

**Exploring how PHHS Block Grant
recipients use funds to address
social determinants of health and
advance health equity**

Acknowledgements

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

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Background and Approach

For more than 35 years, the Preventive Health and Health Services (PHHS) Block Grant (BG) 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 work in collaboration with local and tribal public health organizations to prioritize how funds will be spent. The legislation requires recipients to align their program objectives to *Healthy People 2030*, a set of national objectives designed to guide health promotion and disease prevention efforts. Included within these objectives are those solely focused on social determinants of health (SDOH) which help to promote optimal health in all communities. CDC administers the PHHS Block Grant and is responsible for evaluating the grant to account for outcomes achieved

CDC’s PHHS Block Grant Evaluation Team, in partnership with the Association of State and Territorial Health Officials (ASTHO), conducted an exploratory study to better understand to what extent and how the PHHS Block Grant supports efforts to advance SDOH and health equity within recipient jurisdictions. This first-of-its kind study was broken into multiple phases while following an inductive and grounded approach which is detailed in Table 1 below. Evaluation methods were both quantitative and qualitative and included analysis of administrative data (e.g., funding allocations, work plans) and recipient focus group and interview transcripts.

Table 1. Overview of Evaluation Study

	How Recipients Use Funds to Address SDOH	How Recipients Address SDOH in Programs	How Recipients Implement Health Equity Work	
Focus	Explore if recipients are using funds as a flexible funding source to address SDOH.	Explore how recipients are using funds to address SDOH and health equity in programs.	Learn how recipients understand health equity concepts and implement health equity work with BG funds.	Learn how recipients are building capacity to address health equity with BG funds.
Questions	To what extent are recipients using BG funding for SDOH programs as they align with HP2030 objectives?	How many BG program strategies and recipients address health equity? SDOH? How do program strategies addressing health equity align to the CDC SDOH framework?	How are recipients thinking about health equity, health disparities and SDOH within BG work? What influences recipients to use BG funds to address health equity?	How are BG recipients increasing capacity to address health equity? How can other BG recipients increase capacity to address health equity?
Methods	Quantitative analysis of self-selected HP2030 objectives that align to SDOH domains in work plans	Qualitative content analysis of open-ended recipient work plan fields related to health equity work	Virtual Focus group & interviews with five recipients	Virtual interviews with four recipients

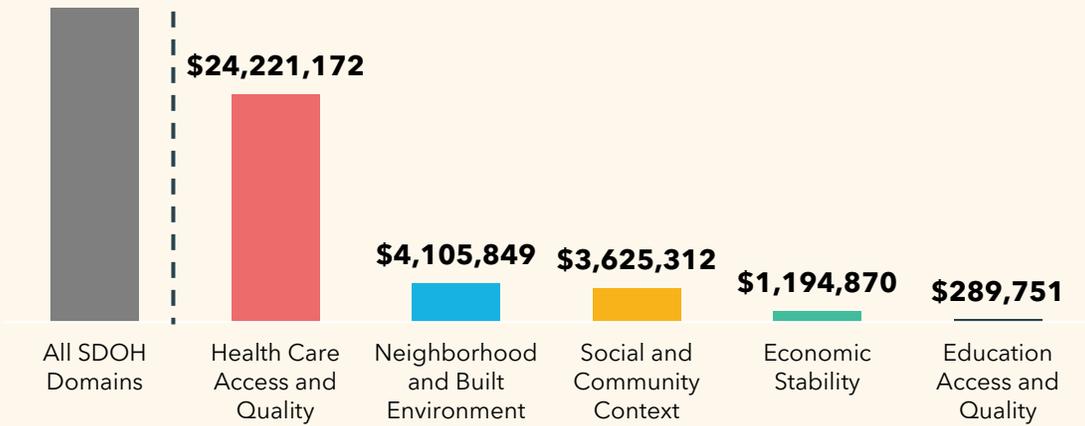
How Recipients Use Fund to Address SDOH

What did we do?

- Conducted a descriptive analysis of funding allocated to programs focused on Healthy People 2030 objectives that align to five SDOH domains, based on self-selection in FY21 recipient work plans.
- The analysis included 47 states and the District of Columbia (DC).

What did we learn? The vast majority of funding was allocated to the **Health Care Access and Quality domain**. Programs were aligned with all five SDOH domains.

\$33,436,954



75%
of states/DC*
allocated funds to 97
programs aligning
with at least one
Healthy People 2030
SDOH-related
objective.

Figure 1. FY 21 PHHS Block Grant Program Funding Allocated to Healthy People 2030 SDOH Domains, in US dollars

States (and DC) with higher funding levels were more likely to allocate funding to programs addressing SDOH.

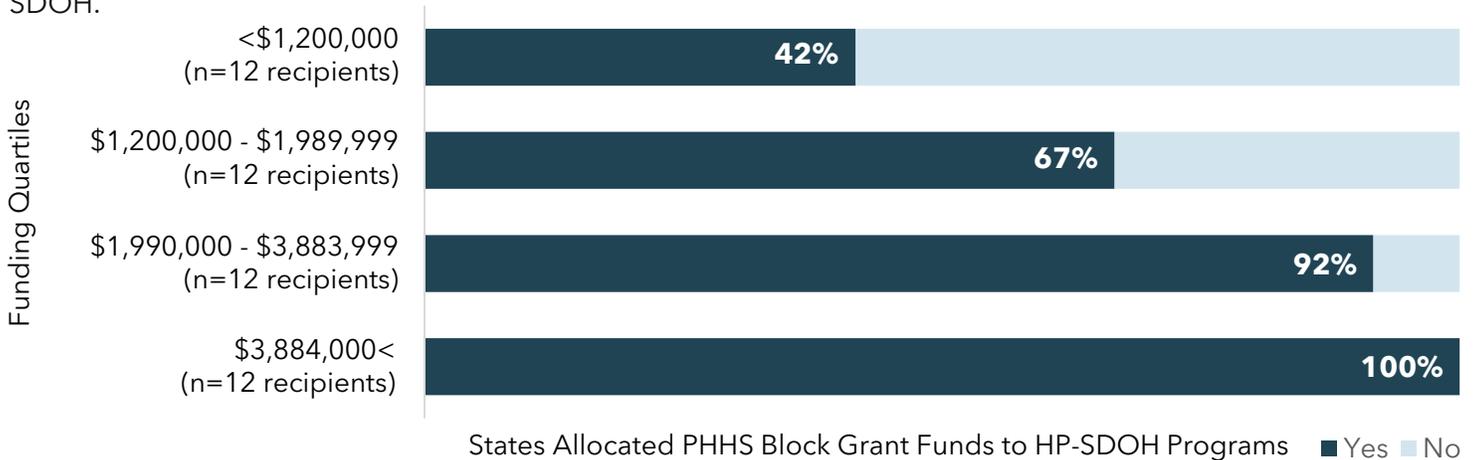


Figure 2. Percent of States that Allocate PHHS Block Grant Funds to HP SDOH Programs, by funding level

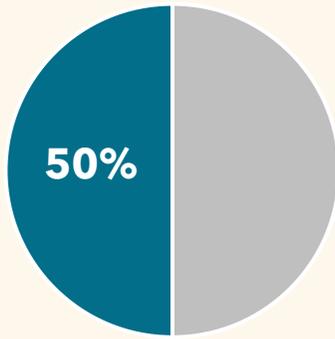
Context and Limitations

- Analysis is based on recipient self-selection of Healthy People 2030 objectives by states.
- Funding amounts represent planned distribution of funding versus actual expenditures.
- *Three states were excluded from analysis due to budgetary errors. 8 territorial and 2 tribal agencies were excluded due to unique structure and substantially different capacity and needs.

How Recipients Address SDOH in Programs

What did we do?

- Conducted a qualitative content analysis of open-ended recipient work plan fields related to health equity work.
- Completed a content analysis of program strategies to determine if and how recipients are addressing social determinants of health, health disparities, and health equity.



What did we learn? Half of program strategies (276 of 551 strategies) in FY21 recipient work plans address SDOH or health equity in various ways. These program strategies include work to serve populations experiencing specific health disparities, building internal capacity to advance health equity, and strengthening partnerships to better improve population health for all.

After determining if program strategies were contributing to advancing health equity, analysts determined **how the programs are addressing SDOH** according to the six pillars of the [CDC SDOH framework](#). Most program strategies primarily focus on building infrastructure and capacity to address SDOH, followed by strengthening partnerships and community engagement. The number of strategies by SDOH pillars are as follows:

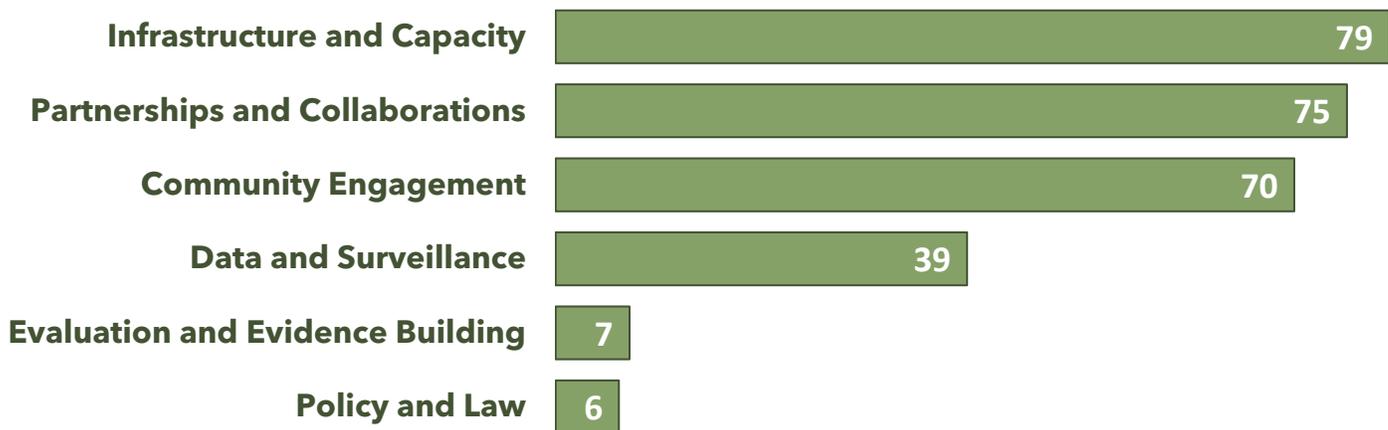


Figure 3. FY21 Program Strategies by CDC SDOH Framework Pillar

Context and Limitations

- Analysis is based on self-reported information provided by recipients in FY21 work plans. All 50 states, DC, territories, freely associated states and Tribes were included.
- This analysis is not planned as a research study. It is a rapid and rigorous content analysis to understand recipient work.
- The [CDC SDOH framework](#) was used as a coding structure because it best captured how recipients were addressing health equity and SDOH rather than what domains they work in for HP2030. A program strategy may align with multiple pillars but analysts only selected a primary focus area of alignment.
- See Appendix A for full codebook used to complete content analysis.

How Select Recipients Implement Health Equity Work

What did we do? Focus groups and interviews were conducted with nine PHHS Block Grant recipients (eight states and one territory) to learn how these select recipients understand health equity concepts, implement health equity work, and build capacity to address health equity with PHHS Block Grant funds. Transcripts from these sessions were thematically analyzed by the evaluation team. Codebooks can be found in Appendix B and C.

What did we learn?

1. Because of grant flexibility, recipients can **apply various definitions and approaches** to their health equity work depending on local context and community needs.

- Recipients are addressing equity from the root cause and system level as well as addressing immediate community needs (e.g., access to healthcare).
- Jurisdictions have unique and differing definitions, lenses, and frameworks to guide their work.
- Innovative and practice-based approaches (i.e., novel processes, policies, programs, or systems) are being used by some recipients.

2. There are **various influences on how and to what extent** recipients use their PHHS Block Grant funds to ensure all populations achieve optimal health.

- Healthy People 2030 objectives
- Data on health disparities
- Leadership priorities, health agency plans, and strategic goals
- Organizational structures (e.g., where BG work sits, staffing, equity offices)
- Community input and needs
- Accreditation standards

3. The Block Grant allows recipients to **strengthen diverse partnerships and engage partners in meaningful ways** to implement this work.

Who? Examples of partnership types include community members, community-based organizations, academic institutions, cross-sectoral partners (e.g., transportation), local health agencies.

How? Engagement strategies include training community members, hosting events and services, setting up collaboratives or advisory committees, funding sub-recipients, gathering subject matter expertise input.

4. Grant funds are **used in community settings and within health departments** to expand capacity to address health equity.

Recipients are building community and internal capacity to address health equity by paying for staff, providing trainings, and technical assistance.

“The Block Grant really was the infrastructure and conduit to enable [intervention] to be staffed.”
– State health department

Facilitators, Barriers, and Needs

Throughout interviews and focus groups, we learned about facilitators, barriers, and needs that exist for recipients when using the PHHS Block Grant to advance health equity.



Facilitators

- Ability to pivot work in a timely manner to meet changing priorities, populations, and community needs.
- More upstream and policy, systems, and environmental (PSE) work can be implemented.
- Ability to listen to communities and use more of a bottom-up approach to advancing population health for all.
- Use of practice-based and innovative approaches to health equity.
- Ability to fill in gaps or enhance other funding sources to comprehensively approach the work.

“I think the facilitator with a block grant in engaging communities is that inherent flexibility that we have been touting for years, that has been the absolute gift that is the [PHHS] Block Grant. The flexibility to connect the work that we’re doing with healthy people 2020, 2030, and really focus in on community needs, is so integral to the work that we’re able to do.” -State Health Department Recipient



Barriers

- Difficulties encouraging diverse partnership and community member participation on the advisory committee.
- Challenges with aligning health equity work to new HP2030 objectives.
- Differing leadership and organizational priorities.
- Varying definitions and understandings of health equity can make work difficult due to lack of common understandings.
- Short implementation and funding cycle can be difficult to manage.

“We also kind of wish we had more members come to the table during our advisory committee so that we can also have a better picture as to health burden...Because, you know, if these people are not at the table, sometimes they may not be represented in the work plan” -Territorial Health Department Recipient



Needs

- More opportunities to learn from and connect with other PHHS BG coordinators and staff on the work they are doing.
- Learning allowable costs to meet community needs and compensate those with lived experiences.
- Guidance on how to write work plans flexibly enough to best serve communities.
- Learning how to evaluate and use data to drive action and share findings more broadly.

“One of the things that I'd like to do more of with our staff and with our community and with our team providers is documentation of what we're learning. Then doing some publication or communication outward. I think we have a lot to share about what we do.” -State Health Department Recipient

Lessons Learned and Actions

When recipients were asked to provide advice to other recipients on how to use the Block Grant to address health equity, they said...

“Go back to what the basics of public health are. And that’s like, community assessments. Rely on your community members. Rely on your local partnerships to tell you what they’re seeing and what they need.”

“Look for the gaps. We get a lot of funding through the CDC for certain initiatives and when I look at [PHHS BG] I look to fill in the gaps that CDC funding doesn't address.”

“Work with members of the community with expertise in health equity and organizational leadership”

“It does provide that seed funding to create some foundational things and infrastructure. So, when bigger opportunities come up you have that momentum going and can get those bigger grants. And so, it's really a neat way to have an idea to fit a gap and get that idea up and going off the ground.”

“Pitch whatever it is that you want to consider, no matter how crazy you think it is... pitch it in the work plan. Because the worst that the CDC will do is say, “No. Try again.” But most of the time they will say, “We can’t do it this way but let’s figure out a way we can make this work.”

How can recipients use this information?

- Think about ways to adapt lessons learned from this study to your jurisdiction’s work.
- Connect with project officers or the evaluation team (pahsblockgranteval@cdc.gov) for more information or ideas.
- Learn from other Block Grant recipients through the community of practice and other forums.
- Stay tuned for more technical assistance opportunities from CDC to apply this information.
- Share these findings within in your agency to help facilitate conversations with leadership and partners on using PHHS Block Grant funds to advance health equity.

Resources available for recipients interested in learning more:

- [Pathways to Population Health Equity](#)
- [Roots of Health Inequity | NACCHO](#)
- [Foundations of Health Equity Training Plan - CDC TRAIN -](#)
- [Social Determinants of Health \(SDOH\) Training Plan - TRAIN Learning Network -](#)
- <https://health.gov/healthypeople/objectives-and-data/about-disparities-data>

Appendices

Appendix A. Work Plan Content Analysis Codebook

Framework	Code	Description
Addresses SDOH?	Yes	Yes, the Program Strategy addresses health inequities or SDOH.
	No	No, the Program Strategy does not address health inequities or SDOH.
CDC SDOH Domain	Community Engagement	Engaging community-based organizations and other community-level coalitions. Use this code over “Partnership and Collaboration” when specific community level work is mentioned.
	Partnership and Collaborations	Establishing, expanding or leveraging partners and collaborations in support of SDOH/equity work.
	Evaluation and Evidence Building	Conducting evaluation or evidence building activities in support of SDOH/equity work (e.g., evaluation plans, studies, analyses, surveys).Conducting evaluation or evidence building activities in support of SDOH/equity work (e.g., evaluation plans, studies, analyses, surveys).
	Data and Surveillance	Enhancing data and surveillance through workforce, infrastructure, systems and other related strategies. Use this code over “Infrastructure and Capacity” if data or surveillance are specified.
	Policy and Law	Development or implementation of specific policies or laws in support of SDOH/equity work.
	Infrastructure and Capacity	Expanding infrastructure and capacity in support of SDOH/equity work (e.g., staffing, trainings, plans, workforce development).

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Appendix B. Recipient Focus Group Codebook

Domain 1: General Health Department and SDOH Work		
Code	Subcode	Definition
General equity infrastructure	Central Office or Department	Central office or department within the health agency that informs the definition of health equity within the agency
	Other equity funding	All mentions of general funding that support health equity/SDoH work within the health agency
	PHAB/Accreditation	All mentions of accreditation work to support health equity/SDoH initiatives within the health department that are not funded by the BG
General HE/SDoH Understanding	Alignment to HP2030	Do they mention alignment to HP2030 in their definition - not specific to BG activities? Y/N
	Definitions and understandings	Do they mention a standardized definition for HE/SDoH they use to guide their work? Y/N
Domain 2: Utilizing Block Grant for Equity and SDOH Work		
Code	Subcode	Definition
Influences for BG Equity Use	Agency Leadership	All mentions of health agency leadership including S/THO's or executive level members directing or advising how BG funds should be used for equity/SDoH work
	Organizational Structure	All mentions of how the health agency is structured influencing how BG funds are directed for equity/SDoH work
	Advisory Committee	All mentions of the BG advisory committee having input on how BG funds should be directed for equity/SDoH work. This includes advising on activities that should be funded or providing input on if the activity is addressing SDOH/HE
	Community	Engaging the community to help direct BG funds for equity/SDoH work
	Data	All mentions of utilizing data to inform how BG funds should be directed for equity/SDoH work
	Organizational Culture	All mentions of organizational culture informing how BG funds should be directed for equity/SDoH work
	Population Influences	Other external factors that influence how BG funds are directed for equity/SDoH work e.g. Geographic, population,
	Health Agency Plans	All mentions of agency plans (e.g. Strategic Plan, SHIP's) informing how the BG funds should be directed for equity/SDoH work

Appendices

Appendix B. Recipient Focus Group Codebook cont.

Code	Subcode	Definition
Areas for Improvement	CDC	All mentions of when CDC can improve communication or utilization of BG funds to support SDoH/HE efforts
	General Federal Government	All mentions of when the federal government can improve use of funding (outside of the BG) to support SDoH/HE work
	Health Agency	All mentions of when health agencies can improve communication or utilization of BG funds to support SDoH/HE efforts
Barrier for BG equity use	CDC	All mentions of challenges jurisdictions faced as a result of requirements/standards given from the CDC
	Health Agency	All mentions of challenges jurisdictions faced as a result of requirements/standards given from the health agency
Facilitator for BG equity use	CDC	All mentions of factors that supported jurisdictions use of BG funds for equity/SDoH work as a result of requirements/standards given from the CDC
	Health Agency	All mentions of factors that supported jurisdictions use of BG funds for equity/SDoH work as a result of requirements/standards given from the health agency
	Flexible Funding	All mentions of the BG facilitating health agencies SDoH/equity work due to the flexibility of the grant.
Accreditation		All mentions of BG supporting accreditation efforts in support of a health agencies health equity/SDoH efforts
BG work plans/BGIS	Block Grant Workplans	All mentions of the workplan supporting or hindering health agencies addressing SDoH or HE
	BGIS	All mentions of the BGIS system supporting or hindering health agencies in indicating if there activity is addressing SDoH or HE
	Selecting SDoH in workplans	Decision-making process for indicating if an activity is addressing SDoH/HE
Examples of BG use for equity		Success stories, programmatic work for utilizing BG for equity or SDoH work

Appendices

Appendix B. Recipient Focus Group Codebook cont.

Domain 2: Utilizing the PHHS Block Grant for Equity and Social Determinants of Health		
Code	Subcode	Definition
Equity and Social Determinants of Health Implementation	Community Engagement (Non-CBO)	Mentions of engaging with individual community members who represent their communities
	Community Engagement through Community Based Organizations and Academia	Mentions of engaging with community-based organizations or academic institutions who represent their communities
	PHHS Block Grant Advisory Committee	Mentions of community members or community representatives sitting on or providing guidance on the Block Grant's Advisory Committee
	Subject Matter Experts	Who jurisdictions view as subject matter experts within their work
	Build Internal Capacity	Mentions of training efforts or staff supported through BG funds that leads to increasing the jurisdictions ability to address equity.
Influences for BG Equity Use	Agency Leadership	All mentions of health agency leadership including S/THO's or executive level members directing or advising how BG funds should be used for equity/SDoH work
	Organizational Structure	All mentions of how the health agency is structured influencing how BG funds are directed for equity/SDoH work
	Advisory Committee	All mentions of the BG advisory committee having input on how BG funds should be directed for equity/SDoH work. This includes advising on activities that should be funded or providing input on if the activity is addressing SDoH/HE
	Community	Engaging the community members to help direct BG funds for equity/SDoH work
	Data	All mentions of utilizing data to inform how BG funds should be directed for equity/SDoH work
	Organizational Culture	All mentions of organizational culture informing how BG funds should be directed for equity/SDoH work
	Population Influences	Other external factors that influence how BG funds are directed for equity/SDoH work e.g. Geographic, population,
	Political	Political context that influences or influenced the types of equity work that could be implemented within a jurisdiction

Appendices

Appendix C. Interview Codebook

Domain 1 : Non PHHS Block Grant Factors

Code	Subcode	Definition
General Equity Infrastructure	Central Office or Department	Central office or department within the health agency that informs the definition of health equity within the agency
	Other equity funding	All mentions of funding excluding the PHHS Block Grant that support health equity/SDoH work within the health agency
	Facilitators	Any supports, tools, levers that aid in the health agency in addressing equity or SDoH within their jurisdiction - that are not facilitated through the Block Grant
	Barriers or Challenges	Any challenges that hinder the health agency in addressing equity or SDoH within their jurisdiction - that are not facilitated through the Block Grant
	Additional Needs	Any supports, tools, levers that needed to aid the health agency in addressing equity or SDoH within their jurisdiction - that are outside of the scope of the Block Grant
	Alignment to FPHS	All mentions of aligning equity work within their agency to the Foundational Public Health Services

Domain 2: Utilizing the PHHS Block Grant for Equity and Social Determinants of Health

Code	Subcode	Definition
Evaluation	N/A	Mentions of how S/THA's are evaluating their Block Grant Equity initiatives
Facilitators	N/A	Any supports, tools, levers that aid in the health agency in addressing equity or SDoH within their jurisdiction - that were facilitated through the Block Grant
Barriers	N/A	Any challenges that hinder the health agency in addressing equity or SDoH within their jurisdiction - that were facilitated through the Block Grant

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Appendix C. Interview Codebook cont.

Code	Subcode	Definition
Needs	N/A	Any supports, tools, levers that needed to aid the health agency in addressing equity or SDoH within their jurisdiction - that the Block Grant could support or facilitate
Block Grant Workplans and BGIS Compliance	N/A	All mentions of the workplan supporting or hindering health agencies addressing SDoH or HE
Lessons Learned	Examples of using the Block Grant to implement equity work	Success stories, programmatic work for utilizing BG for equity or SDoH work
	Quotes	Verbatim descriptions from recipients on success and challenges that help tell the story of why the PHHS Block Grant is important
	Advice	Pieces of advice to other BG recipients on how to use the BG to address equity