

WEB BASED SURVEY INSTRUMENT TO ASSESS ADOPTION AND USE OF THE IOM REPORT ON HYPERTENSION

Thank you for agreeing to complete this survey about the Institute of Medicine (IOM) report ***“Public Health Priorities to Reduce and Control Hypertension in the U.S. Population”*** published in February 2010. The results of this survey will be used to assess how the Division for Heart Disease and Stroke Prevention (DHDSPP) 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, and to understand states’ progress in implementing the IOM recommendations. Please respond to the questions from the perspective of your role as your state’s (or other entity’s) Heart Disease and Stroke Prevention (HDSP) program manager.

Please note that the focus and purpose of this survey are entirely different from those of the survey on “Assessing State Programs’ Community-Clinical Linkage Strategies.”

Public reporting burden of this collection of information is estimated to average 25 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 (0920-0864).

Obtain Electronic Consent

Consent Statement -Battelle is conducting a web based survey as part of the evaluation of the DHDSP's initiatives to reduce and control hypertension. The purpose of this survey is to obtain feedback on DHDPS's technical assistance and other resources provided to state health department staff to help them implement the recommendations in the IOM Report. You were chosen to participate in this survey because you are a program manager in a heart disease and stroke prevention program. We encourage you to consult with other program staff as needed to provide accurate responses. The survey should take no more than 25 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. Some questions require responses to determine which follow-up questions will appear. **Questions requiring responses are marked with asterisks (*)**. Your participation in the survey poses few, if any risks to you.

You will be given the opportunity to identify your state at the end of the survey. This approach allows us to avoid asking questions that you have already answered in your periodic reporting to DHDSP. In addition, you may choose to request the opportunity to participate in a voluntary discussion with one of our project staff members to further elaborate your experiences and technical assistance needs.

If you have any questions about this survey, or evaluation, please contact Dr. Judith Berkowitz at Battelle at Phone: (404) 460-1449, E-mail: Berkowitzj@battelle.org
By clicking "Next" you give your consent to participate in this survey.

1. How long have you been associated with the state HDSP program?
 - less than 1 year
 - 1 to less than 2 years
 - 2 to less than 5 years
 - 5 or more years

In all of the following questions “IOM report” refers to the IOM report **Public Health Priorities to Reduce and Control Hypertension in the U.S. Population** released in February 2010. Seven of the recommendations in the IOM report were directed to State and Local Health Jurisdictions (SLHJs). Those specific recommendations are referenced throughout this survey.

2. Which of the 7 state-focused IOM recommendations have you decided to take action on since the release of the IOM report in February 2010? [Programming note: If respondent selects “Yes” he/she will immediately be asked to answer Qs 3-10 before responding to Q2 for the subsequent recommendation. If respondent selects “No” he/she will immediately be asked to answer Qs 11 and 12 before responding to Q2 for the subsequent recommendation. If respondent selects “Don’t Know”, he/she will not be asked additional questions related to that recommendation and will be asked to respond to Q2 for the subsequent recommendation.]

	Yes [Respond to Qs 3- 10]	No [Respond to Qs 11 and 12]	Don't Know [Continue to next Rec]
*6.1 SLHJ should give priority to population-based approaches over individual-based approaches to prevent and control hypertension.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
*6.2 SLHJ should integrate hypertension prevention and control in programmatic efforts to effect system, environmental, and policy changes that will support healthy eating, active living, and obesity prevention.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
*6.3 SLHJ jurisdictions should immediately begin to consider developing a portfolio of dietary sodium reduction strategies that make the most sense for early action in their jurisdiction.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
*6.4 SLHJ should assess their capacity to develop local HANES as a means to obtain local estimates of the prevalence, awareness, treatment and control of hypertension.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
*6.5 SLHJ should serve as conveners of health care system representatives, physician groups, purchasers of health care services, quality improvement organizations, and employers (and others) to develop a plan to engage, and leverage skills and resources for improving the medical treatment of hypertension	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
*6.6 SLHJ should work with business coalitions and purchasing coalitions to remove economic barriers to effective antihypertensive medications for individuals who have difficulty	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

accessing them.			
*6.7 SLHJ should promote and work with community health worker initiatives to ensure that prevention and control of hypertension is included in the array of services they provide and are appropriately linked to primary care services.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

[Note: Qs 3 - 10 will be asked for each recommendation where respondent answered “yes” to Q2, immediately following response to Q2.]

3. To what extent did the IOM report influence your decision to take action on this recommendation?
 - Not at all
 - Somewhat
 - A great extent

 4. Which of the following factors influenced your decision to take action? Check all that apply.
 - CDC focus on ABCS (aspirin, blood pressure, cholesterol, smoking)
 - Current work in this area by state health department
 - Capacity of state health department (e.g. program staff expertise, internal health department partners and resources)
 - Support from external partners (expertise and resources)
 - State level surveillance data availability
 - Other (specify)

 5. How far along are you in implementing this recommendation?
 - Have not yet begun
 - Planning for implementation
 - In process of implementing
 - Implementation currently stalled
 - Fully implemented as planned

 6. In 2 or 3 sentences, please describe what you did, or are planning to do, to implement this recommendation in your state/entity?
(Answers should not exceed 600 characters)
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7. Please indicate the resources you used to support your implementation of this recommendation? Check all that apply. Please rate the usefulness of each resource that you used in supporting your implementation of this recommendation.

Resource	Have Used	If used...		
		Very Useful	Somewhat Useful	Not at all Useful
DHDSP guidance materials on ABCS (aspirin, blood pressure, cholesterol, smoking)				
CVH Council Resources (e.g. Meaningful Use, Academic Detailing, Community Health Worker)				
CVH Council Practice Groups (e.g. Sodium, Community Based Non-Physician Providers, Stroke Systems of Care, Physician Adherence)				
Technical assistance from DHDSP Project Officers				
DHDSP Practitioner Trainings				
Support of external partners (external expertise and resources)				
Other (specify)_____				

8. What training or technical assistance do you need from DHDSP to make further progress on implementing this recommendation? Check all that apply.
- Developing an action plan to implement the recommendation
 - Evaluating progress in implementing recommendations and outcomes
 - Translating hypertension strategies and evidence-based practices
 - Facilitating opportunities to network with other states implementing this recommendation
 - Other (please specify)_____

9. What materials do you need from DHDSP to make further progress on implementing this recommendation? Check all that apply.
- Written directives from CDC
 - Communication materials such as policy statements and press releases
 - Written and web-based materials related to hypertension control and treatment
 - Translation of evidence-based practices
 - Examples of practice-based evidence
 - Success stories from other state experiences
 - Guidance on evaluating progress in implementing recommendations and outcomes
 - Additional guidance materials (please specify) _____
10. What outcomes, if any, have you seen/do you expect to see from implementing this recommendation? (Answers should not exceed 600 characters)
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[Note: Qs 11 & 12 will be asked for each recommendation where respondent answered “no” to Q2, immediately following response to Q2.]

You indicated above that you have not taken action on this recommendation; we are interested in learning more about why you have not. Please refer to the following questions.

11. Which of the following factors influenced your decision **not** to take action on this recommendation? Check all that apply.
- Did not view the recommended action as a need
 - Recommendation is outside scope of state HDSP goals
 - Recommendation competes/conflicts with other HDSP priorities
 - Lack of technical assistance/support in the area
 - Internal health department capacity was not adequate at this time (e.g. program staff expertise, internal health department partners and resources)
 - External partner support was not adequate at this time (external expertise and resources)
 - Lack of state level surveillance data
 - Other (please specify) _____

12. What would you need from DHDSP in order to be able to implement this recommendation in your state/entity? Check all that apply.

- Further directive from CDC
- Assistance with developing an action plan to implement the recommendation
- One-on-one technical assistance from DHDSP project officers
- Increased networking with other states implementing this recommendation
- Guidance on translation of evidence-based practices
- Additional guidance materials or other support (please specify in the area below) _____

Sodium intake and its relationship with heart disease and stroke prevention were a focus in the IOM report. We are interested in knowing what types of surveillance activities about sodium intake may be ongoing.

13. What types of sodium-related surveillance activities is your state/entity currently implementing? Please check all that apply.

- We are currently using the BRFSS sodium module of 3 questions
- We are currently using 1-2 questions from the BRFSS sodium module
- We plan to implement the BRFSS sodium module but have not at present
- We are using other sodium related questions (not from the BRFSS module)
- We plan to have an activity, just not in BRFSS
- We do not plan to conduct sodium intake surveillance
- Other (please specify)

14. What would you need from CDC in order to conduct sodium intake surveillance? Please check all that apply.

- No support or assistance needed at this time
- Technical assistance with the BRFSS sodium module
- Technical assistance developing non-BRFSS sodium questions
- Training on sodium
- Training on BRFSS
- Funding or other resources
- Other (please specify)

15. Is there anything we haven't asked you that would be good for us to know related to the topic of this IOM report or its recommendations?

16. For which state/entity are you responding? Please select from the list below. (OPTIONAL)

- I prefer not to answer this question.
- (LIST 50 states plus District of Columbia)

17. We would like to contact some state representatives for follow-up discussions about the challenges and success factors in implementing the IOM Recommendations? If you are willing to be contacted for further discussion, please provide your contact information.

Name:

Email address:

Telephone:

We thank you for your time, if you have questions about this survey please contact Dr. Judith Berkowitz at Phone: (404) 460-1449, E-mail: Berkowitzj@battelle.org.