?			
	Yes		No	
	N	%	N	%
Weak or no evidence	28	*65*	15	*35*

Table 15. Summary of Health Topic Areas Addressed, by Strength of Evidence Base

Health Topic Area*	Rigorous Evidence		Strong Evidence		Moderate Evidence		Weak Evidence		No Evidence		Not Sure		Total
	N	%	N	%	N	%	N	%	N	%	N	%	N
1. Access to health services	0	0%	5	56%	2	22%	0	0%	0	0%	2	22%	9
2. Adolescent health	0	0%	4	57%	3	43%	0	0%	0	0%	0	0%	7
5. Cancer	10	43%	8	35%	4	17%	1	4%	0	0%	0	0%	23
9. Diabetes	8	47%	6	35%	2	12%	0	0%	0	0%	1	6%	17
10. Disability and health	0	0%	4	100%	0	0%	0	0%	0	0%	0	0%	4
11. Early and middle childhood	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	1
12. Educational and community-based programs	7	22%	12	38%	9	28%	1	3%	0	0%	3	9%	32
13. Environmental health	1	10%	5	50%	4	40%	0	0%	0	0%	0	0%	10
14. Family planning	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	1
15. Food safety	1	11%	3	33%	4	44%	1	11%	0	0%	0	0%	9
16. Global health	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%	1
17. Health communication and health information technology	0	0%	7	58%	4	33%	0	0%	0	0%	1	8%	12
18. Healthcare-associated infections	0	0%	5	100%	0	0%	0	0%	0	0%	0	0%	5
20. Heart disease and stroke	8	38%	7	33%	3	14%	1	5%	0	0%	2	10%	21
21. HIV	9	90%	1	10%	0	0%	0	0%	0	0%	0	0%	10
22. Immunization and infectious diseases	13	12%	14	13%	1	1%	0	0%	0	0%	77	73%	105
23. Injury and violence prevention	76	37%	53	26%	39	19%	23	11%	7	3%	7	3%	205
24. Lesbian, gay, bisexual, and transgender health	0	0%	1	100%	0	0%	0	0%	0	0%	0	0%	1
25. Maternal, infant, and child health	2	5%	30	81%	3	8%	0	0%	1	3%	1	3%	37
26. Medical product safety	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%	1
27. Mental health and mental disorders	8	29%	15	54%	2	7%	1	4%	0	0%	2	7%	28
28. Nutrition and weight status	21	23%	26	29%	32	35%	3	3%	0	0%	9	10%	91
29. Occupational safety and health	0	0%	2	100%	0	0%	0	0%	0	0%	0	0%	2
30. Older adults	0	0%	2	33%	2	33%	0	0%	1	17%	1	17%	6
31. Oral health	12	48%	6	24%	6	24%	0	0%	0	0%	1	4%	25

Table 15. Summary of Health Topic Areas Addressed, by Strength of Evidence Base (continued)

Health Topic Area	Rigorous Evidence		Strong Evidence		Moderate Evidence		Weak Evidence		No Evidence		Not Sure		Total
	N	%	N	%	N	%	N	%	N	%	N	%	N
32. Osteoporosis	2	*67%*	1	*33%*	0	*0%*	0	*0%*	0	*0%*	0	*0%*	3
33. Physical activity	29	*45%*	14	*22%*	8	*13%*	0	*0%*	0	*0%*	13	*20%*	64
34. Preparedness	0	*0%*	0	*0%*	2	*100%*	0	*0%*	0	*0%*	0	*0%*	2
35. Public health infrastructure	6	*23%*	17	*65%*	3	*12%*	0	*0%*	0	*0%*	0	*0%*	26
36. Respiratory diseases	2	*33%*	1	*17%*	1	*17%*	1	*17%*	0	*0%*	1	*17%*	6
37. Sexually transmitted diseases	1	*33%*	1	*33%*	1	*33%*	0	*0%*	0	*0%*	0	*0%*	3
39. Social determinants of health	6	*33%*	8	*44%*	2	*11%*	1	*6%*	0	*0%*	1	*6%*	18
40. Substance abuse	52	*87%*	1	*2%*	1	*2%*	0	*0%*	1	*2%*	5	*8%*	60
41. Tobacco use	92	*90%*	1	*1%*	8	*8%*	0	*0%*	0	*0%*	1	*1%*	102
Total	**369**		**261**		**146**		**33**		**10**		**128**		**947**

**Health Topic Areas and associated numbers align with Healthy People.*

Note: No interventions were conducted regarding health topic areas (3) Arthritis; (4) Blood disorders and blood safety; (6) Chronic kidney disease; (7) Chronic pain; (8) Dementias, including Alzheimer's disease; (19) Hearing and other sensory or communication disorders; (38) Sleep health; (42) Vision.

Table 16. Summary of How PHHS Block Grant Funds Were Used To Support Public Health Interventions*

Use of PHHS Block Grant Funds	N	%
Initiated new public health interventions	214	*23*
Maintained existing public health interventions	485	*51*
Enhanced or expanded existing public health interventions	224	*24*
Sustained or restored public health interventions	24	*3*
All public health interventions*	**947**	***100***

**Two jurisdictions' interventions were excluded from analysis of this item due to missing data, incomplete data validation, or known errors.*

Table 17. Summary of Recipient Activities To Build the Evidence Base for Public Health (n=50)

Activity	Recipient Activities		Recipient-Supported Local Health Department Activities		Recipient-Supported Tribal Health Department Activities		Recipient-Supported Local Organization Activities	
	N	%	N	%	N	%	N	%
Conducted, monitored, or updated a health assessment	23	*46*	22	*44*	5	*10*	7	*14*
Conducted a topic- or program-specific assessment	13	*26*	9	*18*	1	*2*	9	*18*
Analyzed or monitored surveillance or other types of data	29	*58*	11	*22*	2	*4*	12	*24*

Table 18. Summary of Recipient Activities To Support Evidence-Based Decision Making (n=50)

Activity	Recipient Activities		Recipient-Supported Local Health Department Activities		Recipient-Supported Tribal Health Department Activities		Recipient-Supported Local Organization Activities	
	N	%	N	%	N	%	N	%
Developed or updated a health improvement plan	17	*34*	*N/A*	*N/A*	4	*8*	*N/A*	*N/A*
Developed or updated a community health improvement plan	12	*21*	17	*34*	5	*10*	6	*12*
Developed or updated a topic- or program-specific action plan	22	*39*	10	*20*	2	*4*	10	*20*