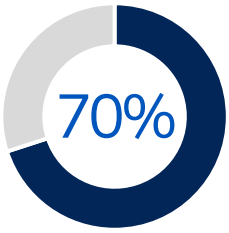
PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

2025 Assessment Key Findings

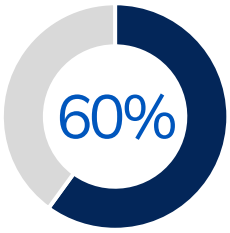
The Centers for Disease Control and Prevention (CDC) is conducting an evaluation of the Preventive Health and Health Services (PHHS) Block Grant. The PHHS Block Grant provides federal funding to 61 recipients—all 50 states, the District of Columbia, 2 American Indian tribes, 5 US territories, and 3 freely associated states to support critical unfunded or underfunded public health needs, including prevention services and outbreak control.

In fall 2025, 43 out of 61 PHHS Block Grant recipients (70%) completed a survey assessing outputs and outcomes achieved between July 2024 and June 2025. Overall, findings show that respondents used the PHHS Block Grant to strengthen the foundational public health system by enabling state, tribal, local, and territorial agencies to improve public health infrastructure, address emerging public health needs, and practice evidence-based public health.

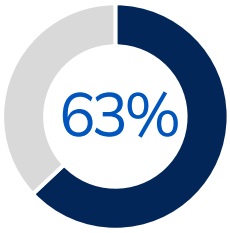
In 2025, PHHS Block Grant respondents universally used funds for public health interventions (100%), while 70% used funds for information systems, 60% for quality improvements, and 63% for emerging needs.



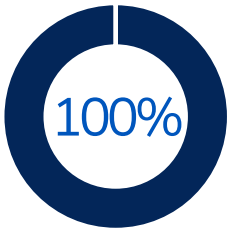
Information systems capacity improved



Quality improved



Emerging needs addressed



Public health interventions implemented

Information Systems and Quality Improved

PHHS Block Grant investments strengthen public health infrastructure by improving information systems capacity to collect, process, and secure timely, accurate data that support better decisions, efficient service delivery, and rapid responses to changing needs. The grant also advances quality improvements across agency operations, programs, and services to better meet community needs, boost performance, and reduce inefficiencies.

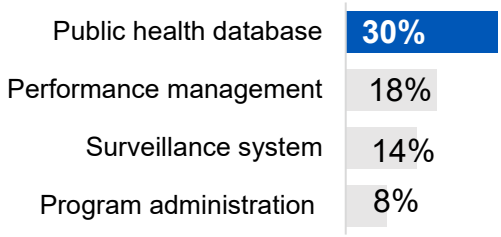
763

Agencies developed, improved, and/or maintained **information systems** across 485 local organizations, 239 local health departments, 27 recipient health departments, and 12 tribal health departments, showing broad reach.

175

Agencies achieved **quality improvements** across 114 local health departments, 34 local organizations, 23 recipient health departments, and 4 tribal health departments. The most common approach was implementing the Plan-Do-Study-Act (PDSA) Cycle.

Public health databases (e.g., publicly available data dashboards) were the most frequently supported systems, followed by performance management and surveillance systems.



Quality Improvement: Public Health Accreditation

65% of (28/43) of respondents addressed Public Health Accreditation Board (PHAB) national standards or accreditation activities. Public health accreditation ensures health departments meet nationally recognized standards, which may improve performance, accountability, and community health outcomes.

Among the 28 respondents reporting accreditation activities:

79% (n=22) focused on improving their health departments, 39% (n=11) supported local health departments, and 18% (n=5) supported tribal health department work in meeting national standards.

43% (n=12) hired staff within their recipient health departments, 25% (n=7) hired staff to support local health departments/agencies, and 4% (n=1) hired staff to support tribal health departments.

32% (n=9) paid PHAB fees for their recipient health departments, 7% (n=2) for local health departments/agencies, and 4% (n=1) for tribal health departments.

**Percentages may not sum to 100% because respondents could report more than one activity.*

Emerging Public Health Needs Addressed

PHHS Block Grant supports public health agency efforts to address emerging public health needs within their jurisdiction. Emerging needs are public health issues that are beginning to present themselves as problems within the recipient's jurisdiction.

140 **unique emerging needs addressed**

Three most frequently reported emerging public health needs were mental health, injury and violence prevention, and substance use.

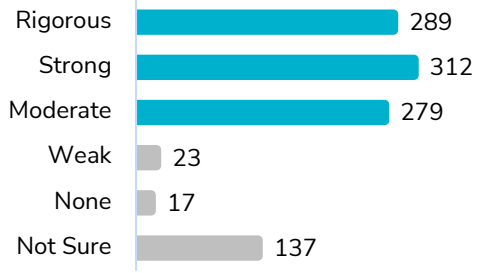
1. Mental health & mental disorders (n=15)
2. Injury and violence prevention (n=14)
3. Substance use (n=12)

Evidence-Based Public Health Interventions Implemented

Respondents implemented 1,057 public health interventions. 83% of those interventions were evidence-based, ensuring that decisions and practices maximize effectiveness, safety, and efficient use of resources. Of the 40 interventions with a weak or no evidence base, respondents collected data on 10 of these interventions to determine whether they were effective at achieving intended outcomes, thereby contributing to practice-based evidence for public health.

880

evidence-based interventions implemented



83% Evidence Based