Preventive Health and Health Services Block Grant

EVALUATION REPORT

2019 FRAMEWORK MEASURES ASSESSMENT—KEY FINDINGS

Centers for Disease Control and Prevention
Center for State, Tribal, Local, and Territorial Support

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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 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 www.cdc.gov/phhsblockgrant/2017evaluationreport.htm.

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 as well as health departments. Using version 1.5 of the framework, CDC conducted a second round of data collection. Data for the measures were self-reported by recipients during September 30–November 15, 2019, using a web-based questionnaire (OMB No. 0920-1257). The evaluation findings from these measures data are a key part of the PHHS Block Grant.

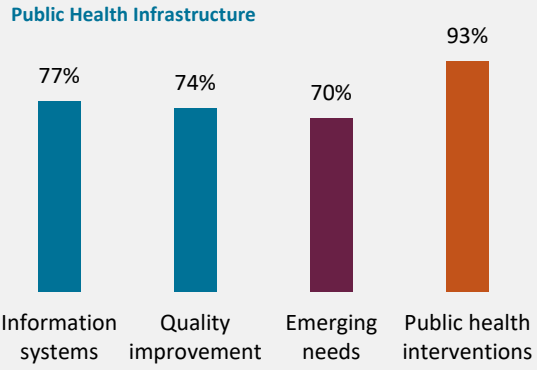
For more information about the PHHS Block Grant, please visit www.cdc.gov/phhsblockgrant.

CONTENTS

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 2019, 57 out of 61 PHHS Block Grant recipients (93%) completed a survey that assessed select outputs and outcomes achieved within recipient health departments, local health departments, and local organizations during July 2018–June 2019 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 57 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.

688 agencies

developed, improved, and/or maintained information systems

41 Recipient HDs	447 Local HDs	0 Tribal HDs	200 Local Orgs

Public Health Infrastructure-Quality Improved

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

434 agencies

achieved an efficiency and/or effectiveness quality improvement

34 Recipient HDs	317 Local HDs	2 Tribal HDs	81 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.

163

emerging public health needs were addressed using PHHS Block Grant funds

Evidence-Based Public Health Intervention Implemented

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

1,259

evidence-based public health interventions implemented

2019 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 2020*, 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 2020* 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.

Framework Measures

PHHS Block Grant recipients can focus their funding on more than 1,200 *Healthy People 2020* 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 2020* 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 2019 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 September 30–November 15, 2019, and PHHS Block Grant coordinators or their designees were asked to report information regarding achievements supported by the PHHS Block Grant from July 1, 2018, through June 30, 2019. 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

    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 (September 30–November 15, 2019).
3. **Multiple reminders:** Reminder emails were sent at 15 calendar days into the reporting period (October 14, 2019), at 22 calendar days into the reporting period (October 21, 2019), and at 29 calendar days into the reporting period (October 28, 2019).

Data Analysis

Data were aggregated and analyzed across all respondents. A descriptive analysis was conducted on quantitative data that determined frequencies, means, and medians. A thematic analysis was conducted with qualitative data collected from open-ended responses (see **Appendix C**).

The response rate was high, with 57 of the 61 recipients (93%) completing the survey.

Limitations

Two main limitations are identified for this analysis:

1. All data were self-reported. As a result, evaluators were unable to validate responses.
2. Outliers were found in all four measures, affecting 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, 57 (93%) reported data via the web-based questionnaire. The majority of recipients reported data on each measure (range = 70%–93%), and 98% (n=56) 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.

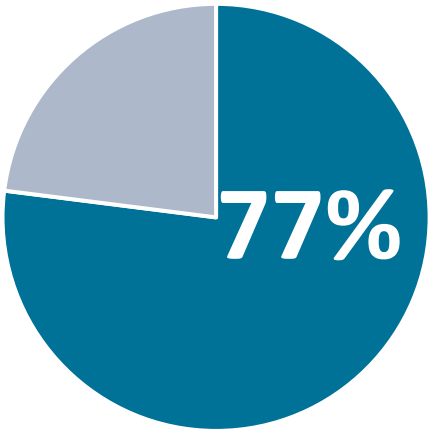
Findings are reported below by each framework measure.

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 57 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 57 respondents, 44 (77%) 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, 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 agencies and local agencies improved or maintained their information systems capacity.

Measure 1.1

688 agencies

developed, improved, and/or maintained information systems

A total of 688 agencies—41 recipients, 447 local health departments, and 200 local organizations—developed, improved, and/or maintained a total of 161 information systems. Recipient agencies directly supported the majority of the systems (n=131; 81%).

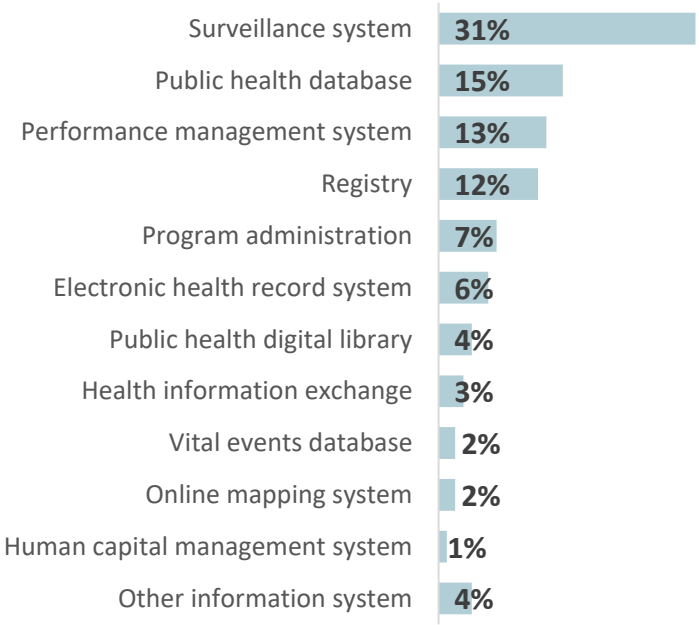
Information system improvements made by recipient health departments also benefited local and tribal agencies.

A total of 81 of the 131 information systems that were developed, improved, and/or maintained by recipients were made available for local and tribal agencies to use. Across the 33 recipients that made their information systems available to local and tribal agencies, an average of 57 local health departments, 6 tribal health departments, and 378 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, and performance management systems.

Nearly one-third of the information systems developed, improved, and/or maintained were surveillance systems (n=50, 31%). These surveillance systems included the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, the Pregnancy Risk Assessment Monitoring System, and the State Electronic Notifiable Diseases Surveillance System. Public health databases (n=24, 15%) and performance management systems (n=21, 13%) were also frequently reported information system types. Other systems improved included public health digital libraries (n=6, 4%), vital events databases (n=4, 2%), and online mapping systems (n=3, 2%). Four percent (n=7) of the other types of systems were uncategorized.

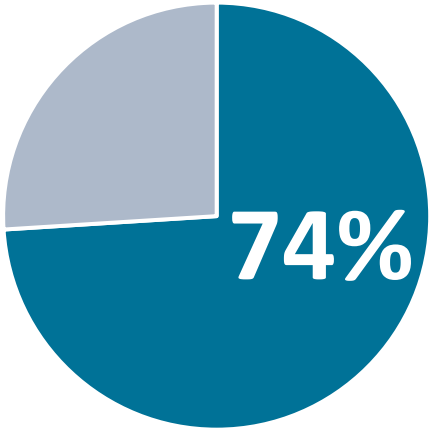
The top three types of information systems accounted for 59% of all system types (N=161).



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 57 recipients, most 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.[1]

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 57 respondents, 42 (74%) 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.

[1] 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.

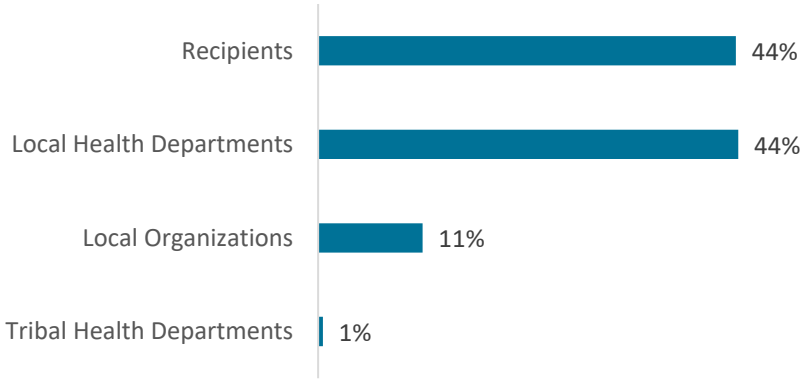
Measure 1.2

434 agencies

achieved an efficiency and/or effectiveness quality improvement

A total of 434 agencies—34 recipients, 317 local health departments, 2 tribal health departments, and 81 local organizations—achieved an efficiency and/or effectiveness quality improvement. These agencies achieved at least one quality improvement for 390 unique operations, programs, or services using PHHS Block Grant funds. Most of the operations, programs, or services (88%) were at the recipient health department or local health department.

88% of operations, programs, or services with improved efficiency or effectiveness were within recipient health departments and local health departments (n=390).



Most recipients working to improve efficiency and/or effectiveness used an established quality improvement approach.

27

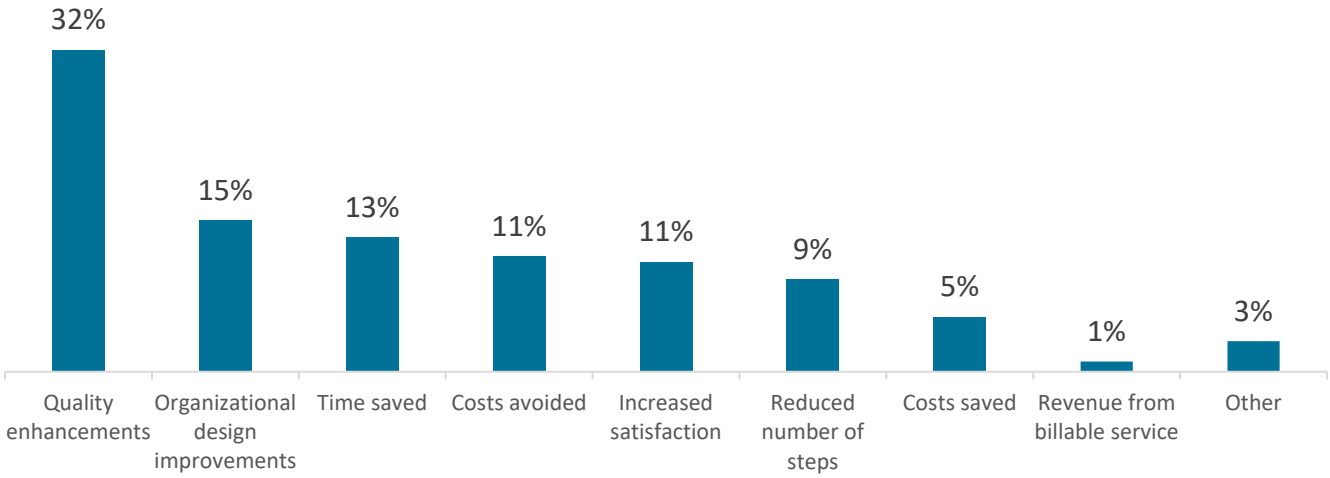
Recipients reported using an established quality improvement method

A total of 27 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 759 individual quality improvements were reported by recipients. Of these, effectiveness types of improvements were reported more frequently than efficiency improvements, representing 57% (n=435) and 40% (n=300), respectively. Other reported improvements (n=24) include building staff capacity on quality improvement methodologies and increased community engagement.

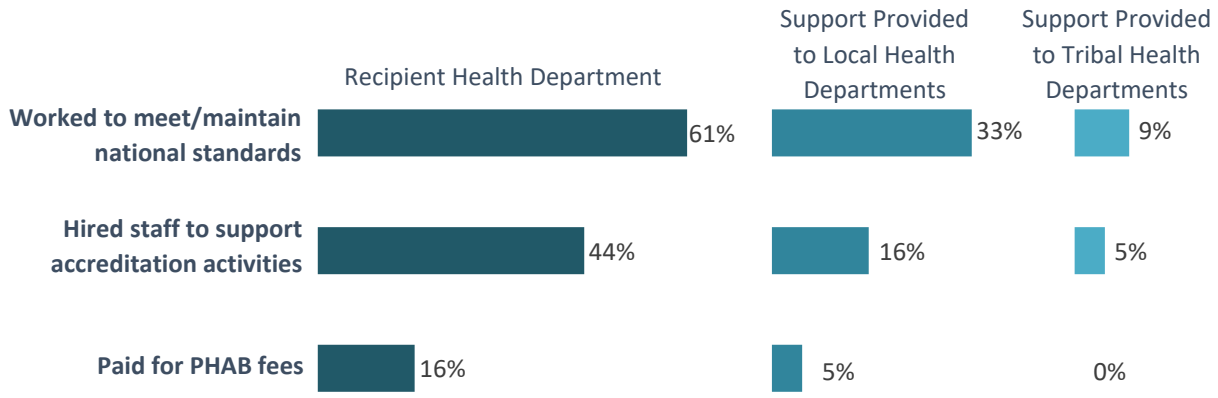
Nearly one-third of the 759 quality improvements focused on quality enhancement of services or programs.



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.

Most of the 57 respondents addressed national standards or accreditation-related activities as established by the Public Health Accreditation Board (PHAB).



Nearly two-thirds (n=35, 61%) of respondents used funds to support **work to meet or maintain performance** against national standards in their own health departments, while 33% (n=19) of recipients supported this work in local health departments, and 9% (n=5) of recipients supported this work in tribal health departments.

44% (n=25) of respondents used funds to **hire staff to support accreditation-related activities**, while 16% (n=9) of recipients supported this work in local health departments. Three recipients (5%) used funds to support tribal health departments for accreditation-related activities.

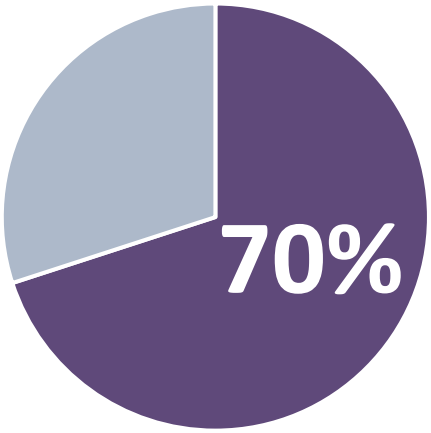
16% (n=9) of respondents used funds to **pay for PHAB fees**, while 5% (n=3) provided funds to local health departments for this purpose. No funds were used to help tribal health departments pay PHAB fees.

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 57 recipients, most 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 57 respondents, 40 (70%) reported using PHHS Block Grant funds to address emerging public health needs, such as diabetes and opioid and prescription drug abuse.

Emerging Public Health Needs—Key Findings

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

Measure 2.1

163 emerging public health needs addressed

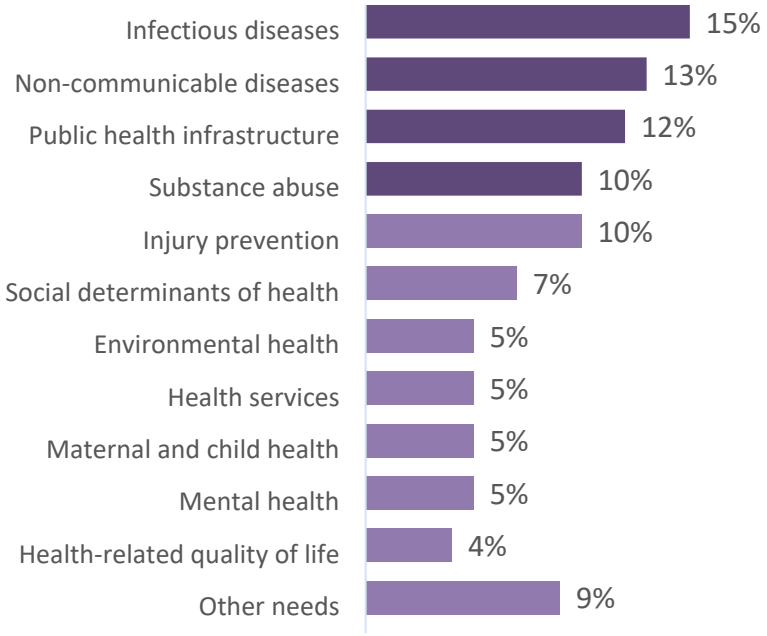
A total of 163 emerging public health needs were addressed using PHHS Block Grant funds. The majority (n=112, 69%) of the 163 emerging public health needs were characterized as newly prioritized.[2]

Various types of emerging public health needs were addressed.

The emerging public health needs addressed were varied, with the top four topic areas accounting for half (50%) of all emerging needs reported. Infectious diseases, such as bacterial infections, viral infections, arboviral diseases, foodborne illnesses, and sexually transmitted diseases, accounted for 15%. Chronic diseases and associated risk factors, or non-communicable diseases, represented 13% of emerging needs addressed; these topics include obesity, physical activity/nutrition, tobacco, and diabetes. Public health infrastructure, including workforce development and health information technology, made up 12% of emerging needs. Substance abuse (e.g., opioid and prescription drug abuse, prevention, and education) accounted for 10% of emerging needs addressed.

Other emerging needs addressed included dementia/Alzheimer's disease, hearing, lesbian, gay, bisexual, and transgender health, and occupational health.

Half of all emerging public health needs (N=163) addressed four topic areas.



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

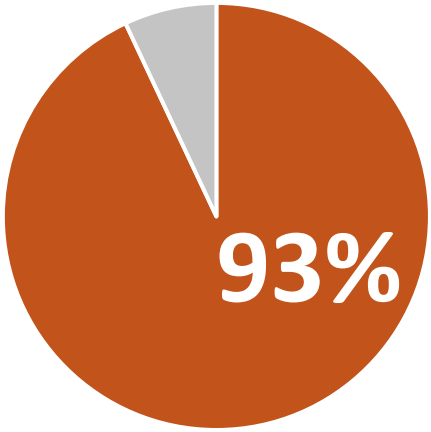
Various methods were used to identify and prioritize the 163 emerging public health needs. Forty-five percent of the emerging needs addressed were identified using surveillance systems or other data sources. Prioritizing emerging public health needs within a strategic plan was the next most frequently identified method, with 32% of needs identified in this way. Using jurisdiction health assessments (e.g., state health assessments) was also among the top methods for identifying emerging needs; 28% of needs were identified using jurisdiction health assessments.

[2] 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 Interventions Implemented

Measure 3.1: Number of evidence-based public health interventions implemented using PHHS Block Grant funds

Of the 57 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.[3]

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 57 respondents, 53 (93%) reported using PHHS Block Grant funds to implement a total of 1,544 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.

[3] *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

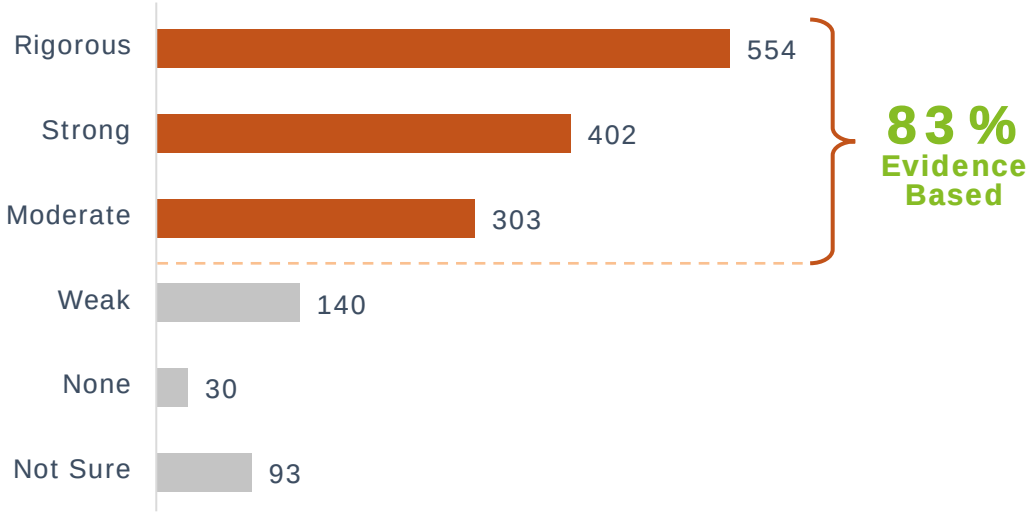
The majority of public health interventions implemented were evidence based.

Measure 3.1

1,259 evidence-based public health interventions

Of the 1,522 public health interventions[4] that recipients implemented, 1,259 (83%) were evidence based (i.e., supported by moderate, strong, or rigorous evidence according to the *Healthy People 2020* strength of evidence rating criteria); 63% of all public health interventions implemented were supported by rigorous and strong evidence.

Evidence-based public health interventions accounted for 83% of all interventions implemented (n=1522)



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

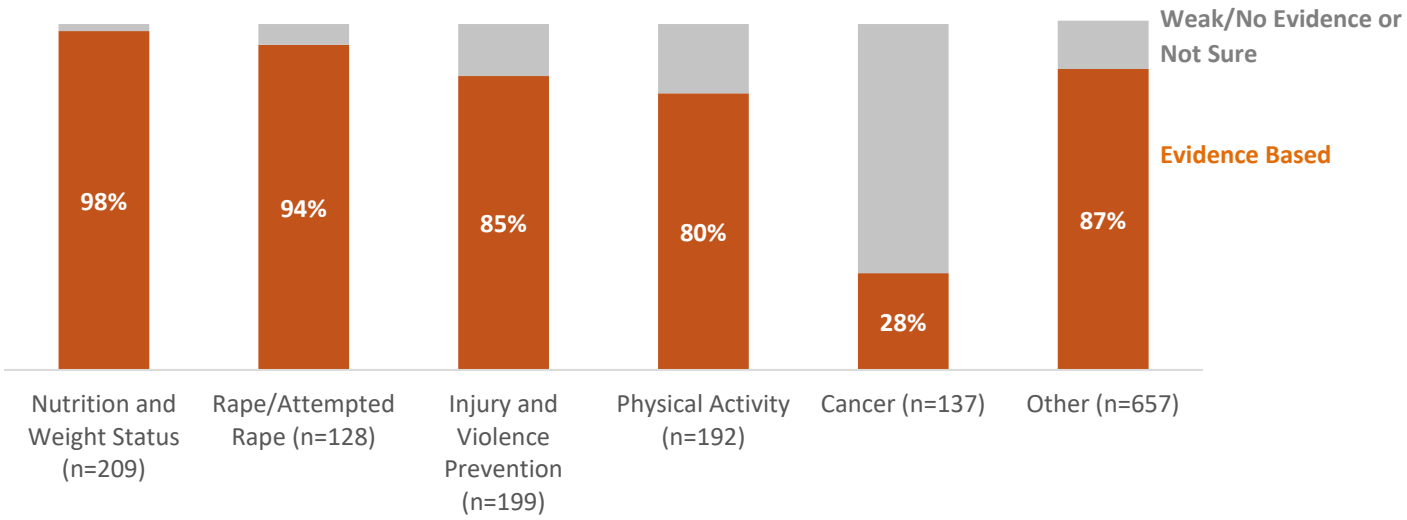
Of the 170 interventions with a weak or no evidence base, 58 were untested, innovative, and/or new. Also, of the 170 interventions, recipients collected data on 93 of these interventions to determine whether they were effective at achieving intended outcomes, thereby contributing to practice-based evidence for public health.

The top *Healthy People 2020* topic areas addressed were nutrition and weight status, injury and violence prevention, physical activity, cancer, and rape/attempted rape.

Of the public health interventions implemented, 209 addressed nutrition and weight status, 199 addressed injury and violence prevention, 192 addressed physical activity, 137 addressed cancer, and 128 addressed rape/attempted rape. For the majority of health topic areas, evidence-based interventions accounted for more than 85% of the interventions implemented. For a few health topic areas, such as cancer, many interventions had weak or no evidence, or the level of evidence was unknown or uncertain.

[4] 22 of the 1,544 public health interventions were excluded from analysis due to missing data, incomplete data validation, or identified errors.

The majority of the interventions implemented across all *Healthy People 2020* health topic areas were evidence based.



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.

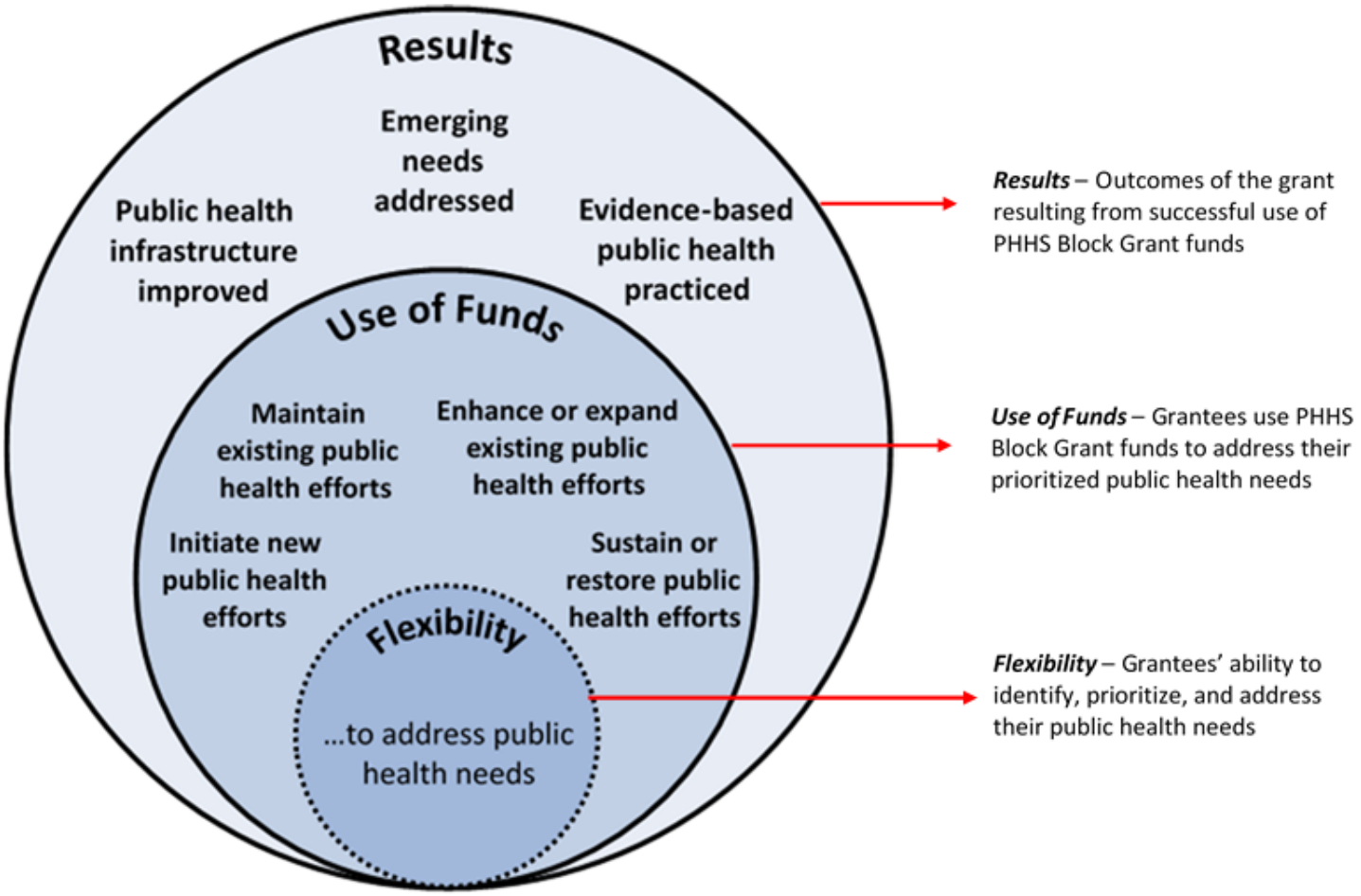
Health assessments at the jurisdiction level (e.g., state, territory) were conducted, monitored, or updated by 25 (44%) recipients. In addition, community health assessments conducted, monitored, or updated by local health departments were supported by 20 recipients (35%); 3 recipients (5%) supported tribal health departments for this activity. Other health-related assessments, such as topic-specific and program-specific assessments, were conducted by 19 (33%) recipients. These types of assessments were also supported within local health departments by 15 (26%) 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 20 (35%) recipients. Community health improvement plans were developed or updated by 13 recipients (23%), while 19 (33%) recipients supported health improvement planning in local health departments, 2 (4%) in tribal health departments, and 12 (21%) in local organizations. Topic-specific or program-specific action plans were developed or updated by 26 (46%) recipients, while 14 (25%) recipients supported development of topic-specific or program-specific action plans in local health departments, 1 (2%) in tribal health departments, and 15 (26%) 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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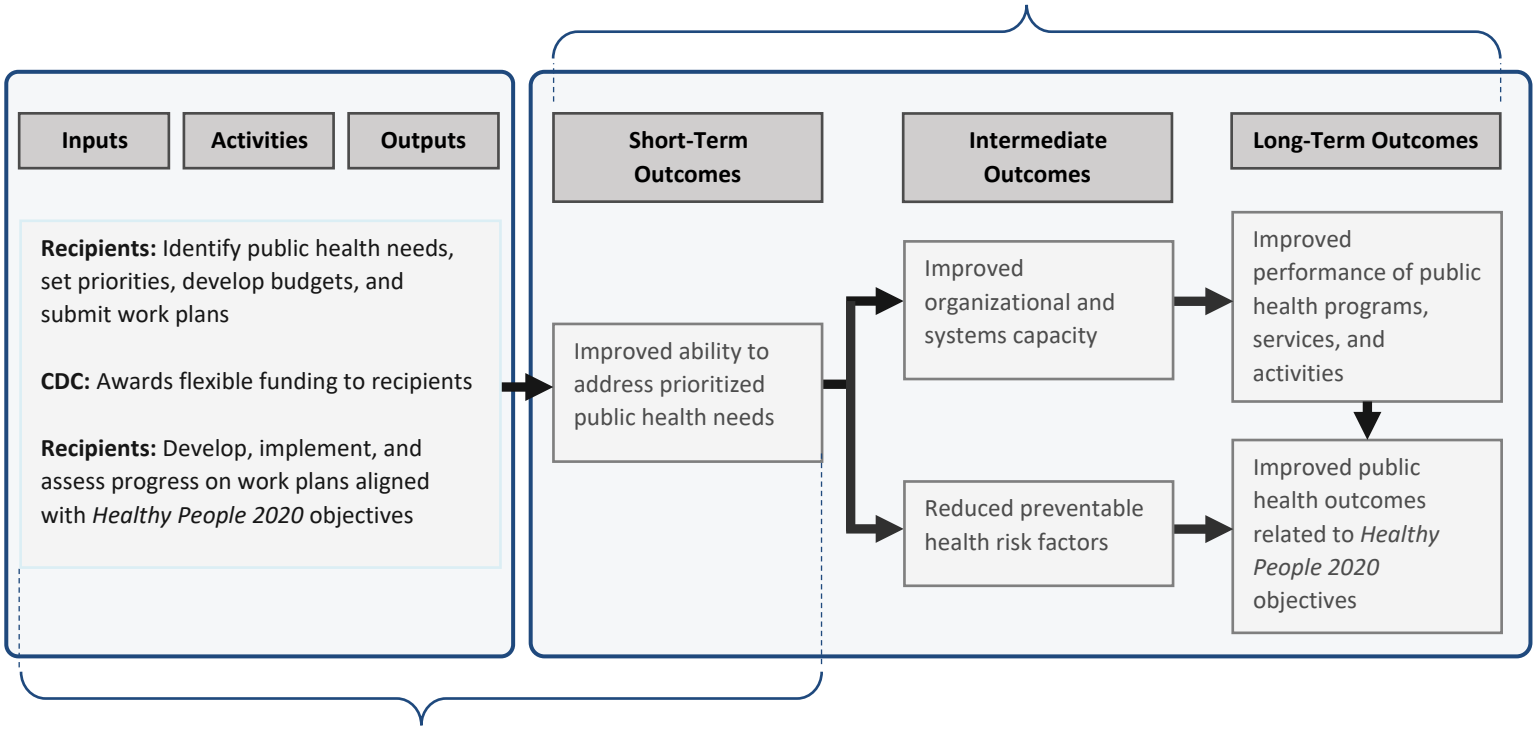
APPENDIX B – PHHS BLOCK GRANT LOGIC MODEL

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 2020* objectives?

Appendix C – 2019 Framework Measures Assessment—Data Tables

The data tables below present results from the 2019 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 61 Total Recipients

PHHS Block Grant Measure	N	%
PHI 1.1 Information Systems Capacity Improved	57	*93.4*
PHI 1.2 Quality Improved	57	*93.4*
EN 2.1 Emerging Public Health Needs Addressed	57	*93.4*
EBPH 3.1 Evidence-Based Public Health Interventions Implemented	57	*93.4*
Overall survey response rate	**57**	***93.4***

Table 2. Summary of Recipient Reporting, by Measure (n=57)

PHHS Block Grant Measure	N	%
PHI 1.1 Information Systems Capacity Improved	44	*77.2*
PHI 1.2 Quality Improved	42	*73.7*
EN 2.1 Emerging Public Health Needs Addressed	40	*70.2*
EBPH 3.1 Evidence-Based Public Health Interventions Implemented	53	*93.0*
Reported on at least 1 measure	56	*98.2*
Reported on all 4 measures	27	*47.4*
Did not report on any measure	1	*1.8*

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

Type of System	N	%
Laboratory data system	0	*0.0*
Surveillance system	50	*31.1*
Vital events database	4	*2.5*
Registry	19	*11.8*
Performance management system	21	*13.0*
Program administration	12	*7.5*
Financial management system	0	*0.0*
Human capital management system	1	*0.6*
Health information exchange	5	*3.1*
Electronic health record system	9	*5.6*
Public health database	24	*14.9*
Public health digital library	6	*3.7*
Online mapping system	3	*1.9*
Other information system	7	*4.3*
All systems	**161**	***100.0***

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	*0.0*	0	*0.0*
Surveillance system	8	*25.0*	28	*35.4*	12	*26.1*	2	*50.0*
Vital events database	1	*3.1*	2	*2.5*	1	*2.2*	0	*0.0*
Registry	1	*3.1*	11	*13.9*	6	*13.0*	1	*25.0*
Performance management system	4	*12.5*	14	*17.7*	3	*6.5*	0	*0.0*
Program administration	6	*18.8*	3	*3.8*	3	*6.5*	0	*0.0*
Financial management system	0	*0.0*	0	*0.0*	0	*0.0*	0	*0.0*
Human capital management system	0	*0.0*	0	*0.0*	1	*2.2*	0	*0.0*
Health information exchange	0	*0.0*	1	*1.3*	4	*8.7*	0	*0.0*
Electronic health record system	2	*6.3*	4	*5.1*	3	*6.5*	0	*0.0*
Public health database	8	*25.0*	5	*6.3*	10	*21.7*	1	*25.0*
Public health digital library	1	*3.1*	4	*5.1*	1	*2.2*	0	*0.0*
Online mapping system	0	*0.0*	2	*2.5*	1	*2.2*	0	*0.0*
Other information system	1	*3.1*	5	*6.3*	1	*2.2*	0	*0.0*
Total systems	**32**	***100.0***	**79**	***100.0***	**46**	***100.0***	**4**	***100.0***

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

Type of Improvement	N	%
Time saved	100	*13.2*
Reduced number of steps	69	*9.1*
Costs saved	41	*5.4*
Costs avoided	86	*11.3*
Revenue generated due to billable service	4	*0.5*
Increased staff satisfaction	82	*10.8*
Organizational design improvements	113	*14.9*
Quality enhancements of operations, programs, or services	240	*31.6*
Other	24	*3.2*
All improvements	**759**	***100.0***

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	62	*36.0*	49	*28.5*	49	*28.5*	12	*7.0*	172
Local health department	42	*24.9*	86	*50.9*	36	*21.3*	5	*3.0*	169
Tribal health department	1	*50.0*	0	*0.0*	0	*0.0*	1	*50.0*	2
Local organizations	7	*16.7*	30	*71.4*	5	*11.9*	0	*0.0*	42
All agencies	**112**	***29.1***	**165**	***42.9***	**90**	***23.4***	**18**	***4.7***	**385***

**Five program, operations, or services 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=57)

Activity	Recipient Activities		Recipient-Supported Local Health Department Activities		Recipient-Supported Tribal Health Department Activities	
	N	%	N	%	N	%
Paid for PHAB fees	9	*15.8*	3	*5.3*	0	*0.0*
Hired staff to support accreditation-related activities	25	*43.9*	9	*15.8*	3	*5.3*
Worked to meet and/or maintain performance against standards	35	*61.4*	19	*33.3*	5	*8.8*

**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	%
Environmental health	9	*5.6*
Oral health (e.g., water fluoridation)	*5*	*3.1*
Environmental health (e.g., laboratory testing, Legionella, housing)	*4*	*2.5*
Health equity/social determinants of health	12	*7.4*
Health services	8	*4.9*
Health-related quality of life and well-being	7	*4.3*
Infectious diseases	24	*14.8*
Bacterial and viral infections	*13*	*8.0*
Foodborne illnesses/food safety	*6*	*3.7*
Healthcare-associated infections	*1*	*0.6*
Sexually transmitted diseases	*4*	*2.5*
Injury prevention	16	*10.0*
Elderly care	*1*	*0.6*
Injury and violence (e.g., adverse childhood experiences, human trafficking)	*9*	*5.5*
Sexual violence prevention	*6*	*3.7*
Maternal and child health	8	*4.9*
Mental health	8	*4.9*
Noncommunicable diseases	21	*13*
Cancer	*1*	*0.6*
Chronic kidney disease	*1*	*0.6*
Heart disease and stroke	*4*	*2.5*
Obesity	*4*	*2.5*
Physical activity/nutrition	*4*	*2.5*
Tobacco	*6*	*3.7*
Other	*1*	*0.6*
Public health infrastructure	19	*11.7*
Substance abuse	17	*10.4*
Other	14	*8.5*
All health topic areas	**163**	***100.0***

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

Characterization of Emerging Need	N	%
Newly developing	51	*31.3*
Newly prioritized	112	*68.7*
All emerging needs	**163**	***100.0***

Table 10. Summary of Methods Used to Identify Emerging Public Health Needs (N=163)

Identification Method	N	%
Conducted, monitored, or updated a jurisdiction health assessment	45	*27.6*
Conducted a topic- or program-specific assessment	33	*20.2*
Identified via surveillance systems or other data sources	73	*44.8*
Prioritized within a strategic plan	52	*31.9*
Declared as an emergency within your jurisdiction	13	*8.0*
Governor (or other political leader) established as a priority	28	*17.2*
Legislature established as a priority	10	*6.1*
Tribal government/elected official established as a priority	3	*1.8*
Other	12	*7.4*

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	51	*31.3*
Maintained existing effort to address the emerging public health need	34	*20.9*
Enhanced or expanded existing effort to address the emerging public health need	73	*44.8*
Sustained or restored an effort to address the emerging public health need	5	*3.1*
All emerging needs	**163**	***100.0***

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

Strength of Evidence Base	N	%
Rigorous*	**554**	***36.4***
Strong*	**402**	***26.4***
Moderate*	**303**	***19.9***
Weak	140	*9.2*
None	30	*2.0*
Not sure	93	*6.1*
All interventions	**1,522**	***100.0***

Rigorous, strong, and moderate evidence-based interventions account for 82.7% of all interventions.

Table 13. Summary of Characteristics of Interventions with Weak or No Evidence Base (n=170)

Strength of Evidence Base	Was the intervention untested, new, and/or innovative?			
	Yes		No	
	N	%	N	%
Weak or no evidence	58	*34.1*	112	*65.9*

Table 14. Summary of Data or Information Collected for Interventions with Weak or No Evidence Base (n=170)

Strength of Evidence Base	Was data or information collected to determine intervention effectiveness?			
	Yes		No	
	N	%	N	%
Weak or no evidence	93	*54.7*	77	*45.3*

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	1	10.0	4	40.0	4	40.0	0	0.0	1	10.0	0	0.0	10	0.7
2. Adolescent health	2	66.7	1	33.3	0	0.0	0	0.0	0	0.0	0	0.0	3	0.2
3. Arthritis, osteoporosis, and chronic back conditions	0	0.0	0	0.0	2	100.0	0	0.0	0	0.0	0	0.0	2	0.1
4. Blood disorders and blood safety	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Cancer	12	8.8	26	19.0	1	0.7	51	37.2	1	0.7	46	33.6	137	9.0
6. Chronic kidney disease	0	0.0	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0	1	0.1
7. Dementias, including Alzheimer's disease	0	0.0	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.1
8. Diabetes	29	30.5	48	50.5	8	8.4	2	2.1	8	8.4	0	0.0	95	6.2
9. Disability and health	0	0.0	2	28.6	0	0.0	0	0.0	5	71.4	0	0.0	7	0.5
10. Early and middle childhood	2	40.0	1	20.0	1	20.0	1	20.0	0	0.0	0	0.0	5	0.3
11. Educational and community-based programs	7	35.0	9	45.0	3	15.0	1	5.0	0	0.0	0	0.0	20	1.3
12. Environmental health	6	46.2	1	7.7	4	30.8	0	0.0	0	0.0	2	15.4	13	0.9
13. Family planning	1	25.0	3	75.0	0	0.0	0	0.0	0	0.0	0	0.0	4	0.3
14. Food safety	9	75.0	0	0.0	2	16.7	1	8.3	0	0.0	0	0.0	12	0.8
15. Genomics	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16. Global health	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0	1	0.1
17. Health communication and health information technology	0	0.0	3	42.9	2	28.6	0	0.0	0	0.0	2	28.6	7	0.5
18. Health-related quality of life and well-being	1	5.9	14	82.4	2	11.8	0	0.0	0	0.0	0	0.0	17	1.1
19. Healthcare-associated infections	2	66.7	0	0.0	0	0.0	1	33.3	0	0.0	0	0.0	3	0.2
20. Hearing and other sensory or communication disorders	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21. Heart disease and stroke	10	17.9	43	76.8	2	3.6	1	1.8	0	0.0	0	0.0	56	3.7
22. HIV	1	50.0	1	50.0	0	0.0	0	0.0	0	0.0	0	0.0	2	0.1

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	%
23. Immunization and infectious diseases	10	*62.5*	3	*18.8*	0	*0.0*	1	*6.3*	1	*6.3*	1	*6.3*	16	*1.1*
24. Injury and violence prevention	44	*22.1*	39	*19.6*	87	*43.7*	18	*9.0*	7	*3.5*	4	*2.0*	199	*13.1*
25. Lesbian, gay, bisexual, and transgender health	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*
26. Maternal, infant, and child health	4	*28.6*	6	*42.9*	1	*7.1*	2	*14.3*	1	*7.1*	0	*0.0*	14	*0.9*
27. Medical product safety	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*
28. Mental health and mental disorders	1	*3.1*	24	*75.0*	5	*15.6*	1	*3.1*	0	*0.0*	1	*3.1*	32	*2.1*
29. Nutrition and weight status	57	*27.3*	69	*33.0*	79	*37.8*	4	*1.9*	0	*0.0*	0	*0.0*	209	*13.7*
30. Occupational safety and health	1	*50.0*	1	*50.0*	0	*0.0*	0	*0.0*	0	*0.0*	0	*0.0*	2	*0.1*
31. Older adults	1	*7.7*	10	*76.9*	1	*7.7*	1	*7.7*	0	*0.0*	0	*0.0*	13	*0.9*
32. Oral health	21	*58.3*	9	*25.0*	0	*0.0*	5	*13.9*	1	*2.8*	0	*0.0*	36	*2.4*
33. Physical activity	130	*67.7*	17	*8.9*	6	*3.1*	38	*19.8*	1	*0.5*	0	*0.0*	192	*12.6*
34. Preparedness	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*
35. Public health infrastructure	1	*8.3*	6	*50.0*	2	*16.7*	1	*8.3*	0	*0.0*	2	*16.7*	12	*0.8*
36. Respiratory diseases	10	*83.3*	2	*16.7*	0	*0.0*	0	*0.0*	0	*0.0*	0	*0.0*	12	*0.8*
37. Sexually transmitted diseases	3	*33.3*	1	*11.1*	4	*44.4*	0	*0.0*	0	*0.0*	1	*11.1*	9	*0.6*
38. Sleep health	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*
39. Social determinants of health	0	*0.0*	6	*42.9*	5	*35.7*	1	*7.1*	1	*7.1*	1	*7.1*	14	*0.9*
40. Substance abuse	73	*62.4*	3	*2.6*	6	*5.1*	3	*2.6*	0	*0.0*	32	*27.4*	117	*7.7*
41. Tobacco use	102	*91.1*	7	*6.3*	2	*1.8*	1	*0.9*	0	*0.0*	0	*0.0*	112	*7.4*
42. Vision	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*	0	*0*
43. Emergency medical services*	4	*50.0*	3	*37.5*	0	*0.0*	1	*12.5*	0	*0.0*	0	*0.0*	8	*0.5*
44. Rape or attempted rape*	9	*7.0*	38	*29.7*	73	*57.0*	5	*3.9*	3	*2.3*	0	*0.0*	128	*8.4*
Total	**554**		**402**		**303**		**140**		**30**		**93**		**1,522**	***100.0***

**"Emergency medical services" and "Rape or attempted rape" are in addition to the 42* Healthy People 2020 *health topic areas to which recipients can allocate funds.*

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	416	*27.5*
Maintained existing public health interventions	713	*47.1*
Enhanced or expanded existing public health interventions	342	*22.6*
Sustained or restored public health interventions	43	*2.8*
All public health interventions*	**1,514**	***100.0***

**Thirty public 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=57)

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	25	*43.9*	20	*35.1*	3	*5.3*	5	*8.8*
Conducted a topic- or program-specific assessment	19	*33.3*	15	*26.3*	1	*1.8*	10	*17.5*
Analyzed or monitored surveillance or other types of data	41	*71.9*	16	*28.1*	1	*1.8*	11	*19.3*

Table 18. Summary of Recipient Activities to Support Evidence-Based Decision Making (n=57)

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	20	*35.1*	*N/A*	*N/A*	1	*1.8*	*N/A*	*N/A*
Developed or updated a community health improvement plan	13	*22.8*	19	*33.3*	2	*3.5*	12	*21.1*
Developed or updated a topic- or program-specific action plan	26	*45.6*	14	*24.6*	1	*1.8*	15	*26.3*