Attachment H. NPHII Annual Assessment (Web Version)

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2. Definitions: Components of a Performance Management System

13%

These definitions were adapted from a variety of sources.

- A *performance management system* is the continuous use of performance standards, performance measures, routine performance reports and quality improvement so that they are integrated into a public health department's core operations.

- *Performance measures* are quantitative measures or indicators of capacities, processes, or outcomes relevant to the assessment of an established performance goal or objective (e.g., time to award contracts, number of staff hours required to complete a specific process or deliver a specific service, percentage of target population that has been offered, received, or completed a specific public health service or program).

- *Performance standards* are objective standards or guidelines that are used to assess an organization's performance (e.g., 100% of contracts awarded within 30 days, 100% of children receive all required vaccines upon entry into kindergarten). Standards may be set by benchmarking against similar organizations, or based on national, state/territory, or scientific guidelines.

- *Quality improvement* refers to a formal, systematic approach--such as plan-do-check-act--applied to the processes underlying public health programs and services in order to achieve measurable improvements.

- *Routine performance reporting* means regular documentation and reporting of progress in meeting standards and targets, and sharing of such information through feedback.

- **Organization:** Throughout this document, the term "organization" is used to refer to the entities that were awarded National Public Health Improvement Initiative (NPHII) funding. Awardees include 49 health departments representing 48 states and the District of Columbia, nine local health departments, eight organizations representing the U.S. Territories and Pacific Islands, and eight organizations representing tribal health departments or consortiums.
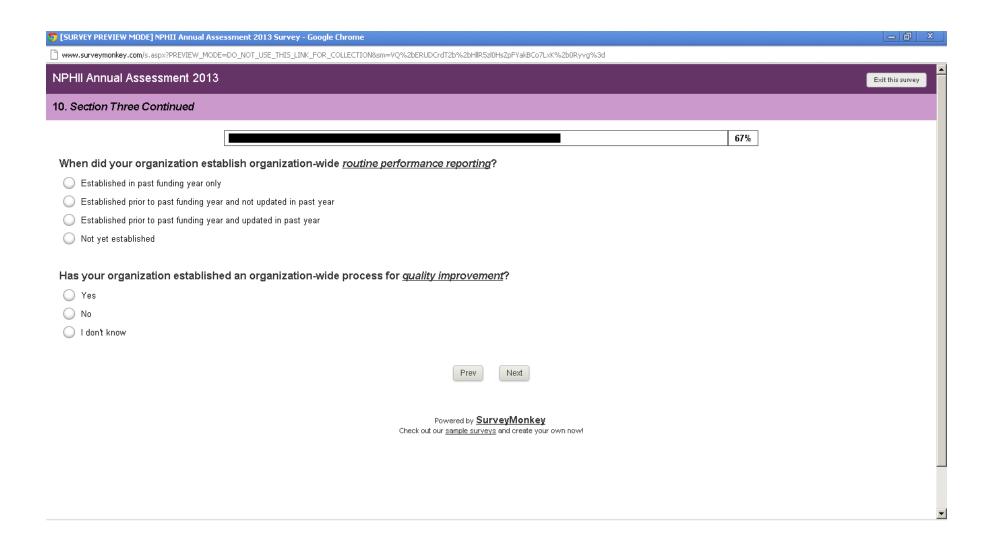
Prev   Next

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NPHII Annual Assessment 2013

Exit this survey

3. Section One: Performance Improvement Manager (PIM)

20%

✱ Please identify the name of your organization:

✱ Are you the organization's Performance Improvement Manager?

◯ Yes, and I was working at this organization prior to October 2010.

◯ Yes, and I was first hired to work at this organization through NPHII funding.

◯ No, our organization has not hired a Performance Improvement Manager.

If you are not the Performance Improvement Manager, what role do you play in support of NPHII?

Prev   Next

NPHII Annual Assessment 2013

Exit this survey

3. Section One: Performance Improvement Manager (PIM)

20%

This question requires an answer.

* Please identify the name of your organization:

This question requires an answer.

* Are you the organization's Performance Improvement Manager?

◯ Yes, and I was working at this organization prior to October 2010.

◯ Yes, and I was first hired to work at this organization through NPHII funding.

◯ No, our organization has not hired a Performance Improvement Manager.

If you are not the Performance Improvement Manager, what role do you play in support of NPHII?

Prev   Next

NPHII Annual Assessment 2013

Exit this survey

4. Section One Continued

27%

* *Did you personally complete the baseline assessment (March/April 2011) or year one assessment (November/December 2011) for the NPHII program? (These assessments were conducted using a similar online format.)*

○ Yes, only baseline

○ Yes, only year one

○ Yes, both baseline and year one

○ No

○ I don't remember

Prev   Next

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NPHII Annual Assessment 2013

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5. *Section One Continued*: Tenure and Formal Training

33%

How long have you been working in public health?

○ One year or less

○ More than one year but less than six years

○ Six or more years but less than 10 years

○ 10 or more years but less than 16 years

○ 16 or more years but less than 20 years

○ 20 years or more

How long have you been working at your current organization?

○ One year or less

○ More than one year but less than six years

○ Six or more years but less than 10 years

○ 10 or more years but less than 16 years

○ 16 or more years but less than 20 years

○ 20 years or more

Please indicate the length of time that you have been working on *quality improvement* activities, in public health and/or other fields.

○ One year or less

○ More than one year but less than three years

○ Three of more years but less than five years

○ Five or more years but less than eight years

○ Eight or more years but less than 10 years

○ 10 or more years

○ I have not worked on *quality improvement* activities

Competencies

For each of the following competencies, think about your own knowledge, skill, or ability level. Then rate your level of proficiency on each competency using the scale below:

0. **N/A**: This competency is not applicable to my job as a Performance Improvement Manager; I do not do this.

- 1. **None**: I am unaware of, or have very little knowledge of, this competency; I do not understand the relationship between this competency and my role as a Performance Improvement Manager.

- 2. **Aware** : I have heard of this competency; my knowledge of or ability to perform this competency is limited. In order to better fulfill my role as a Performance Improvement Manager, I need more information about this topic.

- 3. **Knowledgeable** : I am comfortable with my knowledge of this topic or my ability to apply the skill; I use this knowledge or skill on a regular basis in my job.

- 4. **Proficient** : I am very comfortable with, or expert on, this knowledge or skill; I could teach it to others.

Please rate your level of proficiency on the following competencies.

	0: N/A	1: None	2: Aware	3: Knowledgeable	4: Proficient
Implement organizational and system-wide strategies for continuous *quality improvement*	○	○	○	○	○
Implement mechanisms to monitor and evaluate programs for their effectiveness and quality	○	○	○	○	○
Use evaluation results to improve performance	○	○	○	○	○
Integrate data and information to improve organizational processes and performance	○	○	○	○	○
Use cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making	○	○	○	○	○
Establish a *performance management system*	○	○	○	○	○
Integrate "systems thinking" into public health practice (e.g., cross-programmatic, cross-organizational approaches)	○	○	○	○	○
Ensure the measuring, reporting, and continuous improvement of organizational performance	○	○	○	○	○

Prev   Next

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6. Section Two: PHAB Accreditation

40%

What communications and activities has your organization undertaken in the last year that will increase your readiness for accreditation? (Please select all that apply.)

- [ ] Conducted communications or meetings with leadership
- [ ] Conducted communications or meetings with staff
- [ ] Implemented activities to complete Public Health Accreditation Board (PHAB) Readiness Checklist
- [ ] Designated individual(s) to coordinate accreditation readiness activities
- [ ] Developed a timeline for the agency's application to PHAB's accreditation program
- [ ] Developed a "roadmap" for the agency's application to PHAB's accreditation program
- [ ] Organized agency documentation for accreditation
- [ ] Promoted accreditation readiness activities among other health departments in our jurisdiction
- [ ] Promoted accreditation readiness activities among other health departments outside our jurisdiction
- [ ] Submitted a statement of intent to pursue PHAB accreditation
- [ ] We have not undertaken any of these activities
- [ ] Other
- [ ] I don't know

If you chose "Other," please specify.

[   ]

Prev   Next

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7. Section Three: Performance Management Systems and Quality Improvement

47%

We are interested in the extent to which your organization has established any or all components of an ORGANIZATION-WIDE *performance management system* to systematically assess and improve performance across processes or programs. For each of the following components, please respond to the following questions.

Has your organization established organization-wide *performance standards*?

◯ Yes

◯ No

◯ I don't know

Prev   Next

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8. Section Three Continued

53%

When did your organization establish organization-wide _performance standards_?

◯ Established in past funding year only

◯ Established prior to past funding year and not updated in past year

◯ Established prior to past funding year and updated in past year

◯ Not yet established

Has your organization established organization-wide _performance measures_?

◯ Yes

◯ No

◯ I don't know

Prev   Next

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9. Section Three Continued

60%

When did your organization establish organization-wide *performance measures*?

○ Established in past funding year only

○ Established prior to past funding year and not updated in past year

○ Established prior to past funding year and updated in past year

○ Not yet established

Has your organization established organization-wide *routine performance reporting*?

○ Yes

○ No

○ I don't know

Prev   Next

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NPHII Annual Assessment 2013

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10. *Section Three Continued*

67%

When did your organization establish organization-wide *routine performance reporting*?

○ Established in past funding year only

○ Established prior to past funding year and not updated in past year

○ Established prior to past funding year and updated in past year

○ Not yet established

Has your organization established an organization-wide process for *quality improvement*?

○ Yes

○ No

○ I don't know

Prev   Next

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11. *Section Three Continued*

73%

When did your organization establish an organization-wide *quality improvement*?

○ Established in past funding year only

○ Established prior to past funding year and not updated in past year

○ Established prior to past funding year and updated in past year

○ Not yet established

What are the top three challenges that your organization experienced in the past funding year regarding implementing performance management on an organization-wide basis? (Please select no more than three options.)

☐ Limited staff available for this work

☐ Limited number of staff trained in performance management or *quality improvement*

☐ Staff attitudes that do not support this work

☐ Turnover in staff or leadership

☐ Lack of leadership buy-in

☐ Economic barriers (e.g. staffing cuts, reorganization, elimination of services)

☐ Political environment that does not support this initiative

☐ Competing priorities

☐ Public health crises (e.g., outbreak, natural disaster)

☐ Not knowing how or where to begin

☐ Other

☐ Our public health organization has not experienced any of these barriers

If you chose "Other," please specify.

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In the past funding year, has your organization used performance reports from your _performance management system_ for any of the following purposes? (Please select all that apply.)

- [ ] Developing administrative regulations
- [ ] Developing agency or tribal policy (e.g., informing policies for organizational or public health improvement)
- [ ] Establishing health priorities and plans
- [ ] Monitoring program or project performance
- [ ] Identifying level of investment needed or return on investments
- [ ] Allocating funds
- [ ] Administering programs
- [ ] Other
- [ ] None of the above
- [ ] I don't know

If you chose "Other," please specify.

[   ]

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The following organizations' resources support performance management and _quality improvement_ efforts. Please indicate below those organizations / resources that have been useful to your organization's performance management or _quality improvement_ efforts in the past funding year. (Please select all that apply.)

- [ ] Public Health Foundation resources, such as Public Health Memory Jogger or Public Health Quality Improvement Handbook
- [ ] National Network of Public Health Institutes resources from the Multi-State Learning Collaborative and Public Health Performance Improvement Toolkit
- [ ] Association of State and Territorial Health Officials (ASTHO) resources, such as the ASTHO Accreditation and Performance Improvement Guide
- [ ] National Association of County and City Health Officials (NACCHO) resources, such as NACCHO Accreditation and Quality Improvement Toolkit; _quality improvement_ webcasts, or Mobilizing for Action through Planning and Partnerships
- [ ] Institute for Healthcare Improvement resources, including Seven Leadership Leverage Points and other public health improvement tools
- [ ] American Society for Quality resources, including The Quality Toolbox and other _quality improvement_ tools
- [ ] Michigan Local Public Health Accreditation Program resources, such as Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook
- [ ] CDC's Public Health Law Program resources
- [ ] Network for Public Health Law resources
- [ ] Other organization, program, or resource
- [ ] My organization has not used any of these resources
- [ ] I don't know

If you chose "Other organization, program, or resource," please specify.

[   ]

There are many different tools and techniques that can be used for performance management and *quality improvement*. Have the following tools or techniques for *quality improvement* been used in your organization in the past funding year? (Please select all that apply.)

	Yes	No	I don't know
.Affinity diagram	○	○	○
Brainstorming	○	○	○
Cause and effect diagrams	○	○	○
Check sheet	○	○	○
Control chart	○	○	○
Control and influence plots	○	○	○
Flow chart	○	○	○
Fishbone diagram	○	○	○
Five whys	○	○	○
Force field analysis	○	○	○
Histogram	○	○	○
Interrelationship digraph	○	○	○
Know and don't know matrix	○	○	○
Multi-voting technique	○	○	○
Pareto chart	○	○	○
Process Decision Program chart	○	○	○
Prioritization matrix	○	○	○
Process maps	○	○	○
Radar chart	○	○	○
Root cause analysis	○	○	○
Run chart	○	○	○
Scatter diagram	○	○	○
SMART chart	○	○	○
SWOT (i.e., strengths, weaknesses, opportunities, threats) analysis	○	○	○
Surveys	○	○	○
Tree diagrams	○	○	○
Other	○	○	○
None of the above	○	○	○

If you chose "Other," please specify.

In addition to specific tools, there are many different methods that can be used for performance management and _quality improvement_. Have the following methods for _quality improvement_ been used in your organization in the past funding year? (Please select all that apply.)

	Yes	No	I don't know
Adaptive Promising Practice	○	○	○
Baldridge Performance Excellence Criteria or state version Balance Scorecard	○	○	○
Business Process Analysis	○	○	○
Kaizen Event	○	○	○
Lean/Six Sigma	○	○	○
Model for Improvement	○	○	○
Plan, Do, Check/Study, Act Cycle	○	○	○
Rapid Cycle Improvement	○	○	○
Standarize-Do-Check-Act Cycle	○	○	○
Total Quality Management	○	○	○
Turning Point Performance Management Framework	○	○	○
Other	○	○	○
None of the above	○	○	○

If you chose "Other," please specify.

[ ]

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Approximately what percentage of your organization's staff has received training in _quality improvement_ methods or tools in past funding year?

○ None

○ 1–25%

○ 26–50%

○ 51–75%

○ 76–100%

○ I don't know

Approximately what percentage of your organization's staff has received training in _quality improvement_ methods or tools ever?

○ None

○ 1–25%

○ 26–50%

○ 51–75%

○ 76–100%

○ I don't know

Approximately what percentage of other public health organizations within your jurisdiction has your organization trained in _quality improvement_ methods in the past funding year?

○ None

○ 1–25%

○ 26–50%

○ 51–75%

○ 76–100%

○ I don't know

In the past funding year, have your organization's performance or _quality improvement_ efforts focused on increasing efficiencies, such as saving time, saving money, etc.?

○ Yes

○ No

○ I don't know

[Prev] [Next]

NPHII Annual Assessment 2013

12. *Section Three Continued*

80%

The rows in the following table list potential outcomes associated with increased efficiencies. For each outcome, please select the response option that best represents your NPHII-funded work towards that outcome during the past funding year. If you have not implemented performance or *quality improvement* efforts targeting the select outcome in the past funding year, select "not applicable."

	In progress	Completed with measurable outcomes	Not applicable
Saving time (i.e., reducing time to complete a process or deliver a service)	○	○	○
Saving money (i.e., decreasing cost of process implementation or service delivery)	○	○	○
Increasing revenue	○	○	○
Reducing the number of steps required to complete a process or deliver a service	○	○	○
Reducing staff hours required to complete a process or deliver services	○	○	○
Other	○	○	○

If you chose "Other," please specify.

[   ]

For the outcomes above that you identified as having completed with measurable outcomes (or those that are still in progress if none are completed), please 1) identify your best example, 2) describe the *quality improvement* method(s) used, and 3) describe the results obtained.

[   ]

In the past funding year, have your organization's performance or *quality improvement* efforts focused on improving effectiveness of programs, services, or processes, such as increased customer satisfaction, increased reach of service delivery, etc.?

○ Yes
○ No
○ I don't know

Prev   Next

NPHII Annual Assessment 2013

Exit this survey

13. *Section Three Continued*

87%

The rows in the following table list potential outcomes associated with improved effectiveness of programs, services, or processes. For each outcome, please select the response option that best represents your NPHII-funded work towards that outcome during the past funding year. If you have not implemented performance or *quality improvement* efforts targeting the select outcome in the past funding year, select "not applicable."

	In progress	Completed with measurable outcomes	Not applicable
Increased staff satisfaction	○	○	○
Increased customer satisfaction	○	○	○
Increased reach of service delivery	○	○	○
Quality enhancement of information systems or service delivery	○	○	○
Increase in funds leveraged	○	○	○
Increase in preventive behaviors	○	○	○
Decrease in incidence or prevalence of disease	○	○	○
Other	○	○	○

If you chose "Other," please specify.

For the outcomes above that you identified as having completed with measurable outcomes (or those that are still in progress if none are completed), please 1) identify your best example, 2) describe the *quality improvement* method(s) used, and 3) describe the results obtained.

Prev   Next

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NPHII Annual Assessment 2013

Exit this survey

14. Section Four: Environment for Quality Improvement and Performance Management

93%

This section focuses on how the environment within your organization currently supports *quality improvement*, and efforts currently underway to build *quality improvement* capacity and implement improvement initiatives.

Please rate your agreement with the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Leaders (e.g., board, senior management team) of my public health department are receptive to new ideas for improving organization programs, services, and outcomes.	○	○	○	○	○
The impetus for improving quality in my organization is largely driven by an internal desire to make our services and outcomes better.	○	○	○	○	○
The board or management team of my organization work together for common goals.	○	○	○	○	○
Staff consult with and help one another to solve problems.	○	○	○	○	○
Staff members are routinely asked to contribute to decisions at my organization.	○	○	○	○	○
The leaders of my organization are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.	○	○	○	○	○
Staff at my organization who provide public health services are trained in basic methods for evaluating and improving quality, such as Plan-Do-Study-Act.	○	○	○	○	○
Many individuals responsible for programs and services in my organization have the skills needed to assess the quality of their program and services.	○	○	○	○	○

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My organization has objective measures for determining the quality of many programs and services.	○	○	○	○	○
Many individuals responsible for programs and services at my organization routinely use systematic methods (e.g., root cause analysis) to understand the root causes of problems.	○	○	○	○	○
Many individuals responsible for programs and services at my organization routinely use best or promising practices when selecting interventions for improving quality.	○	○	○	○	○
Programs and services are continuously evaluated to see if they are working as intended and are effective.	○	○	○	○	○
The quality of many programs and services in my organization is routinely monitored.	○	○	○	○	○
My organization has a *quality improvement* council, committee, or team.	○	○	○	○	○
My organization has a *quality improvement* plan.	○	○	○	○	○
Job descriptions for many individuals responsible for programs and services at my organization include specific responsibilities related to measuring and improving quality.	○	○	○	○	○
Good ideas for measuring and improving quality in one program or service USUALLY are adopted by other programs or services in my organization.	○	○	○	○	○
Staff members at all levels participate in *quality improvement* efforts.	○	○	○	○	○
Customer satisfaction information is routinely used by many individuals responsible for programs and services in my organization.	○	○	○	○	○
Accurate and timely data are available for program managers to evaluate the quality of their services on an ongoing basis.	○	○	○	○	○

Improving quality is well integrated into the way many individuals responsible for programs and services work in my organization.	○	○	○	○	○
Agency staff is aware of external *quality improvement* expertise that can help measure and improve quality.	○	○	○	○	○
Spending time and resources on *quality improvement* is worth the effort.	○	○	○	○	○
The key decision makers in my organization believe *quality improvement* is very important.	○	○	○	○	○
Using *quality improvement* approaches will impact the health of my community.	○	○	○	○	○
Organization staff and stakeholders will notice changes in programs and services as a result of our *quality improvement* efforts.	○	○	○	○	○
Many individuals responsible for programs and services in my organization have the authority to change practices or inform and/or educate about policies to improve services within their areas of responsibility.	○	○	○	○	○
When trying to facilitate change, staff has the authority to work within and across program boundaries.	○	○	○	○	○

Please briefly provide any additional information about your organization's NPHII cooperative agreement activities that you would like to share that have not been addressed by this survey.

[   ]

Prev   Next

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NPHII Annual Assessment 2013

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15. Thank you!

| 100% |

Thank you!

Thank you for taking the time to participate in the annual assessment for NPHII. This annual assessment is being conducted on behalf of CDC and NNPHI by NORC at the University of Chicago, a not-for-profit research organization. Please feel free to contact us if you have questions:

- For technical support, please contact Arika Garg (garg-arika@norc.org, 301-634-9479)
- For information about this assessment, please contact Anita Lees (zdu5@cdc.gov, 404-498-0316) or Nikki Lawhorn Rider (nlawhorn@nnphi.org, 251-928-8534)

Prev   Done

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