Introduction

Form Approved OMB No. 0920-0864 Exp. Date 9/30/2013

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 (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, 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).

Consent Statement

Battelle, a CDC contractor, 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 health department staff of states and other entities 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/entity at the end of the survey. This approach allows us to link to information already provided in your periodic reporting to DHDSP rather than requesting that it be supplied again here. 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/entity HDSP program?	
C Less than 1 year	
C 1 to less than 2 years	
C 2 to less than 5 years	
C 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?
Recommendation 6.1: SLHJ should give priority to population-based approaches over individual-based approaches to prevent and control hypertension.
C Yes
O No
C Don't Know

eco	what extent did the IOM report influence your decision to take action on this
_	·
() N	mmendation?
_	Not at all
	Somewhat
O A	A great extent
. W	hich of the following factors influenced your decision to take action? Check all that
ppl	у.
	CDC focus on ABCS (aspirin, blood pressure, cholesterol, smoking)
	Current work in this area by state/entity health department
	Capacity of state/entity health department (e.g. program staff expertise, internal health department partners and resources)
	Support from external partners (expertise and resources)
	State- or entity-level surveillance data availability
	Other (please specify)
	ow far along are you in implementing this recommendation?
_	Planning for implementation
_	n process of implementing
	mplementation currently stalled
O 1	

Recommendation 6.1: SI approaches to prevent a			ased approaches over	individual-based
7. Please indicate the			vour implementatio	n of this
recommendation? Ch				
you used in supportii	-			
	Did Not Use	Very Useful	Somewhat Useful	Not At All Useful
DHDSP guidance materials on ABCS (Aspirin, Blood pressure, Cholesterol, Smoking)	О	•	O	O
CVH Council Resources (e.g. Meaningful Use, Academic Detailing, Community Health Worker)	O	O	O	0
CVH Council Practice Groups (e.g. Sodium, Community Based Non- Physician Providers, Stroke Systems of Care, Physician Adherence)	С	С	C	O
Technical assistance from DHDSP Project Officers	0	O	O	0
DHDSP Practitioner Trainings	O	O	0	O
Support of external partners (external expertise and resources)	0	O	C	O
Other (please specify below)	О	O	O	О
Specify (if indicated use of "Other	r" above)			
8. What training or te progress on impleme	nting this reco	mmendation? Che		e further
Developing an action plan	to implement the recom	nmendation		
Evaluating progress in impl	ementing recommendat	ions and outcomes		
☐ Translating hypertension st	rategies and evidence-b	ased practices		
Facilitating opportunities to	network with other state	es/entities implementing this	recommendation	
Other (please specify)				

9. W	hat materials do you need from DHDSP to make further progress on implementing this
rec	ommendation? 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/entity experiences
	Guidance on evaluating progress in implementing recommendations and outcomes
	Additional guidance materials (please specify)
	What outcomes, if any, have you seen/do you expect to see from implementing this ommendation? (Answers should not exceed 600 characters.)

Recommendation 6.1: SLHJ should give priority to	population-based approaches over indi	vidual-based
approaches to prevent and control hypertension.		

11.	Which of the following factors influenced your decision <u>not</u> to take action on this
rec	ommendation? Check all that apply.
	Did not view the recommended action as a need
	Recommendation is outside scope of state/entity HDSP goals
	Recommendation competes/conflicts with other HDSP priorities
	Lack of technical assistance/support in the area
reso	Internal health department capacity was not adequate at this time (e.g. program staff expertise, internal health department partners and urces)
	External partner support was not adequate at this time (external expertise and resources)
	Lack of state- or entity-level surveillance data
	Other (please specify)
	What would you need from DHDSP in order to be able to implement this ommendation 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/entities implementing this recommendation
	Guidance on translation of evidence-based practices
	Additional guidance materials or other support (please specify in the area below)

In all of the following questions "IOM report" refers to the IOM report "Public Health Priorities to F Hypertension in the U.S. Population" released in February 2010. Seven of the recommendations directed to State and Local Health Jurisdictions (SLHJs). Those specific recommendations are r survey.	in the IOM report were
*13. Which of the 7 state-focused IOM recommendations have you decid on since the release of the IOM report in February 2010?	ed to take action
Recommendation 6.2: SLHJ should integrate hypertension prevention and programmatic efforts to effect system, environmental, and policy changes healthy eating, active living, and obesity prevention.	
C Yes	
O No	
O Don't Know	

14. To what expression of the commendate of the	ctent did the IOM report influence your decision to take action on this ion?
O Not at all	ion?
C Somewhat	
 A great extent 	
15. Which of t	he following factors influenced your decision to take action? Check all that
apply.	
CDC focus on A	BCS (aspirin, blood pressure, cholesterol, smoking)
Current work in	this area by state/entity health department
Capacity of state	e/entity health department (e.g. program staff expertise, internal health department partners and resources)
☐ Support from ex	ternal partners (expertise and resources)
State- or entity-l	evel surveillance data availability
Other (please sp	pecify)
16. How far al	ong are you in implementing this recommendation?
C Have not yet be	gun
O Planning for im	plementation
O In process of im	plementing
C Implementation	currently stalled
C Fully implement	red as planned
	entences, please describe what you did, or are planning to do, to implement ndation in your state/entity. (Answers should not exceed 600 characters.)

Recommendation 6.2: SL effect system, environme prevention.				
18. Please indicate th	ne resources yo	ou used to support	your implementation	on of this
recommendation? Ch	eck all that ap	oly. Please rate the	e usefulness of each	resource that
you used in supportin	g your implem	entation of this red	commendation.	
	Did Not Use	Very Useful	Somewhat Useful	Not At All Useful
DHDSP guidance materials on ABCS (Aspirin, Blood pressure, Cholesterol, Smoking)	С	С	О	О
CVH Council Resources (e.g. Meaningful Use, Academic Detailing, Community Health Worker)	С	O	C	O
CVH Council Practice Groups (e.g. Sodium, Community Based Non- Physician Providers, Stroke Systems of Care, Physician Adherence)	©	©	O	•
Technical assistance from DHDSP Project Officers	O	O	O	O
DHDSP Practitioner Trainings	O	0	O	O
Support of external partners (external expertise and resources)	0	O	О	О
Other (please specify below)	0	0	O	O
Specify (if indicated use of "Other"	" above)			
19. What training or to progress on implement		•		ce further
Developing an action plan t	o implement the recom	mendation		
☐ Evaluating progress in imple	ementing recommendati	ons and outcomes		
☐ Translating hypertension str	ategies and evidence-ba	ased practices		
Facilitating opportunities to	network with other state	es/entities implementing this re	ecommendation	
Other (please specify)				

What materials do you need from DHDSP to make further progress on implementing
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/entity experiences
Guidance on evaluating progress in implementing recommendations and outcomes
Additional guidance materials (please specify)

<u>Recommendation 6.2</u>: 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.

	Which of the following factors influenced your decision <u>not</u> to take action on this ommendation? Check all that apply.
	Did not view the recommended action as a need
	Recommendation is outside scope of state/entity HDSP goals
	Recommendation competes/conflicts with other HDSP priorities
	Lack of technical assistance/support in the area
reso	Internal health department capacity was not adequate at this time (e.g. program staff expertise, internal health department partners and urces)
	External partner support was not adequate at this time (external expertise and resources)
	Lack of state- or entity-level surveillance data
	Other (please specify)
	What would you need from DHDSP in order to be able to implement this
	ommendation in your state/entity? Check all that apply.
	ommendation in your state/entity? Check all that apply. Further directive from CDC
	ommendation in your state/entity? Check all that apply. Further directive from CDC Assistance with developing an action plan to implement the recommendation
	ommendation in your state/entity? Check all that apply. Further directive from CDC
	ommendation in your state/entity? Check all that apply. Further directive from CDC Assistance with developing an action plan to implement the recommendation
	ommendation 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
	ommendation 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/entities implementing this recommendation
	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/entities implementing this recommendation Guidance on translation of evidence-based practices
	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/entities implementing this recommendation Guidance on translation of evidence-based practices
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	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/entities implementing this recommendation Guidance on translation of evidence-based practices
	ommendation 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/entities implementing this recommendation Guidance on translation of evidence-based practices

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 we directed to State and Local Health Jurisdictions (SLHJs). Those specific recommendations are referenced throughout survey. *24. 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? Recommendation 6.3: SLHJ jurisdictions should immediately begin to consider	t this
on since the release of the IOM report in February 2010? Recommendation 6.3: SLHJ jurisdictions should immediately begin to consider	
	r
developing a portfolio of dietary sodium reduction strategies that make the most sense for early action in their jurisdiction.	
C Yes	
O No	

	To what extent did the IOM report influence your decision to take action on this
e	commendation? Not at all
0	Somewhat
0	A great extent
26	Which of the following feeters influenced your decision to take action? Check all that
	. Which of the following factors influenced your decision to take action? Check all that ply.
	CDC focus on ABCS (aspirin, blood pressure, cholesterol, smoking)
	Current work in this area by state/entity health department
	Capacity of state/entity health department (e.g. program staff expertise, internal health department partners and resources)
	Support from external partners (expertise and resources)
	State- or entity-level surveillance data availability
	Other (please specify)
27	. How far along are you in implementing this recommendation?
0	Have not yet begun
•	riave not yet begun
0	Planning for implementation
0	Planning for implementation
0	Planning for implementation In process of implementing
0 0 0	Planning for implementation In process of implementing Implementation currently stalled Fully implemented as planned
0 0 0	Planning for implementation In process of implementing Implementation currently stalled

Recommendation 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.				
29. Please indicate the resources you used to support your implementation of this				
recommendation? Che	ck all that ap	ply. Please rate the	usefulness of eac	h resource that
you used in supporting		nentation of this rec	ommendation.	
	Did Not Use	Very Useful	Somewhat Useful	Not At All Useful
DHDSP guidance materials on ABCS (Aspirin, Blood pressure, Cholesterol, Smoking)	С	С	О	С
CVH Council Resources (e.g. Meaningful Use, Academic Detailing, Community Health Worker)	О	O	0	0
CVH Council Practice Groups (e.g. Sodium, Community Based Non- Physician Providers, Stroke Systems of Care, Physician Adherence)	О	С	C	O
Technical assistance from DHDSP Project Officers	O	O	O	O
DHDSP Practitioner Trainings	O	O	O	O
Support of external partners (external expertise and resources)	0	C	C	C
Other (please specify below)	O	0	0	©
Specify (if indicated use of "Other" a	above)			
30. 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 recor	mmendation		
Evaluating progress in implen	nenting recommenda	tions and outcomes		
Translating hypertension strat	egies and evidence-b	pased practices		
Facilitating opportunities to ne	etwork with other stat	tes/entities implementing this re	commendation	
Other (please specify)				

his	
	ecommendation? Check all that apply.
-	ritten directives from CDC
	ommunication materials such as policy statements and press releases
	ritten and web-based materials related to hypertension control and treatment
	ranslation of evidence-based practices
	xamples of practice-based evidence
	uccess stories from other state/entity experiences
	uidance on evaluating progress in implementing recommendations and outcomes
	dditional guidance materials (please specify)

Recommendation 6.3: SLHJ jurise	dictions should immediately begin	to consider devel	oping a portfolio of
dietary sodium reduction strategi	es that make the most sense for e	arly action in their	jurisdiction.

33.	Which of the following factors influenced your decision <u>not</u> to take action on this
rec	ommendation? Check all that apply.
	Did not view the recommended action as a need
	Recommendation is outside scope of state/entity HDSP goals
	Recommendation competes/conflicts with other HDSP priorities
	Lack of technical assistance/support in the area
reso	Internal health department capacity was not adequate at this time (e.g. program staff expertise, internal health department partners and urces)
	External partner support was not adequate at this time (external expertise and resources)
	Lack of state- or entity-level surveillance data
	Other (please specify)
	What would you need from DHDSP in order to be able to implement this ommendation 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/entities implementing this recommendation
	Guidance on translation of evidence-based practices
	Additional guidance materials or other support (please specify in the area below)

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. *35. 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? Recommendation 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. Yes No O Don't Know

	commendation 6.4: SLHJ should assess their capacity to develop local HANES as a means to obtain local mates of the prevalence, awareness, treatment and control of hypertension.
36.	To what extent did the IOM report influence your decision to take action on this
rec	ommendation?
0	Not at all
0	Somewhat
0	A great extent
37.	Which of the following factors influenced your decision to take action? Check all that
app	oly.
	CDC focus on ABCS (aspirin, blood pressure, cholesterol, smoking)
	Current work in this area by state/entity health department
	Capacity of state/entity health department (e.g. program staff expertise, internal health department partners and resources)
	Support from external partners (expertise and resources)
	State- or entity-level surveillance data availability
	Other (please specify)
38.	How far along are you in implementing this recommendation?
0	Have not yet begun
0	Planning for implementation
0	In process of implementing
0	Implementation currently stalled
0	Fully implemented as planned
39.	In 2 or 3 sentences, please describe what you did, or are planning to do, to implement
	recommendation in your state/entity. (Answers should not exceed 600 characters.)

Recommendation 6.4: SL	H.I chould accace	their canacity to dev	velon local HANES as a	means to obtain loca
estimates of the prevaler			-	means to obtain loca
lO. Please indicate th	ne resources yo	u used to suppor	t your implementati	ion of this
ecommendation? Ch	eck all that app	oly. Please rate th	ne usefulness of eac	h resource that
ou used in supportin				
NIDOD II II II I	Did Not Use	Very Useful	Somewhat Useful	Not At All Useful
OHDSP guidance materials on ABCS (Aspirin, Blood oressure, Cholesterol, Smoking)	С	О	О	О
CVH Council Resources e.g. Meaningful Use, Academic Detailing, Community Health Worker)	0	0	0	0
CVH Council Practice Groups (e.g. Sodium, Community Based Non- Physician Providers, Stroke Systems of Care, Physician Adherence)	O	0	0	O
Fechnical assistance from DHDSP Project Officers	0	O	O	O
DHDSP Practitioner Frainings	0	O	O	O
Support of external partners external expertise and esources)	О	0	O	0
Other (please specify pelow)	O	О	О	О
pecify (if indicated use of "Other	" above)			
1. What training or t	echnical assist	ance do you need	d from DHDSP to ma	ike further
rogress on impleme	nting this recor	nmendation? Che	eck all that apply.	
Developing an action plan t	o implement the recom	mendation		
Evaluating progress in imple	ementing recommendation	ons and outcomes		
Translating hypertension str	ategies and evidence-ba	sed practices		
Facilitating opportunities to	network with other state	s/entities implementing this	recommendation	
Other (please specify)				

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/entity experiences Guidance on evaluating progress in implementing recommendations and outcomes	+∠.	What materials do you need from DHDSP to make further progress on implementing
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/entity experiences Guidance on evaluating progress in implementing recommendations and outcomes Additional guidance materials (please specify) 3. What outcomes, if any, have you seen/do you expect to see from implementing this	his	recommendation? Check all that apply.
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/entity experiences Guidance on evaluating progress in implementing recommendations and outcomes Additional guidance materials (please specify) 3. What outcomes, if any, have you seen/do you expect to see from implementing this		Written directives from CDC
Translation of evidence-based practices Examples of practice-based evidence Success stories from other state/entity experiences Guidance on evaluating progress in implementing recommendations and outcomes Additional guidance materials (please specify) 3. What outcomes, if any, have you seen/do you expect to see from implementing this		Communication materials such as policy statements and press releases
Examples of practice-based evidence Success stories from other state/entity experiences Guidance on evaluating progress in implementing recommendations and outcomes Additional guidance materials (please specify) 3. What outcomes, if any, have you seen/do you expect to see from implementing this		Written and web-based materials related to hypertension control and treatment
Success stories from other state/entity experiences Guidance on evaluating progress in implementing recommendations and outcomes Additional guidance materials (please specify) 3. What outcomes, if any, have you seen/do you expect to see from implementing this		Translation of evidence-based practices
Guidance on evaluating progress in implementing recommendations and outcomes Additional guidance materials (please specify) 3. What outcomes, if any, have you seen/do you expect to see from implementing this		Examples of practice-based evidence
Additional guidance materials (please specify) 3. What outcomes, if any, have you seen/do you expect to see from implementing this		Success stories from other state/entity experiences
3. What outcomes, if any, have you seen/do you expect to see from implementing this		Guidance on evaluating progress in implementing recommendations and outcomes
		Additional guidance materials (please specify)

Recommendation 6.4: SLHJ should assess their capacity to o	develop local HANES as a means to obtain local
estimates of the prevalence, awareness, treatment and conti	rol of hypertension.

44.	Which of the following factors influenced your decision <u>not</u> to take action on this
rec	ommendation? Check all that apply.
	Did not view the recommended action as a need
	Recommendation is outside scope of state/entity 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
reso	urces)
	External partner support was not adequate at this time (external expertise and resources)
	Lack of state- or entity-level surveillance data
	Other (please specify)
	What would you need from DHDSP in order to be able to implement this ommendation 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/entities implementing this recommendation
	Guidance on translation of evidence-based practices
	Additional guidance materials or other support (please specify in the area below)

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.

*46. 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?

Recommendation 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.

	•
0	Yes
0	No
0	Don't Know

gro dev	Recommendation 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.				
	47. To what extent did the IOM report influence your decision to take action on this recommendation?				
0	Not at all				
0	Somewhat				
0	A great extent				
48. app	Which of the following factors influenced your decision to take action? Check all that bly.				
	CDC focus on ABCS (aspirin, blood pressure, cholesterol, smoking)				
	Current work in this area by state/entity health department				
	Capacity of state/entity health department (e.g. program staff expertise, internal health department partners and resources)				
	Support from external partners (expertise and resources)				
	State- or entity-level surveillance data availability				
	Other (please specify)				
49.	How far along are you in implementing this recommendation?				
0	Have not yet begun				
0	Planning for implementation				
0	In process of implementing				
0	Implementation currently stalled				
0	Fully implemented as planned				
	In 2 or 3 sentences, please describe what you did, or are planning to do, to implement s recommendation in your state/entity. (Answers should not exceed 600 characters.)				

Recommendation 6.5: Sigroups, purchasers of he develop a plan to engag hypertension.	ealth care services	s, quality improvement	organizations, and em	ployers (and others) to
51. Please indicate t	he resources yo	ou used to support	your implementation	on of this
recommendation? Cl	heck all that ap	ply. Please rate the	usefulness of eacl	n resource that
you used in supporti	• •		commendation.	
	Did Not Use	Very Useful	Somewhat Useful	Not At All Useful
DHDSP guidance materials on ABCS (Aspirin, Blood pressure, Cholesterol, Smoking)	О	C	О	O
CVH Council Resources (e.g. Meaningful Use, Academic Detailing, Community Health Worker)	0	С	С	O
CVH Council Practice Groups (e.g. Sodium, Community Based Non- Physician Providers, Stroke Systems of Care, Physician Adherence)	C	C	С	O
Technical assistance from DHDSP Project Officers	O	O	0	O
DHDSP Practitioner Trainings	O	O	О	O
Support of external partners (external expertise and resources)	O	0	C	O
Other (please specify below)	O	0	O	O
Specify (if indicated use of "Othe	er" above)			
52. What training or to progress on implement		_		ke further
Developing an action plan	to implement the recom	mendation		
Evaluating progress in imp	lementing recommendat	ions and outcomes		
Translating hypertension st	trategies and evidence-ba	ased practices		
Facilitating opportunities to	network with other state	es/entities implementing this re	ecommendation	
Other (please specify)				

	g
his 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/entity experiences	
☐ Guidance on evaluating progress in implementing recommendations and outcomes	
Additional guidance materials (please specify)	

Recommendation 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.
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.

55. 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/entity 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 External partner support was not adequate at this time (external expertise and resources) Lack of state- or entity-level surveillance data Other (please specify) 56. 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/entities implementing this recommendation Guidance on translation of evidence-based practices Additional guidance materials or other support (please specify in the area below)

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.
*57. 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?
Recommendation 6.6: SLHJ should work with business coalitions and purchasing coalitions to remove economic barriers to effective antihypertensive medications for
individuals who have difficulty accessing them.
C Yes
O No
O Don't Know

ecc	Recommendation 6.6: SLHJ should work with business coalitions and purchasing coalitions to remove economic barriers to effective antihypertensive medications for individuals who have difficulty accessing them.			
	To what extent did the IOM report influence your decision to take action on this			
rec	commendation?			
0	Not at all			
0	Somewhat			
0	A great extent			
59.	Which of the following factors influenced your decision to take action? Check all that			
apı	oly.			
	CDC focus on ABCS (aspirin, blood pressure, cholesterol, smoking)			
	Current work in this area by state/entity health department			
	Capacity of state/entity health department (e.g. program staff expertise, internal health department partners and resources)			
	Support from external partners (expertise and resources)			
	State- or entity-level surveillance data availability			
	Other (please specify)			
60.	How far along are you in implementing this recommendation?			
0	Have not yet begun			
0	Planning for implementation			
0	In process of implementing			
0	Implementation currently stalled			
0	Fully implemented as planned			
	In 2 or 3 sentences, please describe what you did, or are planning to do, to implement s recommendation in your state/entity. (Answers should not exceed 600 characters.)			

Recommendation 6.6: SLHJ should work with business coalitions and purchasing coalitions to remove
economic barriers to effective antihypertensive medications for individuals who have difficulty accessing
them.

62. 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.

ou used in support	ing your impleme	entation of this re	commendation.	
	Did Not Use	Very Useful	Somewhat Useful	Not At All Useful
DHDSP guidance materials on ABCS (Aspirin, Blood pressure, Cholesterol, Smoking)	С	©	©	0
CVH Council Resources (e.g. Meaningful Use, Academic Detailing, Community Health Worker)	0	6	6	0
CVH Council Practice Groups (e.g. Sodium, Community Based Non- Physician Providers, Stroke Systems of Care, Physician Adherence)	O	С	С	С
Technical assistance from DHDSP Project Officers	O	O	0	O
DHDSP Practitioner Trainings	O	O	0	O
Support of external partners (external expertise and resources)	O	C	C	O
Other (please specify below)	0	O	O	0
Specify (if indicated use of "Oth	ner" above)			
63. What training or progress on implem		nmendation? Che		ke further
_	iplementing recommendati			
_	strategies and evidence-ba			
_	-	·	recommendation	
	to network with other state	sterritues implementing this r	Commenuation	
Facilitating opportunities				
Other (please specify)				

64.	What materials do you need from DHDSP to make further progress on implementing
hi	s 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/entity experiences
	Guidance on evaluating progress in implementing recommendations and outcomes
	Additional guidance materials (please specify)

<u>Recommendation 6.6</u>: SLHJ should work with business coalitions and purchasing coalitions to remove economic barriers to effective antihypertensive medications for individuals who have difficulty accessing them.

	Did not view the recommended action as a need
	Recommendation is outside scope of state/entity HDSP goals
	Recommendation competes/conflicts with other HDSP priorities
	Lack of technical assistance/support in the area
resou	Internal health department capacity was not adequate at this time (e.g. program staff expertise, internal health department partners and urces)
	External partner support was not adequate at this time (external expertise and resources)
_	Lock of state, or antity lovel conscillance data
	Lack of state- or entity-level surveillance data
	Other (please specify)
_	
□ 57.	
□ 57.	Other (please specify) What would you need from DHDSP in order to be able to implement this
□ 57.	Other (please specify) What would you need from DHDSP in order to be able to implement this ommendation in your state/entity? Check all that apply.
□ 57.	Other (please specify) What would you need from DHDSP in order to be able to implement this ommendation in your state/entity? Check all that apply. Further directive from CDC
□ 57.	Other (please specify) What would you need from DHDSP in order to be able to implement this ommendation in your state/entity? Check all that apply. Further directive from CDC Assistance with developing an action plan to implement the recommendation
□ 57.	Other (please specify) What would you need from DHDSP in order to be able to implement this ommendation 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
□ 57.	Other (please specify) What would you need from DHDSP in order to be able to implement this ommendation 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/entities implementing this recommendation

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. *68. 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? *Recommendation 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. **O No	
on since the release of the IOM report in February 2010? Recommendation 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. O Yes No	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
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. O Yes No	
C Yes C No	initiatives to ensure that prevention and control of hypertension is included in the array of
C Don't Know	O No
	O Don't Know

linked to primary care services. 69. To what extent did the IOM report influence your decision to take action on this				
	To what extent did the IOM report influence your decision to take action on this ommendation?			
0	Not at all			
0	Somewhat			
0	A great extent			
70.	Which of the following factors influenced your decision to take action? Check all that			
app	oly.			
	CDC focus on ABCS (aspirin, blood pressure, cholesterol, smoking)			
	Current work in this area by state/entity health department			
	Capacity of state/entity health department (e.g. program staff expertise, internal health department partners and resources)			
	Support from external partners (expertise and resources)			
	State- or entity-level surveillance data availability			
	Other (please specify)			
71.	How far along are you in implementing this recommendation?			
0	Have not yet begun			
0	Planning for implementation			
0	In process of implementing			
0	Implementation currently stalled			
0	Fully implemented as planned			
72.	In 2 or 3 sentences, please describe what you did, or are planning to do, to implement recommendation in your state/entity. (Answers should not exceed 600 characters.)			

Recommendation 6.7: SL prevention and control of linked to primary care se	f hypertension is i			
73. Please indicate th	ne resources yo	ou used to support	your implementati	on of this
recommendation? Ch	eck all that app	oly. Please rate the	e usefulness of eac	h resource that
you used in supportin	ng your implem	entation of this re	commendation.	
	Did Not Use	Very Useful	Somewhat Useful	Not At All Useful
DHDSP guidance materials on ABCS (Aspirin, Blood pressure, Cholesterol, Smoking)	О	O	С	O
CVH Council Resources (e.g. Meaningful Use, Academic Detailing, Community Health Worker)	С	О	O	О
CVH Council Practice Groups (e.g. Sodium, Community Based Non- Physician Providers, Stroke Systems of Care, Physician Adherence)	С	С	С	C
Technical assistance from DHDSP Project Officers	O	O	O	O
DHDSP Practitioner Trainings	0	0	O	O
Support of external partners (external expertise and resources)	O	О	O	О
Other (please specify below)	O	O	0	0
Specify (if indicated use of "Other	" above)			
74. What training or t progress on impleme		-		ke further
_	•		ck all tilat apply.	
Developing an action plan t	to implement the recom	mendation		
Evaluating progress in imple	ementing recommendati	ons and outcomes		
☐ Translating hypertension str	ategies and evidence-ba	ased practices		
☐ Facilitating opportunities to	network with other state	s/entities implementing this r	recommendation	
Other (please specify)				

75. What materials do you need from DHDSP to make further progress on impleme	enting
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/entity experiences	
☐ Guidance on evaluating progress in implementing recommendations and outcomes	
Additional guidance materials (please specify)	

Recommendation 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.

77. Which of the following factors influenced your decision not to take action recommendation? Check all that apply. Did not view the recommended action as a need Recommendation is outside scope of state/entity 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 resources) External partner support was not adequate at this time (external expertise and resources) Lack of state- or entity-level surveillance data	
□ Did not view the recommended action as a need □ Recommendation is outside scope of state/entity 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 resources) □ External partner support was not adequate at this time (external expertise and resources)	artment partners and
Recommendation is outside scope of state/entity 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 capacity was not adequate at this time (external expertise and resources) External partner support was not adequate at this time (external expertise and resources)	artment partners and
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 capacity was not adequate at this time (external expertise and resources) External partner support was not adequate at this time (external expertise and resources)	artment partners and
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 capacity was not adequate at this time (external expertise and resources) External partner support was not adequate at this time (external expertise and resources)	artment partners and
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esources) External partner support was not adequate at this time (external expertise and resources)	eartment partners and
Lack of state- or entity-level surveillance data	
Other (please specify)	
Further directive from CDC	
Further directive from CDC Assistance with developing an action plan to implement the recommendation	
_	
Assistance with developing an action plan to implement the recommendation	
Assistance with developing an action plan to implement the recommendation One-on-one technical assistance from DHDSP project officers	
 □ Assistance with developing an action plan to implement the recommendation □ One-on-one technical assistance from DHDSP project officers □ Increased networking with other states/entities implementing this recommendation 	

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) 80. What would you need from CDC in order to conduct sodium intake surveillance?
 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)
 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)
 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)
 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)
 □ We plan to have an activity, just not in BRFSS □ We do not plan to conduct sodium intake surveillance □ Other (please specify)
 □ We do not plan to conduct sodium intake surveillance □ Other (please specify)
Other (please specify)
90 What would you need from CDC in order to conduct and item intoles assessible as
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)
81. 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?

83. We would like to contact some state/entity 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:							

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.	