

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

2025 Framework Measures Assessment



Key Findings



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2025 FRAMEWORK MEASURES ASSESSMENT – KEY FINDINGS

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Preface

The findings presented in this assessment 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 (e.g., results) of the grant. The framework defines and describes four measures for assessing three cross-cutting results from recipients' use of funds. The findings include reported use of funds and associated outcomes, not causal evidence that the grant produced system strengthening.

The previous cycle of data collected on the measures was conducted in 2022. The final report for the 2022 data collection is accessible at [EXECUTIVE SUMMARY | 2022 Framework Measures Assessment – Key Findings](#).

Using version 1.5 of the framework, CDC conducted a fourth cycle of data collection in 2025 (previous cycles were in 2017, 2019, and 2022). Data for the measures were self-reported by recipients during October 6–December 10, 2025, 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 tribal nations, 5 US territories, and 3 freely associated states. In fall 2025, 43 out of 61 PHHS Block Grant recipients (70%) completed a web-based questionnaire (OMB No. 0920-1257) that assessed select outputs and outcomes achieved using grant funds within recipient health departments (HDs), local health departments, and local organizations during July 2024–June 2025. Overall, findings show that respondents use PHHS Block Grant funds to support activities aligned with strengthening public health infrastructure (information systems capacity and quality improvement), addressing emerging public health needs, and practicing evidence-based public health. The findings reinforce the PHHS Block Grant’s necessity, federal value, and meaningful impact across public health systems.

PUBLIC HEALTH INFRASTRUCTURE

Information Systems Capacity Improved

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

763 agencies

developed, improved, and/or
maintained information systems

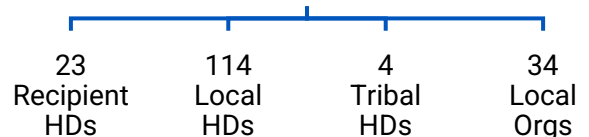


Quality Improved

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

175 agencies

achieved an efficiency and/or
effectiveness quality improvement



Emerging Public Health Needs Addressed

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

140 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.

880 evidence-based public health
interventions implemented

2025 Framework Measures Assessment

Background

For more than 40 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, 2 tribal nations, 5 US territories, and 3 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 (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

Strategic 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”) was developed in 2017, in collaboration with a variety of interest holders, including recipients and the Association of State and Territorial Health Officials (ASTHO) to assess the outputs and outcomes resulting from recipients' use of grant funds. (See Appendix A for an illustrative model on the framework.) 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 in 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. This flexibility also enables recipients to direct the use of funds in various ways to address jurisdiction-specific needs reflected in the 140 emerging needs addressed in 2025 and to respond rapidly as new priorities arise, such as mental health, social determinants of health, injury, and violence prevention. Flexibility further supports essential infrastructure activities, including information systems and quality improvement work, that traditional categorical funding often cannot cover. 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. Measures are used to aggregate these outputs and outcomes across all recipients and assess the grant.

¹ [Healthy People 2030 | health.gov](https://health.gov/healthy-people)

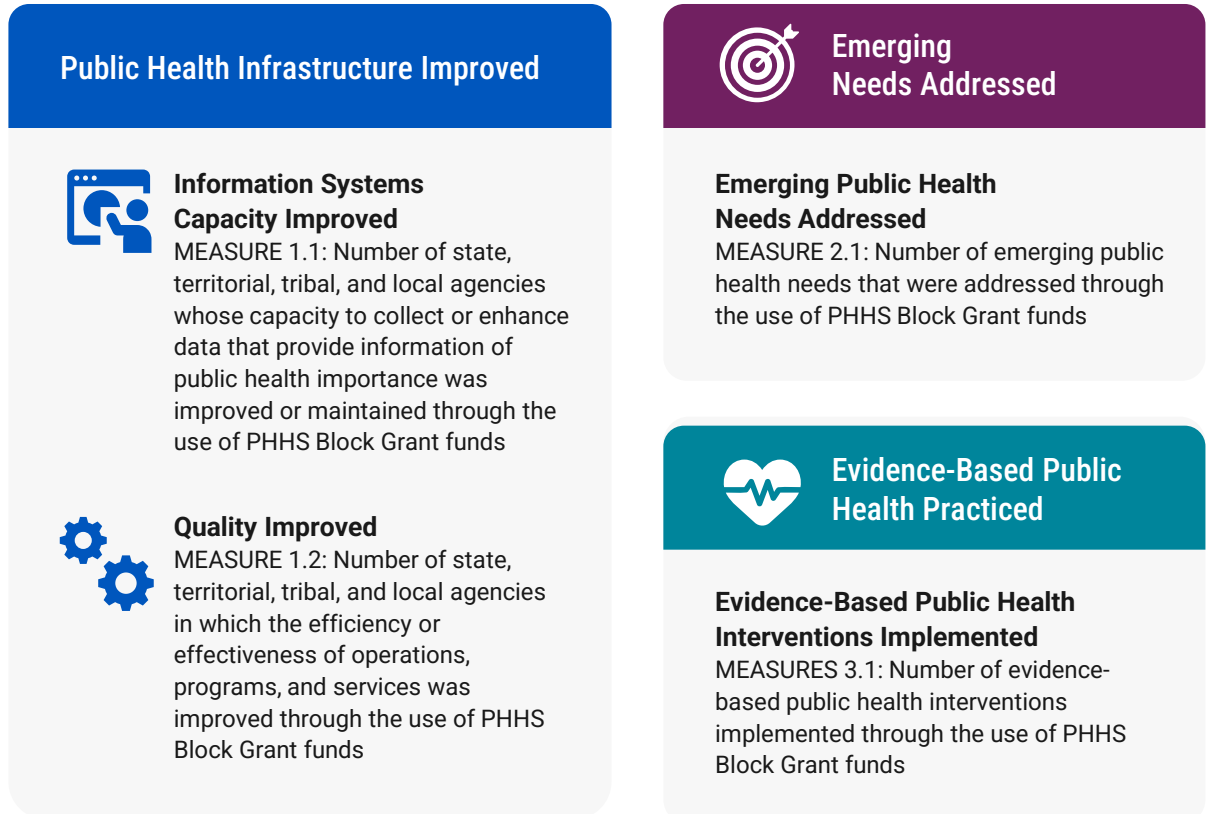
Framework Measures

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 the 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



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 2025 Framework Measures Assessment was distributed to the 61 PHHS Block Grant coordinators via a web-based questionnaire (OMB No. 0920-1257). 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®. The initial survey period was October 6–November 14, 2025; however, it was extended to December 10, 2025, due to a 43-day lapse in government funding. PHHS Block Grant coordinators or their designees were asked to report information regarding achievements supported by the PHHS Block Grant from July 1, 2024, through June 30, 2025. Because PHHS Block Grant funds are multi-year funds (e.g., 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 data collectionIn 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 48 business days (October 6–December 10, 2025).

3. Multiple reminders: Reminder emails were sent October 15, 2025, October 22, 2025, October 30, 2025, November 24, 2025, and December 4, 2025. Extensions were provided due to lapse in government funding.
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. Validation included addressing logic and math errors, ensuring completeness of data, and allowing for respondent edits. Each validated response was confirmed by the respondent.

Data Analysis

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

The response rate was average, with 43 of the 61 recipients (70%) completing the survey. This is lower than the prior collection response rate in 2022 where 50 of the 61 recipients (82%) completed the survey.

Limitations

Three 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.
3. Though quality assurance checks were completed, there is a potential for response bias.

Key Findings

Of the 61 recipients, 43 (70%) reported data via the web-based questionnaire. The majority of recipients reported data on each measure (range = 60%–100%), and 100% (n=43) reported data on at least one measure.

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 in the next section by framework measure.

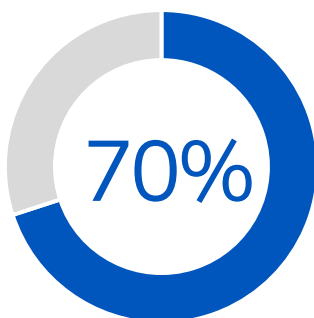
Public Health Infrastructure Improved



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 43 responding recipients, most (70%) used PHHS Block Grant funds to support the **development, improvement, or maintenance of information systems.**

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

Why is this measure 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

Most respondents used PHHS Block Grant funds to support efforts to improve agency information systems. Of the 43 respondents, 30 (70%) reported they used PHHS Block Grant funds to support development, improvement, or maintenance of one or more information systems.

Respondent health departments, local health departments, tribal health departments, and local organizations developed, improved, or maintained information systems, most of which were public health databases and surveillance systems. Public health databases include data that can be accessed easily by the public, which may include data dashboards. Improvements made by respondents reached beyond their own agencies to also benefit local and tribal agencies that used or had access to these systems.

Respondent health departments, tribal, and local agencies improved or maintained their information systems capacity.

MEASURE 1.1

763 agencies

developed, improved, or
maintained information systems

A total of 763 agencies—27 responding recipients, 239 local health departments, 12 tribal health departments, and 485 local organizations—developed, improved, or maintained a total of 165 information systems. In three respondents' jurisdictions, funds are being used only by agencies other than the grantee agency; therefore, the responding recipients for this data element is 27 instead of 30.

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

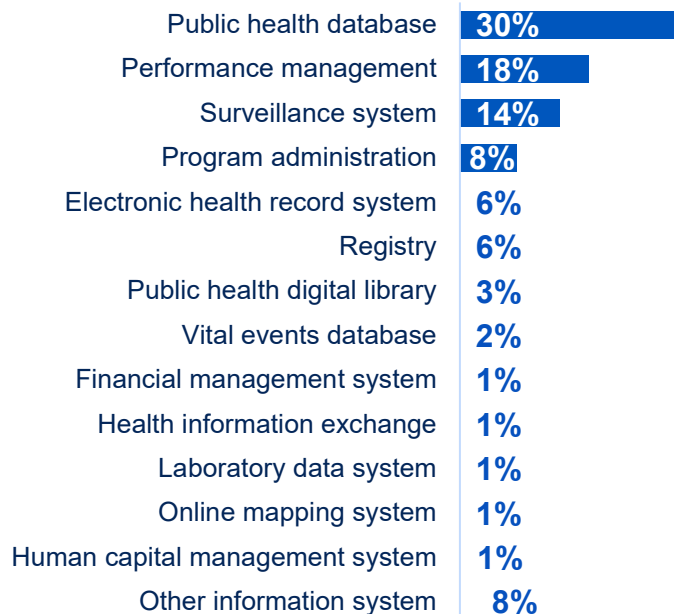


Of the 165 information systems developed, improved, or maintained by 30 responding recipients, 115 were made available for local and tribal agencies to use.

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

Nearly one-third of the 165 information systems developed, improved, or maintained by respondents were public health databases (n=50, 30%). Surveillance systems (n=23, 14%) and performance management systems (n=30, 18%) were also frequently reported information system types. These surveillance systems included the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Surveillance System, and infectious disease surveillance tools (e.g., infectious disease response, tuberculosis). Other systems improved included program administration (n=14, 8%), registries (n=10, 6%), and electronic health records systems (n=9, 6%). 8 percent (n=13) of the other types of systems were uncategorized.

The top four types of information systems accounted for 71% (117/165) of all system types.

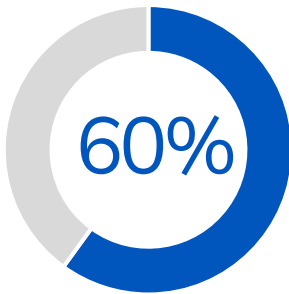




Quality Improved

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 43 responding recipients, 26 used PHHS Block Grant funds to support quality improvement efforts to increase **efficiency or effectiveness of 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 or effectiveness of public health agency operations, programs, or services.

Why is this measure important for evaluating the PHHS Block Grant

Quality improvement is a formal approach used to strengthen organizational performance and increase the efficiency 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 quality². 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.

What was learned about the PHHS Block Grant and quality improvement

Of the 43 respondents, 26 (60%) reported that they used PHHS Block Grant funds to support a quality improvement effort. Respondent, local, and tribal agencies implemented quality improvement projects and achieved a variety of efficiency and effectiveness improvements.

Quality Improvement—Key Findings

Respondent, local, and tribal agencies supported quality improvement efforts to increase efficiency or effectiveness in agency operations, programs, or services.

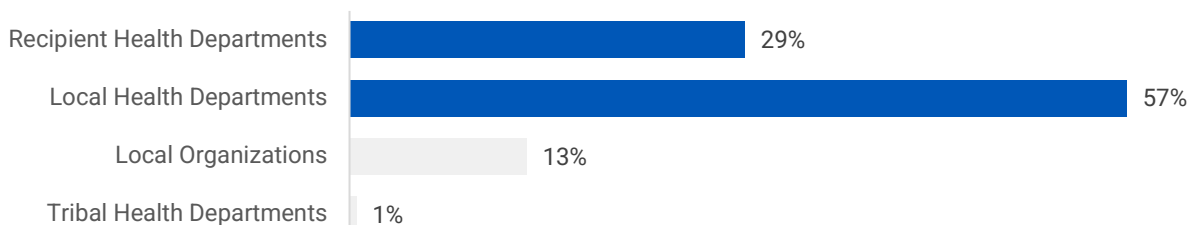
MEASURE 1.2

175 agencies

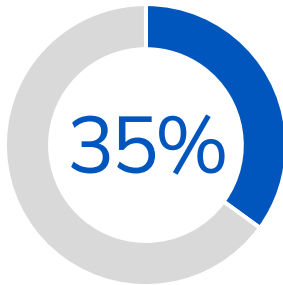
achieved quality improvement to increase efficiency or effectiveness of public health efforts

A total of 175 agencies—23 recipients, 114 local health departments, 4 tribal health departments, and 34 local organizations— achieved an efficiency or effectiveness quality improvement. These agencies achieved at least one quality improvement for 355 unique operations, programs, or services using PHHS Block Grant funds. Though 26 recipients responded to this measure, 23 respondents funded quality improvements within the recipient health department, while the remaining 3 respondents funded quality improvements exclusively in other agency types.

86% (305/355) of respondents indicated that improvements in efficiency or effectiveness for operations, programs, or services took place within recipient health departments and local health departments, with most of these improvements occurring in local health departments.



More than one third of respondents who are working to improve efficiency or effectiveness used an established quality improvement approach.

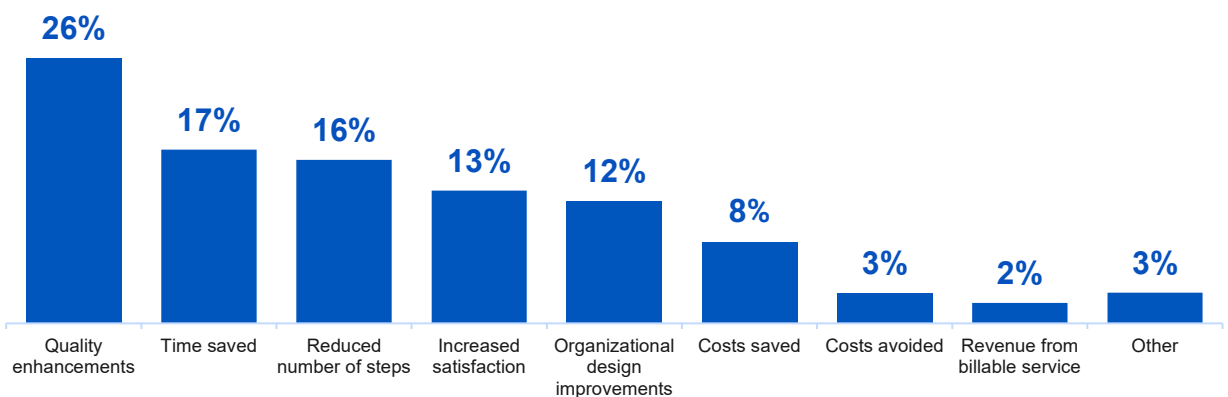


Reported using an established quality improvement method

A total of 9 of 26 respondents 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, and Six Sigma. 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.

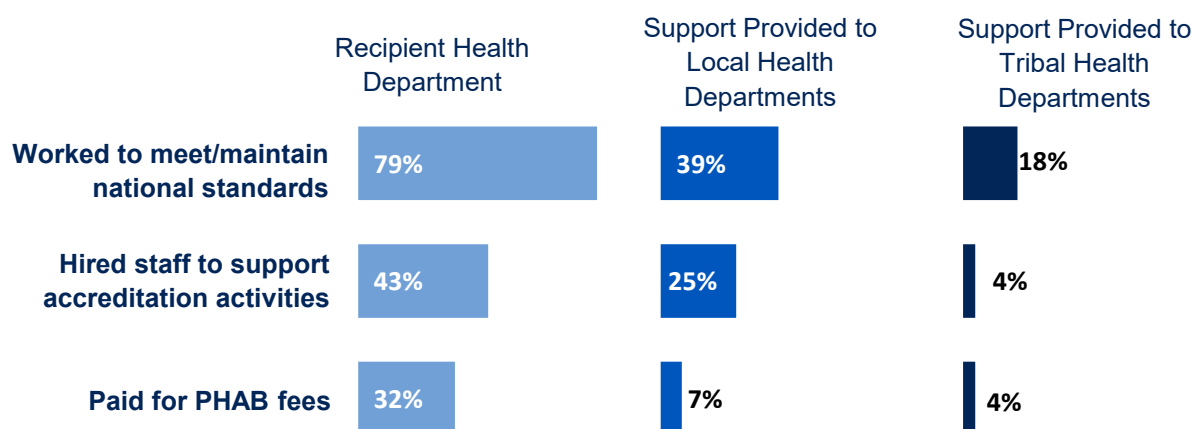
A total of 633 individual quality improvements were reported by respondents. This exceeds the 355 reported operations, programs, or services with improved efficiency or effectiveness, as improvements were achieved in more than one area within an operation, program or services. Hence, the total individual quality improvements were higher than the number of operations, programs or services. Of these, quality enhancements of operations, programs, or services and time saved were reported more frequently than any other efficiency or effectiveness improvements, representing 26% (n=165) and 17% (n=107), respectively. Other frequently reported improvements include reduced number of steps (16%, n= 103) and increased staff satisfaction (13%, n= 80).



Other Findings About Public Health Infrastructure

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

28 respondents addressed national standards or accreditation-related activities as established by the Public Health Accreditation Board (PHAB). The percentages in the graphic below are based on 28 respondents, not the full 43 respondent group, to demonstrate accreditation-related activities among those addressing national standards.



79% (n=22) of respondents who addressed national standards or accreditation-related activities **used funds to support work to meet or maintain performance against national standards** in their own health departments, while 39% (n=11) of respondents supported this work in local health departments, and 18% (n=5) of respondents supported this work in tribal health departments.



43% (n=12) of respondents who addressed national standards or accreditation-related activities **used funds to hire staff to support accreditation-related activities**, while 25% (n=7) of respondents supported this work in local health departments. One respondent (4%) used funds to support tribal health departments for accreditation-related activities.



32% (n=9) of respondents who addressed national standards or accreditation-related activities **used funds to pay for PHAB fees** in their own jurisdictions, while 7% (n=2) provided funds to local health departments for this purpose. One respondent (4%) used funds to help tribal health departments pay PHAB fees.

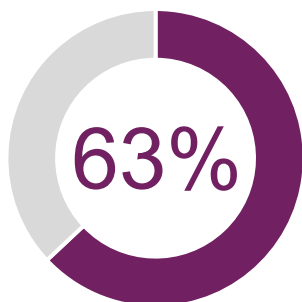
Emerging Needs Addressed



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 43 responding recipients, 27 used PHHS Block Grant funds to support efforts to address **emerging public health needs.**

About this measure

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

Why is this measure important for evaluating the PHHS Block Grant

Emerging public health needs often include specific challenges faced by recipient jurisdictions, some of which are unique and warrant recipient-specific approaches enabled by PHHS Block Grant funding. Protecting and improving public health often requires flexibility for agencies to tackle public health problems as they emerge in unique ways within their jurisdiction.

What was learned about the PHHS Block Grant and emerging public health needs

The majority of the 43 responding recipients indicated that they used PHHS Block Grant funds to support efforts to address jurisdiction-specific emerging public health needs. Of the 43 respondents, 63% (n=27) reported using PHHS Block Grant funds to address emerging public health needs, such as access to health services, injury and violence prevention, or mental health and mental disorders.

Emerging Public Health Needs—Key Findings

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

MEASURE 2.1

140

emerging public health
needs addressed

A total of 140 emerging public health needs were addressed by respondents using PHHS Block Grant funds. The majority (n=90, 64%) of the 140 emerging public health needs were characterized as newly prioritized. 75% (105/140) of the reported emerging public health needs addressed were health-related (e.g., health risk factors, disease outcomes), while 25% (35/140) were organizational or systems-related (e.g., agency infrastructure).

Various types of emerging public health needs were addressed.

The emerging public health needs addressed by the respondents were varied, with the top seven health topic areas accounting for 56% (79/140) of all emerging needs reported:

1. Mental health and mental health disorders (n=15)
2. Injury and violence prevention (n=14)
3. Substance abuse (n=12)
4. Access to health services (n=11)
5. Social determinants of health (n=10)
6. Maternal, infant, and child health (n=9)
7. Public health infrastructure (n=8)

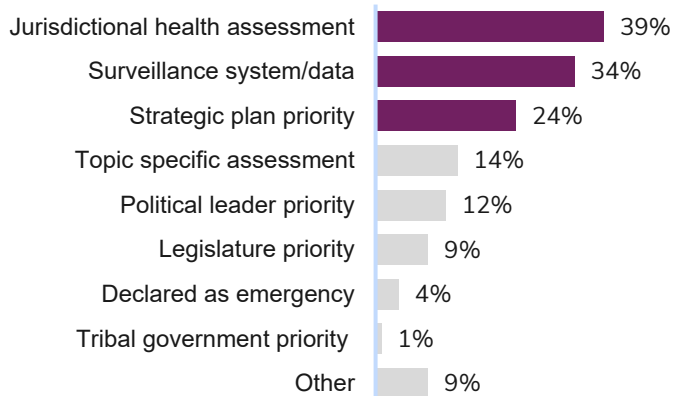
Details on other emerging needs addressed by respondents can be found in Appendix C

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

Various methods were used to identify and prioritize the 140 emerging public health needs by the responding recipients; 39% of the emerging needs addressed were identified using a jurisdiction health assessment.

Various types of surveillance systems were the next most frequently identified method, with 34% of needs identified in this way.

Prioritizing a need within a strategic plan was also among the top methods for identifying emerging needs by those responding, 24% of needs were identified in this way. Note that more than one method could be selected, resulting in percentages going over 100%.



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



Each of the 43 responding recipients indicated the use of PHHS Block Grant funds to **support implementation of public health interventions.**

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. Strength of evidence rating criteria were not used in Healthy People 2030. For measure continuity, the Healthy People 2020 strength of evidence rating criteria remains foundational to evidence-based definitions. Only public health interventions addressing health-related issues are counted; interventions that address organizational- or systems-related issues (e.g., workforce training activities), were not included.

Why is this measure 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. 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 when effectiveness is not yet known.

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

Every responding recipient used PHHS Block Grant funds to support implementation of public health interventions. 83% (n=880) of the 1,057 total public health interventions implemented were considered evidence-based interventions, meaning they were backed by moderate, strong, or rigorous evidence.

Evidence-Based Public Health Interventions—Key Findings

The majority of public health interventions implemented by respondents were evidence based.

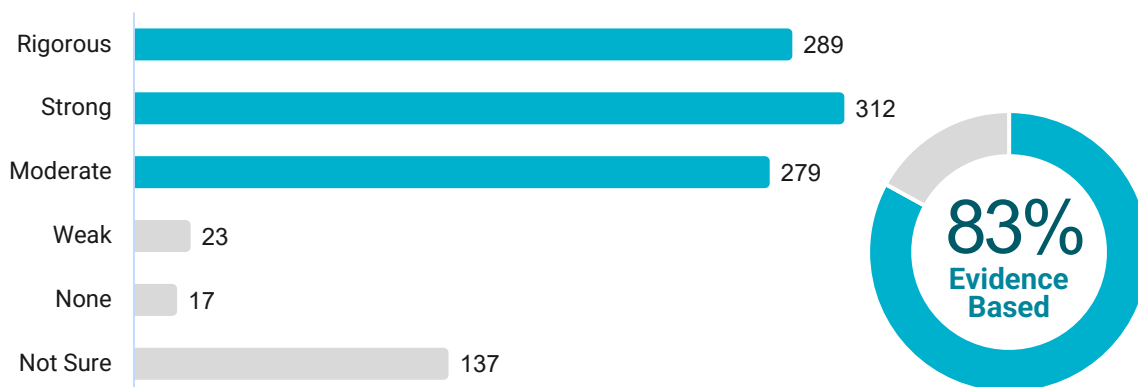
MEASURE 3.1

880

evidence-based public
health interventions

Of the 1,057 public health interventions that respondents implemented, 880 (83%) were evidence based (i.e., supported by moderate, strong, or rigorous evidence according to the *Healthy People 2020* strength of evidence rating criteria). Over half (57%) of all public health interventions implemented were supported by rigorous or strong evidence.

Evidence-based public health interventions accounted for 83% (880/1057) of all interventions implemented by the respondents.



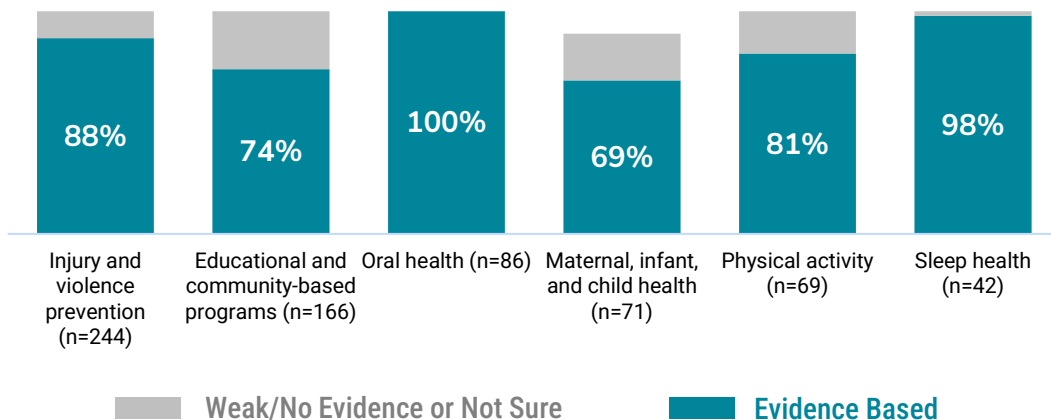
Respondents developed practice-based evidence by assessing public health interventions to see how well they worked.

One of the benefits of the PHHS Block Grant is the flexibility of recipients to implement novel or innovative practices. Of the 40 interventions reported by respondents with a weak or no evidence base, 19 were untested, innovative, or new. Also, of the 40 interventions, 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. There were 11 interventions with no evidence or data.

The top *Healthy People 2030* topic areas addressed by respondents were injury and violence prevention, educational and community-based programs, oral health, and maternal, infant, and child health.

Among the public health interventions implemented by respondents, 244 focused on injury and violence prevention, 166 targeted educational and community-based programs, 86 addressed oral health, and 71 addressed maternal, infant, and child health. In the injury and violence prevention category—the most frequently addressed health topic area interventions—88% (n=215) of interventions were evidence based.

The majority of the interventions implemented across *Healthy People 2030* health topic areas reported by respondents 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 practices implemented through PHHS Block Grant support, the questionnaire asked respondents 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.

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

Health assessments at the jurisdiction level (e.g., state, territory) were conducted, monitored, or updated by 21 (49%) respondents. In addition, community health assessments conducted, monitored, or updated by local health departments were supported by 15 respondents (35%); 2 respondents (5%) supported tribal health departments for this activity.

Other health-related assessments, such as topic-specific and program-specific assessments, were conducted by 11 (26%) respondents. These types of assessments were also supported within local health departments by 6 (14%) respondents. None of the respondents indicated that they supported tribal health departments in this way.

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

Health improvement plans at the jurisdiction level (e.g., state, territory) were developed or updated by 23 (53%) respondents based on a jurisdiction's health improvement plan. Community health improvement plans were developed or updated by 9 respondents (21%), while 13 (30%) respondents supported health improvement planning in local health departments, 2 (5%) in tribal health departments, and 3 (7%) in local organizations.

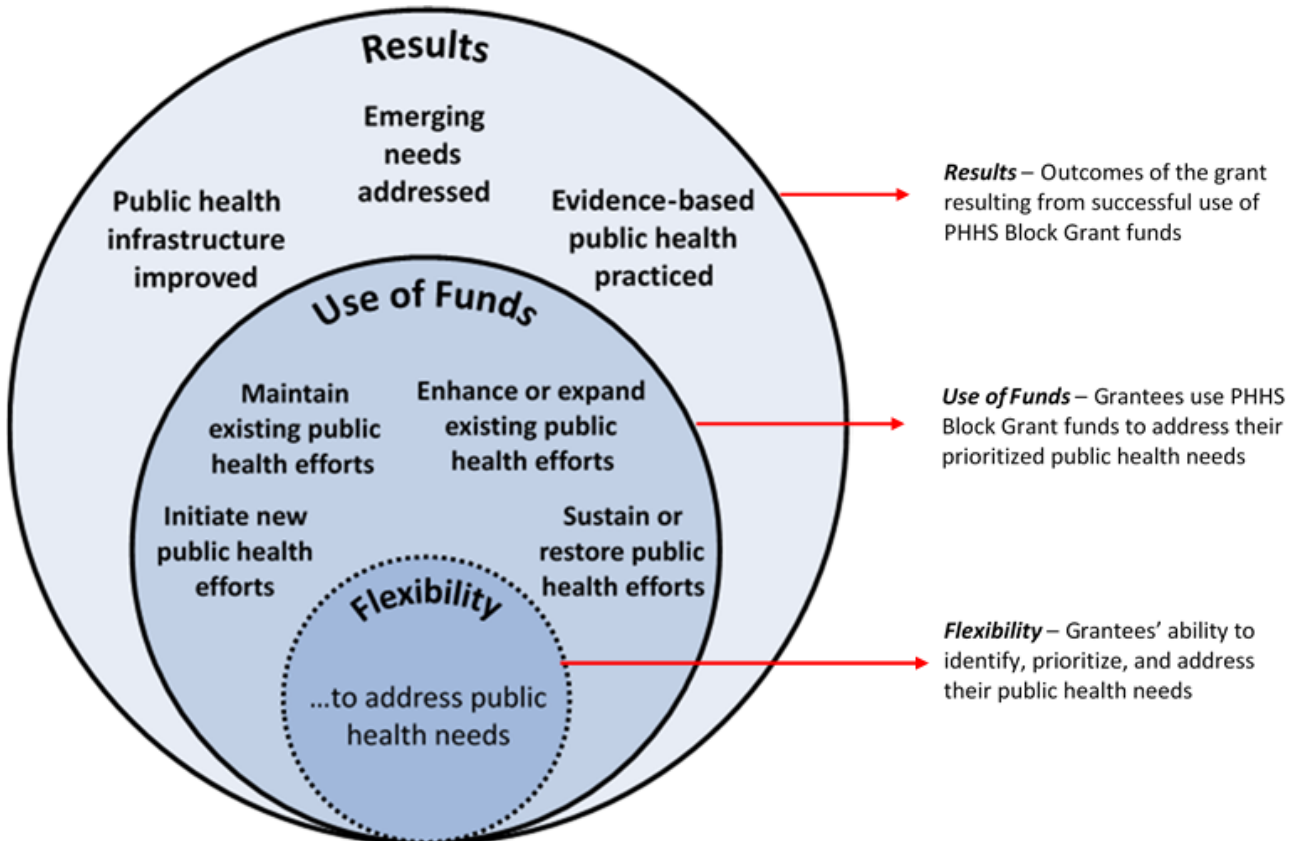
Topic-specific or program-specific action plans were developed or updated by 17 (40%) respondents, while 15 (35%) respondents supported development of topic-specific or program-specific action plans in local health departments, 3 (7%) in tribal health departments, and 6 (14%) in local organizations.

Appendix

Appendix A

PHHS Block Grant Measurement Framework

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

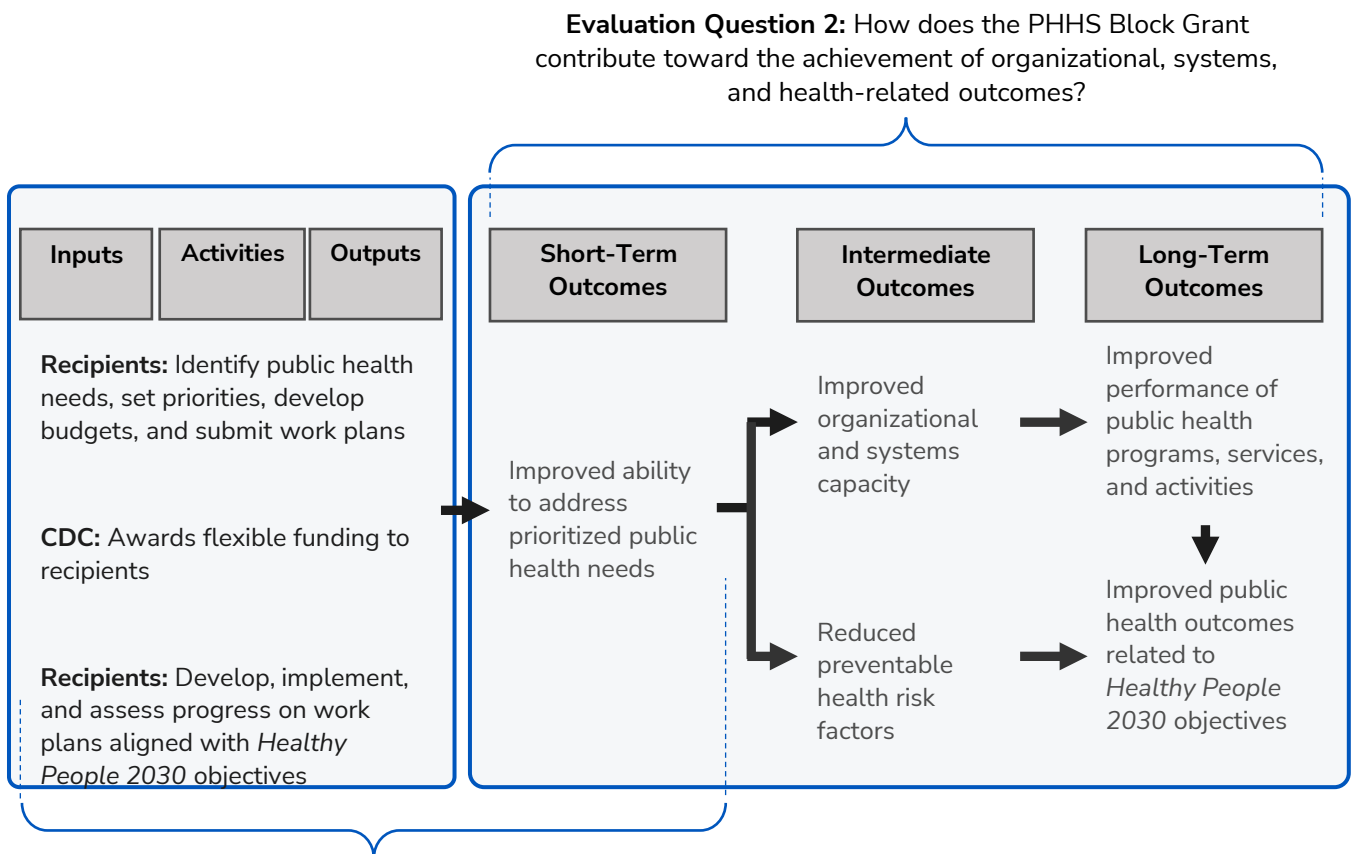


Appendix B

PHHS Block Grant Logic Model

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

Evaluation Question Alignment



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

2025 Framework Measures Assessment—Data Tables

The data tables below present results from the 2025 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. Summary of Respondent Reporting, by Measure (n=43)

PHHS Block Grant Measure	N	%
PHI 1.1 Information Systems Capacity Improved	30	70%
PHI 1.2 Quality Improved	26	60%
EN 2.1 Emerging Public Health Needs Addressed	27	63%
EBPH 3.1 Evidence-Based Public Health Interventions Implemented	43	100%
Reported on at least 1 measure	43	100%
Reported on all 4 measures	14	33%
Did not report on any measure	0	0%

TABLE 2. Summary of Types of Information Systems

Type of System	N	%
Public health database	50	30%
Performance management system	30	18%
Surveillance system	23	14%
Program administration	14	8%
Registry	10	6%
Electronic health record system	9	5%
Public health digital library	5	3%
Vital events database	4	2%
Human capital management system	2	1%
Online mapping system	2	1%
Laboratory data system	1	1%
Financial management system	1	1%
Health information exchange	1	1%
Other information system	13	8%
All systems	165	100%

TABLE 3.
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	%
Public health database	17	55%	21	25%	12	26%	0	0%
Performance management system	6	19%	19	23%	4	9%	1	20%
Surveillance system	1	3%	9	11%	11	24%	2	40%
Program administration	4	13%	6	7%	3	7%	1	20%
Registry	0	0%	5	6%	5	11%	0	0%
Electronic health record system	0	0%	6	7%	3	7%	0	0%
Public health digital library	0	0%	2	2%	3	7%	0	0%
Vital events database	0	0%	3	4%	1	2%	0	0%
Human capital management system	0	0%	0	0%	1	2%	1	20%
Online mapping system	0	0%	2	2%	0	0%	0	0%
Laboratory data system	0	0%	1	1%	0	0%	0	0%
Financial management system	0	0%	0	0%	1	2%	0	0%
Health information exchange	0	0%	1	1%	0	0%	0	0%
Other information system	3	10%	8	10%	2	4%	0	0%
Total systems	31	100%	83	100%	46	100%	5	100%

TABLE 4. Summary of Quality Improvement Outcomes, by Type of Improvement Achieved

Type of Improvement	N	%
Quality enhancements of operations, programs, or services	165	26%
Time saved	107	17%
Reduced number of steps	103	16%
Increased staff satisfaction	80	13%
Organizational design improvements	74	12%
Costs saved	53	8%
Costs avoided	17	3%
Revenue generated due to billable service	12	2%
Other	22	3%
All improvements	633	100%

TABLE 5. Summary of How PHHS Block Grant Funds Were Used to Support Quality Improvement (QI), by Type of Agency

Type of Health Department	Initiated New		Maintained Existing		Enhanced or Expanded		Sustained or Restored		Total Number of Programs, Operations, or Services with QI Achieved
	N	%	N	%	N	%	N	%	
Recipient health department	21	21	38	37	38	37	5	5	102
Local health department	40	20	48	24	70	34	45	22	203
Tribal health department	0	0	1	25	2	50	1	25	4
Local organizations	5	11	8	17	18	39	15	33	46
All agencies	66	19	95	27	128	36	66	19	355

TABLE 6. Summary of Respondent Activities to Address National Standards or Conduct Accreditation-Related Activities* (n=28)

Activity	Respondent Activities		Respondent-Supported Local Health Department Activities		Respondent-Supported Tribal Health Department Activities	
	N	%	N	%	N	%
Paid for PHAB fees	9	32	2	7	1	4
Hired staff to support accreditation-related activities	12	43	7	25	1	4
Worked to meet or maintain performance against standards	22	79	11	39	5	18

TABLE 7. Summary of Emerging Needs Addressed, by Health Topic Area

Health Topic Area	N	%
Access to health services	11	8
Adolescent health	1	1
Arthritis	1	1
Cancer	5	4
Dementia, including Alzheimer's disease	2	1
Diabetes	2	1
Early and middle childhood	1	1
Educational and community-based programs	3	2
Environmental health	4	3
Food safety	7	5
Global health	1	1
Health communication and health information technology	3	2
Heart disease and stroke	5	4
Immunization and infectious diseases	5	4
Injury and violence prevention	14	10
Maternal, infant, and child health	9	6
Mental health and mental disorders	15	11
Nutrition and weight status	1	1
Occupational safety and health	4	3
Older adults	4	3
Oral health	4	3
Physical activity	3	2
Preparedness	1	1
Public health infrastructure	8	6
Respiratory diseases	2	1
Sexually transmitted diseases	1	1
Social determinants of health	10	7
Substance use	12	9
Tobacco use	1	1
All health topic areas	140	100%

TABLE 8. Summary of Characteristics of Emerging Public Health Needs Addressed

Characterization of Emerging Need	N	%
Newly developing	50	36
Newly prioritized	90	64
All emerging needs	140	100%

TABLE 9. Summary of Methods Used to Identify Emerging Public Health Needs (N=140)

Identification Method	N	%
Conducted, monitored, or updated a jurisdiction health assessment	55	39
Identified via surveillance systems or other data sources	47	34
Prioritized within a strategic plan	34	24
Conducted a topic- or program-specific assessment	19	14
Governor (or other political leader) established as a priority	17	12
Legislature established as a priority	12	9
Declared as an emergency within your jurisdiction	5	4
Tribal government/elected official established as a priority	2	1
Other	12	9

*Frequency count based on "How was this emerging public health need identified? Select all that apply." Not all of the identification methods will be unique to the number of emerging needs.

TABLE 10. 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	48	34
Maintained existing effort to address the emerging public health need	37	26
Enhanced or expanded existing effort to address the emerging public health need	51	36
Sustained or restored an effort to address the emerging public health need	4	3
All emerging needs	140	100%

Table 11. Summary of Strength of Evidence of Evidence-Based Public Health Interventions Implemented

Strength of Evidence Base	N	%
Rigorous*	289	27
Strong*	312	30
Moderate*	279	26
Weak	23	2
None	17	2
Not sure	137	13
All interventions	1057	100%

*Rigorous, strong, and moderate evidence-based interventions account for 83% of all interventions.

TABLE 12. Summary of Characteristics of Interventions with Weak or No Evidence Base (n=40)

Strength of Evidence Base	Was the intervention untested, new, or innovative?			
	Yes		No	
	N	%	N	%
Weak or no evidence	19	48	21	52

TABLE 13. Summary of Data or Information Collected for Interventions with Weak or No Evidence Base (n=40)

Strength of Evidence Base	Was data or information collected to determine intervention effectiveness?			
	Yes		No	
	N	%	N	%
Weak or no evidence	10	25	30	75

TABLE 14. Summary of Health Topic Areas Addressed by Public Health Interventions, 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	%	
1. Access to health services	3	1%	5	2%	2	1%	0	0%	0	0%	6	4%	16
2. Adolescent health	0	0%	3	1%	32	11%	0	0%	0	0%	0	0%	35
3. Arthritis	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	1
5. Cancer	2	1%	3	1%	4	1%	0	0%	0	0%	0	0%	9
9. Diabetes	15	5%	3	1%	3	1%	1	4%	0	0%	7	5%	29
10. Disability and health	0	0%	2	1%	0	0%	0	0%	0	0%	0	0%	2
11. Early and middle childhood	1	0%	1	0%	0	0%	0	0%	0	0%	2	1%	4
12. Educational and community-based programs	23	8%	64	21%	35	13%	7	30%	0	0%	37	27%	166
13. Environmental health	2	1%	14	4%	1	0%	0	0%	0	0%	0	0%	17
14. Family planning	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1
15. Food safety	3	1%	0	0%	6	2%	0	0%	0	0%	0	0%	9
16. Global health	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	1
17. Health communication and health information technology	2	1%	6	2%	3	1%	0	0%	0	0%	2	1%	13
19. Hearing and other sensory or communication disorders	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1
20. Heart disease and stroke	20	7%	8	3%	3	1%	0	0%	0	0%	5	4%	36
21. HIV	0	0%	0	0%	2	1%	0	0%	0	0%	0	0%	2
22. Immunization and infectious diseases	8	3%	0	0%	0	0%	0	0%	0	0%	1	1%	9
23. Injury and violence prevention	100	35%	40	13%	75	27%	6	26%	1	6%	22	16%	244
25. Maternal, infant, and child health	7	2%	12	4%	30	11%	6	26%	7	41%	9	7%	71
26. Medical product safety	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0
27. Mental health and mental disorders	0	0%	24	8%	7	3%	0	0%	0	0%	7	5%	38
28. Nutrition and weight status	2	1%	23	7%	4	1%	1	4%	0	0%	3	2%	33
30. Older adults	0	0%	6	2%	0	0%	0	0%	1	6%	1	1%	8
31. Oral health	44	15%	24	8%	18	6%	0	0%	0	0%	0	0%	86

Table 14. 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
33. Physical activity	29	10%	22	7%	5	2%	1	4%	0	0%	12	9%	69
34. Preparedness	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	1
35. Public health infrastructure	6	2%	9	3%	3	1%	0	0%	0	0%	5	4%	23
36. Respiratory diseases	6	2%	17	5%	0	0%	1	4%	8	47%	7	5%	39
37. Sexually transmitted diseases	2	1%	0	0%	0	0%	0	0%	0	0%	0	0%	2
38. Sleep health	0	0%	0	0%	41	15%	0	0%	0	0%	1	1%	42
39. Social determinants of health	1	0%	6	2%	1	0%	0	0%	0	0%	3	2%	11
40. Substance use	1	0%	14	4%	1	0%	0	0%	0	0%	4	3%	20
41. Tobacco use	10	3%	4	1%	3	1%	0	0%	0	0%	2	1%	19
Total	289		312		279		23		17		137		1057

*Health Topic Areas and associated numbers align with Healthy People. Two respondents were excluded from analysis of this item due to missing data, incomplete data validation or known errors

Note: No interventions were conducted regarding health topic areas (4) Blood disorders and blood safety; (6) Chronic kidney disease; (7) Chronic pain; (8) Dementias, including Alzheimer's disease; (18) Healthcare-associated infections; (24) -Lesbian, gay, bisexual, and transgender health; (29) Occupational safety and health; (32) Osteoporosis; (42) Vision.

Table 15. 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	184	18
Maintained existing public health interventions	535	51
Enhanced or expanded existing public health interventions	269	26
Sustained or restored public health interventions	60	6
All public health interventions*	1048	100%

*Three respondents' data were excluded from analysis of this item due to missing data, incomplete data validation or known errors. This accounts for nine missing interventions.

Table 16.
Summary of Respondent Activities to Build the Evidence Base for Public Health by Activity Type (n=43)

Activity	Respondent Activities		Respondent - Supported Local Health Department Activities		Respondent - Supported Tribal Health Department Activities		Respondent - Supported Local Organization Activities	
	N	%	N	%	N	%	N	%
Conducted, monitored, or updated a health assessment	21	49	15	35	6	13	4	9
Conducted a topic- or program-specific assessment	11	26	6	14	0	0	3	7
Analyzed or monitored surveillance or other types of data	23	53	13	30	2	5	6	14

Table 17. Summary of Respondent and Respondent-Supported Activities to Support Evidence-Based Decision Making by Activity Type (n=43)

Activity	Respondent Activities		Respondent-Supported Local Health Department Activities		Respondent - Supported Tribal Health Department Activities		Respondent - Supported Local Organization Activities	
	N	%	N	%	N	%	N	%
Developed or updated a jurisdiction's health improvement plan	23	53	0	0	2	5	0	0
Developed or updated a community health improvement plan	9	21	13	30	3	7	3	7
Developed or updated a topic- or program-specific action plan	17	40	15	35	3	7	6	14