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The Use of the CDC Preventive Health and Health Services Block Grant to Address Social Determinants of Health to Advance Health Equity

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Abstract

Objective: State public health departments use federal funding to examine and address social determinants of health (SDOH) within their communities to improve health and advance health equity. Yet, most federal funding is categorical (ie, funding used for a specific program or narrow purpose), which can create barriers to addressing social and structural drivers of inequity. The Preventive Health and Health Services Block Grant (PHHS Block Grant) is a flexible funding mechanism that provides health departments the latitude to identify and fund initiatives that address local public health needs. It is unclear, however, to what extent health departments use this flexible resource to incorporate SDOH into their programs.

Design: Cross-sectional, descriptive analysis of state health department PHHS Block Grant program administrative data.

Setting: This study examined PHHS Block Grant budgets and workplans for the federal Fiscal Year 2021 to assess whether state health departments aligned their grant-funded program with the national objectives associated with the Healthy People 2030 SDOH Framework.

Participants: Forty-seven states and the District of Columbia were included in this study.

Main Outcome Measures: Percent of states that used PHHS Block Grant funds to address SDOH; proportion of funding allocated to address SDOH; percentage of programs that addressed SDOH.

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

The authors declare no conflicts of interest.

Results: Three-fourths (75%) of states allocated funds to 97 programs aligning with at least 1 Healthy People 2030 SDOH-related objective. Fifty of the programs were fully or primarily funded by the PHHS Block Grant. Results also show that as the states' PHHS Block Grant funding level increased so did the percent of states that allocated funding toward SDOH programs.

Conclusion: This study shows that state health departments are using the PHHS Block Grant to address SDOH, and that the grant plays an important funding role for these programs. States are incorporating the grant into their funding strategies to address SDOH.

Keywords

block grants; evaluation; flexible funding; health equity; social determinants of health

Social determinants of health (SDOH) play a significant role in the manifestation and prevention of health disparities.¹ They are the conditions in which we live, work, age, and grow, and the economical, societal, and political factors that influence health outcomes.^{2,3} Health agencies and organizations, such as state, tribal, local, and territorial public health departments, take necessary action to examine and address SDOH within their communities to improve health and advance health equity.^{4,5} Liburd (2020)⁶ states that “pursuing health equity through action on SDOH is particularly relevant for those who engage daily in the battle to overcome racial and ethnic and other health disparities” (p. 2). The Centers for Disease Control and Prevention (CDC) provides direct funding support and guidance to public health agencies to develop and implement programs that address SDOH.⁷ Public health agencies use these funds to execute a variety of multisectoral, community-based strategies, such as engaging and mobilizing communities, strengthening community-based research and evidence, and implementing evidence-based, culturally appropriate interventions.⁸

These programs reflect the strides being made at CDC to address SDOH.^{9,10} However, most funding is categorical, which can create barriers to addressing social and structural drivers of inequity.¹¹ Widely used by the federal government, categorical funding mechanisms have a narrowly defined purpose or prescribed focus and are the most restrictive in how recipients can use the funding.¹² They often include strict parameters on the risk factors, health conditions, and/or populations of interest. As a result, public health agencies may encounter gaps or a need to innovate in order to effectively address context-specific health disparities.¹³ In their commentary, Scutchfield and Howard (2011)⁴ noted that funding categorical programs can present an obstacle to incorporating a social-determinants perspective to addressing health, especially if only focused on diseases or medical and behavioral risk factors and not on distal root causes.

In contrast, flexible funding mechanisms give recipients the latitude to identify and fund initiatives that address the local public health needs within their jurisdiction. They stipulate fewer restrictions than categorical funding but still maintain a level of administrative, fiscal, and reporting requirements for accountability purposes. In the last decade, there has been growing interest within the public health field in utilizing flexible funding approaches, such as blending and braiding,* and funding mechanisms, such as block grants, to address critical public health issues.^{14–18} Public Health 3.0 recommends the use of flexible and sustainable

funding to support cross-sector, social determinants-oriented efforts.¹⁹ For more than 40 years, the CDC has administered 1 such flexible funding mechanism—the Preventive Health and Health Services Block Grant (PHHS Block Grant). This study examines whether recipients of the PHHS Block Grant use this flexible resource to incorporate SDOH into their programs to address their jurisdiction’s health disparities.

Preventive Health and Health Services Block Grant

In 1981, Congress passed legislation combining 6 categorical programs and 1 grant program to establish the PHHS Block Grant.²⁰ The primary impetus for the grant was to provide flexibility to public health agencies to identify and fund programs that address their jurisdiction’s specific public health needs.²¹ The PHHS Block Grant funds all 50 states, the District of Columbia, 2 American Indian Tribes, 5 US territories, and 3 freely associated states.

Alignment to healthy people

As a grant requirement, recipients must align all programs to the health objectives established by the Healthy People initiative, a set of national goals and measurable objectives to improve health and wellbeing in the United States.²² The alignment to Healthy People allows recipients to focus on their jurisdiction’s unique needs while also making progress toward national public health priorities. As these national priorities change over time, recipients can use the PHHS Block Grant to shift and pivot their efforts to undertake new, emerging, and evolving issues, such as health disparities and health equity.

Throughout the decades, the knowledge, understanding, and science behind health equity have evolved.^{6,23} In response, Healthy People has increased its focus on health equity, health disparities, and SDOH.^{24,25} The fifth and current iteration of the initiative, Healthy People 2030, includes a goal of eliminating health disparities and achieving health equity, as well as a goal to address SDOH. Healthy People defines SDOH as “the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” It operationalizes SDOH through its place-based framework outlining 5 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. A subset of the national objectives is associated with each domain of the SDOH framework.²⁶

Given the attention on health equity and health disparities as well as the refinements to Healthy People’s approach to SDOH, this study explores the extent to which PHHS Block Grant recipients are aligning their programs to the Healthy People 2030 SDOH-related objectives. The aim of this study is to understand and describe the use of the PHHS Block Grant in addressing health disparities and advancing health equity.

*Braiding refers to coordinating multiple funding streams to fund an effort, while blending is the practice of combining multiple funding streams into 1 award to fund an effort (AGA, 2014).

Methods

Data collection

The CDC's PHHS Block Grant Information System (BGIS), a web-based platform that houses program administrative information by fiscal year, such as workplans and budgets, provided the secondary data necessary to complete this study. Specifically, the following program variables for federal Fiscal Year 2021 (FY21) were extracted: recipient name, program name, associated Healthy People 2030 objectives, planned funding allocation, and the funding role of grant funds (only source of funding or supplement source of funding for the program). The initial data extraction included programs from all 61 PHHS Block Grant recipients. This activity was reviewed by CDC, deemed research not involving human subjects, and was conducted consistent with applicable federal law and CDC policy.[†]

Data preparation

To prepare the data for analysis, several new variables were created. The first variable categorized the recipients into 4 funding levels: less than \$1 200 000, \$1 200 000 to \$1 989 999, \$1 990 000 to \$3 883 999, and \$3 884 000 or greater. The funding levels were determined by calculating the interquartile range for the total FY21 grant award amount. The second dichotomous variable indicated whether the objective was a Healthy People SDOH-related objective. Those objectives were then categorized by SDOH domain—health care access and quality, education access and quality, economic stability, neighborhood and built environment, and social and community context. Objectives that were not SDOH focused and did not align to an SDOH domain were coded as not applicable.

Upon reviewing the dataset, it was observed that, in some cases, recipients entered the same program in BGIS multiple times. To establish an unduplicated dataset, a new variable called unique program was created. To populate this variable, the dataset was reviewed for duplicate data based on the program name, goal, strategy, and funding amount. All duplicate data were removed so that the dataset reflected only 1 unique program reducing the dataset from 550 programs to 494 unique programs across all recipients.

Scope of study

The scope for this study included 47 states and the District of Columbia ($n = 48$). For the purposes of this study, the District of Columbia is treated as a state. Three states were excluded due to budgetary errors reported in BGIS. In addition, due to the unique structure, geography, capacities and needs, the 8 territorial agencies/freely associated states and 2 tribal agencies were also excluded.

Data analysis

A cross-sectional, descriptive analysis, including frequencies and crosstabulations, was performed. The study measures included the percentage of states that used PHHS Block Grant funds to address SDOH; proportion of funding allocated to address SDOH; percentage of programs that addressed SDOH; and number and type of SDOH domains addressed by

[†]See eg, 45 C.F.R. part 46; 21 C.F.R. part 56; 42 U.S.C. §241(d), 5 U.S.C. §552a, 44 U.S.C. §3501 et seq.

PHHS Block Grant-funded programs. Subanalyses of data by program characteristics of interest, such as funding level, were also conducted. Funding designated for administrative purposes, such as staffing, was excluded from the analysis.

Results

States addressing SDOH using PHHS block grant funds

Thirty-six of the 48 states (75%) allocated funds to programs that aligned with at least 1 Healthy People 2030 SDOH-related objective (“HP-SDOH programs”). Figure 1 shows that, across 4 levels of funding, the percentage of states that allocated funding toward SDOH programs increased as the funding level increased. For example, 42% of the 12 states that received less than \$1 200 000 allocated funds to HP-SDOH programs as compared to all 12 states with a funding level of more than \$3 885 000 that allocated funds to HP-SDOH programs.

FY21 funding amount allocated to address SDOH domains

Overall, \$121 235 051 of grant funding was used to fund programs. Twenty-eight percent (\$33 436 954) of this funding went to HP-SDOH programs within each of the 5 SDOH domains. As shown in Figure 2, the largest share of this funding was allocated to the health care access and quality domain (\$24 221 172), followed by neighborhood and built environment (\$4 105 849) and social and community context (\$3 625 312). Economic stability and education access and quality domains received the least amount of funding (\$1 194 870 and \$289 751, respectively.)

We also examined to what extent the grant served as the only or primary source of funding for the HP-SDOH programs (defined in Figure 3). For 50 of the 97 HP-SDOH programs (51%), the PHHS Block Grant served as the only or primary source of funding, which accounted for \$23 092 691 (69%) of HP-SDOH funding (Figure 3). Further, 18 states used only grant funds for at least 1 of their HP-SDOH programs, while 6 states funded all HP-SDOH programs using only grant funds. However, the degree to which the grant served as the only or primary source of funding for HP-SDOH programs varied by SDOH domain. For example, although the education access and quality domain received the least amount of PHHS BG funds, 60% of those funds served as the only source of funding for programs within this domain. Where only 11% of funding for the economic stability domain was used to fully fund programs.

PHHS block grant-funded programs that address SDOH domains

Of the 426 public health programs[‡] funded by states in FY21, 96 (23%) were HP-SDOH programs. For the purposes of analysis, we counted 1 program twice because it aligned with 2 SDOH-related Healthy People Objectives; therefore, the number of programs is 97. Most HP-SDOH programs (60%) fell under health care access and quality domain, followed by neighborhood and built environment (19%), social and community context (12%), education access and quality (5%), and economic stability (4%).

[‡]Unduplicated count of programs included in state workplans for FY21.

When examining allocation to programs under each SDOH domain by state funding levels, variation was observed across levels. As shown in Figure 4, programs under the health care access and quality and neighborhood and built environment domains were funded by states within each funding level, whereas none of the states receiving less than \$1 990 000 funded programs under the economic stability domain.

SDOH topic areas addressed by PHHS block grant-funded programs

Upon review of the selected Healthy People 2030 objectives by SDOH domain, results demonstrate a wide variety of topic areas addressed by state recipients. Thirty-four percent of programs focus on the following 2 topic areas: community—which aims to promote health and safety in community settings, and healthcare—which seeks to improve healthcare quality and making sure all people get the services they need (Table 1). The following section describes the topics addressed under each SDOH domain.

Health care access and quality domain

States funded 58 programs under this domain ranging from family planning to health information technology. The top 2 subtopics addressed were community and health care. Nineteen programs focused on community organizations that provide prevention services (HECBP-07). Fourteen programs focused on addressing health care, such as reducing the proportion of people who cannot get medical care when they need it (AHS-04), increasing the proportion of people with a usual primary care provider (AHS-07), and increasing use of the oral health care system (OH-08).

Neighborhood and built environment domain

Eighteen programs were funded under this domain, of which 8 addressed respiratory diseases, such as reducing asthma attacks (RD-04), reducing emergency department visits for people with asthma (RD-02, RD-03), and reducing hospitalizations for asthma and COPD (RD-D01, RD-DO2, RD-DO4). Four programs concentrated on health policy for increasing the proportion of people whose water systems have the recommended amount of fluoride (OH-11). Another 4 programs focused on environmental health, such as reducing exposure to unhealthy air (EH-01), increasing water supplies that meet Safe Drinking Water Act regulations (EH-03), and reducing health and environmental risks from hazardous sites (EH-05).

Social and community context domain

The states funded 12 programs under this domain. Eight programs focused on increasing the proportion of adults who talk to friends or family about their health (HC/HIT-04) and increasing the health literacy of the population (HC/HIT-R01). The remaining programs focused on increasing the proportion of adolescents who have an adult they can talk to about serious problems (AH-03), children and adolescents who communicate positively with their parents (EMC-01) and show resilience to challenges and stress (EMC-DO7), and adults who use IT to track health care data or communicate with providers (HC/HIT-07).

Education access and quality domain

The 5 programs funded under this domain addressed increasing the proportion of children and adolescents who get preventive mental health care in school (EMC-D06) and increasing interprofessional prevention education in health professions training programs (ECBP-D08).

Economic stability domain

Of the 4 programs under this domain, 3 programs sought to reduce household food insecurity and hunger (NWS-01) and 1 program focused on reducing work-related injuries resulting in missed workdays (OSH-02).

Discussion

For 4 decades, the PHHS Block Grant has served as a principal flexible funding source for state public health agencies to identify and address their jurisdiction's public health needs. Recent studies are providing a more complete accounting of how this grant supports their work. States use the grant to help fill funding and programmatic gaps; build the public health evidence base through exploring new and innovative approaches and programs; and expand upon existing best practices to reach priority populations.^{27–29} This study shows that states are also using the PHHS Block Grant to address SDOH. Three out of 4 states (75%) allocated grant funding to programs that align with Healthy People objectives related to SDOH. Given the flexibility of the grant and its alignment with the Healthy People objectives, states are provided the ability to address a vast range of public health priorities. Results suggest that states are integrating SDOH into a mix of public health issues, similar to the proportion of SDOH-related topics outlined by Healthy People. For example, states allocated 28% of funding and 23% of programs to SDOH, which is closely proportionate to the percentage of Healthy People objectives aligned to the SDOH framework (31%).

States are also using the PHHS Block Grant to influence different aspects of the SDOH ecosystem,^{8,30} which emphasizes the need to address upstream, midstream, and downstream conditions. Although states largely allocated PHHS Block Grant funding to health care access and quality, they also selected objectives within each SDOH domain focusing on community and individual-level needs. At the upstream level, or community-level social determinants, states addressed exposure to unhealthy air, access to safe drinking water, and household food insecurity. Midstream, or individual social needs, included resiliency to challenges and stress among children and adolescents and access to mental health and medical care. Downstream, or individual healthcare needs, included increasing knowledge of HIV status and increasing the proportion of pregnant women who receive early and adequate prenatal care. The selected Healthy People objectives also provide early insight into how the grant might support a syndemic perspective to advancing health equity. A syndemic orientation makes connections among health-related problems, such as diseases or health conditions, their adverse biological interactions, and the alignment with contextual factors that worsen health outcomes.³¹ Singer (2017) notes that programs that incorporate a syndemic perspective, such as improving food access and education and decreasing poverty and barriers to healthcare, place an “emphasis on improving structural conditions and social equity” (page 948).

Overall, the data demonstrate that the grant plays an important role in funding SDOH programs. Half of the states used the grant as the only or primary source of funding for at least 1 HP-SDOH program and 6 states used only grant dollars for all HP-SDOH programs reported in their work plans. States are incorporating the grant into their funding strategies in order to address SDOH, which may contribute to another key aspect of the SDOH ecosystem—blending, braiding, and layering of funding.^{9,17} Yet, this study may also reveal the limitations of this flexible funding mechanism. When allocating funds, states rely on robust decision-making schema to select the Healthy People 2030 objectives most appropriate for their own contexts, and a myriad of factors influence the decision to allocate funding to SDOH-related objectives.³² The state's total PHHS Block Grant funding amount may be a key factor. This study found that states with higher PHHS Block Grant funding levels allocated more funds to address HP-SDOH objectives than those with lower funding levels. The PHHS Block Grant, like most federal block grants, is formula-based.^{18,33} Ensuring that equity is integrated into the funding structure may assist in addressing health equity.³⁴ Funding structures can be based on horizontal equity (eg, equal funding to states with equal-sized populations) and/or vertical equity (eg, funding allocation corresponding to the diverse needs and population risks in states). Given the wide range in total grant funding amounts by state, further examination is needed to assess whether and in what ways funding levels affect allocation decision-making and the extent to which the funding structure supports equity.³⁵

Limitations

There are several key limitations to consider when interpreting these findings. Importantly, this study includes only PHHS Block Grant-funded programs, and therefore, hinders the ability to characterize the amount and proportion of funding the grant represents in the state's overall funding toward SDOH programs. In addition, this study is based on the self-selection of Healthy People 2030 objectives by the states. States can identify 1 HP 2030 objective per program and must prioritize which objective to select. Although an SDOH-related objective may align to the program, the state may have chosen a different objective resulting in a potential undercounting of actual PHHS Block Grant-funded programs addressing HP-SDOH objectives. Finally, the funding amounts reported represent planned distribution of funding capturing planned activities versus actual expenditures.

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Implications for Policy & Practice

- This study establishes baseline methodology for assessing allocation of PHHS Block Grant funding toward Healthy People objectives related to SDOH.
- Being the first of its kind, this study provides initial aggregate quantitative evidence of the use of PHHS Block Grant funding to address SDOH. The grant's flexibility can enhance SDOH efforts supported by categorical funding and provide funding equity by enabling allocation of funds to areas of need based on disparities. Data demonstrate that states employ coordinated funding approaches to target these cross-sector issues.
- Additional research and evaluation may formulate comprehensive understanding of use of unique, flexible, multi-stream funding and its effectiveness. Structured qualitative examination of decision-making for using PHHS Block Grant funds to support equity work and the activities implemented may allow for the translation of findings into action for recipients seeking to address SDOH using grant funds.
- Additional research may include assessing territories/freely associated states' use of flexible PHHS Block Grant funds to address SDOH and health equity within the context of their unique social, political, and geographical structures. With better understanding of the effectiveness of these approaches, public health agencies can consider how best to allocate funds to reduce health disparities and advance health equity in jurisdictions

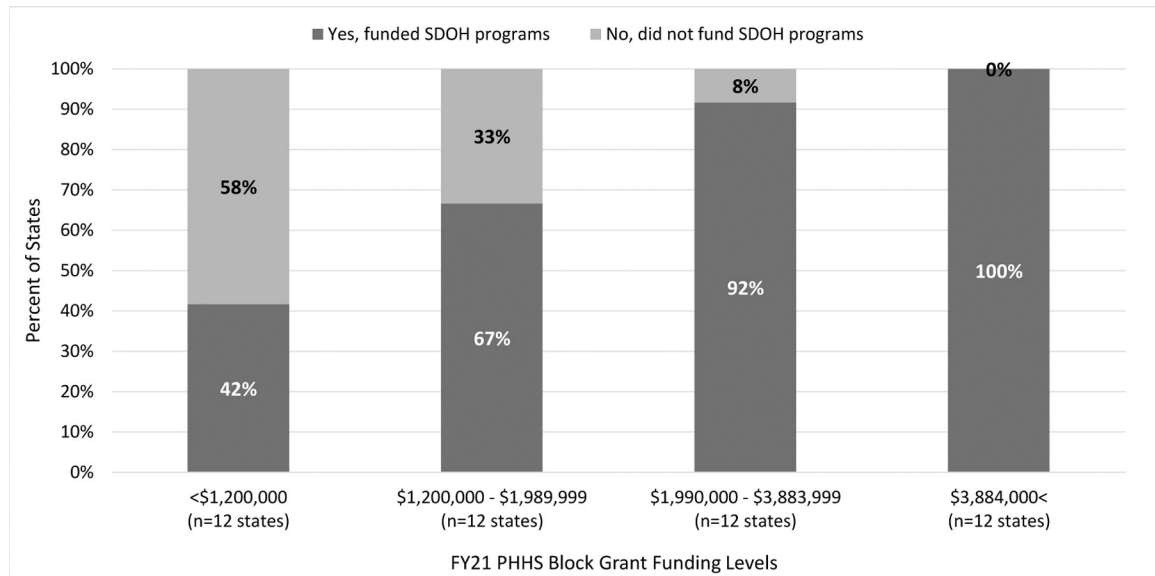


FIGURE 1.

Percent of States^a that Allocated Preventive Health and Health Services (PHHS) Block Grant Funds to Programs that Align with Healthy People 2030 Social Determinants of Health (SDOH) Objectives by FY21 Funding Level^b

^aThe analysis included 47 states and the District of Columbia (N = 48). The distribution of states is evenly spread across each funding level. There are unique 12 states in each funding level. ^bPHHS Block Grant funding levels were determined by calculating the interquartile range for the total FY21 grant award amount.

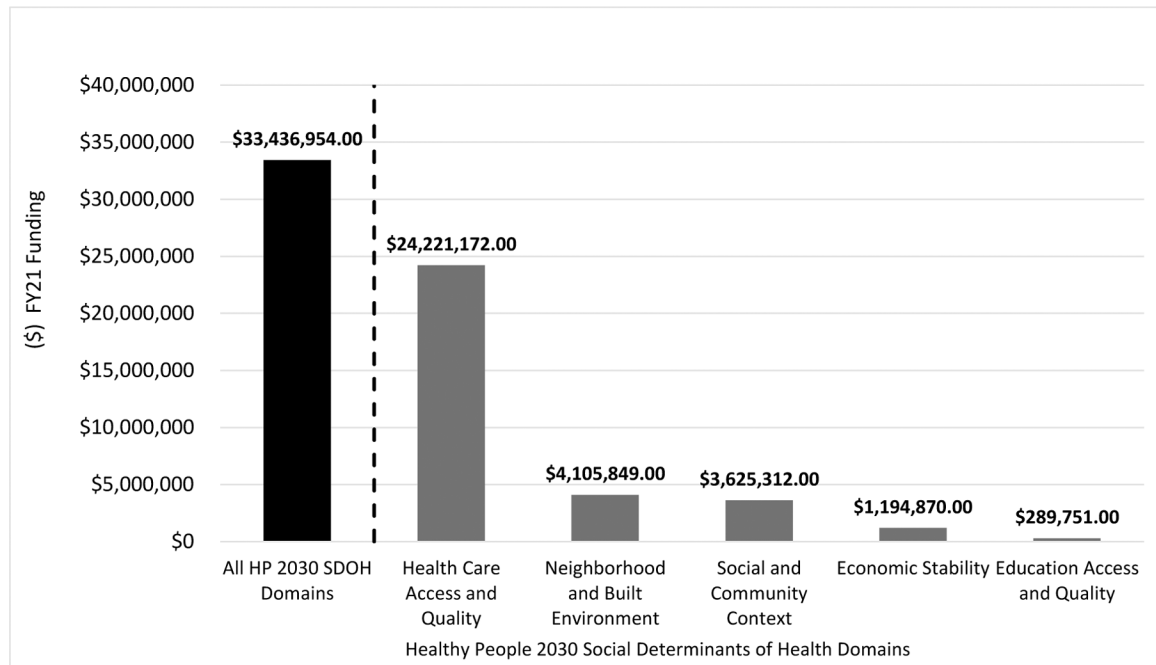


FIGURE 2.

Preventive Health and Health Services Block Grant Program FY 21 Funding Allocated to Healthy People 2030 Social Determinants of Health (SDOH) Domains, in US Dollars

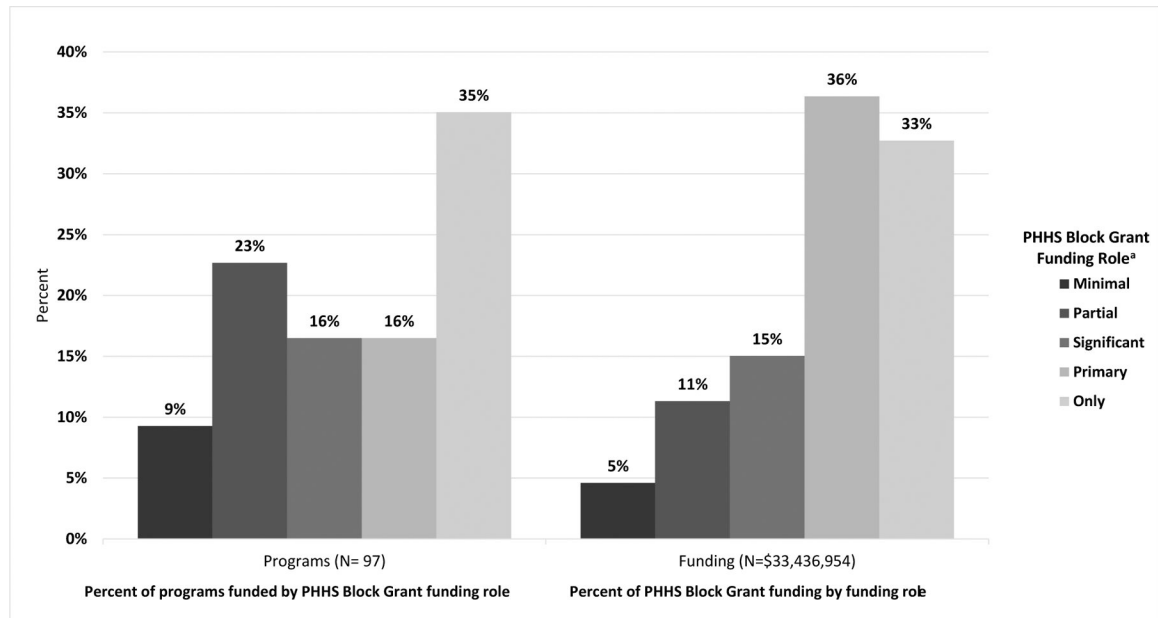


FIGURE 3.

Role of PHHS Block Grant as a Funding Source for HP-SDOH Programs Based on Percent of Total Number of Programs ($N = 97$) and Percent of Total Funding Amount ($N = \$33,436,954$)

^aThe funding role indicates whether the PHHS Block Grant serves as the only source of funding or supplement source of funding for the program and is categorized as:

- Minimal: less than 10% of program funding is from the PHHS Block Grant.
- Partial: 10–49% of program funding is from the PHHS Block Grant.
- Significant: 50–74% of program funding is from the PHHS Block Grant.
- Primary: 75–99% of program funding is from the PHHS Block Grant.
- Only: 100% of program funding is from the PHHS Block Grant.

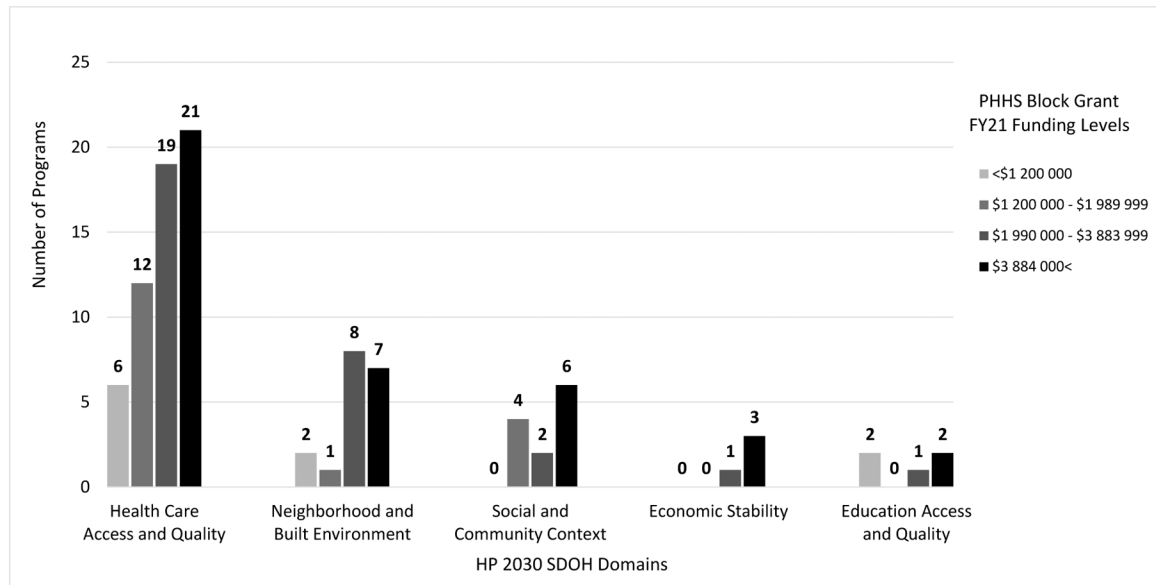


FIGURE 4.

Programs Funded within Healthy People (HP) 2030 Social Determinants of Health (SDOH) Domain by Preventive Health and Health Services (PHHS) Block Grant FY 21 Funding Levels^a

^aPHHS Block Grant funding levels were determined by calculating the interquartile range for the total FY21 grant award amount.

Table 1.

Programs Funded by Preventive Health and Health Services (PHHS) Block Grant that Align to Healthy People (HP) 2030 Social Determinants of Health (SDOH) Domains, Topics, and Objectives, by Total and Funding Role

Healthy People 2030 SDOH-related			Objective Title	N of Programs by Funding Role*			Total N of Programs
Domains	Topics	Objective Numbers		Only	Primary	Minimal, Partial, or Significant	
Economic Stability	Nutrition and Healthy Eating	NWS-01	Reduce household food insecurity and hunger	2		1	3
	Workplace	OSH-02	Reduce work-related injuries resulting in missed work days			1	1
Education Access and Quality	Children	EMC-D06	Increase the proportion of children and adolescents who get preventive mental health care in school	1	1	1	3
	Schools	ECBP-D08	Increase interprofessional prevention education in health professions training programs	1		1	2
Health Care Access and Quality	Cancer	C-R02	Increase the proportion of people who discuss interventions to prevent cancer with their providers	1			1
	Children	EMC-R01	Increase the proportion of children with developmental delays who get intervention services by age 4 years			1	1
	Community	ECBP-D07	Increase the number of community organizations that provide prevention services	6	4	9	19
	Family Planning	FP-09	Increase the proportion of women who get needed publicly funded birth control services and support			1	1
	Health Care	AHS-04	Reduce the proportion of people who can't get medical care when they need it	4	2	4	10
		AHS-07	Increase the proportion of people with a usual primary care provider			1	1
		OH-08	Increase use of the oral health care system		1	2	3
	Health Care Access and Quality - General	AHS-08	Increase the proportion of adults who get recommended evidence-based preventive health care	1	1	3	5
Health Insurance	Health Communication	HC/HIT-01	Increase the proportion of adults whose health care provider checked their understanding			1	1
		HC/HIT-D11	Increase the proportion of adults with limited English proficiency who say their providers explain things clearly	1			1
	Health Insurance	AHS-01	Increase the proportion of people with health insurance			1	1
	Health IT	AHS-R02	Increase the use of telehealth to improve access to health services			1	1

Healthy People 2030 SDOH-related			Objective Title	N of Programs by Funding Role*			Total N of Programs
Domains	Topics	Objective Numbers		Only	Primary	Minimal, Partial, or Significant	
		HC/HIT-D05	Increase the proportion of hospitals that exchange and use outside electronic health information	1		1	2
		HC/HIT-D06	Increase the proportion of hospitals with access to necessary electronic information	1			1
		OH-09	Increase the proportion of low-income youth who have a preventive dental visit			2	2
		MICH-08	Increase the proportion of pregnant women who receive early and adequate prenatal care	1			1
	Oral Conditions	HOSCD-01	Increase the proportion of newborns who get screened for hearing loss by age 1 month		1		1
		HIV-01	Reduce the number of new HIV infections			1	1
		HIV-02	Increase knowledge of HIV status			1	1
		HIV-03	Reduce the number of new HIV diagnoses			1	1
	Sexually Transmitted Infections	HIV-04	Increase linkage to HIV medical care	1			1
		STI-01	Increase the proportion of sexually active female adolescents and young women who get screened for chlamydia			2	2
		EH-01	Reduce the number of days people are exposed to unhealthy air			1	1
		EH-03	Increase the proportion of people whose water supply meets Safe Drinking Water Act regulations			1	1
	Environmental Health	EH-05	Reduce health and environmental risks from hazardous sites		1	1	2
		OH-11	Increase the proportion of people whose water systems have the recommended amount of fluoride	2	1	1	4
		EH-04	Reduce blood lead levels in children aged 1 to 5 years	1			1
		PA-10	Increase the proportion of adults who walk or bike to get places	1			1
Neighborhood and Built Environment	Physical Activity	RD-02	Reduce emergency department visits for children under 5 years with asthma	1			1
		RD-03	Reduce emergency department visits for people aged 5 years and over with asthma			2	2
		RD-04	Reduce asthma attacks			2	2

Healthy People 2030 SDOH-related			Objective Title	N of Programs by Funding Role *			Total N of Programs
Domains	Topics	Objective Numbers		Only	Primary	Minimal, Partial, or Significant	
		RD-D01	Reduce hospitalizations for asthma in children under 5 years	1			1
		RD-D02	Reduce hospitalizations for asthma in people aged 5 to 64 years	1			1
		RD-D04	Reduce hospitalizations for COPD	1			1
Social and Community Context	Adolescents	AH-03	Increase the proportion of adolescents who have an adult they can talk to about serious problems		1		1
	Children	EMC-01	Increase the proportion of children and adolescents who communicate positively with their parents	1			1
		EMC-D07	Increase the proportion of children and adolescents who show resilience to challenges and stress		1		1
	Health Communication	HC/HIT-04	Increase the proportion of adults who talk to friends or family about their health		1		1
	Health IT	HC/HIT-R01	Increase the health literacy of the population	4	1	2	7
		HC/HIT-07	Increase the proportion of adults who use IT to track health care data or communicate with providers			1	1
Total N of Programs				34	16	47	97

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