



PHIG Recipient Views, Outcomes, Impacts, Challenges, and Experiences Survey (PHIG VOICES)

Frequently Asked Questions (FAQs)

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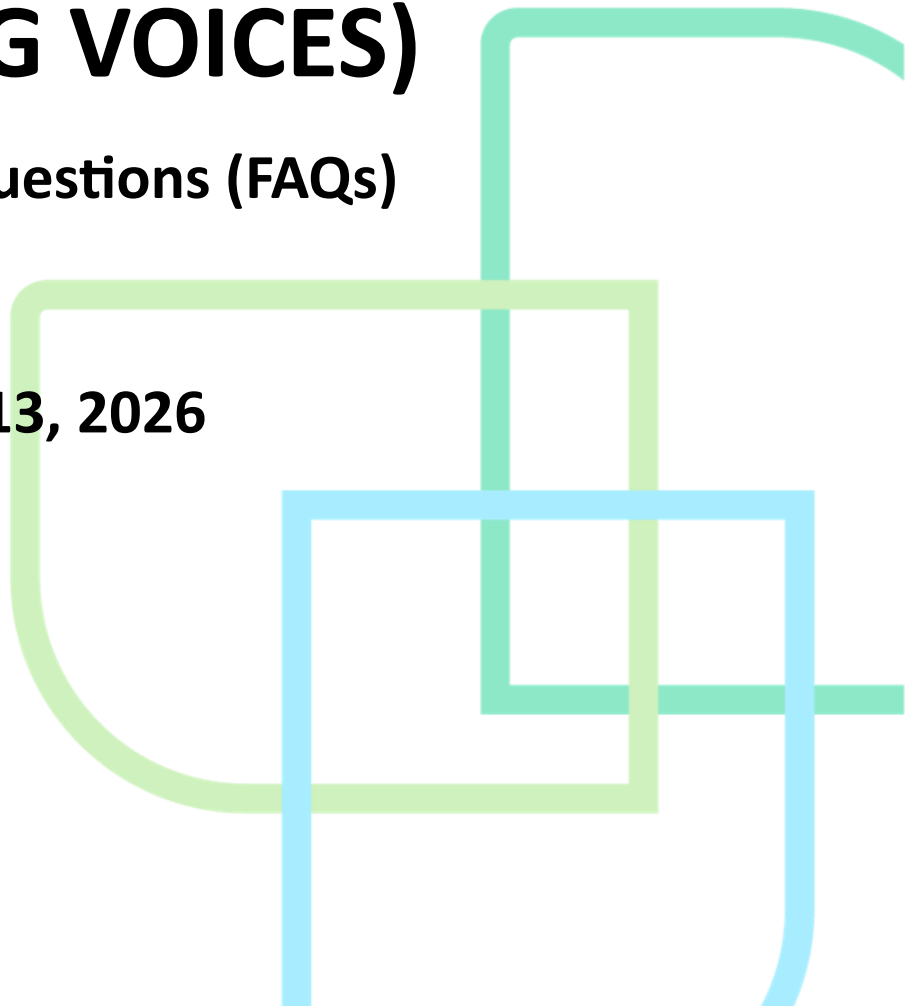


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Survey Overview

Purpose and Importance

What is PHIG VOICES?

The PHIG Recipient Views, Outcomes, Impacts, Challenges, and Experiences Survey (**PHIG VOICES**) is an important data collection tool for the National Evaluation Team (NET) to inform evaluation findings on the impact of PHIG. PHIG VOICES has three distinct modules:

- **Overall Grant Impact Module.** Focuses on recipients' overall experience with the grant, capacity to deliver public health services, and plans for sustaining PHIG-funded staff and activities.
- **Workforce Module.** Addresses workforce strategies and outcomes related to hiring, retention, supporting and sustaining, and training the public health workforce, as well as strengthening workforce planning, systems, processes, and policies.
- **Local and Tribal Health Department Funding and Support Module.** Examines how state recipients fund and support local and Tribal health departments, including the approaches they use to do so.

What is the purpose of PHIG VOICES?

PHIG VOICES systematically collects data from all recipients to address critical information gaps. The survey will ensure the PHIG National Evaluation is representative and provides actionable insights to inform future public health infrastructure investments.

PHIG VOICES will:

- Lift up **recipient experiences** to support shared learning nationwide
- Explore topics **important to recipients**, such as workforce outcomes and PHIG's impacts on local public health infrastructure
- Describe **PHIG's value** to inform future public health investments
- Fill information gaps that existing data (e.g., your agency's performance measures or progress reports) **cannot answer**

PHIG VOICES **will not**:

- Assess or evaluate individual agency performance
- Affect your PHIG funding
- Identify or single out individual recipients without explicit written permission

How was PHIG VOICES developed?

PHIG VOICES was developed collaboratively by the NET, its subcontractors, and the [Evaluation Advisory Group \(EAG\)](#) Working Groups. The survey focuses on topics that highlight PHIG's value and reach, while avoiding overlap with existing reporting requirements. EAG Working Groups helped to shape the survey content and ensure the questions are relevant, clear, and findings will be useful to recipients, CDC, and the NET.

Why is my agency's participation in PHIG VOICES important?

Participation from *all* recipients is essential to ensuring survey findings accurately reflect the full range of PHIG experiences. Survey participation will help:

- **Ensure the National Evaluation accounts for and represents all recipients' experiences.**
- **Generate actionable insights** to communicate PHIG's value to policymakers, helping inform future public health infrastructure investments.
- **Give every recipient the opportunity** to share implementation strategies, practices, and specific examples that demonstrate PHIG's value and impact in *their* jurisdiction.
- **Support shared learning** by reporting summarized findings back to recipients.

Completing the Survey

When will the survey be fielded?

The survey will be open for 4 weeks from May 11, 2026 – June 5, 2026.

Who will be asked to complete PHIG VOICES?

The survey is a critical component of the PHIG National Evaluation. **CDC and the NET strongly encourage all PHIG recipients to participate.**

Each recipient will **designate a primary contact (Survey Coordinator)** to submit **one survey response** on behalf of the agency. However, we expect recipients may need to **coordinate across teams** to answer all survey questions accurately. Each recipient can decide who to designate as the primary contact. Recipients may need to engage agency leadership or key staff with expertise on the survey topics—such as workforce leads, program managers, evaluation staff, or local and Tribal health department liaisons.

Do local or Tribal health departments that were not directly funded by CDC need to complete PHIG VOICES?

No, only recipients **directly funded by CDC** should complete the survey. The Local and Tribal Health Department Funding and Support Module (Module 3) asks about how state recipients used PHIG to provide funding and support to local and Tribal health departments. Therefore, only state recipients will complete this module.

While not required, state recipients may wish to communicate with some local or Tribal HDs in their state to better understand how PHIG funding or support has addressed public health priorities in local jurisdictions.

How will recipients provide their primary points of contact for the survey?

The NET will ask each recipient to designate a Survey Coordinator, along with any additional contacts who should be cc'ed on communications regarding the survey. Recipients will receive an email from PHInfrastructure@cdc.gov requesting that they submit this contact information via an [online form](#).

How will the survey be administered to recipients?

The survey will be administered **online**. Each agency's Survey Coordinator will receive a link to the survey via email from PHIGeval@norc.org. Only one submission will be allowed per agency.

While all three modules will be accessed through a single link, recipients will only be prompted to complete the survey modules that are relevant to their type of jurisdiction:

- Overall Grant Impact Module: **All recipients**
- Workforce Module: **All recipients**
- Local and Tribal Health Department Funding and Support Module: **State recipients only**

Where will the survey invitation come from?

The survey invitation will be sent from PHIGeval@norc.org. Please take a moment to **add this email address to your address book or Safe Senders List** to prevent the invitation from getting caught by your organization's spam filter.

Prior to receiving the survey invitation, recipients will receive information and communications about the survey via multiple channels, including from CDC and the PHIG Connections Newsletter.

How long will the survey take to complete?

The time required to complete PHIG VOICES depends on the type of recipient agency. Recipients from territories and freely associated states (TFAS) and local health departments will complete the Overall Grant Impact and Workforce Modules of the web-based questionnaire. State recipients will be asked to complete all three modules. Table 1 presents an overview of survey length and burden by module.

Table 1. PHIG VOICES Estimated Time to Complete

Survey Module	Number of Questions*	Estimated Amount of Time to Gather Answers	Estimated Amount of Time to Complete Web-Based Questionnaire
Overall Grant Impact	9 to 20 (7 open-ended)	2-4 hours	5-10 minutes
Workforce	16 to 19 (2 open-ended)	1-3 hours	15-20 minutes
Local and Tribal Health Department Funding and Support (<i>State recipients only</i>)**	11 to 50 (between 2-20 open-ended)	1-4 hours	15-20 minutes

*Skip logic will be used to limit questions to those relevant to each recipient, meaning the number of questions each recipient may be prompted to answer will vary.

**Most recipients will not receive the maximum number of questions, as this module has a significant amount of skip logic.

Can the survey be completed in multiple sessions?

The web-based survey can be completed in multiple sessions. Respondents will be able to save their progress and return to the survey at any time during the fielding period. Recipients will also receive an editable Word version of PHIG VOICES before it launches, which can be used to prepare responses prior to submitting them online.

How can recipients ask questions or receive support in completing the survey?

The NET held a kickoff webinar for the survey on Wednesday, May 6 at 3pm ET, to provide an overview of the survey and answer preliminary questions prior to launch. The recording is available [here](#). The NET will also hold two office hours sessions to answer recipients' questions about the survey. Recipients will receive an invitation to register for these sessions via email.

For additional questions or other support in completing the survey, please contact PHIGeval@norc.org.

Dissemination and Use of Findings

What survey results will be reported publicly?

Survey data will be de-identified, combined, and **reported in aggregate**, meaning results will summarize patterns **across** recipients.

Who will have access to my agency's raw survey responses?

Only the National Evaluation Team (NET), comprised of PHAB, NNPHI, and NET subcontractors, will have access to raw, identifiable recipient-level survey responses.

What data will CDC have access to?

De-identified and/or aggregated findings from the survey may be shared with CDC to help inform learning and program improvement.

The NET will not identify individual agencies to CDC or in reports or presentations without explicit written permission. For example, the NET may reach out to see if your agency would like to share a specific example for consideration as a [Success Story](#) or [Promising Practice](#).

How will survey results be used?

After recipients submit their responses, the NET will first share aggregate, de-identified preliminary findings with PHIG EAG Working Groups, ensuring that recipients help interpret survey results and make findings more accurate, relevant, and actionable. Additionally, the NET will use the survey responses

to identify a sample of recipients for voluntary, follow-up qualitative data collection, including focus groups or interviews.

Once interpreted, **the NET will share summarized survey findings with PHIG recipients** to support shared learning across jurisdictions. Survey results will be summarized in various internal and public reports, PowerPoint presentations, and other materials – depending on the audience. Stay tuned for future opportunities to hear about and use PHIG VOICES findings, and visit the [EAG Overview](#) to learn more about how your voice can inform the evaluation!

We expect that survey results will be used in various ways:

- **CDC** may use the findings to communicate the impact of PHIG to policymakers and inform future public health infrastructure investments.
- **PHIG National Partners and TTA Providers** may use the findings to communicate successful strategies to recipients and the broader public health field.
- **PHIG recipients** may use the findings to learn and communicate about how PHIG efforts are strengthening public health infrastructure across all recipients and how they may improve their own work. Your agency can immediately download your responses upon survey completion.

Again, we want to emphasize that survey results **will not**:

- Assess or evaluate individual agency performance
- Affect your PHIG funding
- Identify or single out individual recipients without explicit written permission

NEW Does the data analysis plan for PHIG VOICES include using AI to analyze open-ended question responses? If yes, how will AI analysis results be quality-checked for accuracy?

We will not use AI as a primary method for analyzing survey data. All open-ended responses will be coded by human analysts. However, we may use AI-assisted tools in a limited capacity where appropriate. For instance, AI could be used to help identify initial themes or a preliminary coding framework, but our experienced research team would review and manually validate any AI-generated output. Rigorous human oversight and quality assurance processes will ensure the accuracy and integrity of all findings.

Module Specific Questions

Module 1: Overall Grant Impact

No questions specific to Module 1 have emerged. If you have a question, please email PHIGeval@norc.org.

Module 2: Workforce

NEW Should recipients calculate the dollar amount invested in training?

For all questions about training, and particularly M2.9a, we do NOT need your health department to calculate the dollar amount invested in PHIG trainings. M2.9a is looking for the number of trainings. The guidance in text that notes "even if one PHIG dollar was used or distributed by your agency to support the training" is meant to clarify that we would like you to think holistically about how you count the trainings by including trainings even partially funded by PHIG in the number you provide in your response.

NEW Would a training qualify as PHIG-funded if PHIG-funded training staff developed the training, but no direct expenditures were made on training content (i.e., the primary cost was staff time)?

Yes, please consider trainings to be PHIG-funded if they include direct expenditures and/or if they use staff time of PHIG-funded staff. This could be staff time used to plan, develop, coordinate, conduct, or evaluate the training.

NEW Should agency temporary staff be considered in responses even if the positions do not have benefits?

Yes, you can consider temporary staff as you reflect on your response. We do not distinguish between temp staffing and positions with benefits.

NEW How should recipients distinguish between "Agree" and "Strongly Agree"? Will recipients need to provide proof to help inform that distinction?

You do not have to have "proof" to provide for your answers; however, feel free to draw upon whatever information you have available to answer the questions.

- **"Agree"** should generally be selected if your health department concurs with the statement; it's observed in many situations, though there may be some limitations or variability.
- **"Strongly Agree"** should be selected if your health department clearly and consistently supports this statement across contexts, data sources, or experiences, with little to no uncertainty.

We recognize that the M2.7 questions may feel particularly challenging to answer because they ask health departments to reflect on employee experiences. The NET and the PHIG Workforce sub-evaluation team is also exploring using PH WINS to address these topics of employee health and well-being and job satisfaction. We appreciate your health department's efforts to answer them as objectively as you can in the PHIG VOICES survey.

NEW Do “trainings” include conferences in M2.9a?

Please do not include conference attendance in your answer to M2.9a. M2.9g asks specifically about conference attendance.

Module 3: Local and Tribal Health Department Funding and Support Module

My state has a centralized governance structure. Should I still complete Module 3 (Local and Tribal Health Department Funding and Support) of PHIG VOICES?

Yes, all states should complete Module 3, regardless of governance structure.

Module 3 includes skip logic, so **you will only see questions relevant to what your state is doing.** We recognize that states with centralized governance structures may not pass through PHIG funding to local HDs. However, most centralized states can still answer questions in Module 3 about **support** provided to local and Tribal HDs.

Examples of PHIG-supported activities that might be relevant to centralized states include:

- Employing state staff or state-funded contractors who work with or at local or Tribal HDs
- Providing capacity building, professional development, or peer-to-peer learning opportunities for local or Tribal HDs, either directly or through an intermediary like a SACCHO or other partner
- Covering specific operational or capital costs for local or Tribal HDs
- Investing in shared infrastructure, systems, or tools that local or Tribal HDs use

Centralized states should note that Module 3's definition of “HDs” also includes entities like local units or districts, where applicable.