



**New Jersey Department of Health  
Division of Community Health Services  
Community Health and Wellness Unit**

**Request for Applications**

<b>Dates to Remember</b>	
<b>Due Date for Letter of Intent to Apply (LOI)</b>	June 24, 2022
<b>Request for Applications Released</b>	July 19, 2022
<b>Due Date for Informational Conference Call</b>	July 13, 2022
<b>Due Date for Applications</b>	August 5, 2022
<b>Notification of Intent to Fund</b>	September 12, 2022
<b>Start Date</b>	October 1, 2022



## **I. Executive Summary**

The New Jersey Department of Health (NJDOH) – Division of Community Health Services, Community Health and Wellness Unit (CHWU) announces the availability of funds to develop interventions to address the social determinants of health (SDOH) to improve chronic disease health outcomes in high-burden populations and communities across the state. The purpose of the NOFO is to pilot evidence-based activities that lead to improved chronic disease outcomes among persons experiencing health disparities and inequities.

Collaborative planning among public health, government, business, non-profit organizations, and healthcare partners is essential for addressing SDOH. High burden populations are defined as groups that are disproportionately affected by obesity, poor nutrition, diabetes, prediabetes, high blood pressure, or high blood cholesterol, due to socioeconomic or other characteristics, including inadequate access to care, poor quality of care or low income.

a. Eligible Applicants: Open Competition

b. Approximate Number of Awards: 4

c. Award Amount: \$150,000 each

d. Total Period of Performance Funding: \$600,000

e. Total Period of Performance: 12 months (October 1, 2022 – September 30, 2023)

f. Estimated Award Date: September 12, 2022

g. Cost Sharing and / or Matching Requirements: Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

h. Letter of Intent to Apply (LOI): Due 6/24/2022. Letters should be sent on organization letterhead that includes the address, email, and phone number of the contact person. Please indicate the Healthy People 2030 Objective and SDOH area that the application will address. The LOI must be sent via email to Tifanie Selby at [Tifanie.Selby@doh.nj.gov](mailto:Tifanie.Selby@doh.nj.gov).

i. Informational Conference Call: Details for the conference call will be shared via email with the organizations that submit a Letter of Intent to Apply.

j. Interventions: Four (4) awards are available for organizations to implement evidence-based interventions that address social determinants of health (SDOH) and health inequity to improve chronic disease outcomes for New Jersey residents.

## **II. Overview**

The New Jersey Department of Health (NJDOH) - The major goals of the Community Health and Wellness Unit, within the Division of Community Health Services, are to manage all public health programs assigned to reduce the burden and impact of chronic disease and improve health and wellness for New Jersey residents. To achieve the major goals of the unit, this includes administration, planning, implementation, evaluation and fiscal oversight. Specifically processing of all budgets, grants, contracts, spending and allocation plans and payments to healthcare agencies and external vendors in coordination with the fiscal unit and adhering to all federal, state agency, department and division

policies, rules, regulations and procedures.

Funding for the proposed activities is supported by the Preventive Health and Health Services Block Grant (PHHSBG), issued by the U.S. Centers for Disease Control and Prevention (CDC), to assist states in meeting public health priorities for residents. The PHHSBG was established by Congress in 1981 (Public Law 97-35) and operated within the United States, Department of Health and Human Services, Centers for Disease Control & Prevention (CDC). It is a mandatory grant given to states as part of the Omnibus Budget Reconciliation Act, authorizing a series of health and social service initiatives. The PHHSBG allows 50 states, 2 American Indian tribes, 8 US territories, and the District of Columbia to address their own unique public health priorities, needs and challenges with innovative and community-driven methods using National Health Objectives selected from Healthy People 2030.

This RFA builds upon existing statewide implementation of cross-cutting approaches to promote health and prevent and control chronic diseases and their risk factors. Recognizing the vital public health interest in reducing and more effectively treating chronic illnesses, the NJDOH will leverage partnerships with community-based organizations, healthcare systems to focus efforts on addressing chronic disease prevention and improve access to care through the development of community-clinical linkages and improvements to the built environment.

#### **RFA Purpose**

The purpose of this RFA is to select organizations to implement and evaluate evidence-based strategies to improve chronic disease health outcomes related to the following Healthy People 2030 Objectives:

- Reduce the proportion of adults with obesity — NWS-03
- Reduce the proportion of children and adolescents with obesity — NWS-04
- Increase the proportion of worksites that offer an employee physical activity (ECBP-D04) and nutrition (ECBP-D05) programs
- Increase the proportion of worksites that offer an employee physical activity program
- Increase the proportion of adults who get recommended evidence-based preventive health care — AHS-08
- Increase the proportion of adolescents who had a preventive health care visit in the past year — AH-01
- Increase the number of community organizations that provide prevention services — ECBP-D07
- Increase the use of telehealth to improve access to health services -AHS-R02
- Increase the proportion of schools with policies and practices that promote health and safety — EH-D01

#### **Background**

Health equity is achieved when every person has the chance to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances” (WHO). Achieving health equity can be realized by addressing the social determinants of health (SDOH) such as systemic racism, poverty, poor access to quality healthcare, transportation, housing insecurity, nutrition insecurity, commercial tobacco-free policies, safe spaces for physical activity, and social connectedness.

SDOH are conditions in the places where people are born, live, learn, work, play, and worship which influence the availability of fair and just opportunities and resources needed to live healthy lives and to improve a wide range of social, mental, and physical health outcomes. Through community health needs assessment, multi-sector partnerships, and improvement planning, federal, state, local, tribal, and territorial governments can invest in long-range strategies to address and improve SDOH in

communities with the poorest health outcomes.

Chronic diseases such as heart disease and stroke, cancer, diabetes, and obesity are the leading causes of death and disabilities. Inequities in SDOH contribute to stark and persistent chronic disease disparities among population groups based on race, ethnicity, socioeconomic status, and other characteristics, systematically limiting opportunities and resources needed to live healthy lives.

To maximize public health impact, policy, systems, environmental, and programmatic strategies that address SDOH have the potential to narrow disparities in many chronic diseases by removing systemic and unfair barriers to practicing healthy behaviors. Sustaining positive health outcomes requires a focus not just on individual behaviors and patient care, but on root causes of disparities and community-wide approaches aimed at improving population health. Healthy People 2030 categorizes SDOH into five domains: 1) Economic Stability; 2) Education Access and Quality; 3) Health Care Access and Quality; 4) Neighborhood and Built Environment; and 5) Social and Community Context.

Based on the five domains of Healthy People 2030, CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) developed an integrated framework to address SDOH with a specific focus on five determinants that impact chronic disease risk factors and health outcomes:

- Built Environment
- Community-Clinical Linkages
- Food and Nutrition Security
- Social Connectedness
- Tobacco-Free Policy

For the purposes of this RFA, the primary areas that SDOH interventions will focus on are **Built Environment and Community-Clinical Linkages**.

The neighborhoods people live in have a major impact on their health and well-being.<sup>2</sup> Built environment is human-made surroundings that influence overall community health and individual behaviors that drive health. Healthy People 2030 focuses on improving health and safety in the places where people live, work, learn, and play. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. Racial/ethnic minorities and people with low incomes are more likely to live in places with these risks. In addition, some people are exposed to things at work that can harm their health, like secondhand smoke or loud noises. Interventions and policy changes at the local, state, and federal level can help reduce these health and safety risks and promote health. For example, providing opportunities for people to walk and bike in their communities — like by adding sidewalks and bike lanes — can increase safety and help improve health and quality of life.

Community-clinical linkages refer to the connections made among health care systems and services, public health agencies, and community-based organizations to improve population health. Many people in the United States don't get the health care services they need. Healthy People 2030 focuses on improving health by helping people get timely, high-quality health care services. About 1 in 10 people in the United States don't have health insurance.<sup>2</sup> People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get

important health care services, like preventive care and treatment for chronic illnesses. Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

### **Program Outcomes**

The projected outcomes for these projects include:

- To eliminate barriers to health care
- To ensure provision of high quality and safe healthcare
- To ensure equitable access to community services, resources, and programs
- To promote healthier environments, including natural environment, and open space
- To increase receipt of recommended clinical preventive services
- To promote healthy eating and active living

### **References**

1. Berchick, E.R., Hood, E., & Barnett, J.C. (2018). Health Insurance Coverage in the United States: 2017. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf> [PDF - 1.4 MB]
2. Centers for Disease Control and Prevention. (2018). Social Determinants of Health: Know What Affects Health. Retrieved from <https://www.cdc.gov/socialdeterminants/index.htm>

### **III. Funding Opportunity Description**

CHWU is seeking to partner with organizations on the following project:

**Four (4) awards** are available for organizations to design evidence-based social determinates of health interventions that address a Healthy People 2030 objective focused on one or more chronic conditions.

Chronic conditions may include:

- Cancer
- Diabetes
- Heart Disease and/or Stroke
- Asthma
- Obesity
- Nutrition
- Long COVID-19

Applicants are required to select one of the following Healthy People 2030 Objectives that will address the identified chronic condition:

- Reduce the proportion of adults with obesity — NWS-03
- Reduce the proportion of children and adolescents with obesity — NWS-04
- Increase the proportion of worksites that offer an employee physical activity (ECBP-D04) and nutrition (ECBP-D05) programs
- Increase the proportion of worksites that offer an employee physical activity program
- Increase the proportion of adults who get recommended evidence-based preventive health care — AHS-08
- Increase the proportion of adolescents who had a preventive health care visit in the past year — AH-01
- Increase the number of community organizations that provide prevention services — ECBP-D07

- Increase the use of telehealth to improve access to health services -AHS-R02
- Increase the proportion of schools with policies and practices that promote health and safety — EH-D01

Applicants should discuss the approaches that will be taken to remove barriers to participation in screening or prevention interventions to improve health. Policy, system, and environmental (PSE) interventions may also be undertaken. Special consideration will be given to applicants that address the specific needs of the intellectual or developmental disabilities (IDD) communities.

Examples of evidence-based interventions can be found here:

- <https://www.thecommunityguide.org/>
- <https://www.cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf>
- <https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/sdoh-workbook.pdf>
- <https://patientengagementhit.com/features/how-ncqa-created-measures-on-social-determinants-of-health-screenings>
- <https://www.ajmc.com/view/implementing-a-targeted-approach-to-social-determinants-of-health-interventions>

Award Amount: \$150,000 each

### **Proof of Eligibility**

Eligible applicants must be a municipal/county government, local health department, Indian/Tribal government, hospital, Federally Qualified Health Center (FQHC), university, or non-profit organization with 501(c)3 status located in, or currently providing services in, New Jersey.

Applicants are required to submit financial documents, per each year of the grant cycle, in accordance with the NJDOH Terms and Conditions. Failure to provide required documentation by the date of application submission will result in the application being deemed non-responsive. Please attach the requested documents as a PDF file to your application through the NJDOH System for Administering Grants Electronically (SAGE):

- a. Valid Internal Revenue Services (IRS) 501(c) (3) tax exempt status.
- b. Annual Audit Report (most recent).
- c. Tax Clearance Certificate is to be submitted. The application for Tax Clearance can be obtained at <http://www.state.nj.us/treasury/taxation/busasst.shtml> (fee of \$75.00 or \$200.00).
- d. NJ Charities Registration- If your organization is registered with the NJ Charities Registration then each year a “Letter of Compliance” from the Division of Consumer Affairs must be obtained. All registered charities must renew their registration yearly. For more information contact and forms can be found at [www.state.nj.us/lps/ca/charity/charfrm.htm](http://www.state.nj.us/lps/ca/charity/charfrm.htm)

### **Funding Information**

Funding in the first and future years is expressly dependent upon the availability of funds to the Department appropriated by the State Legislature from state or federal revenue or such funding sources as may be applicable. The Department shall not be held liable for any breach of any award because of the absence of available funding appropriations.

The method of payment will be cost reimbursement unless a waiver is submitted detailing the cash flow needs, and the waiver is accepted by the Department.

### **Availability of Funds**

New Jersey State grant funds available for this initiative are contingent upon federal appropriations. Approximately \$150,000 is available for awards during the 12-month award (October 1, 2022–September 30, 2023). Funding under a grant is expressly dependent upon the availability of funds to the Department appropriated by federal revenue or such other funding sources as may be applicable. The Department shall not be held liable for any breach of this agreement because of the absence of available funding appropriations. The grant award will further be contingent upon the fiscal and programmatic completeness of your application, as well as the satisfactory fulfillment of the grant objectives.

### **IV. Application and Submission Information**

Applicants must submit a detailed project narrative, describing how the applicant plans to implement activities supporting the required objectives. NJDOH will provide feedback and technical assistance to awardees to finalize work plan activities post-award. The narrative should not exceed 12 pages (single spaced, Calibri 12 point, 1-inch margins, and numbered pages). Content beyond 12 pages will not be reviewed.

The project narrative must include all the bolded headers outlined under this section. It should be succinct, self-explanatory and organized in the order outlined in this section, so that reviewers can understand the proposed project. The description should address activities to be conducted over the entire project period. Include a logic model and work plan to support your application.

In addition to the project narrative, applicants must also fully complete Work Plans 1 and 2 in Appendix A.

**1. Project Abstract Summary (Maximum of 2 paragraphs)** – The project abstract should be a self-contained, brief description of the proposed project to include the purpose and outcomes. This summary must not include any proprietary/confidential information.

**2. Needs Assessment** – For your target population, the applicant must describe the community, population(s), and priority SDOH selected. Applicants should identify and describe the location disproportionately affected by disparities in chronic disease outcomes (e.g., name, affiliation, location, size, geopolitical and historical context, etc.)

- NOTE: Applicants are expected to identify and define their community as appropriate to their needs and priorities of the jurisdiction; defining at the tribal, territorial, and sub-jurisdictional levels are consistent with the expectations of this grant.
- Target Populations: Applicants should ensure that data, including burden data, are used to identify strategies and/or communities within their counties that have poor environments and/or are disproportionately affected by chronic diseases. Applicants should also identify and describe the population(s) affected by poverty, lack economic resources, including communities with high rates of income inequity or low employment opportunities. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered. The applicant should address how they will be inclusive of specific populations that are disproportionately affected by chronic diseases.

**3. Organizational Capacity** – Applicants must describe their organizational capacity to achieve the project objectives. When applicants are describing organizational capacity, consideration should be

given to:

- Experience engaging communities in public health planning and implementation processes addressing SDOH that improve outcomes for chronic disease, including current activities.
- Coordinating efforts with other federally and privately funded programs within their service area to leverage resources and maximize reach and impact. The applicant should describe core project management to execute the award, including the roles and responsibilities of project staff.
- The applicant should specify who will have day-to-day responsibility for key tasks such as: leadership of the project; monitoring of the project's on-going progress; preparation of reports; program evaluation; and communication with partners and NJDOH.

The applicant should provide information about any contractual organization(s) that will have a significant role(s) in implementing program strategies and achieving project outcomes.

- The applicant should also describe how any consultants and/or partner organizations will contribute to achieving project outcomes.

The applicant must also demonstrate readiness to implement evidence-based strategies, including the ability of applicants to describe the following:

- Established partnerships with groups/organizations relevant to the RFA objectives.
- Prior experience working with health care providers to improve health outcomes (if appropriate).
- Proven ability to collect and use data to demonstrate impact.
- Experience with planning and implementing programs.

**4. Project Objectives** – The applicant must identify SMART objectives that address the needs of the intervention described in the funding category.

**5. Methods/Strategies** – The applicant must provide a clear and concise description of the project strategy or strategies the applicant intends to use to meet the required outcomes. As applicable, applicants should use and explicitly reference the CDC's *Guide to Community Preventive Services (The Community Guide)* as a source of evidence-based program strategies whenever possible. In addition, applicants may propose additional program strategies to support the outcomes. For each project, discuss how your strategy will impact the following:

- Address social determinants of health to remove barriers for high-burden populations.
- Create and promote activity-friendly, safe routes to everyday destinations (e.g., from home, schools, or work to parks, public spaces, and transit stops).
- Develop systems to provide reliable and affordable transportation for essential worker and disadvantaged populations.
- Provide assistance with disease management (e.g., medication access and education, referrals, keeping people in care, information on when to go to the emergency department, home blood pressure monitoring for pregnant and postpartum persons, Community Health Worker (CHW) programs).
- Strengthen access to preventive services such as cancer, diabetes, hypertension screening, obesity screening, and screening related to SDOH.
- Promote clinical Fruit & Vegetable and Physical Activity Rx programs
- Strengthen community-clinical collaborations for achieving healthy weight.
- Implement clinical linkages to nutrition assistance programs (e.g., Supplemental Nutrition Assistance Program [SNAP]; Special Supplemental Nutrition Program for



Women, Infants, and Children [WIC]; and Child and Adult Care Food Program [CACFP]), affordable housing, free tax assistance, and safe transportation programs.

**6. Plan for Sustainability** – The applicant must describe specific strategy/ strategies that can be utilized after the expiration of grant. Include strategies that will likely lead to continued programming and to build scope of future work.

**7. Evaluation** – Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of this RFA. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application. The plan must:

- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to the understanding of the advantages and challenges of working collaboratively to achieve positive chronic disease health outcomes.
- Describe the type of evaluations to be conducted (i.e. process and/or outcome). Describe potentially available data sources.

Awardees will be required to collect and report outcome performance measures to NJDOH quarterly.

**8. Detailed Budget** – Applicants must provide a detailed budget describing how potential funds will be allocated and expended. The budget should reflect work that will be completed during the planning phase and the development of a work plan to be executed during the implementation phase. If applying for more than one project, separate Schedules A-C must be completed for each.

#### V. Application Review Information

In scoring applications, eligible applications will be evaluated against the following criteria during review:

**1. Project Abstract Summary (0 points)** – While the Abstract receives no points, it is a required element for evaluation by the RFA reviewers.

**2. Needs Assessment (10 points)** – The Extent to which planned activities will address the needs of disparate communities as described in RFA.

**3. Organizational Capacity (20 points)** – The extent to which the applicant has demonstrated readiness to implement strategies supporting the project objectives.

**4. Project Objectives (30 points)** – Extent to which objectives are specific, measurable, achievable, realistic and time-bound (SMART); and the extent to which stated objectives will address the needs of disparate populations.

**5. Methods/Strategies (15 points)** – Extent to which interventions address target populations and are reflected in proposed plan.

**6. Plan for Sustainability (5 points)** – The extent to which the proposed plan is feasible, reasonable and achievable.

**7. Evaluation (10 points)** – The extent to which the applicant has described how the project will be

measured and reported.

**8. Detailed Budget (10 points)** – Extent to which budget costs are specific and tied to project objectives and planned interventions as outlined in the “Project Objectives” section.

### **Review and Selection Process**

Applications will be screened for completeness and eligibility as specified in this RFA. Only those proposals deemed to be eligible, complete and in compliance will be sent to the RFA review committee. An RFA review committee will review the proposals. Proposals will be rated on criteria, which appear in the “Review Criteria” section of this document. The NJDOH reserves the right to render final decisions on the awarding of funds under this RFA.

**a. Phase I Review:** All eligible applications will be initially reviewed for completeness by the NJDOH staff. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance to Phase II review. These applicants will be notified, via email, that the application did not meet eligibility requirements.

**b. Phase II Review:** An objective review panel will evaluate complete and responsive applications according to the criteria listed in the criteria section of the RFA. Each application will be reviewed and scored by two (2) reviewers. Scored applications will be ranked by the entire review panel and award recommendations will be presented to NJDOH.

**c. Phase III Review:** NJ DOH staff will review all recommendations and will make the final decisions for awards. In addition, the following factors may affect the funding decision:

- DOH may fund out of rank order to achieve geographic and/or programmatic diversity.

#### **Applications must include:**

1. A detailed budget and work plan with timetable. The timetable should reflect the planning and implementation phases. If applying for more than one project, separate budgets must be completed for each.
2. A letter of support from the agency head on agency letterhead.
3. Resume/s for all staff listed in the budget for this grant.
4. Any required documents such as agency Travel Policy, Salary Policy, Affirmative Action Policy, Copy of Interest-Bearing Account, Proof of Non-profit Status (if applicable), NJ Charities Registration (if applicable), Consultant Agreements (if applicable), Plan for Sustainability, annual Audit Report, Statement of Total Gross Revenue, Application for Tax Clearance.

## **VI. Other Information**

### **Use of Funds**

Upon award, the recipient shall ensure that funds are immediately accessible and used for activities described in approved work plans. Funds must be used as follows:

- Fringe benefits are reimbursable; however, you must provide Proof of Fringe Rate for the jurisdiction. It needs to be an official document indicating the fringe rate for the organization.
- No less than 50% of the total grant award must be used for programmatic funding.

**Funds may be used to support:**

- In state travel only and related expenses for project staff to carry out specified duties and to attend mandatory meetings and trainings.

**Funding Restrictions:**

Restrictions that must be considered while planning the programs and writing the budget are:

- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
  - Recipient may not use funds for travel outside of the State of New Jersey.
- Recipient may not use funds for purchasing vehicles.
- Recipient may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipient may not use funds for construction.
- Recipient may not use funds for interest on loans for the acquisition and/or modernization of an existing building.
- Recipient may not use funds for tuition reimbursement.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the NJDOH provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider that is ineligible.

**Anticipated Announcement and Award Dates:**

- Applications are due on July 29, 2022.
- Successful applicants will anticipate notice of funding on or about September 12, 2022, with a start date of October 1, 2022.
- DOH encourages inquiries concerning this announcement. For programmatic technical assistance, contact:  
Tifanie Selby, MPH  
Coordinator, Preventive Health and Health Services Block Grant  
Tifanie.Selby@doh.nj.gov

---

## Overarching Program Information

---

**Work Plan period:** October 1, 2022 - September 30, 2023

### Healthy People 2030 Objective

Choose the [Healthy People 2030 Objective](#) that you feel best captures the work of your PHBG-funded program.

**\*Note:** You are only required to select one (1) Healthy People 2030 Objective per PROGRAM but can have more than one Healthy People 2030 Objective assigned to it, if necessary. However, if you choose more than one, you will have to specify how much money you are allocating to each Healthy People 2030 Objective. If it is unclear or difficult to divide the money between multiple Healthy People 2030 Objectives, choose the one that fits best.

[Add Healthy People 2030 Objective here]

### Recipient Health Objective

Please define an overarching [SMART Objective](#) for your program. This is supposed to be a long-term program objective.

There should be one Recipient Health Objective per program and you can choose to align with the Healthy People 2030 Objective for that program.

When crafting Recipient Health Objectives, recipients should:

- Consider jurisdictional health or infrastructure priorities
- Describe the performance period of the state health objective, which may have an end date through the year 2030.
- Check: Is it **Specific, Measurable, Achievable, Realistic and Timebound?**

### Recipient Health Objective Example

Between 10/2022 and 06/2025, decrease deaths from falls among adults age 65 years and older from 76.1 per 100,000 population (recipient baseline 2015-2017) to 47.0 per 100,000 population

Add long-term SMART Objective here: [Add Short Text; 2000 character limit]

### Details about Program Funding

1. Amount of funding to populations disproportionately affected by the problem:

\$XXXXXXX

2. Amount of funding to other agencies or organizations:

\$XXXXXXX

3. Type of supported local agency/organization: *\*Choose one. Put an "X" in the box that best fits.*

<input type="checkbox"/>	Other Local Government
<input type="checkbox"/>	Local Organization
<input type="checkbox"/>	Other (please specify): _____

4. Were funds used to respond to an emerging need or outbreak as part of the program? *\*Choose one.*

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No

5. What was the funding role for this program? *\*Choose one.*

<input type="checkbox"/>	Total source of funding ( <i>skip to question 8</i> )
<input type="checkbox"/>	Supplement other existing funds

**If the answer to question 5 was "Total Source of Funding", skip questions 6 and 7.**

6. What percentage of the funding for this program?

XX% (\$XXXXXXX)

7. What existing funding source(s) will these funds supplement? *\*Select all that apply.*

<input type="checkbox"/>	State or local funding
<input type="checkbox"/>	Other federal funding (CDC); please specify _____
<input type="checkbox"/>	Other federal funding (non-CDC)
<input type="checkbox"/>	Funding from NGO or non-profit organization
<input type="checkbox"/>	Funding from for-profit organization
<input type="checkbox"/>	Tribal, district (i.e. DC) or territorial funding
<input type="checkbox"/>	Other; please specify _____
<input type="checkbox"/>	State or local funding

8. Role of grant in Supporting this Program: **\*Choose one.**

<input type="checkbox"/>	Startup of a new program
<input type="checkbox"/>	Maintain existing program (as is)
<input type="checkbox"/>	Enhance or expand the program
<input type="checkbox"/>	Restore program

**Positions Funded**

9. Are there any positions funded by this grant? **\*Choose Yes or No.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, please add all the required information for each position below.  
 If **No**, skip to question 12.

<b>Position Title:</b>	[Position Title]
<b>Staff Name:</b>	[Staff name or Vacant]
	If vacant, describe the recruitment/hiring plan to fill the vacant position: [Short Text]
<b>Percent of staff member's time spent working in each area (funded with PHS Block Grant dollars):</b>	
<b>Jurisdiction-level:</b>	[% Time]
<b>Local:</b>	[% Time]
<b>Other:</b>	[% Time]
<b>Total:</b>	[% Total time funded]

<b>Position Title:</b>	[Position Title]
<b>Staff Name:</b>	[Staff name or Vacant]
	If vacant, describe the recruitment/hiring plan to fill the vacant position: [Short Text]

<b>Percent of staff member's time spent working in each area (funded with PHHS Block Grant dollars):</b>	
<b>Jurisdiction-level:</b>	<b>[% Time]</b>
<b>Local:</b>	<b>[% Time]</b>
<b>Other:</b>	<b>[% Time]</b>
<b>Total:</b>	<b>[% Total time funded]</b>

<b>Position Title:</b>	<b>[Position Title]</b>
<b>Staff Name:</b>	<b>[Staff name or Vacant]</b>
	If vacant, describe the recruitment/hiring plan to fill the vacant position: <b>[Short Text]</b>
<b>Percent of staff member's time spent working in each area (funded with PHHS Block Grant dollars):</b>	
<b>Jurisdiction-level:</b>	<b>[% Time]</b>
<b>Local:</b>	<b>[% Time]</b>
<b>Other:</b>	<b>[% Time]</b>
<b>Total:</b>	<b>[% Total time funded]</b>

<b>Position Title:</b>	<b>[Position Title]</b>
<b>Staff Name:</b>	<b>[Staff name or Vacant]</b>
	If vacant, describe the recruitment/hiring plan to fill the vacant position: <b>[Short Text]</b>
<b>Percent of staff member's time spent working in each area (funded with PHHS Block Grant dollars):</b>	
<b>Jurisdiction-level:</b>	<b>[% Time]</b>
<b>Local:</b>	<b>[% Time]</b>
<b>Other:</b>	<b>[% Time]</b>

<b>Total:</b>	[% Total time funded]
---------------	-----------------------

<b>Position Title:</b>	[Position Title]
<b>Staff Name:</b>	[Staff name or Vacant]
	If vacant, describe the recruitment/hiring plan to fill the vacant position: [Short Text]
<b>Percent of staff member's time spent working in each area (funded with PPHS Block Grant dollars):</b>	
<b>Jurisdiction-level:</b>	[% Time]
<b>Local:</b>	[% Time]
<b>Other:</b>	[% Time]
<b>Total:</b>	[% Total time funded]

10. Total Positions funded by this program:

[Insert number here]
----------------------

11. Number of FTEs funded in this Program (this is how many full-time positions your total number of positions is equivalent to; e.g. two 50% positions would equal one FTE):

[Insert number here]
----------------------

**Define Program Problem**

*In this section, you will define the problem this program will address (i.e., WHAT are we trying to fix).*

*The **problem** is a description of the scope and magnitude of the health or infrastructure burden as it applies to Arizona using current or trend data such as morbidity, mortality, incidence, prevalence by race, ethnicity, age or gender for the problem related to the jurisdictions or regions.*

*The problem could include: responding to emerging needs in the jurisdiction, addressing a health burden, improving infrastructure or capacity-building in organizations, etc.*

**Program Problem Summary Example 1:**

*Falls continue to be the leading cause of unintentional injury-related deaths and the leading cause of injuries and hospital admissions from trauma for individuals aged 65 and older.*



12. One-sentence summary of the **problem** this program will address:

[One sentence of text; 2000 character limit]

13. One-paragraph description of the **problem** this program will address:

[One paragraph of text; 2000 character limit]

14. How was the public health problem prioritized? *\*Select all that apply.*

<input type="checkbox"/>	Conducted, monitored, or updated a jurisdiction health assessment (e.g., state health assessment)
<input type="checkbox"/>	Conducted a topic- or program-specific assessment (e.g., tobacco assessment, environmental health assessment)
<input type="checkbox"/>	Identified via surveillance systems or other data sources
<input type="checkbox"/>	Prioritized within a strategic plan
<input type="checkbox"/>	Declared as an emergency within your jurisdiction
<input type="checkbox"/>	Governor (or other political leader) established as a priority
<input type="checkbox"/>	Legislature established as a priority
<input type="checkbox"/>	Tribal government/elected official established as a priority
<input type="checkbox"/>	Other (please specify): [Add text here]

**Key Indicator**

15. Describe in one paragraph the key indicator(s) affected by this problem:

[Text]

16. Baseline\* value of the key indicator described above:

[Number]

*\*Note: Your baseline should be current data (where we are at right now), so that we can see any change in the baseline over the course of the fiscal year.*

17. Data source for key indicator baseline:

[Text]

18. Date key indicator baseline data was last collected:

[Date – either year or full date]

**Program Strategy**

The **program goal** is the intended or desired outcome of the program intervention (i.e., HOW are we trying to fix the problem). It is what all the objectives and activities of the program are working towards and is achievable during the Work Plan fiscal year.

**Example 1: Health Improvement Plan Program**

The goal of this program is to create a state-wide health improvement plan (HIP) that will serve as a guide to address the most important needs of the jurisdiction

**Example 2: Maternal Mortality Program**

The goal is to reduce rates of maternal mortality in Case county by 10%

19. One-sentence **program goal**:

[Short Text; one sentence; 2000 character limit]

20. Is this program specifically addressing a Social Determinant of Health (SDOH)?

\*Choose Yes or No.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **No**, skip to question 22.

21. Which SDOH are you addressing with this program? \*Select all that apply

<input type="checkbox"/>	Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability)
<input type="checkbox"/>	Education (e.g. low high school graduation rates, low literacy levels, poor early childhood education)
<input type="checkbox"/>	Social and Community Context (e.g. discrimination, low civic participation, poor workplace conditions, incarceration)
<input type="checkbox"/>	Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)
<input type="checkbox"/>	Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)
<input type="checkbox"/>	Adverse Childhood Experiences (ACEs)

22. One-paragraph summary of **program strategy**\*:

[Short text; one paragraph; 2000 character max.]

*\*This is the plan or method the program is using to achieve the goal.*

23. List of primary strategic partners:

[Text; 2000 character max.]

24. (OPTIONAL) Planned non-monetary support to local agencies or organizations: *\*Select all that apply.*

<input type="checkbox"/>	Technical Assistance
<input type="checkbox"/>	Training
<input type="checkbox"/>	Resources/Job Aids
<input type="checkbox"/>	Other (please specify): [Add text here]

25. One-paragraph summary of **evaluation methodology**\*:

[Short text; one paragraph; 2000 character max.]

26. Program Setting(s): *\*Select all that apply.*

<input type="checkbox"/>	Business, corporation or industry
<input type="checkbox"/>	Child care center
<input type="checkbox"/>	Community based organization
<input type="checkbox"/>	Faith based organization
<input type="checkbox"/>	Home
<input type="checkbox"/>	Local health department
<input type="checkbox"/>	Medical or clinical site
<input type="checkbox"/>	Parks or playgrounds
<input type="checkbox"/>	Rape crisis center
<input type="checkbox"/>	Schools or school district
<input type="checkbox"/>	Senior residence or center
<input type="checkbox"/>	State health department
<input type="checkbox"/>	Tribal nation or area

<input type="checkbox"/>	University or college
<input type="checkbox"/>	Work site
<input type="checkbox"/>	Other, please specify _____

**Target Population**

*In the target population section, you do not need to complete every question. You only need to answer the “Number of people served” and any questions that apply to your overall target population of the PHBG-funded program.*

27. Target population data source (Include Date):

[Name of data source; date of data]
-------------------------------------

28. Number of people served (required):

[Number]
----------

29. Ethnicity: \*Select all that apply.

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

30. Race: \*Select all that apply

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

31. Age: \*Select all that apply

<input type="checkbox"/>	Under 1 year
<input type="checkbox"/>	1 - 4 years
<input type="checkbox"/>	5 - 14 years
<input type="checkbox"/>	15 - 24 years

<input type="checkbox"/>	25 - 34 years
<input type="checkbox"/>	35 - 44 years
<input type="checkbox"/>	45 – 54 years
<input type="checkbox"/>	55 - 64 years
<input type="checkbox"/>	65 – 74 years
<input type="checkbox"/>	75 – 84 years

32. Sexual Orientation: *\*Select all that apply*

<input type="checkbox"/>	Gay (lesbian or gay)
<input type="checkbox"/>	Straight, this is not gay (or lesbian or gay)
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Something else
<input type="checkbox"/>	I don't know the answer

33. Gender Identity: *\*Select all that apply*

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	None of these

34. Geography: *\*Choose one.*

<input type="checkbox"/>	Rural
<input type="checkbox"/>	Urban
<input type="checkbox"/>	Both

35. Location (e.g. close to a factory, specific zip code, county):

[Provide a short description of where your program's target population is located; 2000 character max.]

36. Occupation:

[Provide a short description of the occupation(s) of your program's target population, if relevant; 2000 character max.]

37. Educational Attainment: *\*Select all that apply*

<input type="checkbox"/>	Some High School
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Some College
<input type="checkbox"/>	College Degree
<input type="checkbox"/>	Graduate Degree

38. Health Insurance Status: *\*Select all that apply*

<input type="checkbox"/>	Uninsured
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Private Health Insurance
<input type="checkbox"/>	Affordable Care Act Plan
<input type="checkbox"/>	Other (please specify): [Add text here]

39. Primarily Low Income: *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

40. Are some members of this target population disproportionately affected by the problem? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, continue.

If **No**, skip question 41.

41. Is the entire target population disproportionately affected by the problem, or only part? *\*Choose one.*

<input type="checkbox"/>	All
<input type="checkbox"/>	Part

If the answer is **All**, the survey is complete.

If the answer is **Part**, please answer all questions in the section below regarding the part of the target population that is disproportionately affected.

**Disproportionately Affected Population**

*In the disproportionately affected population section, you only need to answer the questions that apply to disproportionately affected population within the target population.*

42. Disproportionately affected population data source (Include Date):

[Name of data source; date of data]
-------------------------------------

43. Number of people served:

[Number]
----------

44. Ethnicity: \*Select all that apply.

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

45. Race: \*Select all that apply

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

46. Age: \*Select all that apply

<input type="checkbox"/>	Under 1 year
<input type="checkbox"/>	1 - 4 years
<input type="checkbox"/>	5 - 14 years

<input type="checkbox"/>	15 - 24 years
<input type="checkbox"/>	25 - 34 years
<input type="checkbox"/>	35 - 44 years
<input type="checkbox"/>	45 – 54 years
<input type="checkbox"/>	55 - 64 years
<input type="checkbox"/>	65 – 74 years
<input type="checkbox"/>	75 – 84 years

47. Sexual Orientation: *\*Select all that apply*

<input type="checkbox"/>	Gay (lesbian or gay)
<input type="checkbox"/>	Straight, this is not gay (or lesbian or gay)
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Something else
<input type="checkbox"/>	I don't know the answer

48. Gender Identity: *\*Select all that apply*

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	None of these

49. Geography: *\*Choose one.*

<input type="checkbox"/>	Rural
<input type="checkbox"/>	Urban
<input type="checkbox"/>	Both

50. Location (e.g. close to a factory, specific zip code, county):

[Provide a short description of where your program's target population is located, if relevant; 2000



character max.]

51. Occupation:

[Provide a short description of the occupation(s) of your program's target population, if relevant; 2000 character max.]

52. Educational Attainment: *\*Select all that apply*

<input type="checkbox"/>	Some High School
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Some College
<input type="checkbox"/>	College Degree
<input type="checkbox"/>	Graduate Degree

53. Health Insurance Status: *\*Select all that apply*

<input type="checkbox"/>	Uninsured
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Private Health Insurance
<input type="checkbox"/>	Affordable Care Act Plan
<input type="checkbox"/>	Other (please specify): [Add text here]

54. Primarily Low Income: *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

***End of Part 1: Overarching Program Information.***

---

## Program Objectives & Activities

---

### Objective 1

1. Objective Name:

[Short title for your objective]

2. Program SMART Objective:

Please define a Program [SMART Objective](#) for this group of activities. This is supposed to be a short-term objective — to be met by the end of the Work Plan fiscal year (by September 30, 2023) — that measures program accomplishments.

- Check: Is it **Specific, Measurable, Achievable, Realistic and Timebound**?

#### **Program SMART Objective Example**

Between 10/2022 and 06/2023, Fit and Fall Proof coordinators will maintain 100 Fit and Fall Proof exercise class sites in the jurisdiction to ensure the program is accessible to community-dwelling older adults.

Between 10/01/2022 and 09/30/23... [Short Text; 2000 character limit]

3. Item to be Measured (from Program SMART Objective above):

[Short Text; one paragraph; 2000 character limit]

4. Unit of Measurement:

[Short Text; one paragraph; 2000 character limit]

5. Baseline value for the item to be measured:

[Number]

6. Data source for baseline value:

[Name of data source]

7. Date baseline was last collected:

[Date]

8. Interim target value to be achieved by the Annual Progress Report\*:

[Number]

\*Remember: PHBG Annual Progress Report is submitted after 1 quarter of Work Plan activities.

9. Final target value to be achieved by the Final Progress Report\*:

[Number]

\*Final Progress Report captures full fiscal year of Work Plan activities.

### Intervention Information for Objective 1

10. One-sentence summary of intervention:

[Short Text; one sentence; 2000 character limit]

11. One-paragraph description of intervention:

[Short Text; one paragraph; 2000 character limit]

12. Is this an evidence-based intervention, or an innovative/promising practice? *\*Choose one. Mark with an 'X'.*

<input type="checkbox"/>	Evidence-Based Intervention
<input type="checkbox"/>	Innovative/Promising Practice

**If answer to question 12 was "Innovative/Promising Practice," skip this question:**

13. Evidence Source for Intervention: *\*Select all that apply*

<input type="checkbox"/>	Best Practice Initiative (U.S. Department of Health and Human Services)
<input type="checkbox"/>	Guide to Clinical Preventive Services (Task Force on Community Preventive Services)
<input type="checkbox"/>	MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
<input type="checkbox"/>	Model Practices Database (National Association of City and County Health Officials)
<input type="checkbox"/>	National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
<input type="checkbox"/>	Promising Practices Network (RAND Corporation)
<input type="checkbox"/>	Other (please describe): [Add text here]

14. Rationale for choosing the intervention:

[Short Text; 1-3 sentences; 2000 character limit]

### Target Population of Objective 1

15. Is the Target Population of this Objective the same as the overall Target Population of the Program or a subset of the Program Target Population?

<input checked="" type="checkbox"/>	Same as the overall program's target population
-------------------------------------	---

<input type="checkbox"/>	A subset of the program's target population
--------------------------	---

If it's the **same** as the overall program, skip to the [Activities section](#) (click link to jump to Activities).  
If it's a **subset** of the program, answer the questions below.

*In the target population section below, only answer the questions that apply to your target population for this activity.*

16. Target Population Data Source (Include Date):

[Name of data source and date]
--------------------------------

17. Number of People Served:

[Number]
----------

18. Ethnicity: \*Select all that apply.

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

19. Race: \*Select all that apply

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

20. Age: \*Select all that apply

<input type="checkbox"/>	Under 1 year
<input type="checkbox"/>	1 - 4 years
<input type="checkbox"/>	5 - 14 years
<input type="checkbox"/>	15 - 24 years
<input type="checkbox"/>	25 - 34 years
<input type="checkbox"/>	35 - 44 years

<input type="checkbox"/>	45 – 54 years
<input type="checkbox"/>	55 - 64 years
<input type="checkbox"/>	65 – 74 years
<input type="checkbox"/>	75 – 84 years

21. Sexual Orientation: *\*Select all that apply*

<input type="checkbox"/>	Gay (lesbian or gay)
<input type="checkbox"/>	Straight, this is not gay (or lesbian or gay)
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Something else
<input type="checkbox"/>	I don't know the answer

22. Gender Identity: *\*Select all that apply*

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	None of these

23. Geography: *\*Choose one.*

<input type="checkbox"/>	Rural
<input type="checkbox"/>	Urban
<input type="checkbox"/>	Both

24. Location (e.g. close to a factory, specific zip code, county):

[Provide a short description of where your program's target population is located; 2000 character max.]

25. Occupation:

[Provide a short description of the occupation(s) of your program's target population, if relevant; 2000 character max.]

26. Educational Attainment: *\*Select all that apply*

<input type="checkbox"/>	Some High School
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Some College
<input type="checkbox"/>	College Degree
<input type="checkbox"/>	Graduate Degree

27. Health Insurance Status: *\*Select all that apply*

<input type="checkbox"/>	Uninsured
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Private Health Insurance
<input type="checkbox"/>	Affordable Care Act Plan
<input type="checkbox"/>	Other (please specify): <input type="text" value="Add text here"/>

28. Primarily Low Income: *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

29. Are some members of this target population disproportionately affected by the problem? *\*Choose Yes or*

*No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, continue.

If **No**, skip question 41.

30. Is the entire target population disproportionately affected by the problem, or only part? *\*Choose one.*

<input type="checkbox"/>	All
<input type="checkbox"/>	Part

If the answer is **All**, skip to the [Activities section](#) (click link to jump to Activities).

If the answer is **Part**, please answer all questions in the section below regarding the part of the target population that is disproportionately affected.

### Disproportionately Affected Population for Objective 1

*In the disproportionately affected population section, you only need to answer the questions that apply to disproportionately affected population within the target population.*

31. Disproportionately affected population data source (Include Date):

[Name of data source; date of data]

32. Number of people served:

[Number]

33. Ethnicity: **\*Select all that apply.**

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

34. Race: **\*Select all that apply**

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

35. Age: **\*Select all that apply**

<input type="checkbox"/>	Under 1 year
<input type="checkbox"/>	1 - 4 years
<input type="checkbox"/>	5 - 14 years
<input type="checkbox"/>	15 - 24 years
<input type="checkbox"/>	25 - 34 years
<input type="checkbox"/>	35 - 44 years
<input type="checkbox"/>	45 – 54 years

<input type="checkbox"/>	55 - 64 years
<input type="checkbox"/>	65 – 74 years
<input type="checkbox"/>	75 – 84 years

36. Sexual Orientation: *\*Select all that apply*

<input type="checkbox"/>	Gay (lesbian or gay)
<input type="checkbox"/>	Straight, this is not gay (or lesbian or gay)
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Something else
<input type="checkbox"/>	I don't know the answer

37. Gender Identity: *\*Select all that apply*

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	None of these

38. Geography: *\*Choose one.*

<input type="checkbox"/>	Rural
<input type="checkbox"/>	Urban
<input type="checkbox"/>	Both

39. Location (e.g. close to a factory, specific zip code, county):

[Provide a short description of where your program's target population is located, if relevant; 2000 character max.]

40. Occupation:

[Provide a short description of the occupation(s) of your program's target population, if relevant; 2000 character max.]

41. Educational Attainment: *\*Select all that apply*



<input type="checkbox"/>	Some High School
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Some College
<input type="checkbox"/>	College Degree
<input type="checkbox"/>	Graduate Degree

42. Health Insurance Status: **\*Select all that apply**

<input type="checkbox"/>	Uninsured
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Private Health Insurance
<input type="checkbox"/>	Affordable Care Act Plan
<input type="checkbox"/>	Other (please specify): <b>[Add text here]</b>

43. Primarily Low Income: **\*Choose Yes or No.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**Activities for Objective 1**

*Please include information on all PHBG-funded activities that you intend to implement during federal FY23 (October 1, 2022 - September 30, 2023).*

**Activity 1**

<b>Activity Title:</b>
<b>[Insert activity title here; short text]</b>
<b>One-sentence summary of the Activity:</b>
<b>[Insert one sentence; 2000 character limit]</b>
<b>One-paragraph description of the Activity:</b>
<b>[Insert one paragraph; 2000 character limit]</b>

Does the activity include the collection, generation, or analysis of data? **\*Choose Yes or No.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).  
 If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

### Activity 2

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).  
 If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

### Activity 3

<b>Activity Title:</b>
------------------------

[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

#### Activity 4

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
--------------------------	-----

<input type="checkbox"/>	No
--------------------------	----

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).  
If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

**Activity 5**

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? **\*Choose Yes or No.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? **\*Choose Yes or No.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).  
If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

*Copy and paste the activity template if you need to add more activities.*

**Objective 2**

1. Objective Name:

[Short title for your objective]
----------------------------------

2. Program SMART Objective:

Please define a Program SMART Objective for this group of activities. This is supposed to be a short-term objective — to be met by the end of the Work Plan fiscal year (by September 30, 2023) — that measures program accomplishments.

- Check: Is it **Specific, Measurable, Achievable, Realistic and Timebound**?

**Program SMART Objective Example**

Between 10/2022 and 06/2023, Fit and Fall Proof coordinators will maintain 100 Fit and Fall Proof exercise class sites in the jurisdiction to ensure the program is accessible to community-dwelling older adults.

Between 10/01/2022 and 09/30/23... [Short Text; 2000 character limit]

3. Item to be Measured (from Program SMART Objective above):

[Short Text; one paragraph; 2000 character limit]

4. Unit of Measurement:

[Short Text; one paragraph; 2000 character limit]

5. Baseline value for the item to be measured:

[Number]

6. Data source for baseline value:

[Name of data source]

7. Date baseline was last collected:

[Date]

8. Interim target value to be achieved by the Annual Progress Report\*:

[Number]

\*Remember: PHBG Annual Progress Report is submitted after 1 quarter of Work Plan activities.

9. Final target value to be achieved by the Final Progress Report\*:

[Number]

\*Final Progress Report captures full fiscal year of Work Plan activities.

**Intervention Information for Objective 2**

10. One-sentence summary of intervention/activity:

[Short Text; one sentence; 2000 character limit]

11. One-paragraph description of intervention/activity:

[Short Text; one paragraph; 2000 character limit]

12. Is this an evidence-based intervention, or an innovative/promising practice? *\*Choose one. Mark with an 'X'.*

<input type="checkbox"/>	Evidence-Based Intervention
<input type="checkbox"/>	Innovative/Promising Practice

If answer to question 12 was “Innovative/Promising Practice,” skip this question:

13. Evidence Source for Intervention: *\*Select all that apply*

<input type="checkbox"/>	Best Practice Initiative (U.S. Department of Health and Human Services)
<input type="checkbox"/>	Guide to Clinical Preventive Services (Task Force on Community Preventive Services)
<input type="checkbox"/>	MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
<input type="checkbox"/>	Model Practices Database (National Association of City and County Health Officials)
<input type="checkbox"/>	National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
<input type="checkbox"/>	Promising Practices Network (RAND Corporation)
<input type="checkbox"/>	Other (please describe): <i>[Add text here]</i>

14. Rationale for choosing the intervention:

*[Short Text; 1-3 sentences; 2000 character limit]*

### Target Population of Objective 2

15. Is the Target Population of this Objective the same as the overall Target Population of the Program or a subset of the Program Target Population?

<input type="checkbox"/>	Same as the overall program’s target population
<input type="checkbox"/>	A subset of the program’s target population

If it’s the **same** as the overall program, skip to the [Activities section](#) (click link to jump to Activities).

If it’s a **subset** of the program, answer the questions below.

*In the target population section below, only answer the questions that apply to your target population for this activity.*

16. Target Population Data Source (Include Date):

*[Name of data source and date]*

17. Number of People Served:

*[Number]*

18. Ethnicity: \*Select all that apply.

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

19. Race: \*Select all that apply

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

20. Age: \*Select all that apply

<input type="checkbox"/>	Under 1 year
<input type="checkbox"/>	1 - 4 years
<input type="checkbox"/>	5 - 14 years
<input type="checkbox"/>	15 - 24 years
<input type="checkbox"/>	25 - 34 years
<input type="checkbox"/>	35 - 44 years
<input type="checkbox"/>	45 – 54 years
<input type="checkbox"/>	55 - 64 years
<input type="checkbox"/>	65 – 74 years
<input type="checkbox"/>	75 – 84 years

21. Sexual Orientation: \*Select all that apply

<input type="checkbox"/>	Gay (lesbian or gay)
<input type="checkbox"/>	Straight, this is not gay (or lesbian or gay)
<input type="checkbox"/>	Bisexual

<input type="checkbox"/>	Something else
<input type="checkbox"/>	I don't know the answer

22. Gender Identity: *\*Select all that apply*

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	None of these

23. Geography: *\*Choose one.*

<input type="checkbox"/>	Rural
<input type="checkbox"/>	Urban
<input type="checkbox"/>	Both

24. Location (e.g. close to a factory, specific zip code, county):

[Provide a short description of where your program's target population is located; 2000 character max.]

25. Occupation:

[Provide a short description of the occupation(s) of your program's target population, if relevant; 2000 character max.]

26. Educational Attainment: *\*Select all that apply*

<input type="checkbox"/>	Some High School
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Some College
<input type="checkbox"/>	College Degree
<input type="checkbox"/>	Graduate Degree

27. Health Insurance Status: *\*Select all that apply*

<input type="checkbox"/>	Uninsured
--------------------------	-----------



<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Private Health Insurance
<input type="checkbox"/>	Affordable Care Act Plan
<input type="checkbox"/>	Other (please specify): <b>[Add text here]</b>

28. Primarily Low Income: **\*Choose Yes or No.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

29. Are some members of this target population disproportionately affected by the problem? **\*Choose Yes or No.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, continue.  
If **No**, skip question 41.

30. Is the entire target population disproportionately affected by the problem, or only part? **\*Choose one.**

<input type="checkbox"/>	All
<input type="checkbox"/>	Part

If the answer is **All**, skip to the [Activities section](#) (click link to jump to Activities).  
If the answer is **Part**, please answer all questions in the section below regarding the part of the target population that is disproportionately affected.

### Disproportionately Affected Population for Objective 2

*In the disproportionately affected population section, you only need to answer the questions that apply to disproportionately affected population within the target population.*

31. Disproportionately affected population data source (Include Date):

<b>[Name of data source; date of data]</b>
--

32. Number of people served:

<b>[Number]</b>
-----------------

33. Ethnicity: **\*Select all that apply.**

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

34. Race: *\*Select all that apply*

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

35. Age: *\*Select all that apply*

<input type="checkbox"/>	Under 1 year
<input type="checkbox"/>	1 - 4 years
<input type="checkbox"/>	5 - 14 years
<input type="checkbox"/>	15 - 24 years
<input type="checkbox"/>	25 - 34 years
<input type="checkbox"/>	35 - 44 years
<input type="checkbox"/>	45 – 54 years
<input type="checkbox"/>	55 - 64 years
<input type="checkbox"/>	65 – 74 years
<input type="checkbox"/>	75 – 84 years

36. Sexual Orientation: *\*Select all that apply*

<input type="checkbox"/>	Gay (lesbian or gay)
<input type="checkbox"/>	Straight, this is not gay (or lesbian or gay)
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Something else

<input type="checkbox"/>	I don't know the answer
--------------------------	-------------------------

37. Gender Identity: *\*Select all that apply*

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	None of these

38. Geography: *\*Choose one.*

<input type="checkbox"/>	Rural
<input type="checkbox"/>	Urban
<input type="checkbox"/>	Both

39. Location (e.g. close to a factory, specific zip code, county):

[Provide a short description of where your program's target population is located, if relevant; 2000 character max.]
--

40. Occupation:

[Provide a short description of the occupation(s) of your program's target population, if relevant; 2000 character max.]
--

41. Educational Attainment: *\*Select all that apply*

<input type="checkbox"/>	Some High School
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Some College
<input type="checkbox"/>	College Degree
<input type="checkbox"/>	Graduate Degree

42. Health Insurance Status: *\*Select all that apply*

<input type="checkbox"/>	Uninsured
<input type="checkbox"/>	Medicaid

<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Private Health Insurance
<input type="checkbox"/>	Affordable Care Act Plan
<input type="checkbox"/>	Other (please specify): [Add text here]

43. Primarily Low Income: \*Choose Yes or No.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**Activities for Objective 2**

Please include information on all funded activities that you intend to implement during federal FY23 (October 1, 2022 - September 30, 2023).

**Activity 1**

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? \*Choose Yes or No.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? \*Choose Yes or No.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

## Activity 2

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

## Activity 3

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

#### Activity 4

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

#### Activity 5

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>

[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? **\*Choose Yes or No.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? **\*Choose Yes or No.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

*Copy and paste the activity template if you need to add more activities.*

### **Objective 3**

1. Objective Name:

[Short title for your objective]

2. Program SMART Objective:

*Please define a Program **SMART Objective** for this group of activities. This is supposed to be a short-term objective — to be met by the end of the Work Plan fiscal year (by September 30, 2023) — that measures program accomplishments.*

- *Check: Is it Specific, Measurable, Achievable, Realistic and Timebound?*

#### **Program SMART Objective Example**

*Between 10/2022 and 06/2023, Fit and Fall Proof coordinators will maintain 100 Fit and Fall Proof exercise class sites in the jurisdiction to ensure the program is accessible to community-dwelling older adults.*

Between 10/01/2022 and 09/30/23... [Short Text; 2000 character limit]

3. Item to be Measured (from Program SMART Objective above):

[Short Text; one paragraph; 2000 character limit]

4. Unit of Measurement:

[Short Text; one paragraph; 2000 character limit]

5. Baseline value for the item to be measured:

[Number]

6. Data source for baseline value:

[Name of data source]

7. Date baseline was last collected:

[Date]

8. Interim target value to be achieved by the Annual Progress Report\*:

[Number]

\*Remember: PHBG Annual Progress Report is submitted after 1 quarter of Work Plan activities.

9. Final target value to be achieved by the Final Progress Report\*:

[Number]

\*Final Progress Report captures full fiscal year of Work Plan activities.

### Intervention Information for Objective 3

10. One-sentence summary of intervention/activity:

[Short Text; one sentence; 2000 character limit]

11. One-paragraph description of intervention/activity:

[Short Text; one paragraph; 2000 character limit]

12. Is this an evidence-based intervention, or an innovative/promising practice? *\*Choose one. Mark with an 'X'.*

<input type="checkbox"/>	Evidence-Based Intervention
<input type="checkbox"/>	Innovative/Promising Practice

**If answer to question 12 was "Innovative/Promising Practice," skip this question:**

13. Evidence Source for Intervention: *\*Select all that apply*

<input type="checkbox"/>	Best Practice Initiative (U.S. Department of Health and Human Services)
<input type="checkbox"/>	Guide to Clinical Preventive Services (Task Force on Community Preventive Services)
<input type="checkbox"/>	MMWR Recommendations and Reports (Centers for Disease Control and Prevention)



<input type="checkbox"/>	Model Practices Database (National Association of City and County Health Officials)
<input type="checkbox"/>	National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
<input type="checkbox"/>	Promising Practices Network (RAND Corporation)
<input type="checkbox"/>	Other (please describe): <b>[Add text here]</b>

14. Rationale for choosing the intervention:

**[Short Text; 1-3 sentences; 2000 character limit]**

### Target Population of Objective 3

15. Is the Target Population of this Objective the same as the overall Target Population of the Program or a subset of the Program Target Population?

<input type="checkbox"/>	Same as the overall program’s target population
<input type="checkbox"/>	A subset of the program’s target population

If it’s the **same** as the overall program, skip to the [Activities section](#) (click link to jump to Activities).

If it’s a **subset** of the program, answer the questions below.

*In the target population section below, only answer the questions that apply to your target population for this activity.*

16. Target Population Data Source (Include Date):

**[Name of data source and date]**

17. Number of People Served:

**[Number]**

18. Ethnicity: **\*Select all that apply.**

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

19. Race: **\*Select all that apply**

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian

<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

20. Age: *\*Select all that apply*

<input type="checkbox"/>	Under 1 year
<input type="checkbox"/>	1 - 4 years
<input type="checkbox"/>	5 - 14 years
<input type="checkbox"/>	15 - 24 years
<input type="checkbox"/>	25 - 34 years
<input type="checkbox"/>	35 - 44 years
<input type="checkbox"/>	45 – 54 years
<input type="checkbox"/>	55 - 64 years
<input type="checkbox"/>	65 – 74 years
<input type="checkbox"/>	75 – 84 years

21. Sexual Orientation: *\*Select all that apply*

<input type="checkbox"/>	Gay (lesbian or gay)
<input type="checkbox"/>	Straight, this is not gay (or lesbian or gay)
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Something else
<input type="checkbox"/>	I don't know the answer

22. Gender Identity: *\*Select all that apply*

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender

<input type="checkbox"/>	None of these
--------------------------	---------------

23. Geography: *\*Choose one.*

<input type="checkbox"/>	Rural
<input type="checkbox"/>	Urban
<input type="checkbox"/>	Both

24. Location (e.g. close to a factory, specific zip code, county):

[Provide a short description of where your program's target population is located; 2000 character max.]

25. Occupation:

[Provide a short description of the occupation(s) of your program's target population, if relevant; 2000 character max.]

26. Educational Attainment: *\*Select all that apply*

<input type="checkbox"/>	Some High School
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Some College
<input type="checkbox"/>	College Degree
<input type="checkbox"/>	Graduate Degree

27. Health Insurance Status: *\*Select all that apply*

<input type="checkbox"/>	Uninsured
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Private Health Insurance
<input type="checkbox"/>	Affordable Care Act Plan
<input type="checkbox"/>	Other (please specify): [Add text here]

28. Primarily Low Income: *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

29. Are some members of this target population disproportionately affected by the problem? **\*Choose Yes or**

**No.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, continue.

If **No**, skip question 41.

30. Is the entire target population disproportionately affected by the problem, or only part? **\*Choose one.**

<input type="checkbox"/>	All
<input type="checkbox"/>	Part

If the answer is **All**, skip to the [Activities section](#) (click link to jump to Activities).

If the answer is **Part**, please answer all questions in the section below regarding the part of the target population that is disproportionately affected.

### Disproportionately Affected Population for Objective 3

*In the disproportionately affected population section, you only need to answer the questions that apply to disproportionately affected population within the target population.*

31. Disproportionately affected population data source (Include Date):

<b>[Name of data source; date of data]</b>
--

32. Number of people served:

<b>[Number]</b>
-----------------

33. Ethnicity: **\*Select all that apply.**

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

34. Race: **\*Select all that apply**

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian

<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

35. Age: *\*Select all that apply*

<input type="checkbox"/>	Under 1 year
<input type="checkbox"/>	1 - 4 years
<input type="checkbox"/>	5 - 14 years
<input type="checkbox"/>	15 - 24 years
<input type="checkbox"/>	25 - 34 years
<input type="checkbox"/>	35 - 44 years
<input type="checkbox"/>	45 – 54 years
<input type="checkbox"/>	55 - 64 years
<input type="checkbox"/>	65 – 74 years
<input type="checkbox"/>	75 – 84 years

36. Sexual Orientation: *\*Select all that apply*

<input type="checkbox"/>	Gay (lesbian or gay)
<input type="checkbox"/>	Straight, this is not gay (or lesbian or gay)
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Something else
<input type="checkbox"/>	I don't know the answer

37. Gender Identity: *\*Select all that apply*

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender

<input type="checkbox"/>	None of these
--------------------------	---------------

38. Geography: *\*Choose one.*

<input type="checkbox"/>	Rural
<input type="checkbox"/>	Urban
<input type="checkbox"/>	Both

39. Location (e.g. close to a factory, specific zip code, county):

[Provide a short description of where your program's target population is located, if relevant; 2000 character max.]

40. Occupation:

[Provide a short description of the occupation(s) of your program's target population, if relevant; 2000 character max.]

41. Educational Attainment: *\*Select all that apply*

<input type="checkbox"/>	Some High School
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Some College
<input type="checkbox"/>	College Degree
<input type="checkbox"/>	Graduate Degree

42. Health Insurance Status: *\*Select all that apply*

<input type="checkbox"/>	Uninsured
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Private Health Insurance
<input type="checkbox"/>	Affordable Care Act Plan
<input type="checkbox"/>	Other (please specify): [Add text here]

43. Primarily Low Income: *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**Activities for Objective 3**

Please include information on all PHBG-funded activities that you intend to implement during federal FY23 (October 1, 2022 - September 30, 2023).

**Activity 1**

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? \*Choose Yes or No.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? \*Choose Yes or No.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

**Activity 2**

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>

[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

### Activity 3

**Activity Title:**

[Insert activity title here; short text]

**One-sentence summary of the Activity:**

[Insert one sentence; 2000 character limit]

**One-paragraph description of the Activity:**

[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.



### Activity 4

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

### Activity 5

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

	Yes
	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

*Copy and paste the activity template if you need to add more activities.*

**Objective 4**

1. Objective Name:

[Short title for your objective]

2. Program SMART Objective:

*Please define a Program [SMART Objective](#) for this group of activities. This is supposed to be a short-term objective — to be met by the end of the Work Plan fiscal year (by September 30, 2023) — that measures program accomplishments.*

- *Check: Is it **Specific, Measurable, Achievable, Realistic and Timebound**?*

**Program SMART Objective Example**

*Between 10/2022 and 06/2023, Fit and Fall Proof coordinators will maintain 100 Fit and Fall Proof exercise class sites in the jurisdiction to ensure the program is accessible to community-dwelling older adults.*

Between 10/01/2022 and 09/30/23... [Short Text; 2000 character limit]

3. Item to be Measured (from Program SMART Objective above):

[Short Text; one paragraph; 2000 character limit]

4. Unit of Measurement:

[Short Text; one paragraph; 2000 character limit]

5. Baseline value for the item to be measured:

[Number]

6. Data source for baseline value:

[Name of data source]

7. Date baseline was last collected:

[Date]

8. Interim target value to be achieved by the Annual Progress Report\*:

[Number]

\*Remember: PHBG Annual Progress Report is submitted after 1 quarter of Work Plan activities.

9. Final target value to be achieved by the Final Progress Report\*:

[Number]

\*Final Progress Report captures full fiscal year of Work Plan activities.

### Intervention Information for Objective 4

10. One-sentence summary of intervention/activity:

[Short Text; one sentence; 2000 character limit]

11. One-paragraph description of intervention/activity:

[Short Text; one paragraph; 2000 character limit]

12. Is this an evidence-based intervention, or an innovative/promising practice? *\*Choose one. Mark with an 'X'.*

<input type="checkbox"/>	Evidence-Based Intervention
<input type="checkbox"/>	Innovative/Promising Practice

**If answer to question 12 was “Innovative/Promising Practice,” skip this question:**

13. Evidence Source for Intervention: *\*Select all that apply*

<input type="checkbox"/>	Best Practice Initiative (U.S. Department of Health and Human Services)
<input type="checkbox"/>	Guide to Clinical Preventive Services (Task Force on Community Preventive Services)
<input type="checkbox"/>	MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
<input type="checkbox"/>	Model Practices Database (National Association of City and County Health Officials)
<input type="checkbox"/>	National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
<input type="checkbox"/>	Promising Practices Network (RAND Corporation)
<input type="checkbox"/>	Other (please describe): [Add text here]

14. Rationale for choosing the intervention:

[Short Text; 1-3 sentences; 2000 character limit]

### Target Population of Objective 4

15. Is the Target Population of this Objective the same as the overall Target Population of the Program or a subset of the Program Target Population?

<input type="checkbox"/>	Same as the overall program's target population
<input type="checkbox"/>	A subset of the program's target population

If it's the **same** as the overall program, skip to the [Activities section](#) (click link to jump to Activities).

If it's a **subset** of the program, answer the questions below.

*In the target population section below, only answer the questions that apply to your target population for this activity.*

16. Target Population Data Source (Include Date):

[Name of data source and date]
--------------------------------

17. Number of People Served:

[Number]
----------

18. Ethnicity: \*Select all that apply.

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

19. Race: \*Select all that apply

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

20. Age: \*Select all that apply

<input type="checkbox"/>	Under 1 year
<input type="checkbox"/>	1 - 4 years

<input type="checkbox"/>	5 - 14 years
<input type="checkbox"/>	15 - 24 years
<input type="checkbox"/>	25 - 34 years
<input type="checkbox"/>	35 - 44 years
<input type="checkbox"/>	45 – 54 years
<input type="checkbox"/>	55 - 64 years
<input type="checkbox"/>	65 – 74 years
<input type="checkbox"/>	75 – 84 years

21. Sexual Orientation: *\*Select all that apply*

<input type="checkbox"/>	Gay (lesbian or gay)
<input type="checkbox"/>	Straight, this is not gay (or lesbian or gay)
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Something else
<input type="checkbox"/>	I don't know the answer

22. Gender Identity: *\*Select all that apply*

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	None of these

23. Geography: *\*Choose one.*

<input type="checkbox"/>	Rural
<input type="checkbox"/>	Urban
<input type="checkbox"/>	Both

24. Location (e.g. close to a factory, specific zip code, county):

[Provide a short description of where your program's target population is located; 2000 character max.]

25. Occupation:

[Provide a short description of the occupation(s) of your program's target population, if relevant; 2000 character max.]

26. Educational Attainment: *\*Select all that apply*

<input type="checkbox"/>	Some High School
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Some College
<input type="checkbox"/>	College Degree
<input type="checkbox"/>	Graduate Degree

27. Health Insurance Status: *\*Select all that apply*

<input type="checkbox"/>	Uninsured
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Private Health Insurance
<input type="checkbox"/>	Affordable Care Act Plan
<input type="checkbox"/>	Other (please specify): [Add text here]

28. Primarily Low Income: *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

29. Are some members of this target population disproportionately affected by the problem? *\*Choose Yes or*

*No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, continue.

If **No**, skip question 41.

30. Is the entire target population disproportionately affected by the problem, or only part? **\*Choose one.**

<input type="checkbox"/>	All
<input type="checkbox"/>	Part

If the answer is **All**, skip to the [Activities section](#) (click link to jump to Activities).

If the answer is **Part**, please answer all questions in the section below regarding the part of the target population that is disproportionately affected.

### Disproportionately Affected Population for Objective 4

*In the disproportionately affected population section, you only need to answer the questions that apply to disproportionately affected population within the target population.*

31. Disproportionately affected population data source (Include Date):

[Name of data source; date of data]
-------------------------------------

32. Number of people served:

[Number]
----------

33. Ethnicity: **\*Select all that apply.**

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

34. Race: **\*Select all that apply**

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

35. Age: **\*Select all that apply**

<input type="checkbox"/>	Under 1 year
<input type="checkbox"/>	1 - 4 years
<input type="checkbox"/>	5 - 14 years

<input type="checkbox"/>	15 - 24 years
<input type="checkbox"/>	25 - 34 years
<input type="checkbox"/>	35 - 44 years
<input type="checkbox"/>	45 – 54 years
<input type="checkbox"/>	55 - 64 years
<input type="checkbox"/>	65 – 74 years
<input type="checkbox"/>	75 – 84 years

36. Sexual Orientation: *\*Select all that apply*

<input type="checkbox"/>	Gay (lesbian or gay)
<input type="checkbox"/>	Straight, this is not gay (or lesbian or gay)
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Something else
<input type="checkbox"/>	I don't know the answer

37. Gender Identity: *\*Select all that apply*

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	None of these

38. Geography: *\*Choose one.*

<input type="checkbox"/>	Rural
<input type="checkbox"/>	Urban
<input type="checkbox"/>	Both

39. Location (e.g. close to a factory, specific zip code, county):

[Provide a short description of where your program's target population is located, if relevant; 2000



character max.]

40. Occupation:

[Provide a short description of the occupation(s) of your program's target population, if relevant; 2000 character max.]

41. Educational Attainment: *\*Select all that apply*

<input type="checkbox"/>	Some High School
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Some College
<input type="checkbox"/>	College Degree
<input type="checkbox"/>	Graduate Degree

42. Health Insurance Status: *\*Select all that apply*

<input type="checkbox"/>	Uninsured
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Private Health Insurance
<input type="checkbox"/>	Affordable Care Act Plan
<input type="checkbox"/>	Other (please specify): [Add text here]

43. Primarily Low Income: *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

#### Activities for Objective 4

Please include information on all PHBG-funded activities that you intend to implement during federal FY23 (October 1, 2022 - September 30, 2023).

##### Activity 1

Activity Title:

[Insert activity title here; short text]

<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

## Activity 2

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).  
 If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

### Activity 3

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).  
 If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

### Activity 4

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
--------------------------	-----

<input type="checkbox"/>	No
--------------------------	----

Does the data collection involve public health data? \*Choose Yes or No.

<input type="checkbox"/>	Yes
--------------------------	-----

<input type="checkbox"/>	No
--------------------------	----

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

### Activity 5

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? \*Choose Yes or No.

<input type="checkbox"/>	Yes
--------------------------	-----

<input type="checkbox"/>	No
--------------------------	----

Does the data collection involve public health data? \*Choose Yes or No.

<input type="checkbox"/>	Yes
--------------------------	-----

<input type="checkbox"/>	No
--------------------------	----

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

*Copy and paste the activity template if you need to add more activities.*

#### Objective 5

1. Objective Name:

[Short title for your objective]
----------------------------------

2. Program SMART Objective:

Please define a Program [SMART Objective](#) for this group of activities. This is supposed to be a short-term objective — to be met by the end of the Work Plan fiscal year (by September 30, 2022) — that measures program accomplishments.

- Check: Is it **Specific, Measurable, Achievable, Realistic and Timebound**?

**Program SMART Objective Example**

Between 10/2022 and 06/2023, Fit and Fall Proof coordinators will maintain 100 Fit and Fall Proof exercise class sites in the jurisdiction to ensure the program is accessible to community-dwelling older adults.

Between 10/01/2022 and 09/30/23... [Short Text; 2000 character limit]

3. Item to be Measured (from Program SMART Objective above):

[Short Text; one paragraph; 2000 character limit]

4. Unit of Measurement:

[Short Text; one paragraph; 2000 character limit]

5. Baseline value for the item to be measured:

[Number]

6. Data source for baseline value:

[Name of data source]

7. Date baseline was last collected:

[Date]

8. Interim target value to be achieved by the Annual Progress Report\*:

[Number]

\*Remember: PHBG Annual Progress Report is submitted after 1 quarter of Work Plan activities.

9. Final target value to be achieved by the Final Progress Report\*:

[Number]

\*Final Progress Report captures full fiscal year of Work Plan activities.

**Intervention Information for Objective 5**

10. One-sentence summary of intervention/activity:

[Short Text; one sentence; 2000 character limit]

11. One-paragraph description of intervention/activity:

[Short Text; one paragraph; 2000 character limit]

12. Is this an evidence-based intervention, or an innovative/promising practice? *\*Choose one. Mark with an 'X'.*

<input type="checkbox"/>	Evidence-Based Intervention
<input type="checkbox"/>	Innovative/Promising Practice

**If answer to question 12 was “Innovative/Promising Practice,” skip this question:**

13. Evidence Source for Intervention: *\*Select all that apply*

<input type="checkbox"/>	Best Practice Initiative (U.S. Department of Health and Human Services)
<input type="checkbox"/>	Guide to Clinical Preventive Services (Task Force on Community Preventive Services)
<input type="checkbox"/>	MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
<input type="checkbox"/>	Model Practices Database (National Association of City and County Health Officials)
<input type="checkbox"/>	National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
<input type="checkbox"/>	Promising Practices Network (RAND Corporation)
<input type="checkbox"/>	Other (please describe): [Add text here]

14. Rationale for choosing the intervention:

[Short Text; 1-3 sentences; 2000 character limit]

### Target Population of Objective 5

15. Is the Target Population of this Program SMART Objective the same as the overall Target Population of the Program or a subset of the Program Target Population?

<input type="checkbox"/>	Same as the overall program’s target population
<input type="checkbox"/>	A subset of the program’s target population

If it’s the **same** as the overall program, skip to the [Activities section](#) (click link to jump to Activities).  
If it’s a **subset** of the program, answer the questions below.

*In the target population section below, only answer the questions that apply to your target population for this activity.*

16. Target Population Data Source (Include Date):

[Name of data source and date]

17. Number of People Served:

[Number]

18. Ethnicity: *\*Select all that apply.*

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

19. Race: *\*Select all that apply*

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

20. Age: *\*Select all that apply*

<input type="checkbox"/>	Under 1 year
<input type="checkbox"/>	1 - 4 years
<input type="checkbox"/>	5 - 14 years
<input type="checkbox"/>	15 - 24 years
<input type="checkbox"/>	25 - 34 years
<input type="checkbox"/>	35 - 44 years
<input type="checkbox"/>	45 - 54 years
<input type="checkbox"/>	55 - 64 years
<input type="checkbox"/>	65 - 74 years
<input type="checkbox"/>	75 - 84 years

21. Sexual Orientation: *\*Select all that apply*

<input type="checkbox"/>	Gay (lesbian or gay)
<input type="checkbox"/>	Straight, this is not gay (or lesbian or gay)
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Something else
<input type="checkbox"/>	I don't know the answer

22. Gender Identity: *\*Select all that apply*

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	None of these

23. Geography: *\*Choose one.*

<input type="checkbox"/>	Rural
<input type="checkbox"/>	Urban
<input type="checkbox"/>	Both

24. Location (e.g. close to a factory, specific zip code, county):

<input type="text"/>	[Provide a short description of where your program's target population is located; 2000 character max.]
----------------------	---

25. Occupation:

<input type="text"/>	[Provide a short description of the occupation(s) of your program's target population, if relevant; 2000 character max.]
----------------------	--

26. Educational Attainment: *\*Select all that apply*

<input type="checkbox"/>	Some High School
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Some College
<input type="checkbox"/>	College Degree



<input type="checkbox"/>	Graduate Degree
--------------------------	-----------------

27. Health Insurance Status: *\*Select all that apply*

<input type="checkbox"/>	Uninsured
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Private Health Insurance
<input type="checkbox"/>	Affordable Care Act Plan
<input type="checkbox"/>	Other (please specify): [Add text here]

28. Primarily Low Income: *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

29. Are some members of this target population disproportionately affected by the problem? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, continue.

If **No**, skip question 41.

30. Is the entire target population disproportionately affected by the problem, or only part? *\*Choose one.*

<input type="checkbox"/>	All
<input type="checkbox"/>	Part

If the answer is **All**, skip to the [Activities section](#) (click link to jump to Activities).

If the answer is **Part**, please answer all questions in the section below regarding the part of the target population that is disproportionately affected.

### Disproportionately Affected Population for Objective 5

*In the disproportionately affected population section, you only need to answer the questions that apply to disproportionately affected population within the target population.*

31. Disproportionately affected population data source (Include Date):

[Name of data source; date of data]
-------------------------------------

32. Number of people served:

[Number]

33. Ethnicity: *\*Select all that apply.*

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

34. Race: *\*Select all that apply*

<input type="checkbox"/>	American Indian or Alaskan Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

35. Age: *\*Select all that apply*

<input type="checkbox"/>	Under 1 year
<input type="checkbox"/>	1 - 4 years
<input type="checkbox"/>	5 - 14 years
<input type="checkbox"/>	15 - 24 years
<input type="checkbox"/>	25 - 34 years
<input type="checkbox"/>	35 - 44 years
<input type="checkbox"/>	45 – 54 years
<input type="checkbox"/>	55 - 64 years
<input type="checkbox"/>	65 – 74 years
<input type="checkbox"/>	75 – 84 years

36. Sexual Orientation: *\*Select all that apply*

<input type="checkbox"/>	Gay (lesbian or gay)
--------------------------	----------------------

<input type="checkbox"/>	Straight, this is not gay (or lesbian or gay)
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Something else
<input type="checkbox"/>	I don't know the answer

37. Gender Identity: *\*Select all that apply*

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	None of these

38. Geography: *\*Choose one.*

<input type="checkbox"/>	Rural
<input type="checkbox"/>	Urban
<input type="checkbox"/>	Both

39. Location (e.g. close to a factory, specific zip code, county):

[Provide a short description of where your program's target population is located, if relevant; 2000 character max.]

40. Occupation:

[Provide a short description of the occupation(s) of your program's target population, if relevant; 2000 character max.]

41. Educational Attainment: *\*Select all that apply*

<input type="checkbox"/>	Some High School
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Some College
<input type="checkbox"/>	College Degree
<input type="checkbox"/>	Graduate Degree

42. Health Insurance Status: **\*Select all that apply**

<input type="checkbox"/>	Uninsured
<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Private Health Insurance
<input type="checkbox"/>	Affordable Care Act Plan
<input type="checkbox"/>	Other (please specify): <b>[Add text here]</b>

43. Primarily Low Income: **\*Choose Yes or No.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

### Activities for Objective 5

Please include information on all PHBG-funded activities that you intend to implement during federal FY23 (October 1, 2022 - September 30, 2023).

#### Activity 1

<b>Activity Title:</b>
<b>[Insert activity title here; short text]</b>
<b>One-sentence summary of the Activity:</b>
<b>[Insert one sentence; 2000 character limit]</b>
<b>One-paragraph description of the Activity:</b>
<b>[Insert one paragraph; 2000 character limit]</b>

Does the activity include the collection, generation, or analysis of data? **\*Choose Yes or No.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? **\*Choose Yes or No.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).  
 If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

### Activity 2

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).  
 If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

### Activity 3

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
--------------------------	-----

<input type="checkbox"/>	No
--------------------------	----

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
--------------------------	-----

<input type="checkbox"/>	No
--------------------------	----

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

#### Activity 4

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>
[Insert one sentence; 2000 character limit]
<b>One-paragraph description of the Activity:</b>
[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
--------------------------	-----

<input type="checkbox"/>	No
--------------------------	----

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
--------------------------	-----

<input type="checkbox"/>	No
--------------------------	----

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

#### Activity 5

<b>Activity Title:</b>
[Insert activity title here; short text]
<b>One-sentence summary of the Activity:</b>

[Insert one sentence; 2000 character limit]

**One-paragraph description of the Activity:**

[Insert one paragraph; 2000 character limit]

Does the activity include the collection, generation, or analysis of data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Does the data collection involve public health data? *\*Choose Yes or No.*

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If **Yes**, you will need to complete and submit a Data Management Plan (DMP).

If **No**, we will be contacted by our DOH Project Officer at a later date to provide additional information about the data collection.

*Copy and paste the activity subsection if you need to add more activities.*

**End of Work Plan.**