

ATTACHMENT – B: Survey Instrument (MS Word version)

Survey of Health Official Perceptions and Use of the CDC Prevention Status Report (PSR Survey)

Introduction

Thank you for participating in the CDC Prevention Status Report Survey (PSR). Your voluntary participation will help CDC gather important information regarding the PSR. This survey is estimated to take approximately 15-20 minutes to complete including time to read instructions and gather needed information. The survey is open for four weeks post-OMB approval.

Instructions for completing the survey

Only **one** completed survey will be accepted from each state and the District of Columbia. Since the PSR was designed with State (or District) Health Officials as the primary intended audience, we are interested in its utility for individuals in that position. For this reason, eligible respondents include only the State (or District) Health Official or the Senior Deputy Health Official. It is expected that the respondent will need to consult with staff to obtain some information needed to complete the survey. Having your state (or District) PSR handy will also facilitate completing the survey.

The survey contains 17 questions. The survey software requires the survey to be completed and submitted in one session. If you exit the survey prior to finishing, your responses will be lost. You may use the electronic copy of the survey in PDF format we sent you to collect needed information prior to completing the online survey. This will facilitate having all of the necessary information together to complete the online survey in one session.

Navigating the survey

To navigate the survey, please use the “Continue” button at the bottom to proceed to the next question. If you need to return to an earlier response, please use the “Previous” button at the bottom, not the “Back” button on your browser.

Use of survey findings

A summary report of the findings will be prepared using aggregate data from survey responses. In the summary report, responses will not be linked to individual respondents. Due to the limited size of the respondent population (i.e., one per state or district) responses to open ended questions may be edited or summarized as needed to reduce the potential for identification of individual respondents. The summary report will be shared both internally and externally. Aggregate findings may also be used publicly in other reports, presentations, or publications.

Your participation in this survey is greatly appreciated. The information you provide will help CDC deliver more effective support for your efforts to advance evidence-based public health policy and practice. If you have questions or concerns regarding the survey, please contact Garry Lowry at 404.498.0361 or via email at gel2@cdc.gov.

Section A – Respondent information

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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

1. Please indicate the state you are from (or DC). This information will not be linked to your individual responses. It is only being used to track overall response to the survey and facilitate sending reminders to non-respondents. _____

2. What is your current position?
 - a. State Health Official or Health Official for the District of Columbia
 - b. Senior Deputy Health Official
3. How long have you been in your current position?
 - a. One year or less
 - b. More than one year, but less than four
 - c. Four years or more
4. Did you receive the CDC Prevention Status Report (PSR)?
 - a. Yes.
 - b. No. (If no, please STOP the survey here.)
5. Which of the PSR topics below are current priorities for your health department? Check all that apply.
 - Tobacco control
 - Nutrition, physical activity, obesity
 - Food safety
 - Teen pregnancy prevention
 - HIV prevention
 - Healthcare-associated infection prevention
 - Motor vehicle injury prevention
6. Have you read the PSR?
 - a. Yes.
 - b. No. (If no, SKIP to Q#10)

Section B – Health Official perceptions of PSR content

7. In the PSR sections entitled “Public health indicators,” data were provided for public health and policy indicators to report the status of selected public health issues in your state or district. To what degree did the PSR public health and policy indicator data help you better recognize the status of selected public health issues in your state or district?

PSR Issue	Not helpful at all	Somewhat helpful	Very helpful
Tobacco control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition, physical activity, obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare-associated infection prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle injury prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. In the PSR sections entitled “Policy indicators, (or “Public health response indicators” for food safety), ratings were provided for the policy indicators to highlight areas where the state or district is performing well and areas where further progress could be made. To what degree did the PSR policy indicator ratings help you better recognize areas where public health policy or practice in your state or district can be improved?

PSR Issue	Not helpful at all	Somewhat helpful	Very helpful
Tobacco control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition, physical activity, obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare-associated infection prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle injury prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. In the PSR sections entitled “What can be done...” recommendations were provided about what could be done to further progress. To what degree did these recommendations help you identify potential strategies for making progress?

PSR Issue	Not helpful at all	Somewhat helpful	Very helpful
Tobacco control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition, physical activity, obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Teen pregnancy prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare-associated infection prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor vehicle injury prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C – Utilization and influence of the PSR *within* the health department

10. Have you utilized the PSR *within* your health department (e.g., discussed in leadership meetings, disseminated to program leadership/staff)?

a. Yes. If yes, please describe ways in which you have utilized the PSR *within* your health department: _____

b. No. (If no, SKIP to Q#12)

11. Did the PSR have any influence on health department decision-making or activities (e.g., established new priorities, refocused program efforts on existing priorities)?

a. Yes. If yes, please describe how the PSR influenced health department decision-making or activities: _____

b. No.

Section D – Utilization and influence of the PSR *outside* the health department

12. Was the PSR shared with the Governor (or Mayor if in District of Columbia)?

a. Yes.

b. No.

13. Has the PSR been disseminated to other partners *outside* the health department?

a. Yes. If yes, please list the partners: (e.g., local health departments, legislators)

b. No.

14. Has the PSR been actively utilized to engage partners *outside* the health department in efforts to advance evidence-based public health policy and practice (e.g., referred to as part of a presentation to external partners, discussed in a meeting with external partners on public health priorities)?

a. Yes. If yes:

i. Please describe how you have utilized the PSR to engage partners *outside* the health department: _____

ii. Please describe the outcome(s) of these engagements: _____

b. No.

Section E – Overall usefulness of the PSR

15. Overall, how do you rate the usefulness of the PSR? (1=Not useful, 5=Very useful)

Not useful 1 2 3 4 5 Very useful

Section F – Recommendations for improving the PSR

16. What changes do you recommend to improve the PSR (e.g., content, format, dissemination)?

17. The PSR represents an initial effort by CDC/OSTLTS to support Health Officials in advancing evidence-based public health policy and practice. Do you have other recommendations about how OSTLTS can better support the advancement of evidence-based public health policy and practice in your state or district? _____

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