

Attachment F: HHE local health department survey - data collection form web

NIOSH HHE Local Health Department Survey

Exit this survey

The Health Hazard Evaluation (HHE) Program of the National Institute for Occupational Safety and Health (NIOSH) invites you to participate in this survey. It is designed to gather information from local health officials related to the services of the HHE Program. We are interested in enhancing our relationships with local health departments and your participation will help. **Please complete the survey before [date].** Your participation in this survey is voluntary. Your responses will be collected by an independent third party and reported to NIOSH without identifying information. If you have any questions or concerns regarding the survey, please contact Allison Tepper at 513.841.4425 or atepper@cdc.gov.

1. What is your job title?

- Local health officer
- Other (please specify)

2. Here are some ways in which health departments might provide assistance with occupational health issues. For each please tell us how often on average in the past year has your health department handled an occupational health issue in this way.

	Never or < 1 time per month	1 time per month	2-3 times per month	1-2 times per week	3+ times per week
Visited the work place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided advice over the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided written information or guidance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made a referral to another agency or organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. If you DID MAKE REFERRALS to other agencies/organizations, to which ones did you most frequently refer?

4. Here are some questions about knowledge and expertise of your department staff:

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
Staff in my health department have expertise in occupational health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am familiar with the programs and services of the National Institute for Occupational Safety and Health, or NIOSH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am familiar with the NIOSH Health Hazard Evaluation , or HHE, Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. If you are familiar with the HHE Program, what would you say were its main benefits?

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5. If you are familiar with the HHE Program, what would you say were its main benefits?

6. In the PAST YEAR, did you receive an email from NIOSH telling you about a possible HHE?

- Yes
- No
- Unsure

7. Which of the following would your department like to receive the from HHE Program?

- notices about HHE work in your area
- HHE reports from NIOSH for workplaces in your area
- Both
- Neither [skip to Q8]

8. Why do you NOT want to receive e-mails and or reports?

9. Please respond to each of the following:

	Yes	No
I have contacted the HHE Program for assistance	<input type="radio"/>	<input type="radio"/>
I am likely to contact the HHE Program for assistance in the future	<input type="radio"/>	<input type="radio"/>
I have referred others to the HHE Program	<input type="radio"/>	<input type="radio"/>
I have participated in an HHE with NIOSH	<input type="radio"/>	<input type="radio"/>
I would be interested in participating (or participating again) in an HHE if the opportunity arose	<input type="radio"/>	<input type="radio"/>

I would be interested in participating (or participating again) in an HHE if the opportunity arose

10. If you have contacted the HHE Program for assistance, would you say your experience was:

- Very positive
- Positive
- Neither positive nor negative
- Negative
- Very negative
- N/A: Have never contacted the HHE Program for assistance

11. I have visited the HHE Program website

- Yes
- No (Go to Q12)

12. I found what I wanted at the HHE Program website

- Yes
- No

13. I subscribe to Epi-X

- Yes
- No (Go to Q14)

14. I have selected Occupational Health as an area of interest in My Epi-X

- Yes
- No

15. Please share any thoughts on how the HHE Program can best help local health departments.

Thank you for your feedback!

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