



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

Frequently Asked Questions (FAQs)

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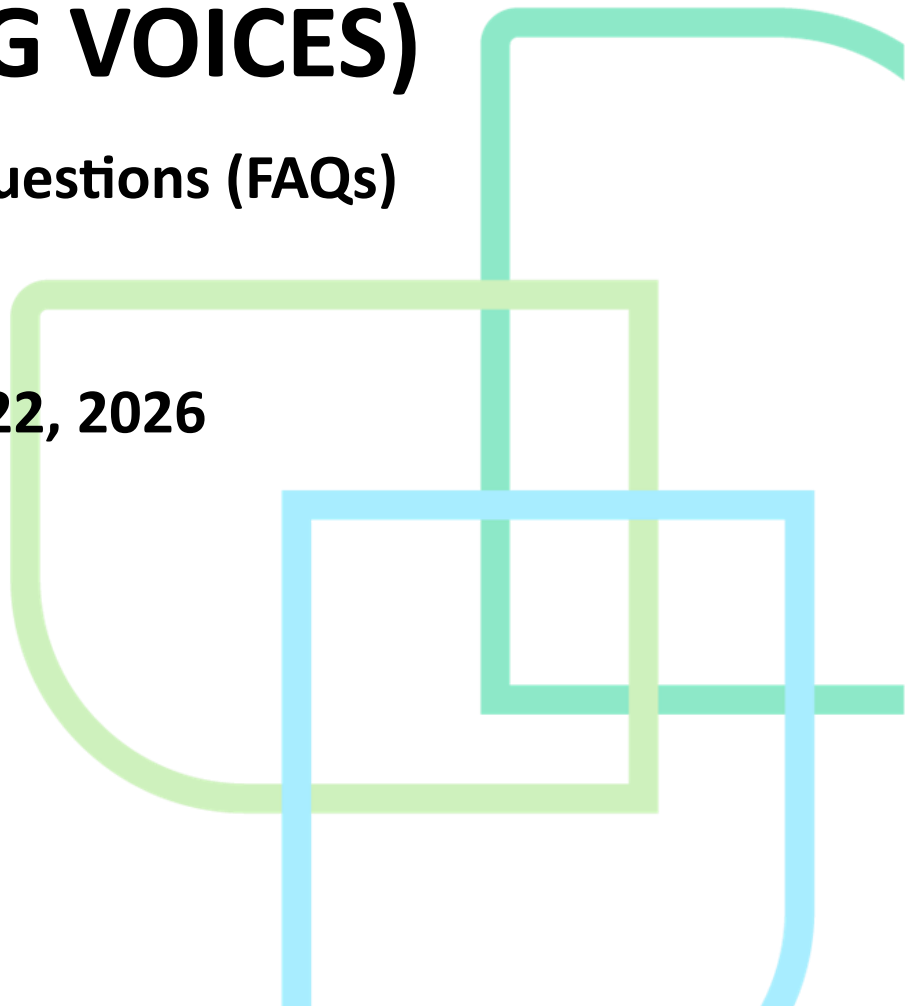


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Survey Overview

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

UPDATED When will the survey be fielded?

The NET shared the Word version of the survey on April 27, 2026 for recipients to begin reviewing and coordinating responses. The online survey launched on May 11, 2026.

Monday, June 22, 2026 is the final deadline for submitting the survey, extended from June 5, 2026, in response to recipient feedback. Please note that this is the only extension that will be granted, and June 22nd should be considered a firm deadline.

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.

NEW Should recipients consider all three PHIG strategies (i.e., A1, A2, and A3) when completing the survey?

As applicable to the funding that your agency received, please consider all three PHIG strategies (A1 Workforce, A2 Foundational Capabilities, and A3 Data Modernization) when responding to survey questions. While some survey questions specifically ask about which strategies were relevant, recipients who would like to provide additional context about how their work is related to the three strategies are welcome to do so in the “optional” open-ended text boxes.

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 should recipients provide their primary points of contact for the survey?

Prior to the survey launch, the NET asked each recipient to designate a Survey Coordinator, along with any additional contacts who should be cc'ed on communications regarding the survey. Recipients received an email from PHInfrastructure@cdc.gov requesting that they submit this contact information via an [online form](#). If your agency did not complete this contact form, or would like to confirm the contacts receiving PHIG VOICES communications, please send an email to PHIGeval@norc.org.

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.

Note: We understand that gathering responses may take longer than the original estimates due to additional coordination or necessary approvals. We have extended the survey deadline to June 22, 2026 to accommodate these efforts.

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.

NEW Is there a character or word limit on open-ended question responses?

There is no character or word limit built into the open-ended text boxes on the survey. For questions labeled “max. 2-3 sentences,” brief responses are sufficient. For longer open-ended questions, feel free to include additional detail or examples as needed. Concrete examples and practical descriptions are valued over formal or lengthy narratives.

NEW How can recipients download a copy of their responses?

Recipients will be able to download a PDF copy of their responses upon submitting the survey. Once the “submit” button is clicked, recipients will be directed to a close page that shows their survey responses. On this page, recipients can select to download the responses as a PDF document.

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

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

General

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.

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.

Section 1: Recruitment and Hiring

NEW For M2.1, should recipients consider indirectly funded local health departments?

No, please respond to Module 2 considering only your agency (**not** indirectly funded LHDs). State recipients will report on indirectly funded LHDs in Module 3.

Section 2: Workforce Assessment and Planning

NEW For M2.3, should the Public Health Workforce Interests and Needs Survey (PH WINS) be included for consideration, or should only PHIG-funded activities be included?

Yes, please include PH WINS.

NEW For M2.3e, should this include the development of a process for tracking workforce metrics our agency created to meet the PHIG performance measure reporting requirements?

If your health department developed a process for tracking workforce metrics used for CDC performance measures reporting that could also be used to track additional metrics, then yes. If there are new processes or a tracker that inform both your CDC performance measures and influence how decisions are made, include them. However, if you created a process solely for reporting CDC performance measures, then that should not be included.

Section 3: Employee Health and Well-being, Job Satisfaction, and Retention

NEW For M2.5a, does “we have been able to enhance benefits” include HR-offered benefits or implicit benefits (e.g., time flexibility, work from home, etc.)?

M2.5a is intended to capture employer-sponsored benefits, such as medical, dental, or vision insurance; disability or family medical leave benefits; employee assistance programs; and wellness benefits or incentives. Time flexibility and work from home are examples of strategies that can be included under M2.5 option E "Implement policies to improve work-life balance (e.g., flexible schedules, telework)."

NEW For M2.5, does “benefits” include scholarships to attend conferences or obtain a Certification of Public Health (CPH)?

Benefits do not encompass funding to attend conferences or support to obtain certification. Scholarships to attend conferences can be included under M2.9g and supporting a staff member to obtain a CPH can be included under M2.9f.

NEW For M2.7, how do you recommend measuring employee satisfaction?

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. We are not asking respondents to conduct any additional staff data collection for this question; instead, we encourage you to draw on any existing employee feedback mechanisms already in place, such as internal employee surveys, engagement

assessments, or post-training feedback, or through informal mechanisms. If you feel unable to answer the question or do not believe these employee satisfaction items are related to your PHIG activities, you may select “Neither agree nor disagree” or “N/A,” as appropriate.

We recognize that the M2.7 questions may feel particularly challenging to answer because they are asking health departments to reflect upon employee experiences. The NET and the PHIG Workforce Sub-evaluation team are 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 PHIG VOICES.

NEW My public health agency is part of a larger super agency. For M2.7, should I consider the entire agency, or just PHIG-funded staff and PHIG-funded initiatives?

Think more about PHIG activities and outcomes that have affected staff, which may be primarily in the public health department (or division of Public Health) if that is where your PHIG-funded activities have focused. This question is not asking about individual PHIG-funded staff members, but how PHIG-funded positions, activities, and outcomes have impacted employee satisfaction among a broader set of employees across your agency.

Section 4: Staff Training and Development

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 For M2.9, does this include offering tuition support for employees for a degree or certificate (e.g., Certificate of Public Health (CPH) or Project Management Professional (PMP) certificates)?

Yes. Offering tuition support for employees taking school credits toward a degree or certificate, including CPH or PMP certification, would be considered as part of M2.9f.

NEW For M2.9a, do “trainings” include conferences or other external professional development opportunities?

Question 2.9a refers to internal trainings held by your health department that are supported by PHIG funding. External professional development (including conferences) supported by PHIG should be recorded in your response to questions M2.9c, f, or g, as appropriate.

NEW For M2.9b, should the number of staff be a count of distinct staff members or can individual participants be counted more than once?

We are asking for the total number of staff who participated in the trainings. Individuals may be counted multiple times. We recognize that attendance is often captured as the number of people who attended a training, and we do not want to impose additional burden on your health departments to try to arrive at a distinct count of staff.

NEW For M2.9g, does the PHIG Annual Recipient Convening (ARC) count as a conference?

Yes. Supporting staff to attend the PHIG ARC would be considered providing support for conference attendance as part of M2.9g.

Section 6: Information about Your Health Department

NEW For M2.13, my agency implemented a hiring freeze that was in effect for more than one year. Should I select the year in which it was implemented, or all years in which it was in effect?

For the purposes of the survey, a “hiring freeze” refers to organizational or administrative restrictions that delay, limit, or prevent hiring activities, including formal hiring freezes, budget constraints, extended approval processes, staffing caps, or other barriers that make it difficult to recruit or fill positions. Please select all years where a “hiring freeze,” as defined above, is still in effect.

NEW For M2.13, my agency is not experiencing a formal hiring freeze, but there are factors severely limiting our ability to hire. How should I respond to this question?

For the purposes of the survey, a “hiring freeze” refers to organizational or administrative restrictions that delay, limit, or prevent hiring activities, including formal hiring freezes, budget constraints, extended approval processes, staffing caps, or other barriers that make it difficult to recruit or fill positions. Please also consider providing this additional descriptive information in response to M2.17.

NEW For M2.13, my agency experienced delays in the receipt of PHIG funding. Should we still consider calendar years, or should we consider budget period years?

The answer options refer to calendar years, but if it is easier to think about budget years, please match budget year to the calendar year that it matches most closely. Using this logic, 2023 corresponds to PHIG Year 1, 2024 to Year 2, 2025 to Year 3, and 2026 to Year 4.

NEW For M2.15, should we include merit-based initiatives that were not PHIG initiatives?

Yes. In this section, “Information about Your Health Department,” we want to capture the broader context within which you are operating, so answers to these questions do not need to be tied to PHIG funding.

NEW For M2.16, are “strategies” limited to A1 strategies defined by CDC, or do they refer to any strategies developed by the agency using PHIG funding?

Please refer to any strategies, techniques, or programs that your agency developed with PHIG funding. Responses do not need to be limited to the CDC-identified strategies under A1.

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.

NEW My state has a centralized governance structure and therefore does not have any independently operated local or Tribal health entities. When completing Module 3, should I consider state-operated local health clinics or regional offices as local health departments?

Yes, for the purpose of the survey, please consider the state's local health clinics, regional offices, or other similar entities as local health departments, even though they are not independently operated. Recipients that would like to provide more context about their state's structure are welcome to use the "optional" open-ended text boxes to explain their responses as needed.