

# Improving the Quality and Delivery of CDC's Heart Disease and Stroke Prevention Programs

## Information Collection #1

### Assessing Adoption and Use of the IOM Report

"A Population-Based Policy and Systems Change Approach to Prevent and Control Hypertension"

---

We would like to thank you for agreeing to complete this survey about the recent release of the Institute of Medicine (IOM) report **"A Population-Based Policy and Systems Change Approach to Prevent and Control Hypertension."** This survey will be used to help assess how the Division for Heart Disease and Stroke Prevention (DHDSP) at the Centers for Disease Control and Prevention (CDC) can best support state heart disease and stroke prevention programs in implementing strategies for reducing and controlling hypertension. We want to ask you a few questions from the perspective of your role as a program manager.

### Obtain Electronic Consent

Consent Statement -Battelle is conducting a web based survey as part of the evaluation of the CDC's initiatives to reduce and control hypertension. The purpose of this survey is to solicit ideas and opinions about the report recently released. Information collected from this survey will be used by the DHDSP to help improve the technical assistance that it delivers. You are being asked to participate in this survey because you are a program manager in a CDC-funded heart disease and stroke prevention program. The survey should take no more than 20 minutes of your time. Participation in the survey is voluntary; you may choose to end the survey at any time for any reason with no penalty and may choose not to answer any questions at any time for any reason. Your participation in the survey poses few, if any risks to you and you may choose not to participate in the survey for any reason. If you have any questions about this survey, or evaluation, please contact Ms. Rashon Lane, Behavioral Scientist, at Phone: (770) 488-8036, E-mail: [Rlane@cdc.gov](mailto:Rlane@cdc.gov) .

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).

**By clicking “Next” you give your consent to participate in this survey.**

1. How long have you been in your current role in the state health department?
  - 0-2 years
  - 3-5 years
  - 6-8 years
  - 9 or more
2. What is your current level of funding from CDC-DHDSP?
  - Capacity Building
  - Basic Implementation
3. Approximately, how many of your state HDSP partners identified in MIS are actively working on heart disease and stroke secondary prevention strategies in the current fiscal year (FY 2010)?

ENTER NUMBER (0-1000)  
ENTER DK FOR “DON’T KNOW”

4. Approximately, how many of your partners are actively working on high blood pressure control strategies in the current fiscal year, FY10?  
ENTER NUMBER (0-1000)  
ENTER DK FOR “DON’T KNOW”

5. Are you aware of the recent Institute of Medicine report A *Population-Based Policy and Systems Change Approach to Prevent and Control Hypertension*, released in February 2010?
  - Yes
  - No

If no, a skip pattern will lead the respondent to questions 7 and 8 and then thank the respondent for participation in the survey and provide the respondent with contact information for Rashon Lane at [rlane@cdc.gov](mailto:rlane@cdc.gov) for any additional questions.

**Skip pattern prompt: We thank you for your time, if you have questions about this survey please contact Rashon Lane at [rlane@cdc.gov](mailto:rlane@cdc.gov).**

6. Have you read the report?

**Information Collection #1**

- a. Yes, I have read it carefully
- b. Yes, I have skimmed it
- c. I haven't read it yet, but I plan to
- d. I have not read it and I don't plan to

If C or D, a skip pattern will lead the respondent to questions 7 and 8 and then thank the respondent for participation in the survey and provide the respondent with contact information for Rashon Lane at [rlane@cdc.gov](mailto:rlane@cdc.gov) for any additional questions.

**Skip pattern prompt: We thank you for your time, if you have questions about this survey please contact Rashon Lane at [rlane@cdc.gov](mailto:rlane@cdc.gov).**

7. Whom do you perceive to be the major audiences for the report?  
(select all that apply)
- State health department officials
  - Public health partners
  - CDC
  - Clinicians
  - Policy makers
  - Community health workers
  - Food industry
  - Dieticians
  - Physicians
  - Nurses
  - Academicians
  - The general public
  - Don't know
  - None of the above
  - Other (please specify \_\_\_\_\_)

**For the following statements, please indicate whether you agree or disagree, with 1 representing complete disagreement and 5 representing complete agreement:**

In all of the following statements "IOM report" refers to the IOM report ***Public Health Priorities to Reduce and Control Hypertension in the U.S. Population*** released in February 2010.

- 8. I received timely notification of the IOM report.
- 9. The IOM report is written clearly.

10. The IOM report adequately describes the problem of hypertension in the U.S.
11. The IOM report explains the recommendations for state health departments in a way that is understandable.
12. I clearly understand the benefits of the recommendations of the IOM report for state health departments.
13. The intended benefits of the IOM Report on Hypertension recommendations align with the activities and objectives in my State Heart Disease and Stroke Prevention's program in high blood pressure.
14. Our state heart disease and stroke prevention program is already implementing most (or all) of the recommendation that were in the IOM report.
15. Our state heart disease and stroke prevention program intends to re-align its **partners** in the control of high blood pressure based on the recommendations of the IOM report.
16. Our state heart disease and stroke prevention program intends to change its program **priorities** in the control of high blood pressure based on the recommendations of the IOM report.
17. Our state heart disease and stroke prevention intends to re-align **resources** (e.g. budget, staff and skills) based on the recommendations of the IOM report.
18. The IOM report is relevant to my work.
19. I will use the IOM report in planning my state heart disease and stroke prevention program activities.
20. I will use the IOM report in evaluating my state heart disease and stroke prevention program activities.
21. I am aware of materials being developed to help implement the IOM recommendations for state health departments.
22. My understanding of public health strategies for hypertension improved as a result of this report.

23. The strategies in the IOM report for state health departments are feasible to implement.
24. The recommendations for state health departments are consistent with the best available science and practice-based evidence.
25. The IOM report is a credible resource in developing recommendations for state health departments.
26. CDC is providing g leadership to reduce the prevalence of hypertension through population-based integrated approaches through its activities.

**Please provide your answers to the following questions in the space below.**

27. Which recommendations do you see being able to implement in the next two years, and why?
28. Thinking about the recommendations you mentioned in Q27, how difficult will it be to implement these specific recommendations?
29. Which recommendations do you see as not possible to implement in the next two (2) years? Why do you say this?
30. What partnerships might you use to advocate for implementation of the IOM recommendations? Would these be new partners or existing partners?
31. What benefits, if any, do you see in the use of the IOM panel to make recommendations on hypertension for states in heart disease and stroke prevention programs?
32. What technical assistance do you think you will need to implement the recommendations?

**We thank you for your time, if you have questions about this survey please contact Rashon Lane at [rlane@cdc.gov](mailto:rlane@cdc.gov).**