

Attachment 2: Click Testing Screen Shots

Online Welcome Message

Form Approved
OMB No: 0920-0956
Exp. Date: March 13, 2016

Online Welcome Message

Thank you for agreeing to provide us feedback on materials that have been developed based on CDC's Clear Communication Index. Your feedback is extremely important. We anticipate that it will take you about 20 minutes to complete this questionnaire.

Your responses will be kept in a secure manner. All information will be used for evaluation purposes only.

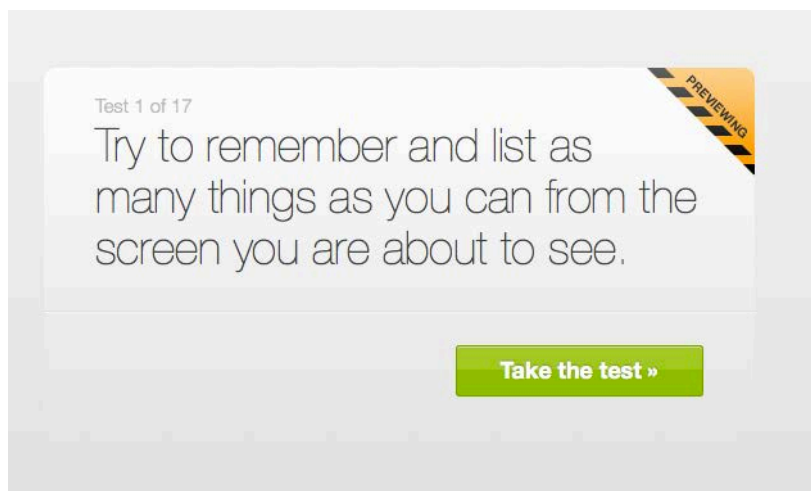
Please note that these are draft materials and do not have final approval from CDC.

Public reporting burden (completion time) for this collection of information is estimated to average 20 minutes per session. This includes the time it takes to review instructions, and gather and maintain the data needed. An agency can 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. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta Georgia 30333; ATTN; PRA (0920-0956)

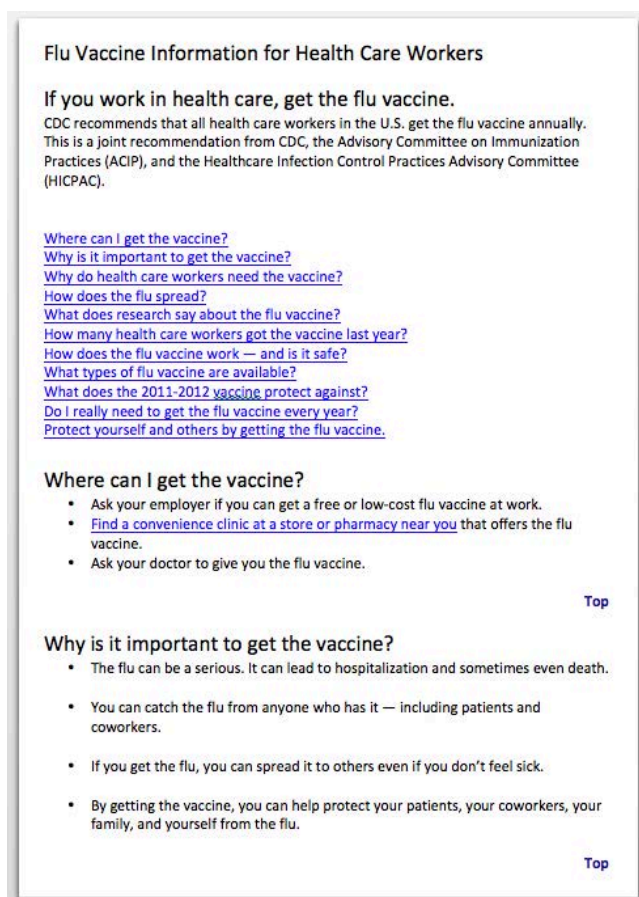
Attachment 2: Click Testing Screen Shots

Material 1: Influenza

Task 1



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

What can you remember?

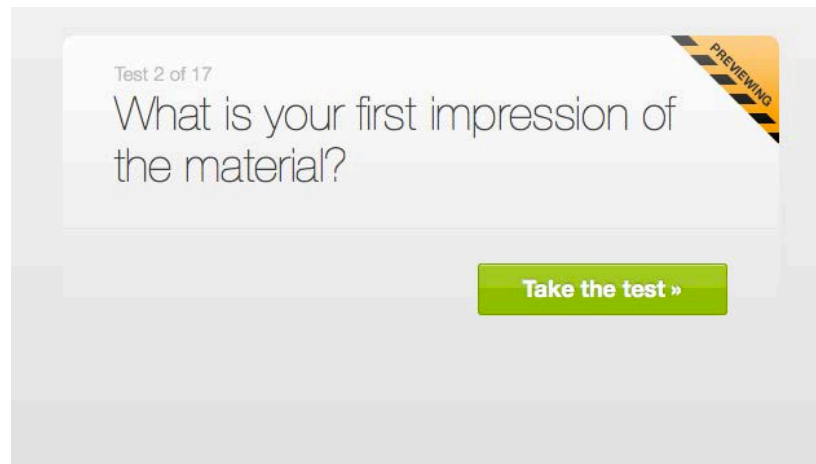
1.
2.
3.
4.
5.

[Submit my answers »](#)

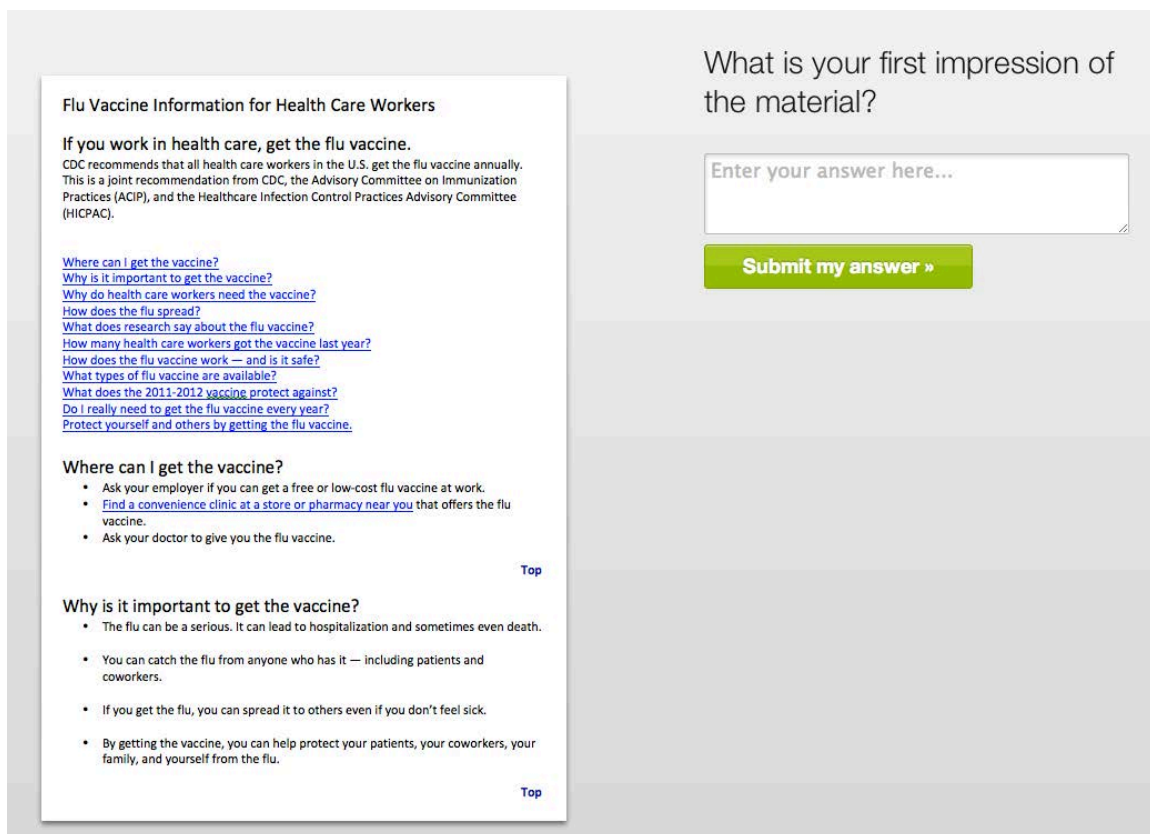
Screen 3

Attachment 2: Click Testing Screen Shots

Task 2



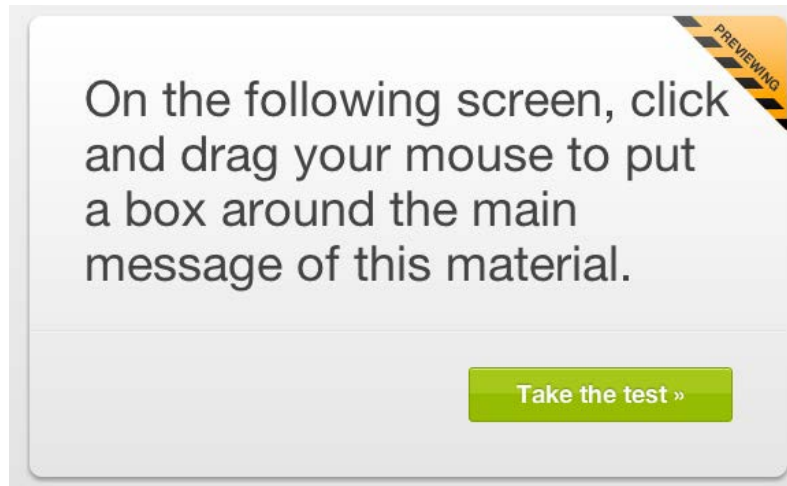
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 3



Screen 1



Screen 2

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Flu Vaccine Information for Health Care Workers

If you work in health care, get the flu vaccine.

CDC recommends that all health care workers in the U.S. get the flu vaccine annually. This is a joint recommendation from CDC, the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC).

OK [ar?](#)

[What types of flu vaccine are available?](#)
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Where can I get the vaccine?

- Ask your employer if you can get a free or low-cost flu vaccine at work.
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- Ask your doctor to give you the flu vaccine.

[Top](#)

Why is it important to get the vaccine?

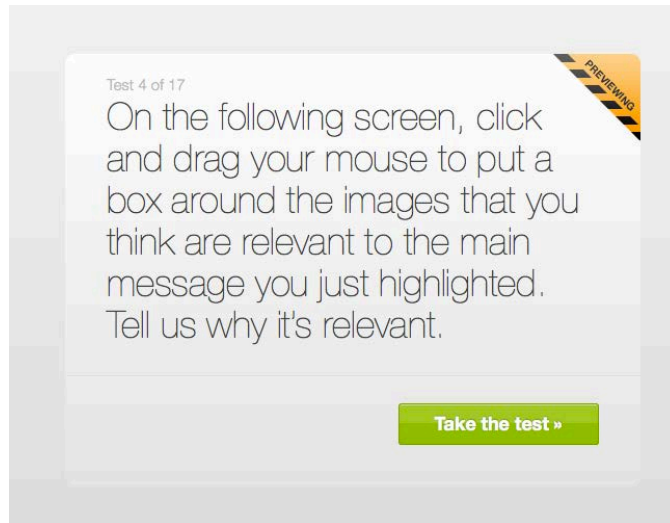
- The flu can be a serious. It can lead to hospitalization and sometimes even death.
- You can catch the flu from anyone who has it — including patients and coworkers.
- If you get the flu, you can spread it to others even if you don't feel sick.
- By getting the vaccine, you can help protect your patients, your coworkers, your family, and yourself from the flu.

[Top](#)

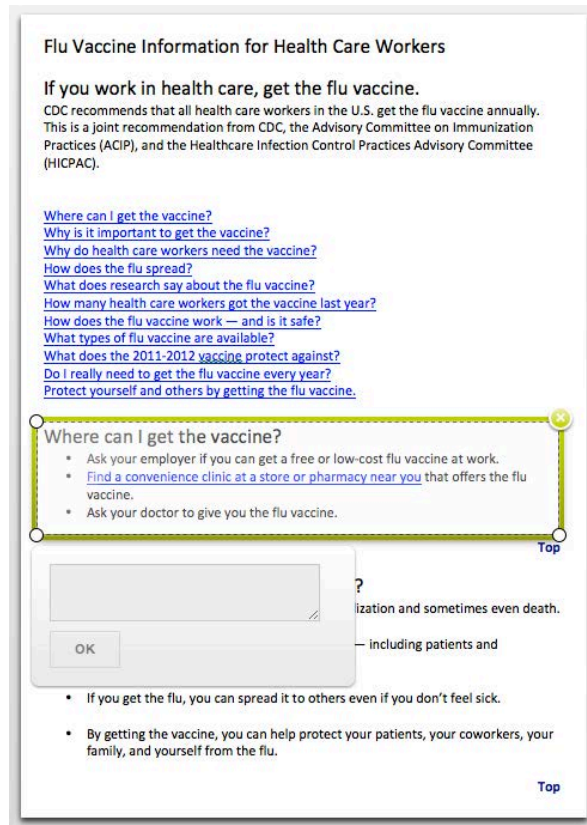
Screen 3

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Task 4



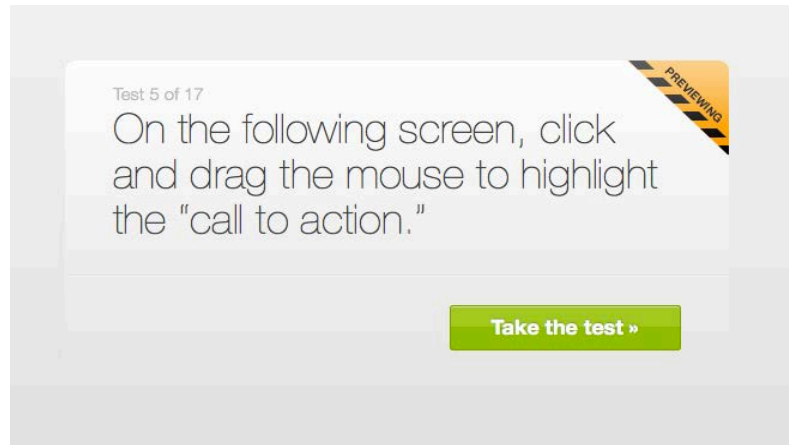
Screen 1



Screen 2

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Task 5



Screen 1

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Top

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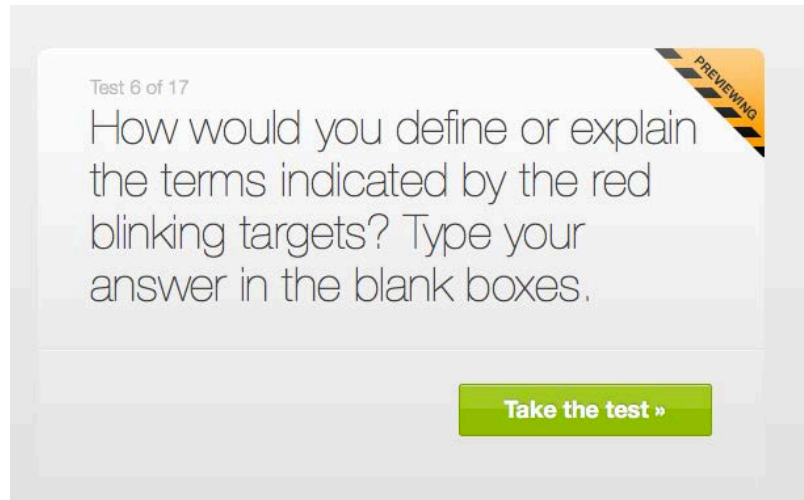
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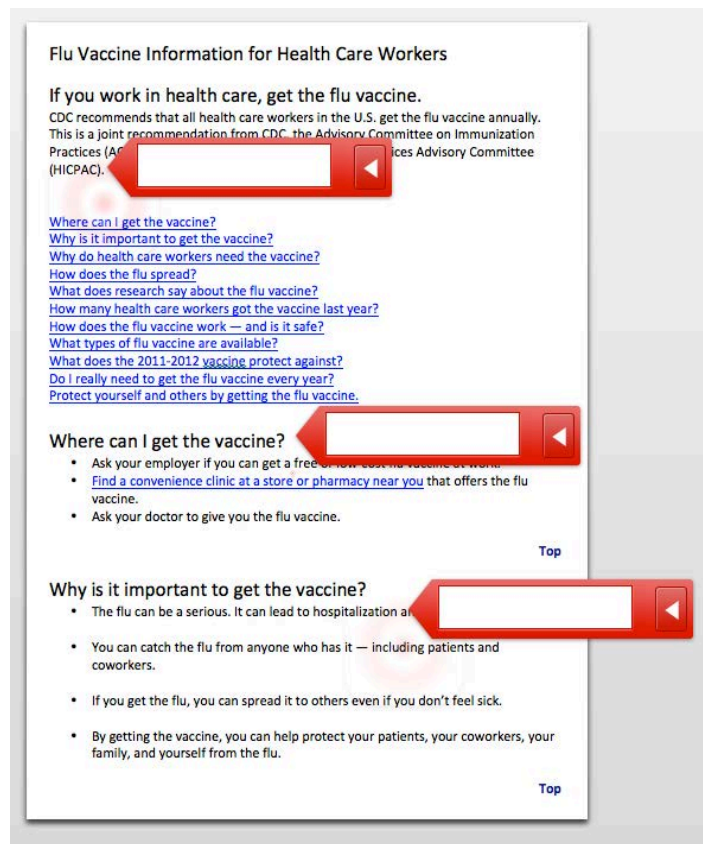
Screen 2

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Task 6



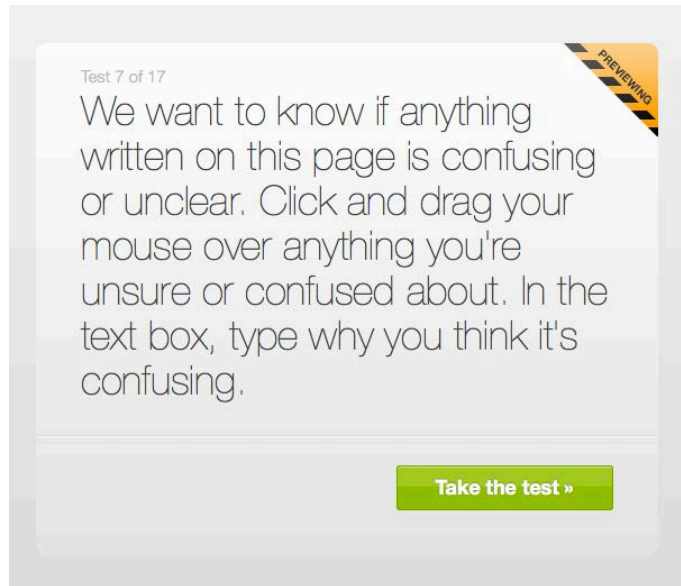
Screen 1



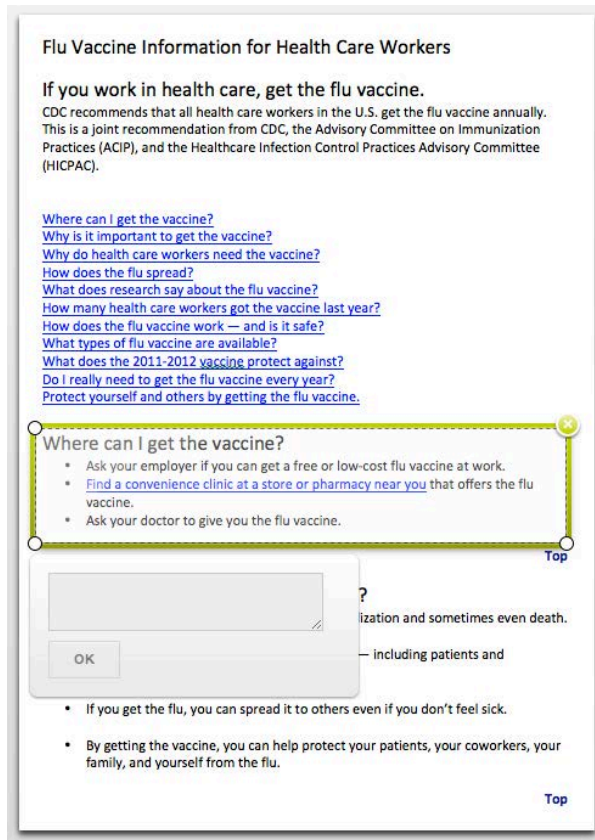
Screen 2

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Task 7



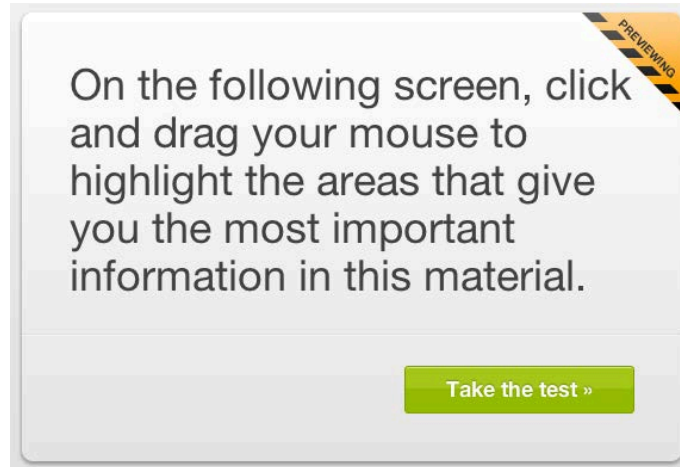
Screen 1



Screen 2

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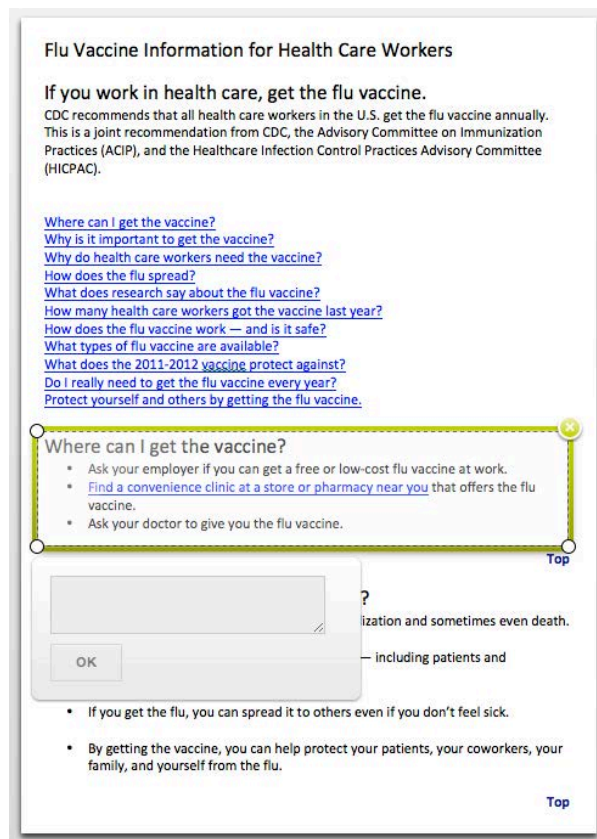
Task 8



On the following screen, click and drag your mouse to highlight the areas that give you the most important information in this material.

Take the test »

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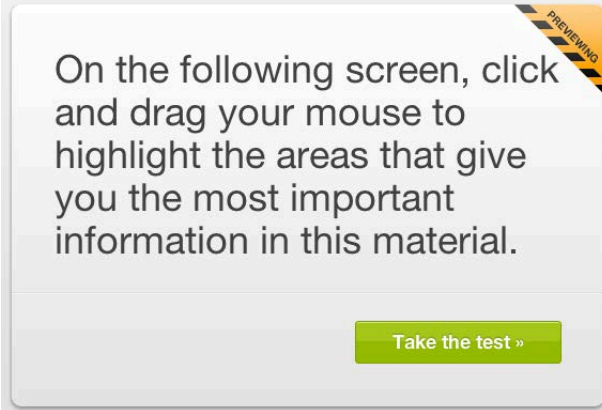
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Task 9

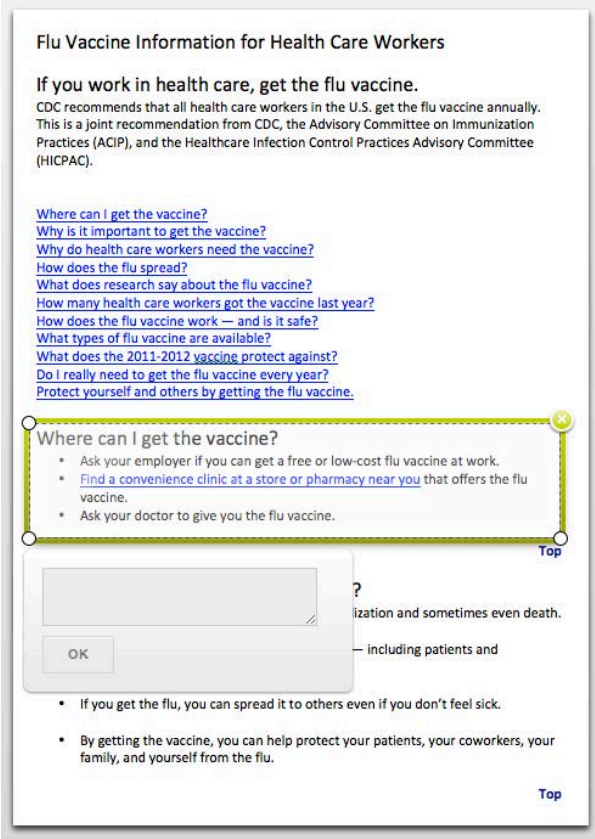


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PREVIEWING

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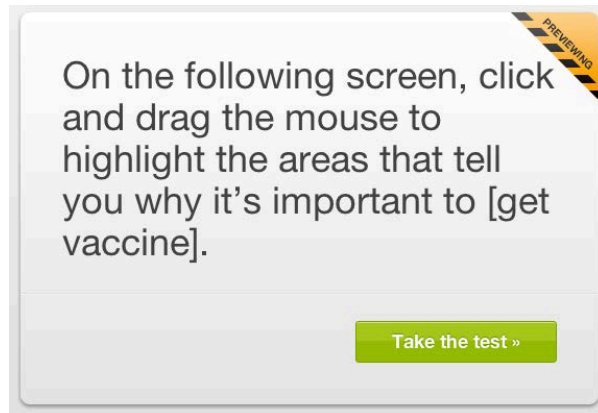
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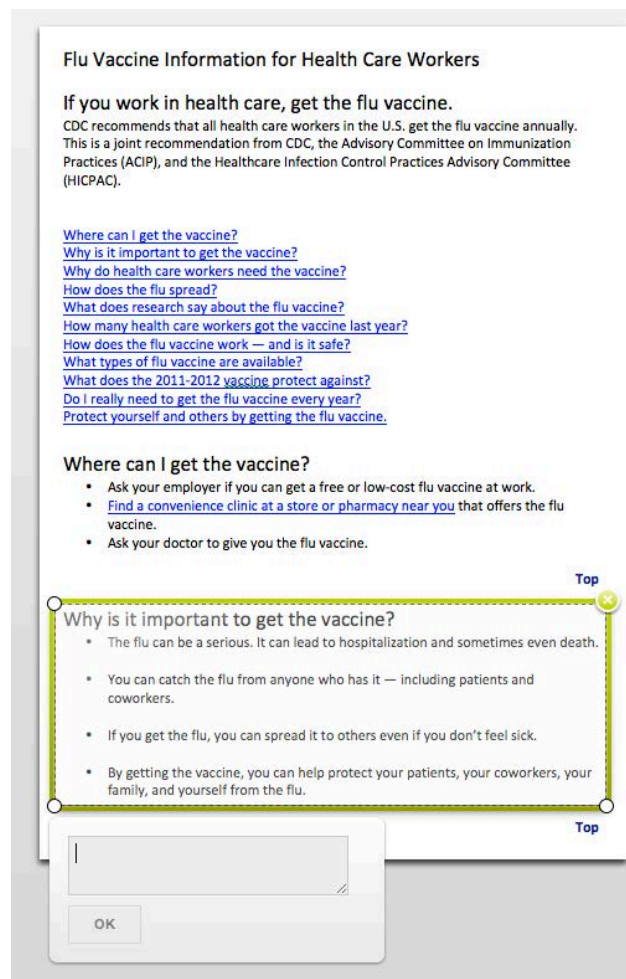
Task 10



On the following screen, click and drag the mouse to highlight the areas that tell you why it's important to [get vaccine].

Take the test »

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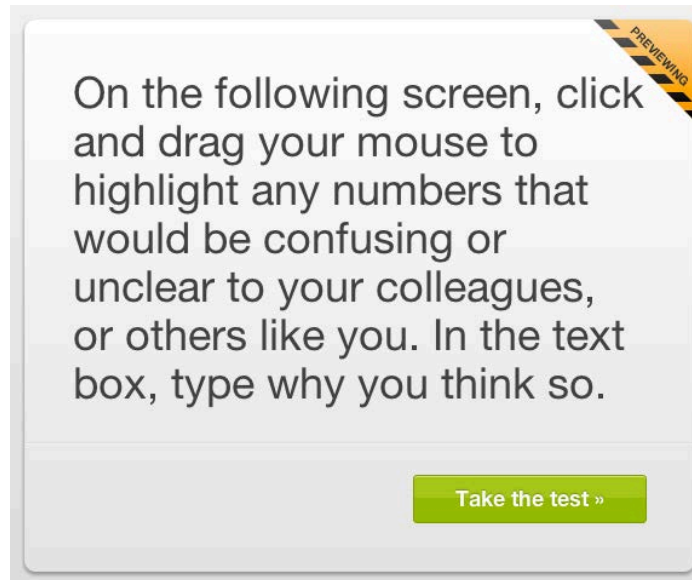
[Top](#)

OK

Screen 2

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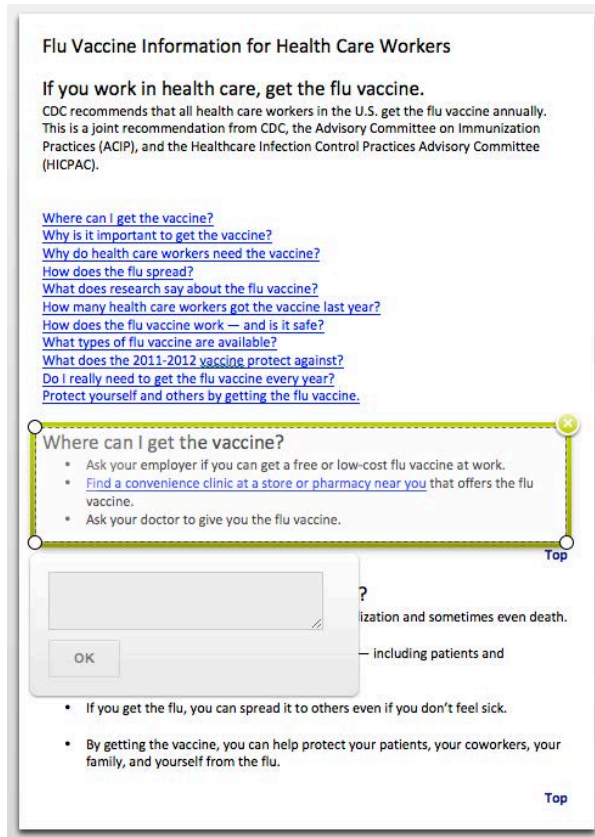
Task 11



On the following screen, click and drag your mouse to highlight any numbers that would be confusing or unclear to your colleagues, or others like you. In the text box, type why you think so.

Take the test »

Screen 1



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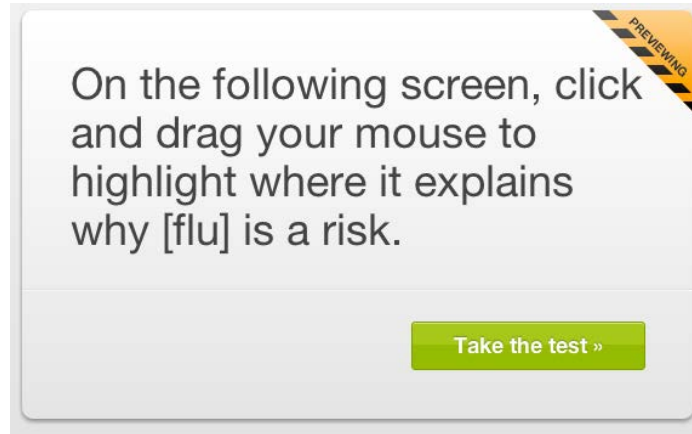
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Screen 2

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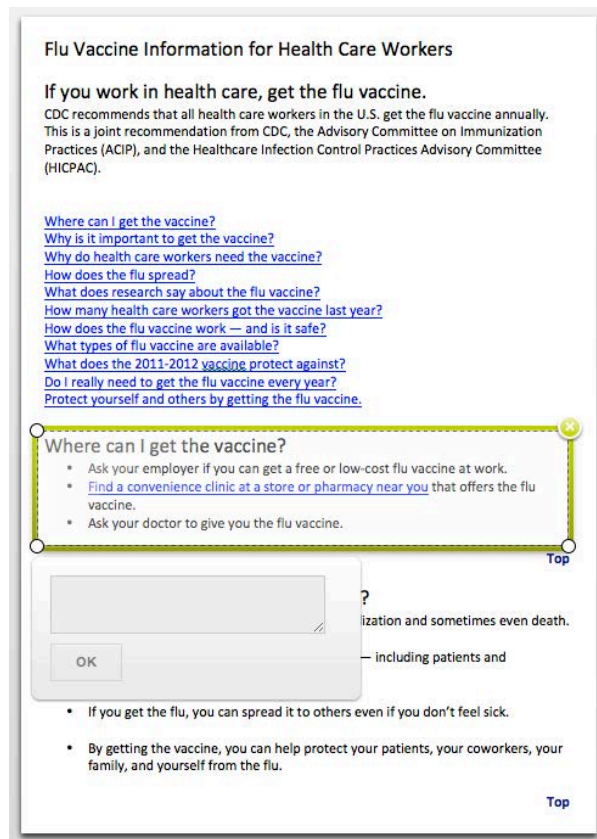
Task 12



On the following screen, click and drag your mouse to highlight where it explains why [flu] is a risk.

Take the test >

Screen 1



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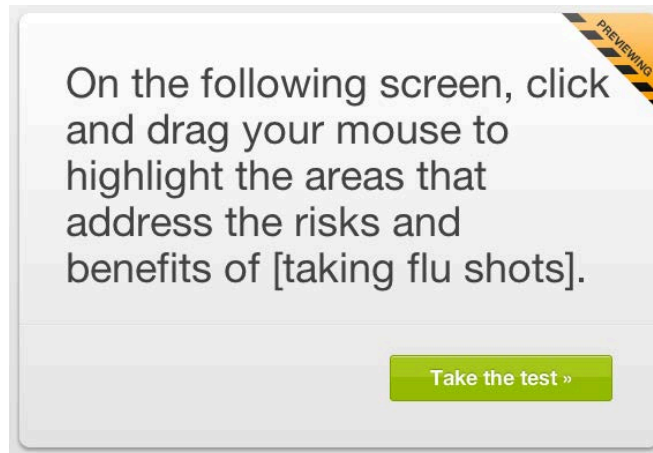
• By getting the vaccine, you can help protect your patients, your coworkers, your family, and yourself from the flu.

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Screen 2

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Task 13

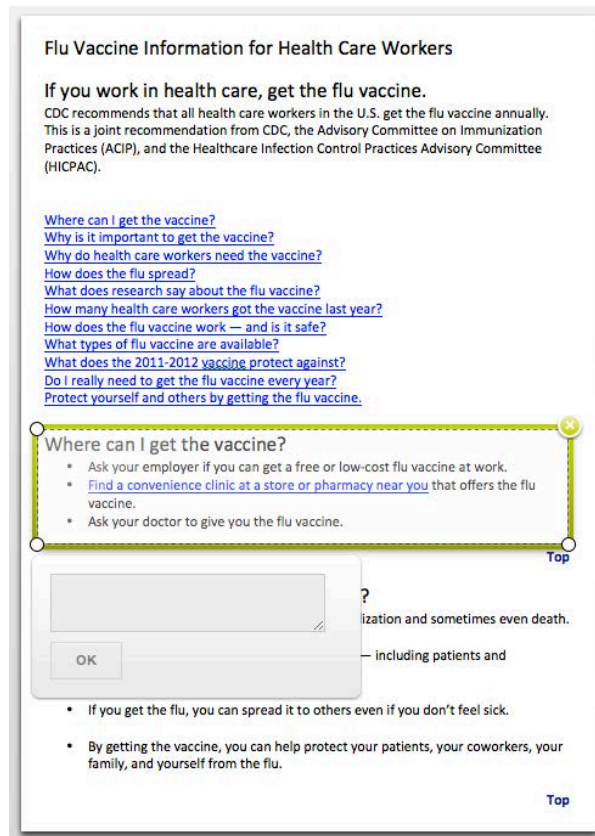


On the following screen, click and drag your mouse to highlight the areas that address the risks and benefits of [taking flu shots].

Take the test »

PREVIEWING

Screen 1



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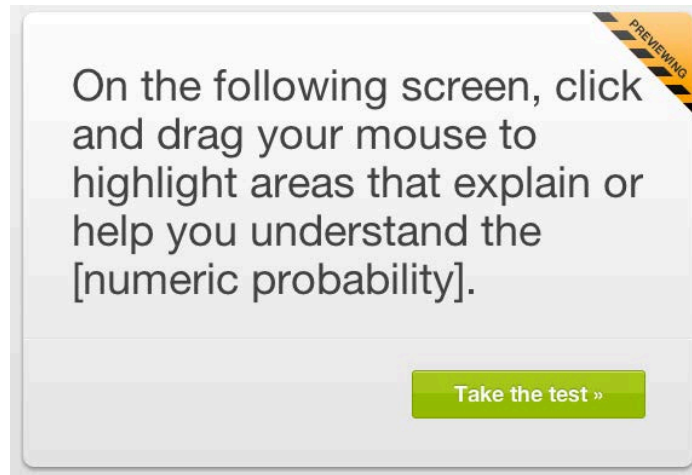
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Screen 2

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Task 14

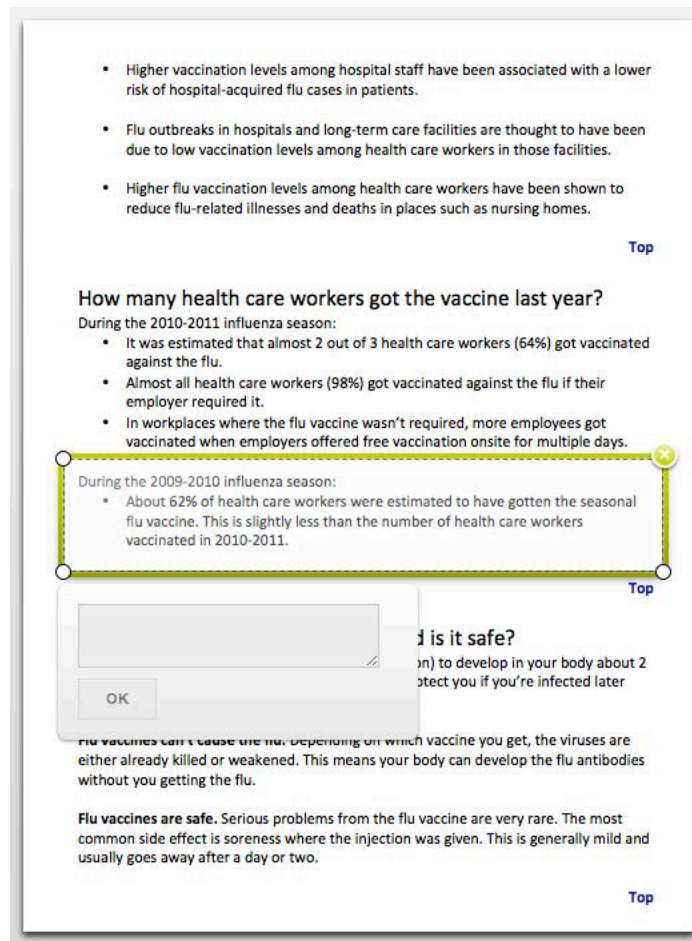


On the following screen, click and drag your mouse to highlight areas that explain or help you understand the [numeric probability].

Take the test >

PREVIEWING

Screen 1



- Higher vaccination levels among hospital staff have been associated with a lower risk of hospital-acquired flu cases in patients.
- Flu outbreaks in hospitals and long-term care facilities are thought to have been due to low vaccination levels among health care workers in those facilities.
- Higher flu vaccination levels among health care workers have been shown to reduce flu-related illnesses and deaths in places such as nursing homes.

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How many health care workers got the vaccine last year?

During the 2010-2011 influenza season:

- It was estimated that almost 2 out of 3 health care workers (64%) got vaccinated against the flu.
- Almost all health care workers (98%) got vaccinated against the flu if their employer required it.
- In workplaces where the flu vaccine wasn't required, more employees got vaccinated when employers offered free vaccination onsite for multiple days.

During the 2009-2010 influenza season:

- About 62% of health care workers were estimated to have gotten the seasonal flu vaccine. This is slightly less than the number of health care workers vaccinated in 2010-2011.

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is it safe?

OK

Flu vaccines can't cause the flu. Depending on which vaccine you get, the viruses are either already killed or weakened. This means your body can develop the flu antibodies without you getting the flu.

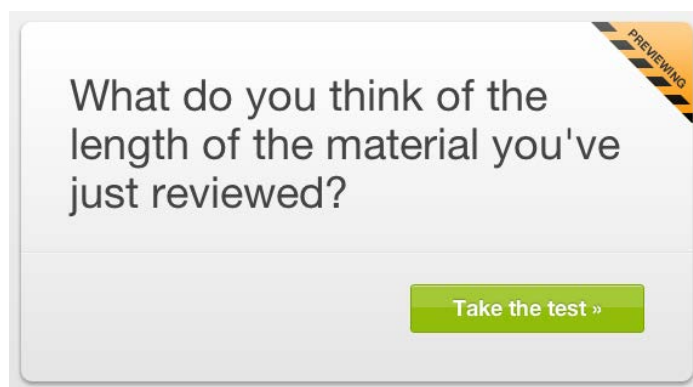
Flu vaccines are safe. Serious problems from the flu vaccine are very rare. The most common side effect is soreness where the injection was given. This is generally mild and usually goes away after a day or two.

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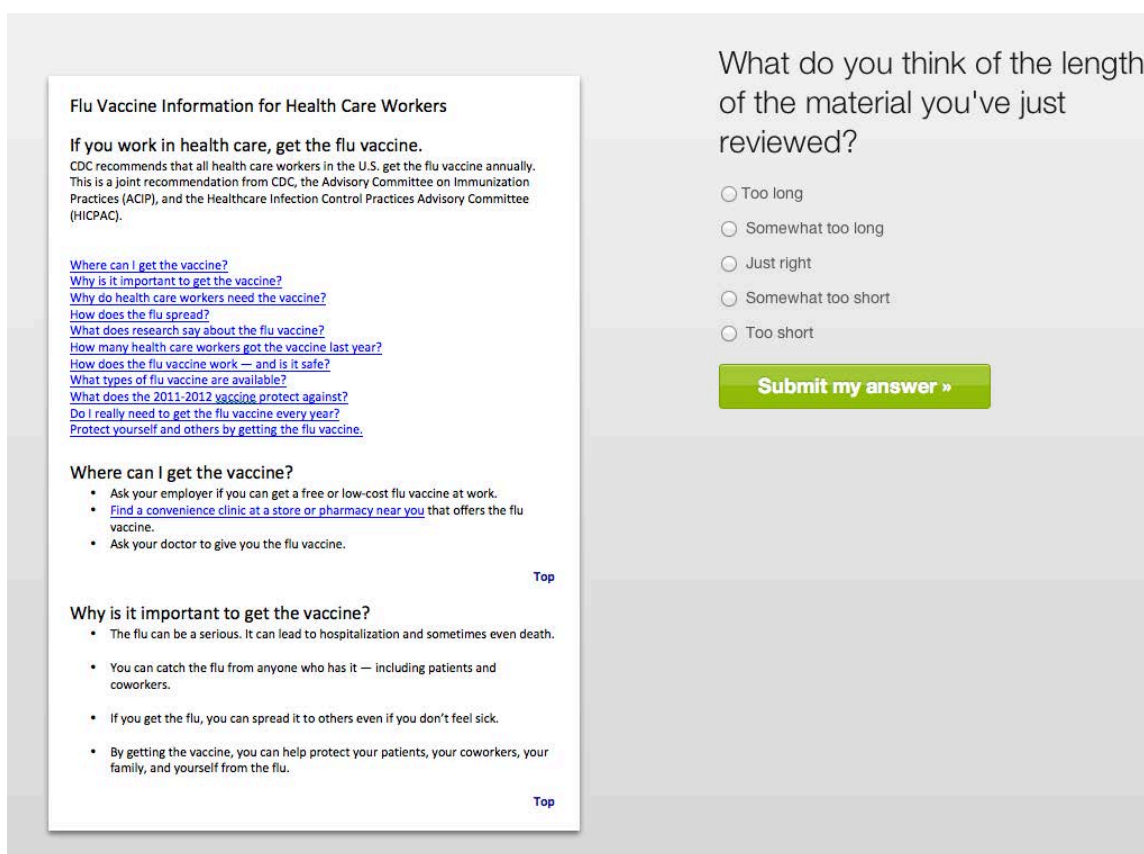
Screen 2

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Task 15



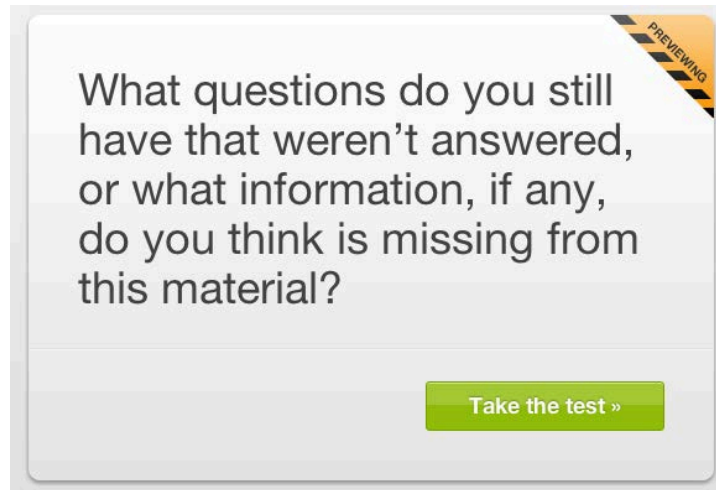
Screen 1



Screen 2

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Task 16



Screen 1

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Top

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

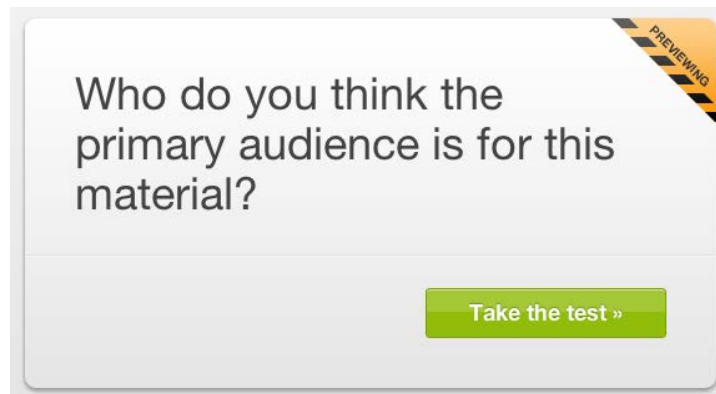
Enter your answer here...

Submit my answer »

Screen 2

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Task 17



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Top

Who do you think the primary audience is for this material?

Enter your answer here...

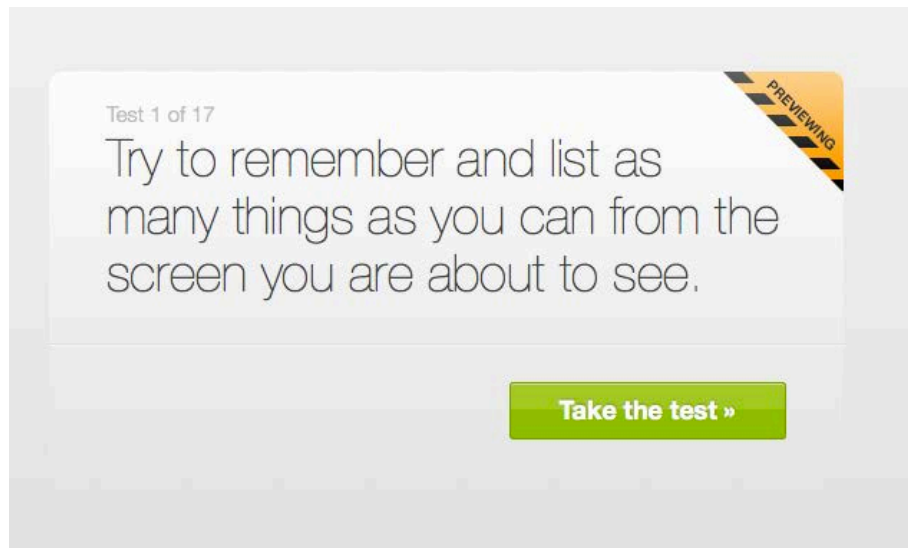
Submit my answer »

Screen 2

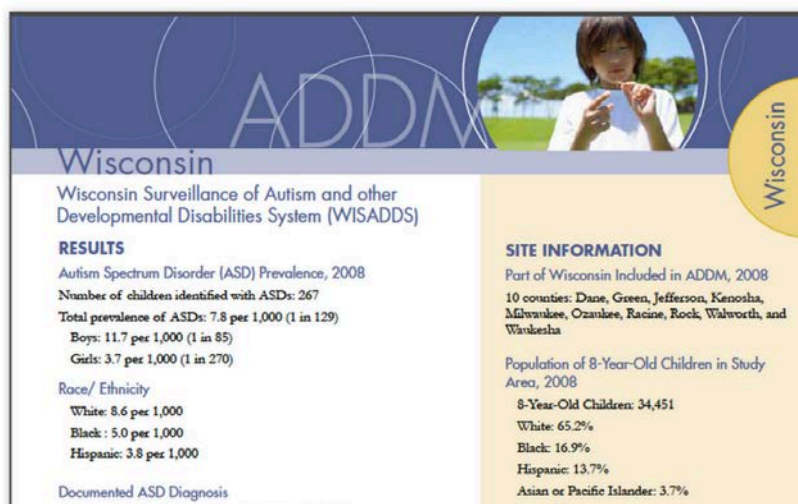
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Material: Wisconsin Surveillance of Autism

Task 1



Screen 1



Screen 2

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What can you remember?

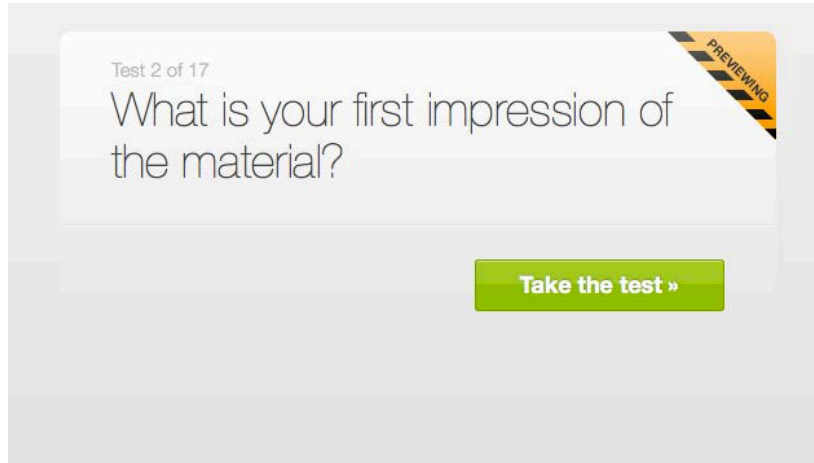
1.
2.
3.
4.
5.

[Submit my answers »](#)

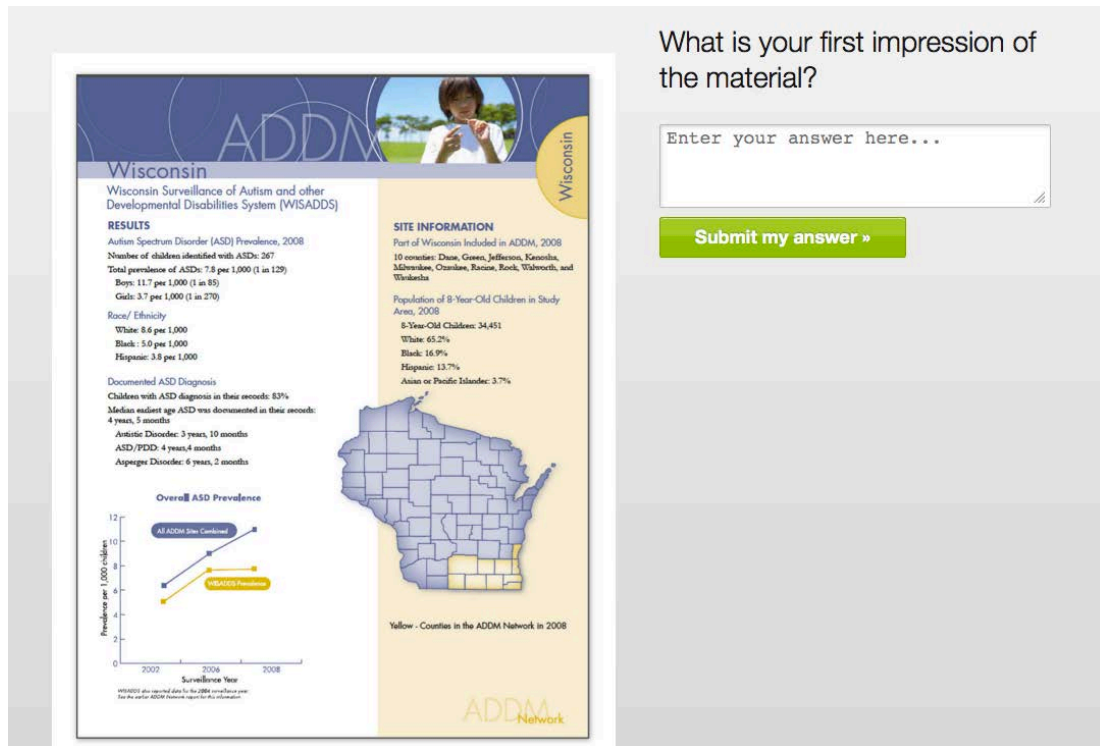
Screen 3

Attachment 2: Click Testing Screen Shots

Task 2



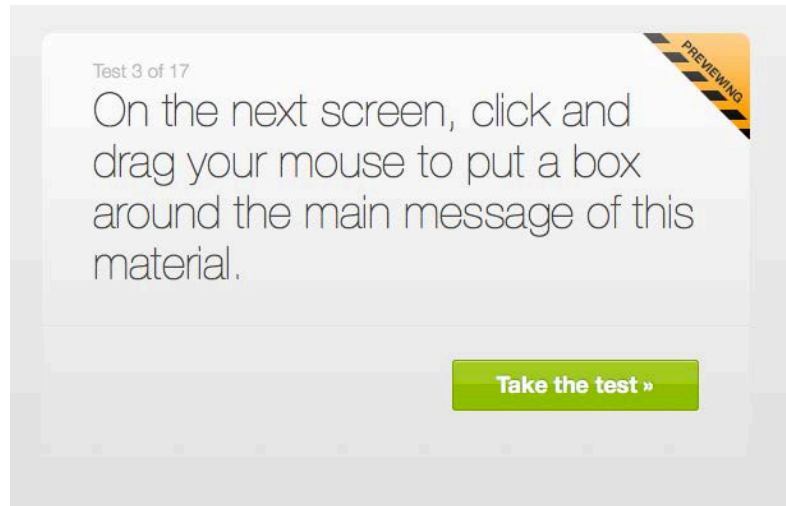
Screen 1



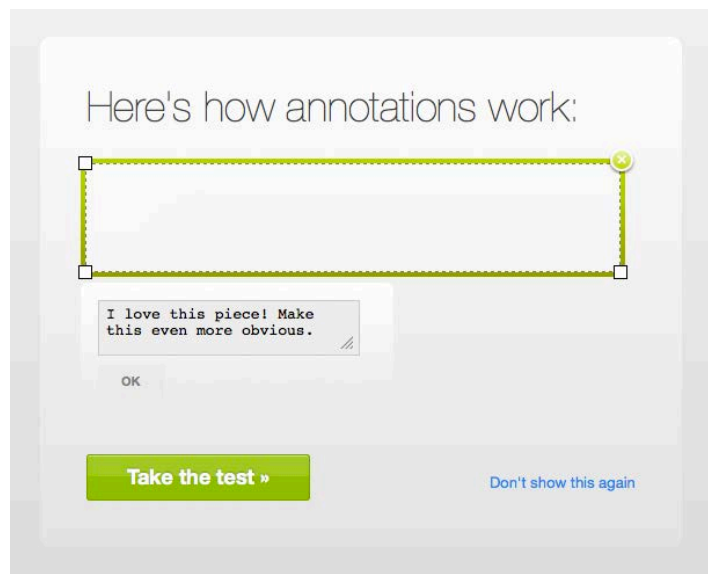
Screen 2

Attachment 2: Click Testing Screen Shots

Task 3



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Wisconsin

Wisconsin Surveillance of Autism and other Developmental Disabilities System (WISADDS)

RESULTS

Autism Spectrum Disorder (ASD) Prevalence, 2008

Number of children identified with ASD: 267

Total prevalence of ASDs: 7.8 per 1,000 (1 in 129)

Boys: 11.7 per 1,000 (1 in 85)

Girls: 3.7 per 1,000 (1 in 270)

SITE INFORMATION

Part of Wisconsin Included in ADDM, 2008

10 counties: Dane, Green, Jefferson, Kosciusko, Milwaukee, Ozaukee, Racine, Rock, Walworth, and Waukesha

Population of 8-Year-Old Children in Study Area, 2008

8-Year-Old Children: 34,451

White: 65.2%

Black: 16.9%

Hispanic: 13.7%

Asian or Pacific Islander: 3.7%

Children with ASD diagnosis in their records: 83%

Median earliest age ASD was documented in their records: 4 years, 5 months

Autistic Disorder: 3 years, 10 months

ASD/PDD: 4 years, 4 months

Asperger Disorder: 6 years, 2 months

Overall ASD Prevalence

children

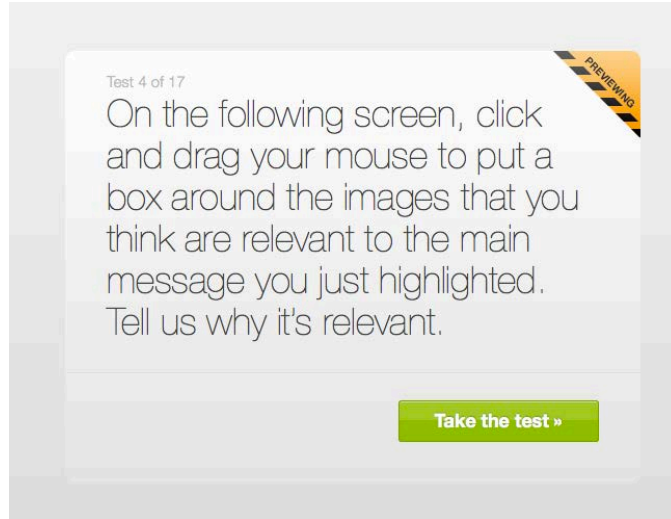
All ADDM Sites Combined

I'm done annotating »

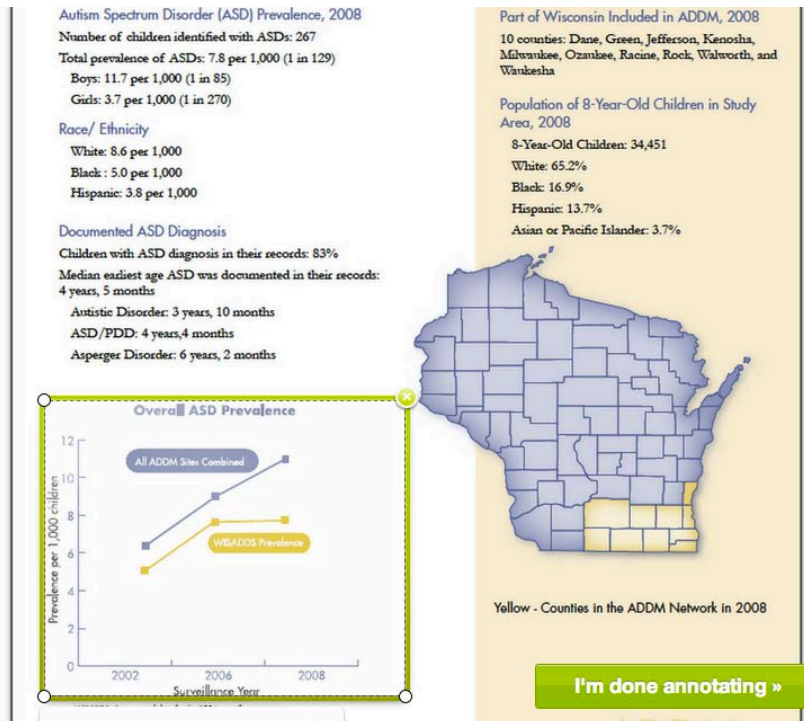
Screen 3

Attachment 2: Click Testing Screen Shots

Task 4



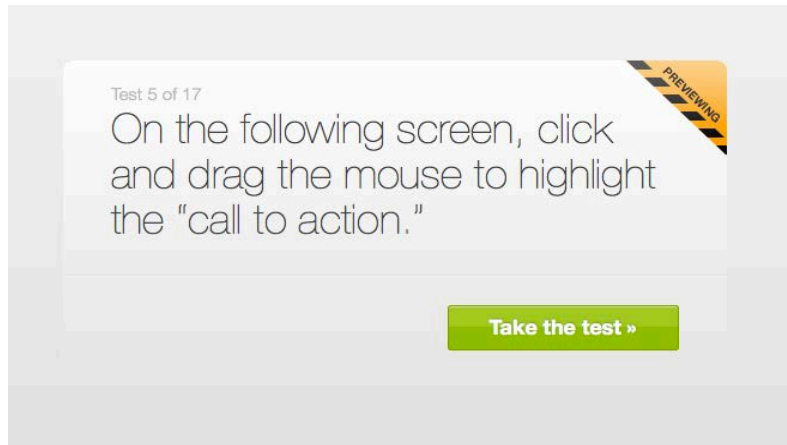
Screen 1



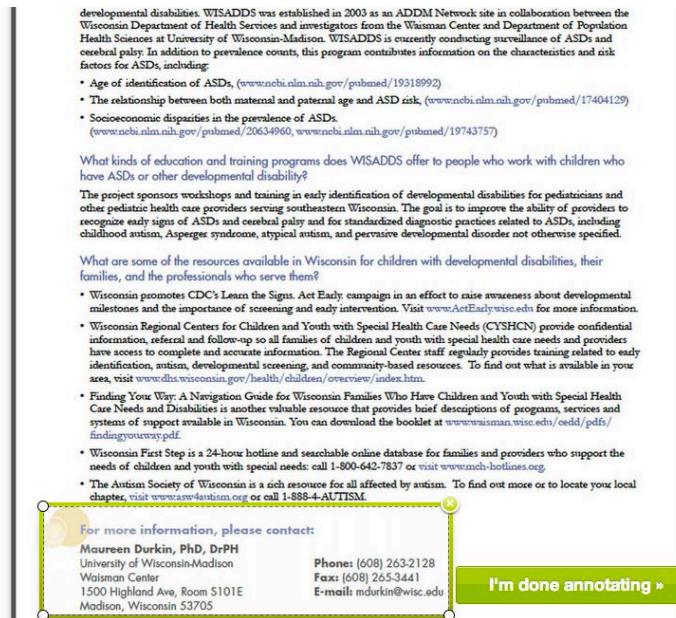
Screen 2

Attachment 2: Click Testing Screen Shots

Task 5



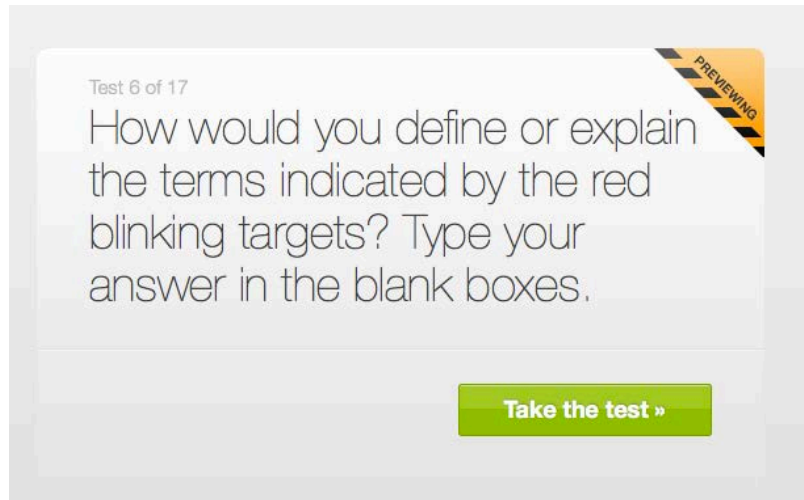
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 6



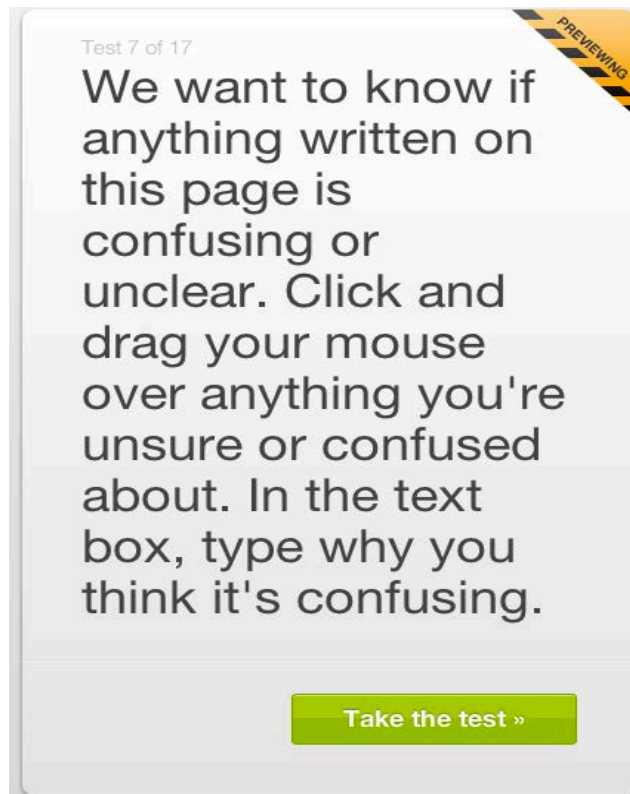
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 7



Screen 1

Attachment 2: Click Testing Screen Shots

Wisconsin
Wisconsin Surveillance of Autism and other Developmental Disabilities System (WISADDs)

Wisconsin Surveillance of Autism and other Developmental Disabilities System (WISADDs) is a multisource public health surveillance system established to monitor the number of children in the population with ASDs or other developmental disabilities. WISADDs was established in 2003 as an ADDM Network site in collaboration between the Wisconsin Department of Health Services and investigators from the Wisconsin Center and Department of Population Health Sciences at University of Wisconsin-Madison. WISADDs is currently conducting surveillance of ASDs and cerebral palsy. In addition to prevalence counts, this program collects information on the characteristics and risk factors of children with ASDs or other developmental disabilities.

<http://pubmed.ncbi.nlm.nih.gov/pubmed/19318992>
<http://pubmed.ncbi.nlm.nih.gov/pubmed/17404129>
<http://pubmed.ncbi.nlm.nih.gov/pubmed/19743757>

What are some of the resources available in Wisconsin for children with developmental disabilities, their families, and the professionals who serve them?

- Wisconsin promotes CDC's Learn the Signs. Act Early campaign in an effort to raise awareness about developmental milestones and the importance of screening and early intervention. Visit www.ActEarly.wisc.edu for more information.
- Wisconsin Regional Centers for Children and Youth with Special Health Care Needs (CYSHCN) provide confidential information, referral and follow-up so all families of children and youth with special health care needs and providers have access to complete and accurate information. The Regional Center staff regularly provides training related to early identification, autism, developmental screening, and community-based resources. To find out what is available in your area, visit www.dhs.wisconsin.gov/health/children/overview/index.htm.
- Finding Your Way: A Navigation Guide for Wisconsin Families Who Have Children and Youth with Special Health Care Needs and Disabilities is another valuable resource that provides brief descriptions of programs, services and systems of support available in Wisconsin. You can download the booklet at www.wisman.wisc.edu/coedd/pdfs/findingyourway.pdf.
- Wisconsin First Step is a 24-hour hotline and searchable online database for families with children and youth with special needs: call 1-800-642-7837 or visit www.wisconsinfirststep.com.
- The Autism Society of Wisconsin is a rich resource for all affected by autism. For more information on our chapter, visit www.asw-autism.org or call 1-888-4-AUTISM.

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 8

Test 8 of 17

On the following screen, click and drag the mouse to highlight the areas giving you the most important information in this material.

PREVIEWING

Take the test »

Screen 1

• The relationship between both maternal and paternal age and ASD risk. (www.ncbi.nlm.nih.gov/pubmed/17949127)

• Socioeconomic disparities in the prevalence of ASDs. (www.ncbi.nlm.nih.gov/pubmed/20634960, www.ncbi.nlm.nih.gov/pubmed/19743757)

What kinds of education and training programs does WISADDS offer to people who work with children who have ASDs or other developmental disability?

The project sponsors workshops and training in early identification of developmental disabilities for pediatricians and other pediatric health care providers serving southeastern Wisconsin. The goal is to improve the ability of providers to recognize early signs of ASDs and cerebral palsy and for standardized diagnostic practices related to ASDs, including childhood autism, Asperger syndrome, atypical autism, and pervasive developmental disorder not otherwise specified.

What are some of the resources available in Wisconsin for children with developmental disabilities, their families, and the professionals who serve them?

- Wisconsin promotes CDC's Learn the Signs. Act Early. campaign in an effort to raise awareness about developmental milestones and the importance of screening and early intervention. Visit www.ActEarly.wisc.edu for more information.
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- Finding Your Way: A Navigation Guide for Wisconsin Families Who Have Children and Youth with Special Health Care Needs and Disabilities is another valuable resource that provides brief descriptions of programs, services and systems of support available in Wisconsin. You can download the booklet at www.waisman.wisc.edu/oedd/pdfs/findingyourway.pdf.
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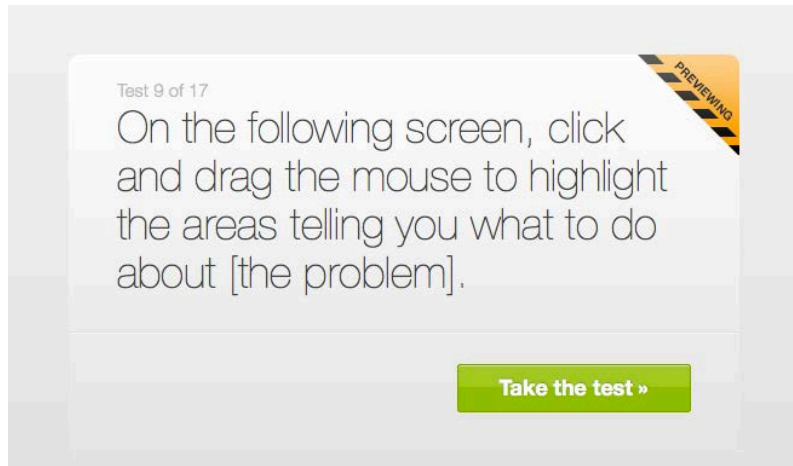
Phone: (608) 263-2128
Fax: (608) 265-3441
E-mail: mdurkin@wisc.edu

I'm done annotating »

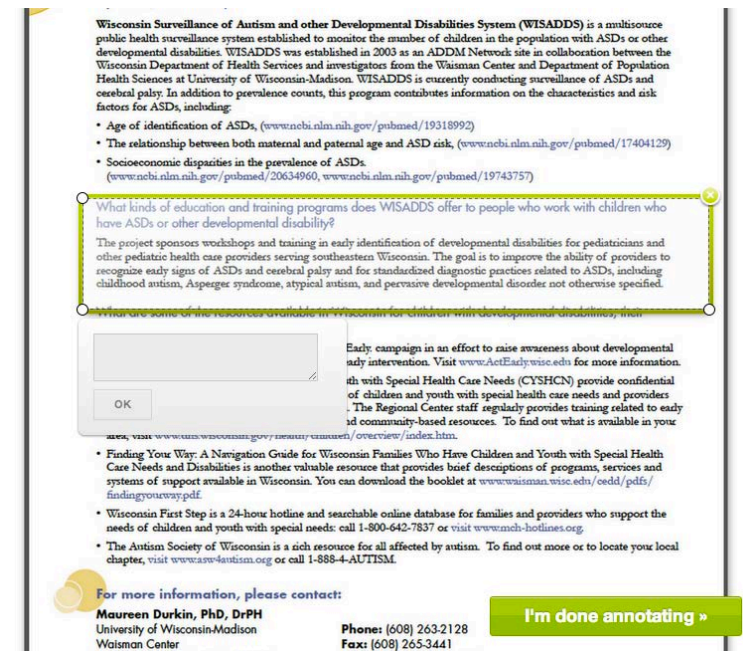
Screen 2

Attachment 2: Click Testing Screen Shots

Task 9



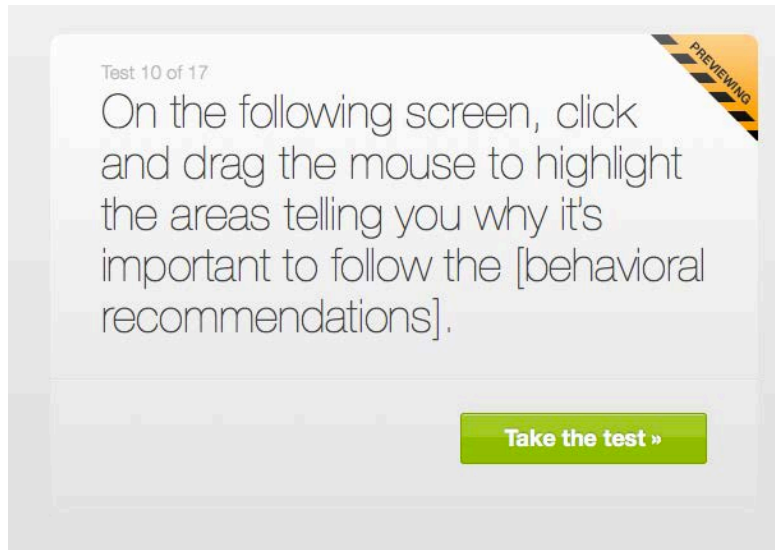
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 10



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 11

Test 11 of 17

On the following screen, click and drag the mouse to highlight any numbers that are confusing or unclear. In the text box, type why you think they're confusing.

Take the test »

Screen 1

Wisconsin
Wisconsin Surveillance of Autism and other Developmental Disabilities System (WISADDs)

RESULTS
Autism Spectrum Disorder (ASD) Prevalence, 2008

Number of children identified with ASD: 267

Total prevalence of ASD: 7.8 per 1,000 (1 in 129)

Boys: 11.7 per 1,000 (1 in 85)

Girls: 3.7 per 1,000 (1 in 270)

Median earliest age ASD was documented in their records:
4 years, 5 months

Autistic Disorder: 3 years, 10 months
ASD/PDD: 4 years, 4 months
Asperger Disorder: 6 years, 2 months

Overall ASD Prevalence

Prevalence per 1,000 children
All ADDM Sites Combined: ~11.7
WISADDs Prevalence: 7.8

SITE INFORMATION
Part of Wisconsin Included in ADDM, 2008
10 counties: Dane, Green, Jefferson, Kewaunee, Milwaukee, Ozaukee, Racine, Rock, Walworth, and Waukesha

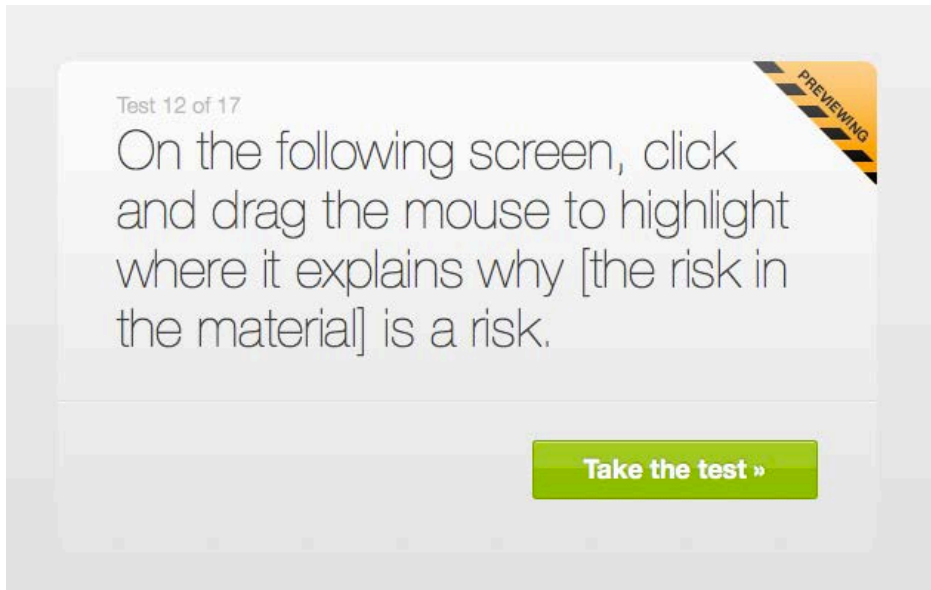
Population of 8-Year-Old Children in Study Area, 2008
8-Year-Old Children: 34,451
White: 65.2%
Black: 16.9%
Hispanic: 13.7%
Asian or Pacific Islander: 3.7%

I'm done annotating »

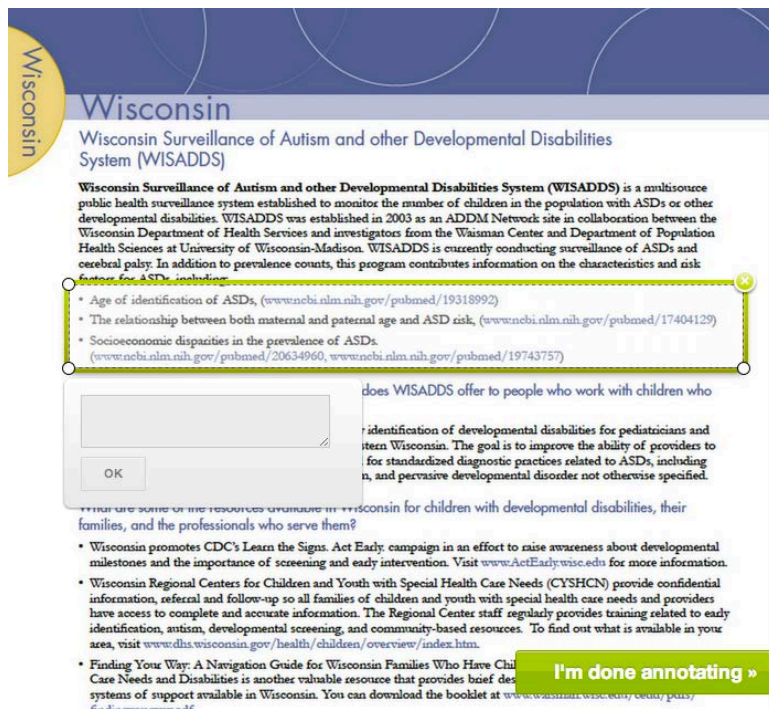
Screen 2

Attachment 2: Click Testing Screen Shots

Task 12



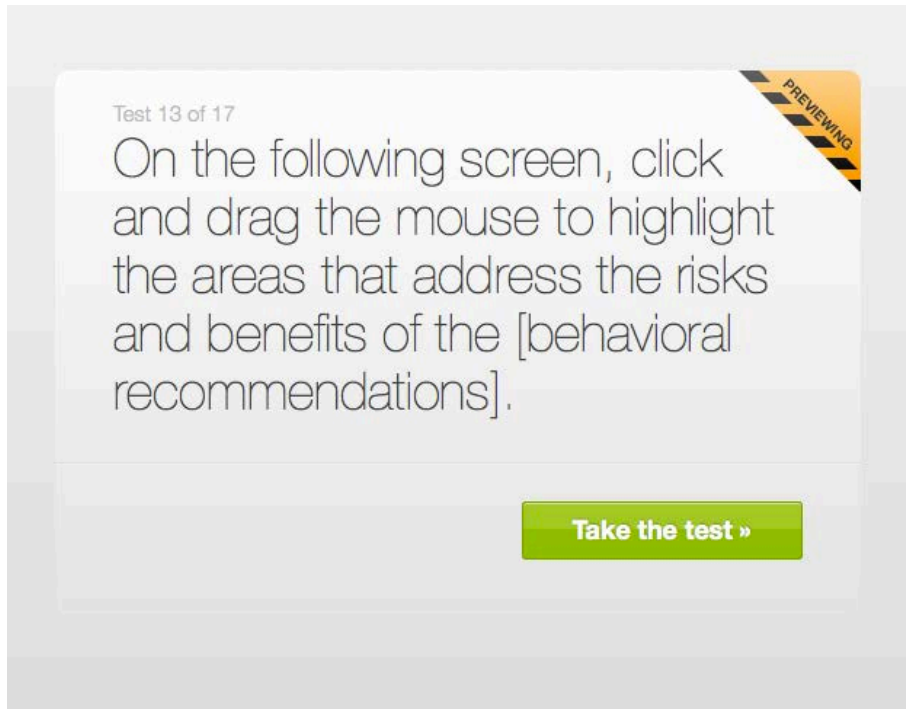
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 13

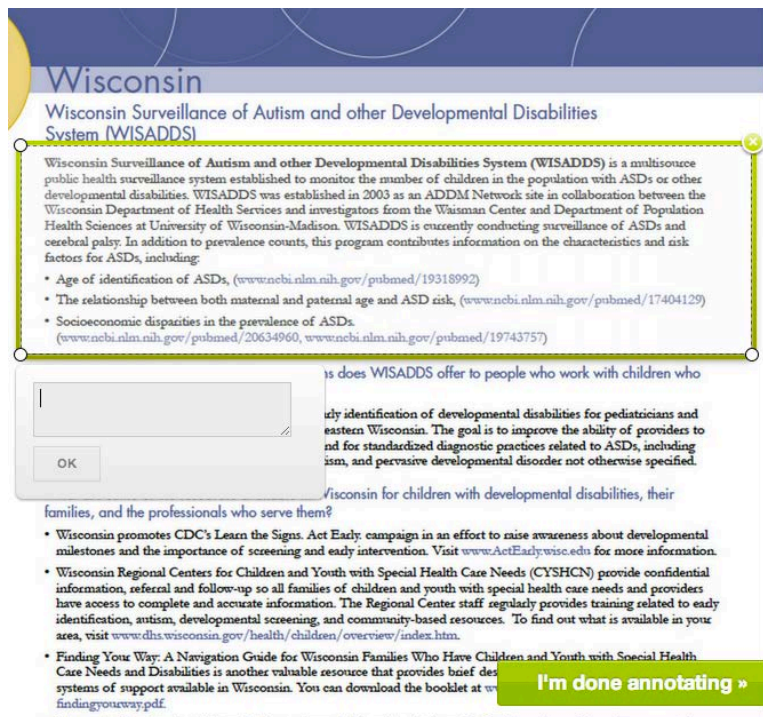


Test 13 of 17

On the following screen, click and drag the mouse to highlight the areas that address the risks and benefits of the [behavioral recommendations].

Take the test »

Screen 1



Wisconsin

Wisconsin Surveillance of Autism and other Developmental Disabilities System (WISADDS)

Wisconsin Surveillance of Autism and other Developmental Disabilities System (WISADDS) is a multisource public health surveillance system established to monitor the number of children in the population with ASDs or other developmental disabilities. WISADDS was established in 2003 as an ADDM Network site in collaboration between the Wisconsin Department of Health Services and investigators from the Waisman Center and Department of Population Health Sciences at University of Wisconsin-Madison. WISADDS is currently conducting surveillance of ASDs and cerebral palsy. In addition to prevalence counts, this program contributes information on the characteristics and risk factors for ASDs, including:

- Age of identification of ASDs. (www.ncbi.nlm.nih.gov/pubmed/19318992)
- The relationship between both maternal and paternal age and ASD risk. (www.ncbi.nlm.nih.gov/pubmed/17404129)
- Socioeconomic disparities in the prevalence of ASDs. (www.ncbi.nlm.nih.gov/pubmed/20634960, www.ncbi.nlm.nih.gov/pubmed/19743757)

What does WISADDS offer to people who work with children who have developmental disabilities?

Wisconsin promotes early identification of developmental disabilities for pediatricians and other providers in Wisconsin. The goal is to improve the ability of providers to identify and refer for standardized diagnostic practices related to ASDs, including autism spectrum disorder, and pervasive developmental disorder not otherwise specified.

Wisconsin provides resources for children with developmental disabilities, their families, and the professionals who serve them?

- Wisconsin promotes CDC's Learn the Signs. Act Early campaign in an effort to raise awareness about developmental milestones and the importance of screening and early intervention. Visit www.ActEarly.wisc.edu for more information.
- Wisconsin Regional Centers for Children and Youth with Special Health Care Needs (CYSHCN) provide confidential information, referral and follow-up to all families of children and youth with special health care needs and providers have access to complete and accurate information. The Regional Center staff regularly provides training related to early identification, autism, developmental screening, and community-based resources. To find out what is available in your area, visit www.dhs.wisconsin.gov/health/children/overview/index.htm.
- Finding Your Way: A Navigation Guide for Wisconsin Families Who Have Children and Youth with Special Health Care Needs and Disabilities is another valuable resource that provides brief descriptions of support systems of support available in Wisconsin. You can download the booklet at www.findingyourway.pdf.

I'm done annotating »

Screen 2


Attachment 2: Click Testing Screen Shots

Task 14

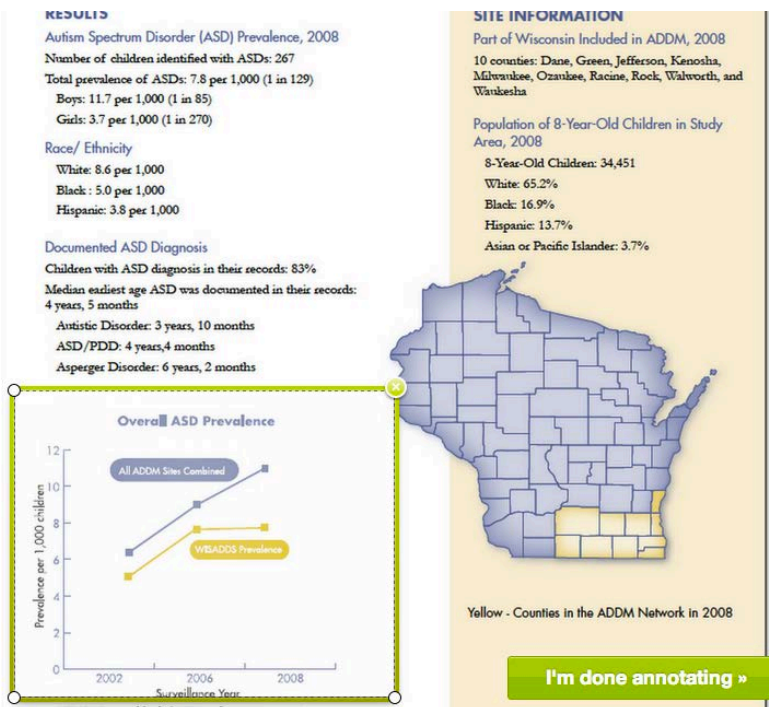
Test 14 of 17

On the following screen, click and drag the mouse to highlight areas that explain or help you understand the [numeric probability].

Take the test »



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

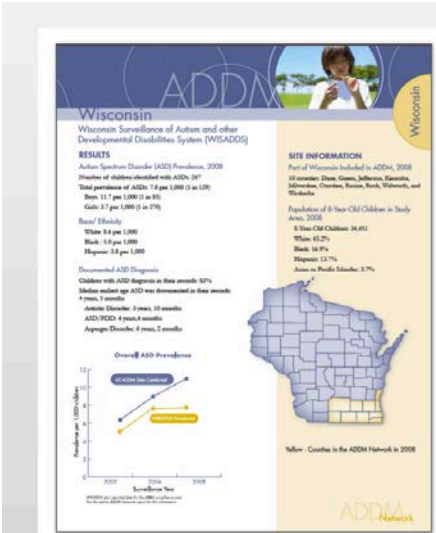
Task 15

Test 15 of 17

What do you think about the overall length of the material you reviewed?

Take the test »

Screen 1



Wisconsin ADDA
Wisconsin Surveillance of Autism and other Developmental Disabilities System (WISADDS)

RESULTS

Autism Spectrum Disorder (ASD) Prevalence, 2008
Number of children identified with ASDs, 2007
Total prevalence of ASDs: 1.8 per 1,000 (1 in 555)
Boys: 2.1 per 1,000 (1 in 476)
Girls: 1.5 per 1,000 (1 in 670)

Race/Ethnicity

White: 2.4 per 1,000
Black: 1.0 per 1,000
Hispanic: 2.5 per 1,000

Documented ASD Diagnoses

Children with ASD diagnosed in their second 50%
Median autism age ASD was documented in their second
Autism Disorder: 2 years, 10 months
ASD/TDD: 4 years, 4 months
Asperger Disorder: 6 years, 7 months

Overall ASD Prevalence

Number per 1,000 children

Year

2002 2004 2008

ADDAS (in red)
ADDAS (in blue)
ADDAS (in yellow)

SITE INFORMATION

Part of Wisconsin included in ADDA, 2008
10 counties: Dane, Grant, Jefferson, Kewaunee, Manitowish, Outagamie, Racine, Rock, Winnebago, and Waubesa

Population of 8-Year-Old Children in Study Area, 2008

1 State-CD Children: 24,811
White: 61.2%
Black: 16.7%
Hispanic: 12.7%
Asian or Pacific Islander: 3.7%

Table - Counties in the ADDA Network in 2008

ADDAS Network

What do you think about the overall length of the material you reviewed?

- Too long
- Somewhat too long
- Just right
- Somewhat too short
- Too short

Submit my answer »

Screen 2

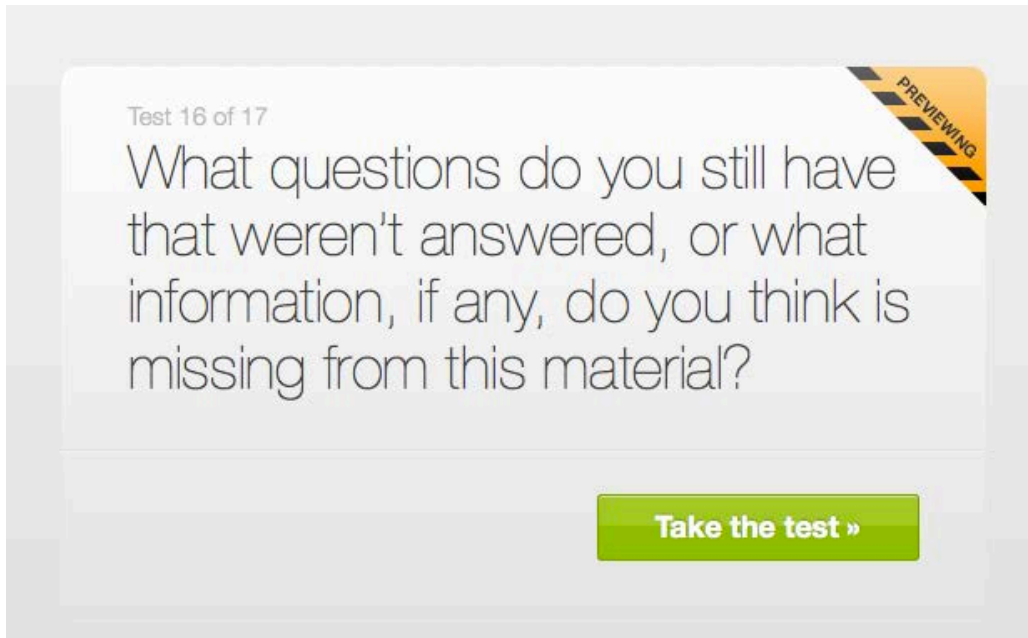
Attachment 2: Click Testing Screen Shots

Task 16

Test 16 of 17

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

Take the test »

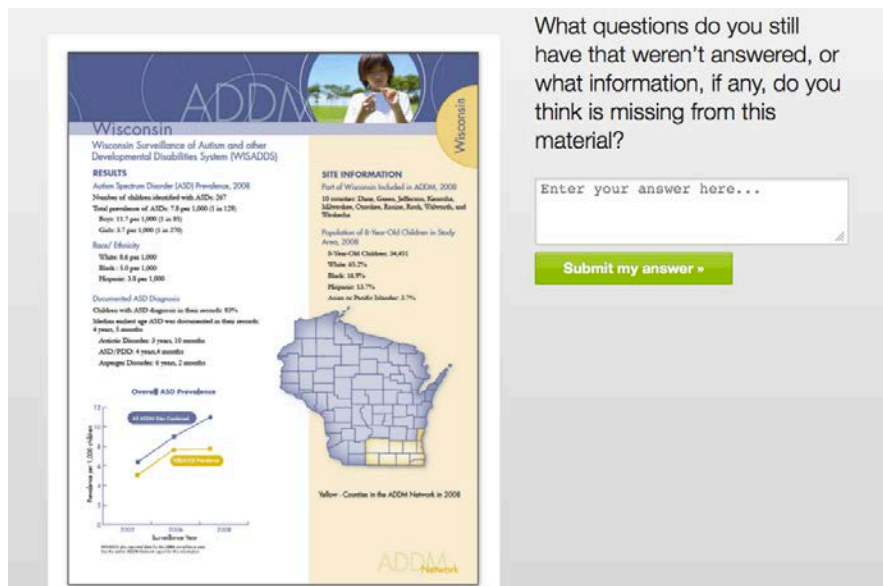


Screen 1

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

Enter your answer here...

Submit my answer »



Wisconsin ADDM
Wisconsin Surveillance of Autism and other Developmental Disabilities System (WSADDSS)

RESULTS
Autism Spectrum Disorder (ASD) Prevalence, 2008
Number of children identified with ASD: 267
Total population of ASD: 7.8 per 1,000 (1 in 128)
Boys: 11.7 per 1,000 (1 in 85)
Girls: 3.7 per 1,000 (1 in 270)

Race/Ethnicity
White: 8.8 per 1,000
Black: 1.0 per 1,000
Hispanic: 3.8 per 1,000

Documented ASD Diagnosis
Children with ASD diagnosed in their second 18th birthday
Autism Spectrum Disorder (ASD) was documented in their second:
Autistic Disorder: 3 years, 13 months
ASD (PDD): 4 years, 6 months
Asperger Disorder: 6 years, 2 months

Overall ASD Prevalence

Surveillance Year	All Children (per 1,000)	ASD (per 1,000)
2005	~4.5	~3.5
2006	~5.5	~4.5
2007	~6.5	~5.5
2008	~7.8	~6.8

SITE INFORMATION
Part of Wisconsin included in ADDM, 2008
19 counties: Dixon, Green, Jefferson, Kauaunoi, Kewaunee, Lincoln, Oconto, Racine, Rock, Waupaca, and Waushara

Population of 8-Year-Old Children in Study Area, 2008
8-Year-Old Children: 34,411
White: 85.2%
Black: 14.8%
Hispanic: 1.7%
Asian or Pacific Islander: 3.7%

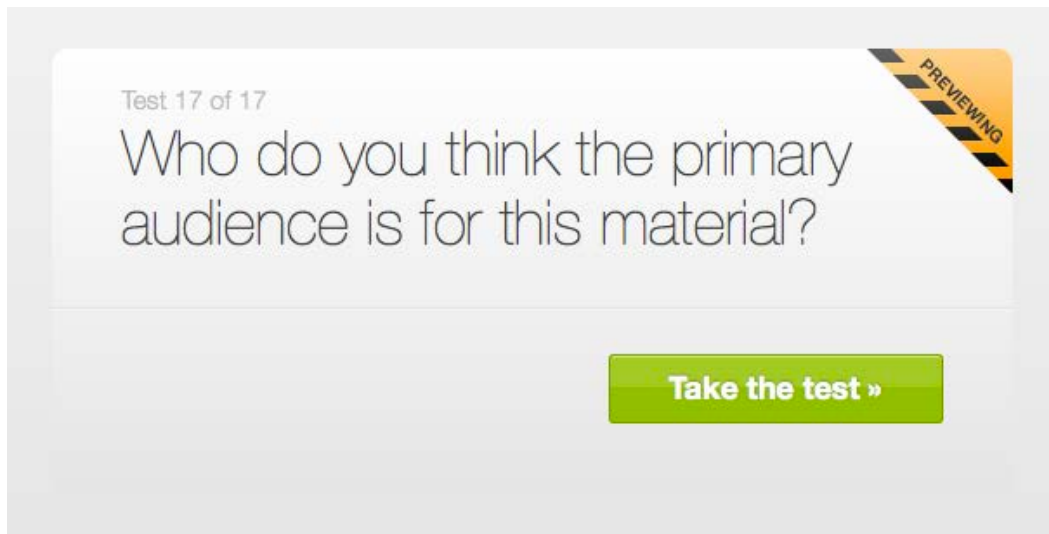
Map: Wisconsin map highlighting counties in the ADDM Network in 2008.

ADDM Network

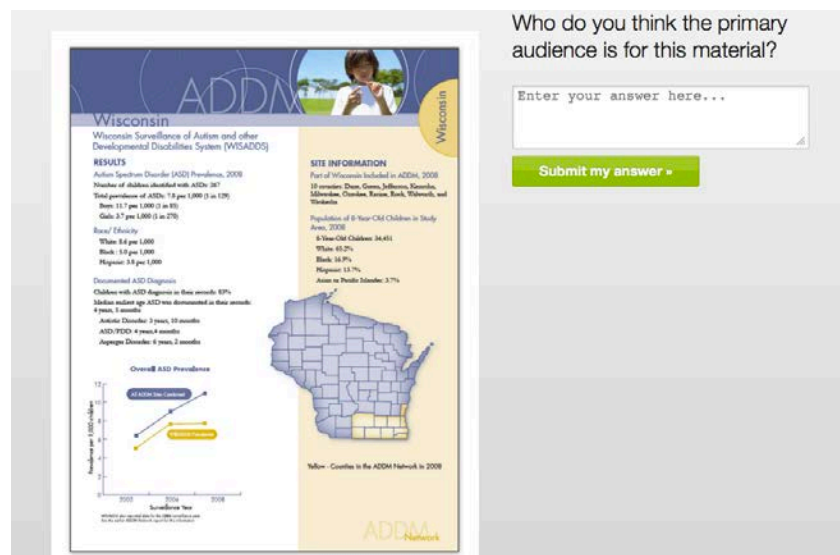
Screen 2

Attachment 2: Click Testing Screen Shots

Task 17



Screen 1

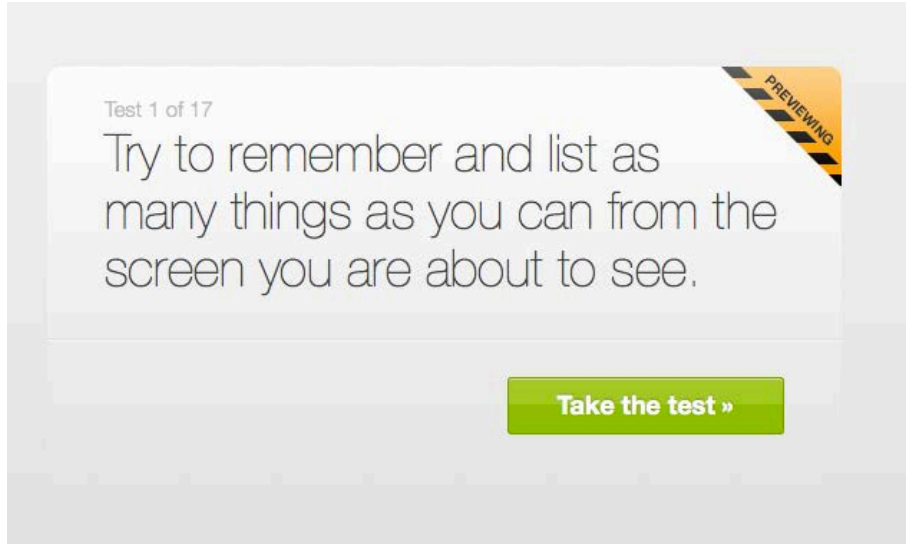


Screen 2

Attachment 2: Click Testing Screen Shots

Material: Healthcare-Associated Infections

Task 1



Screen 1

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

Healthcare-associated Infections (HAIs)

Healthcare-associated Infections > Monitoring HAIs

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Print page

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Atlanta, GA 30333
800-CDC-INFO (800-232-4636)
TTY: (888) 232-63
[Contact CDC - INFO](#)

Healthcare-associated Infections

- HAIs: The Burden
- Monitoring HAIs
- National Healthcare Safety Network (NHSN)
- Emerging Infections Program
- NHSN National HAI Reports
- NHSN State HAI Reports
- Frequently Asked Q and A: Summary Data Reports**
- Types of Infections
- Diseases and Organisms
- Preventing HAIs
- Map: HAI Prevention Activities
- Research
- Patient Safety
- Outpatient Settings
- Long-term Care Settings
- Laboratory Resources
- Outbreak and Patient Notifications
- Widgets, Buttons and Badges
- Multistate Meningitis

CDC's National Healthcare Safety Network (NHSN) Healthcare-associated Infections Summary Data Reports Q and A

- What are these reports?
- How can these reports be used?
- What do these reports tell us about how states are doing at preventing Central line-associated bloodstream infections (CLABSI)s?
- What do these reports tell us about progress in preventing surgical site infections (SSIs)?
- What do these reports tell us about progress in preventing catheter-associated urinary tract infections?
- What is a standardized infection ratio (SIR)?
- How should the SIR be interpreted?
- What does it mean that some states are validating their data?
- Will a state that looks hard for infections have a higher SIR?
- What does "predicted number of infections" mean?
- How do these reports adjust for different types of patients seen in different hospitals?
- What are some reasons a state SIR is higher than 1.0?
- What are some reasons a state SIR is lower than 1.0?
- What is CDC doing about low-performing healthcare facilities?
- What is CDC doing about the states with high SIRs?
- What is the benefit of state HAI reporting?
- Why is NHSN a good surveillance tool to measure HAIs?
- Does my state have a legislative mandate to report healthcare-associated infection data?
- My facility wants to do more to track and reduce infection rates. How can I find out more information?

What are these reports?
The National and State Healthcare-associated Infections (HAI) Standardized Infection Ratio Reports give a snapshot of where the country stands in its efforts to prevent HAIs. They provide both national and state-specific information and are based on data that is reported to CDC's [National Healthcare Safety Network \(NHSN\)](#). Healthcare facilities using NHSN have real-time access to their data for local improvement efforts. This annual report provides analysis of national and state-level HAI data to help

Screen 2

Attachment 2: Click Testing Screen Shots

What can you remember?

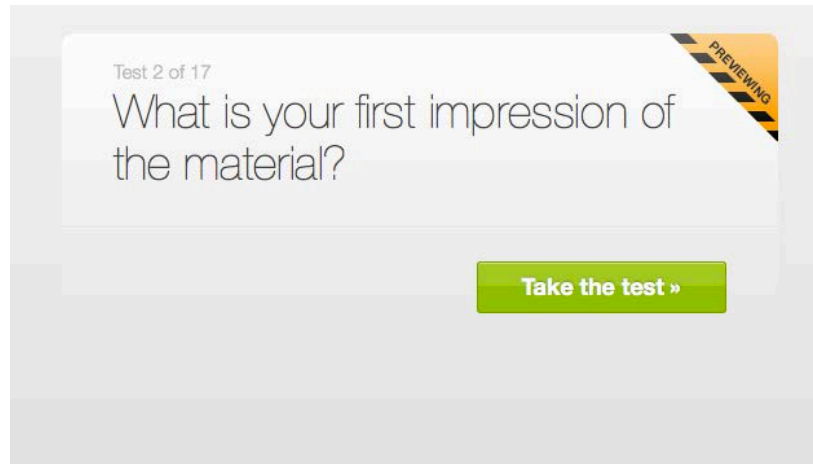
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2.
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5.

[Submit my answers »](#)

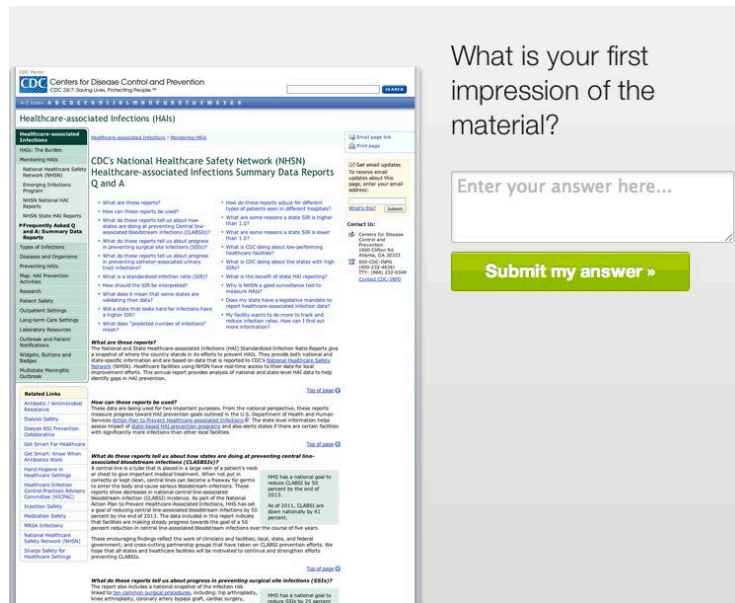
Screen 3

Attachment 2: Click Testing Screen Shots

Task 2



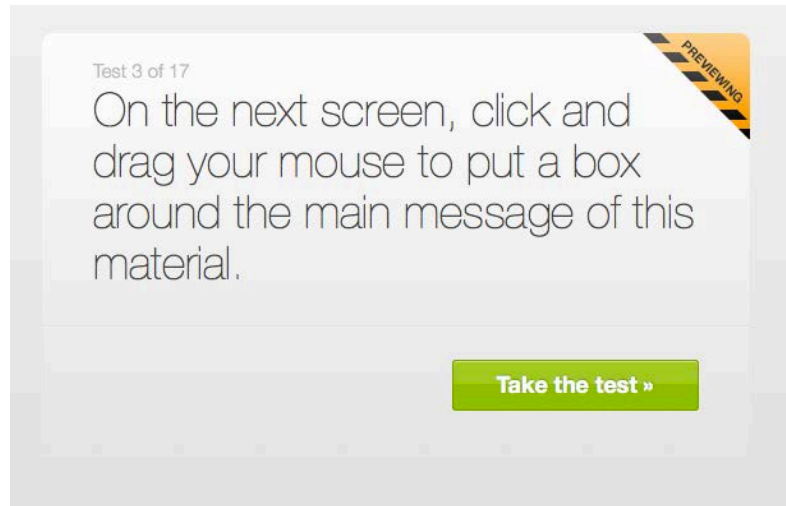
Screen 1



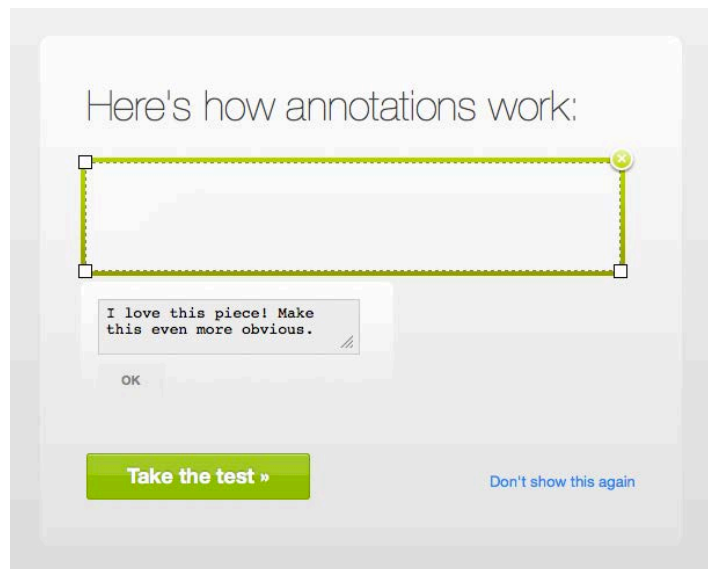
Screen 2

Attachment 2: Click Testing Screen Shots

Task 3



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

A-Z Index: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#) <#>

Healthcare-associated Infections (HAIs)

[Healthcare-associated Infections](#) > [Monitoring HAIs](#)

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 TTY: (888) 232-6348
[Contact CDC-INFO](#)

CDC's National Healthcare Safety Network (NHSN) Healthcare-associated Infections Summary Data Reports Q and A

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Related Links
[Antibiotic / Antimicrobial Resistance](#)

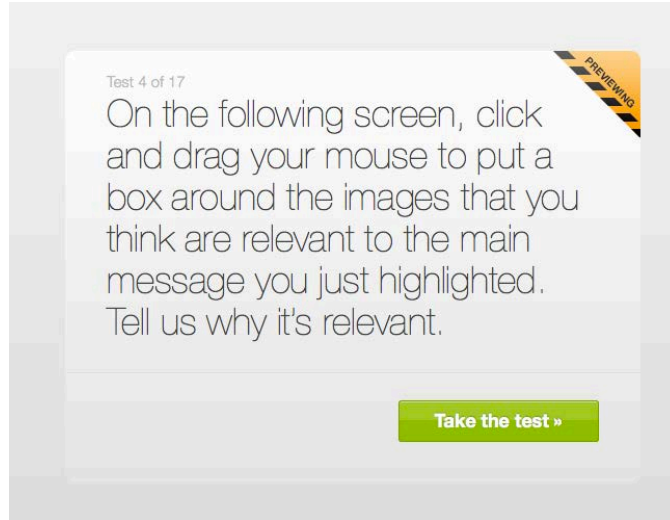
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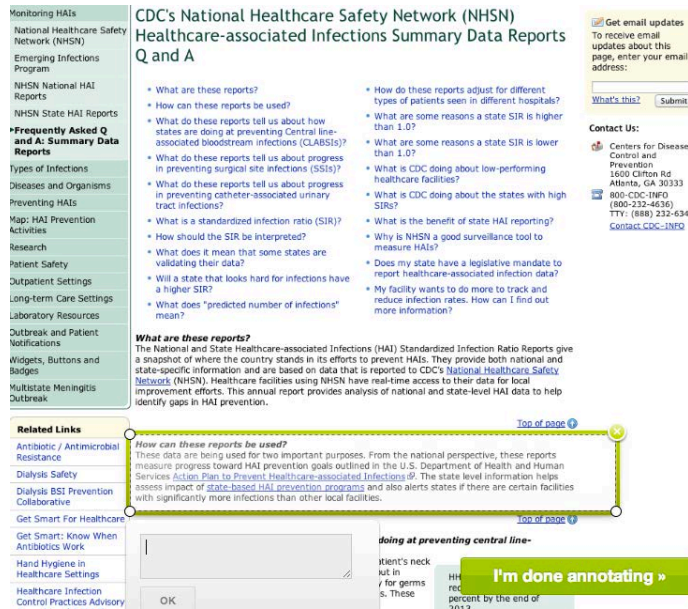
Screen 3

Attachment 2: Click Testing Screen Shots

Task 4



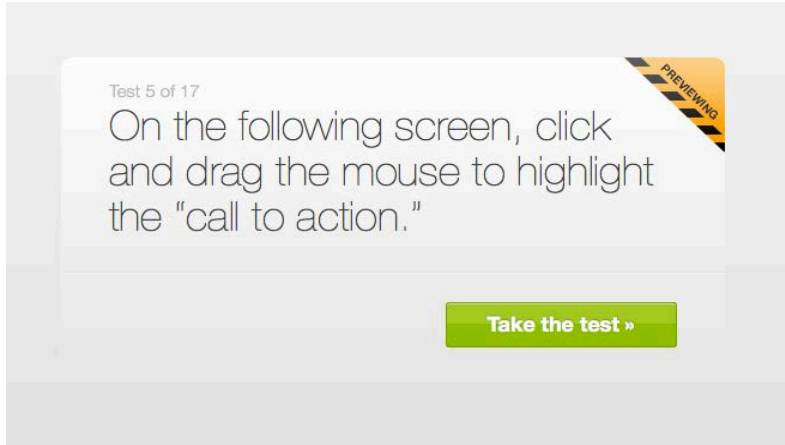
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 5



Screen 1

Monitoring HAIs
National Healthcare Safety Network (NHSN)
Emerging Infections Program
NHSN National HAI Reports
NHSN State HAI Reports
NHSN State HAI Reports
Frequently Asked Q and A: Summary Data Reports
Types of Infections
Diseases and Organisms
Preventing HAIs
Map: HAI Prevention Activities
Research
Patient Safety
Outpatient Settings
Long-term Care Settings
Laboratory Resources
Outbreak and Patient Notifications
Widgets, Buttons and Badges
Multistate Meningitis Outbreak

CDC's National Healthcare Safety Network (NHSN) Healthcare-associated Infections Summary Data Reports Q and A

- What are these reports?
- How can these reports be used?
- What do these reports tell us about how states are doing at preventing Central line-associated bloodstream infections (CLABSI)s?
- What do these reports tell us about progress in preventing surgical site infections (SSI)s?
- What do these reports tell us about progress in preventing catheter-associated urinary tract infections?
- What is a standardized infection ratio (SIR)?
- How should the SIR be interpreted?
- What does it mean that some states are validating their data?
- Will a state that looks hard for infections have a higher SIR?
- What does "predicted number of infections" mean?
- How do these reports adjust for different types of patients seen in different hospitals?
- What are some reasons a state SIR is higher than 1.0?
- What are some reasons a state SIR is lower than 1.0?
- What is CDC doing about low-performing healthcare facilities?
- What is CDC doing about the states with high SIRs?
- What is the benefit of state HAI reporting?
- Why is NHSN a good surveillance tool to measure HAIs?
- Does my state have a legislative mandate to report healthcare-associated infection data?
- My facility wants to do more to track and reduce infection rates. How can I find out more information?

What are these reports?
The National and State Healthcare-associated Infections (HAI) Standardized Infection Ratio Reports give a snapshot of where the country stands in its efforts to prevent HAIs. They provide both national and state-specific information and are based on data that is reported to CDC's [National Healthcare Safety Network \(NHSN\)](#). Healthcare facilities using NHSN have real-time access to their data for local improvement efforts. This annual report provides analysis of national and state-level HAI data to help identify gaps in HAI prevention.

How can these reports be used?
These data are being used for two important purposes. From the national perspective, these reports measure progress toward HAI prevention goals outlined in the U.S. Department of Health and Human Services [Action Plan to Prevent Healthcare-associated Infections](#). The state-level information helps assess impact of [state-based HAI prevention programs](#) and also alerts states if there are certain facilities with significantly more infections than other local facilities.

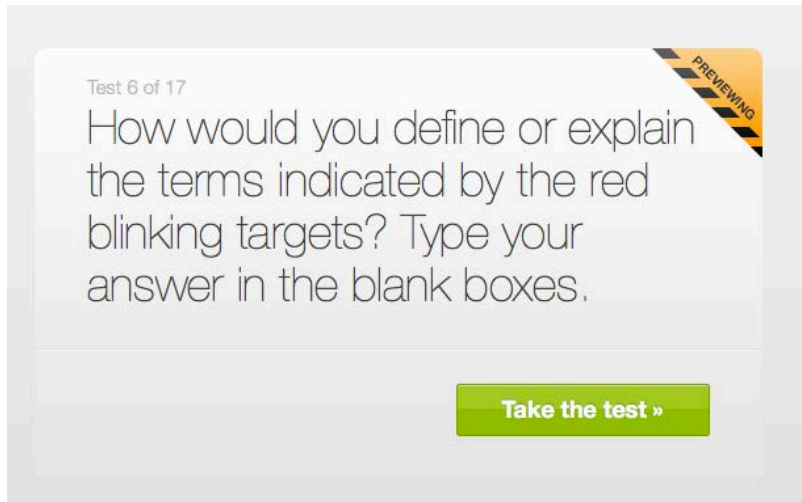
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Screen 2

Attachment 2: Click Testing Screen Shots

Task 6



Screen 1

associated bloodstream infections (CLABSIs)?
A central line is a tube that is placed in a large vein of a patient's neck or chest to give important medical treatment. When not put in correctly or kept clean, central lines can become a freeway for germs to enter the body and cause serious bloodstream infections. Reports show decreases in national central line-associated bloodstream infection (CLABSI) incidence. The National Healthcare Safety Network (NHSN) Action Plan to Prevent Healthcare-Associated Infections has set a goal of reducing central line-associated bloodstream infections by 50 percent by the end of 2013. The data included in this report indicate that facilities are making steady progress towards the goal of a 50 percent reduction in central line-associated bloodstream infections over the course of five years.

HHS has a national goal to reduce CLABSI by 50 percent by the end of 2013. As of 2011, CLABSIs are down nationally by 41 percent.

These encouraging findings reflect the work of clinicians and facilities; local, state, and federal government; and cross-cutting partnership groups that have taken on CLABSI prevention efforts. We hope that all states and healthcare facilities will be motivated to continue and strengthen efforts preventing CLABSIs.

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What do these reports tell us about progress in preventing surgical site infections (SSIs)?
The report also includes a national snapshot of the infections related to common surgical procedures, including hip and knee arthroplasty, coronary artery bypass graft, peripheral vascular bypass surgery, abdominal hysterectomy, colon surgery, rectal surgery, abdominal hysterectomy, and hysterectomy. Although in 2011 there were national improvements from baseline in overall surgical site infections (SSIs) as well as for 9 of the 10 procedure types, there was a wide range in procedure-specific improvements. When limited to continuous reporting hospitals, only SSIs following hip arthroplasty improved between 2010 and 2011. This demonstrates substantial opportunities to improve prevention efforts across all surgical procedures.

As of 2011, SSIs are down nationally by 17 percent.

[Top of page](#)

What do these reports tell us about progress in preventing catheter-associated urinary tract infections?
Although this report shows a national decrease in catheter-associated urinary tract infections (CAUTI) between 2009 and 2010, there was no additional reductions between 2010 and 2011. While there were modest reductions in infections among patients in general wards, there was essentially no additional reduction in critical care locations between 2010 and 2011. The slower progress in reducing catheter-associated urinary tract infections among ICU patients is concerning because these infections drive antibiotic use. While antibiotics are critical for treating bacterial infections, they also put patients at risk for complications including a deadly diarrhea caused by the bacteria *Clostridium difficile*.

HHS has a national goal to reduce CAUTI by 25 percent by the end of 2013. As of 2011, CAUTI are down nationally by 7 percent.

[Top of page](#)

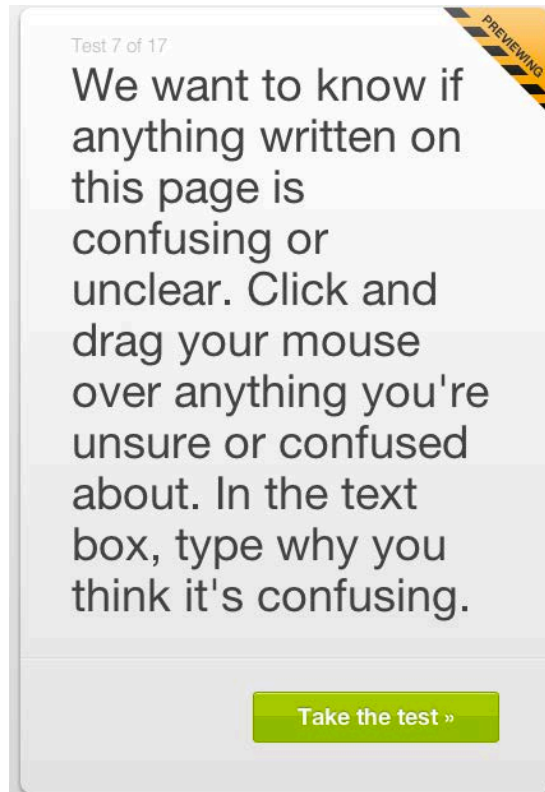
What is a standardized infection ratio (SIR)?
The standardized infection ratio (SIR) is a summary measure used to track HAIs at a facility level over time. The SIR adjusts for the fact that each healthcare facility treats different types of patients. For example, the experience with HAIs at a hospital with a large burn unit patients are more at risk of acquiring infections cannot be directly compared to a facility without a burn unit.

[I'm done labeling »](#)

Screen 2

Attachment 2: Click Testing Screen Shots

Task 7



Screen 1

Attachment 2: Click Testing Screen Shots

<ul style="list-style-type: none">• Infections have been prevented since the baseline period	<ul style="list-style-type: none">• Infections have increased since the baseline period
<ul style="list-style-type: none">• 1 minus the SIR = percent reduction: For example, the SIR of 0.80 means that there was a 20 percent reduction in 2011 from the baseline period	<ul style="list-style-type: none">• SIR minus 1 = percent increase: For example, the SIR of 1.25 means that there was a 25 percent increase in 2011 from the baseline period.

[Top of page](#)

What does it mean that some states are validating their data?
Healthcare facilities and states are encouraged to validate, or double-check, their infection data. In many cases, validating data involves completing an assessment to ensure that all of the required infections were captured in the system. Currently, states that are validating are using different systems. For example, some may evaluate one facility while others may look more broadly. CDC is working with states to determine best practices and to develop standards for validation that can assist states in their validation efforts.

[Top of page](#)

Why is a higher SIR?
States that are validating their data are likely to discover and report more infections. This is reflected in the report those states that are validating their data when evaluating the state's performance.

[Top of page](#)

What is the standard population?
The standard population is based on infections reported to NHSN during January 2006–December 2008. This is known as the standard population. This number is risk adjusted and includes data collected from all facilities—under state mandates or not. To calculate the SIR, CDC compares the number of infections that occurred during a certain time period to the number in this standard population.

[Top of page](#)

How do these reports adjust for different types of patients seen in different hospitals?
Hospitals may see different patients, referred to as a hospital's patient mix. The CLABSI and CAUTI SIRs are adjusted by type of patient care location, hospital affiliation with a medical school, and bed size of the patient care location. Other factors, such as facility bed size, were not associated with differences in the SIR and therefore were not included in SIR risk adjustment. For SSI SIRs, risk models were constructed specifically for this report, evaluating all available procedure-related risk factors (e.g., duration of surgery, surgical wound class, use of endoscopes, status as re-operation, patient age, and patient assessment at time of anesthesia (ASA score)) to provide the best possible adjustment for differences in patient-mix within each type of surgery.

[Top of page](#)

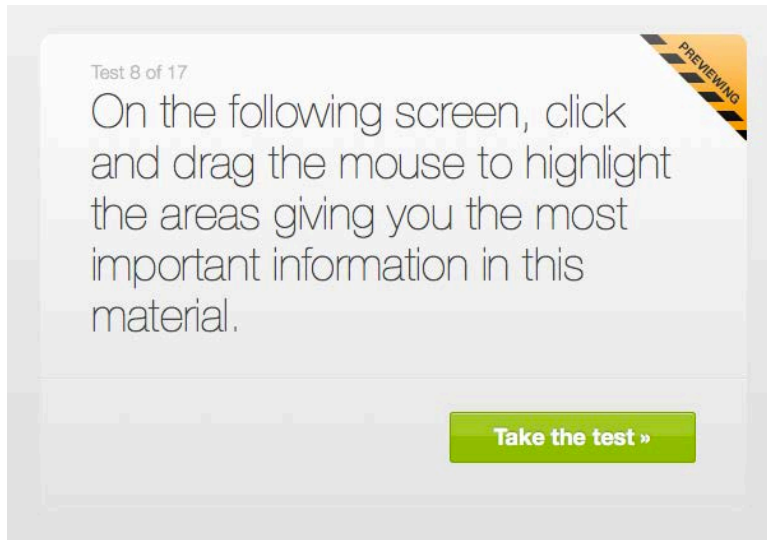
What are some reasons a state SIR is higher than 1.0?
In many cases, high SIRs simply reflect a need for stronger HAI prevention efforts. Several other factors may also play a role such as better validation of reported data leading to the discovery and reporting of more infections by hospitals.

It is important to note that an SIR of less than 1.0 is a positive finding, but it does not mean that all work is done. Research has shown that rates of HAIs can be reduced further.

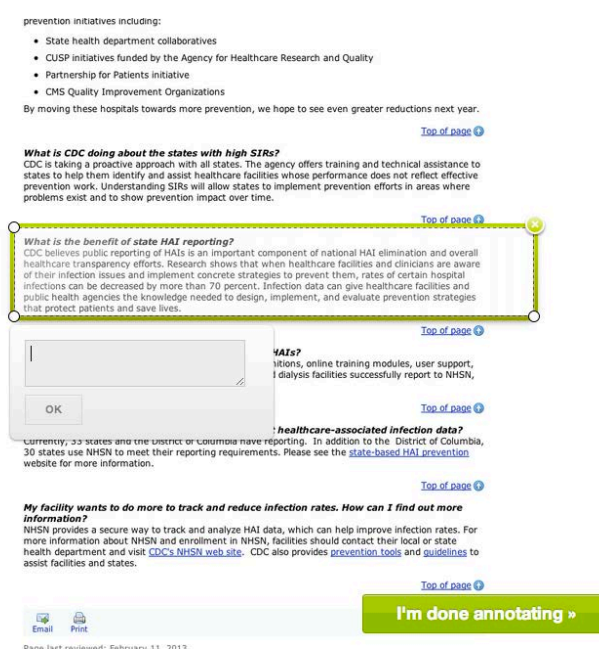
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Attachment 2: Click Testing Screen Shots

Task 8



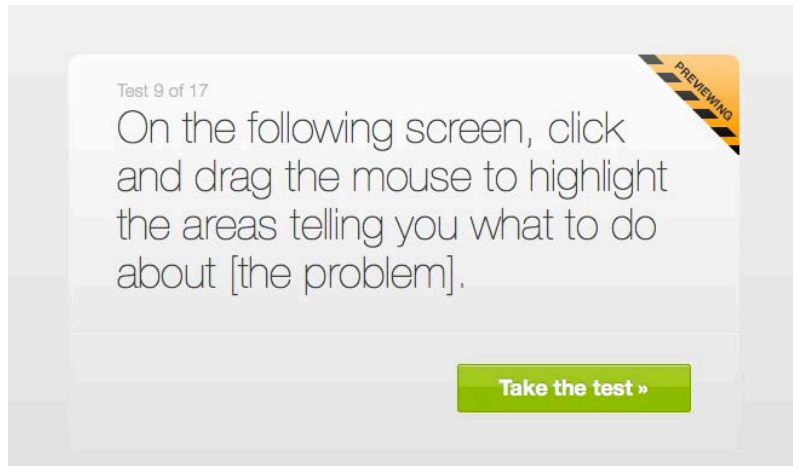
Screen 1



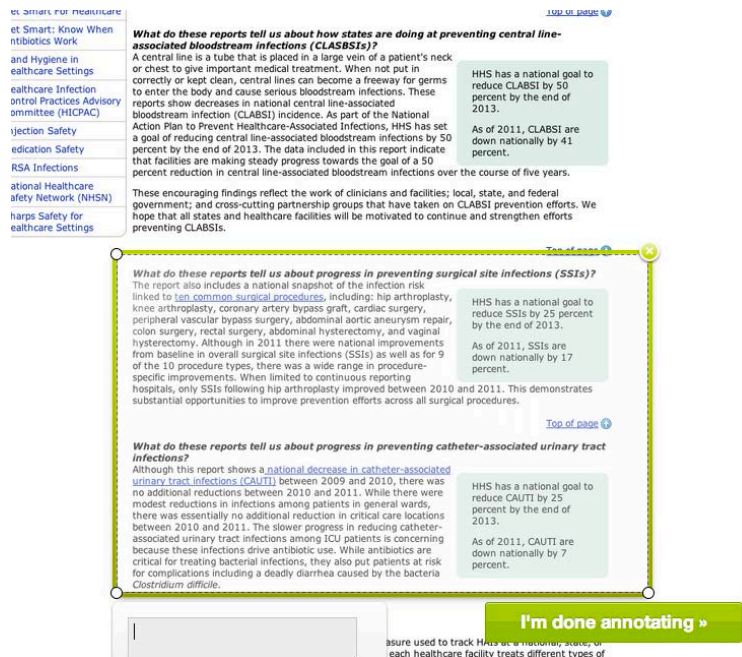
Screen 2

Attachment 2: Click Testing Screen Shots

Task 9



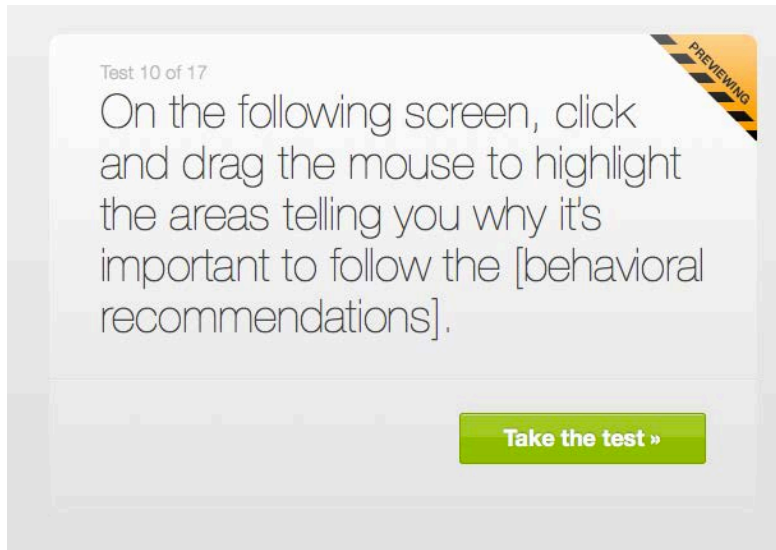
Screen 1



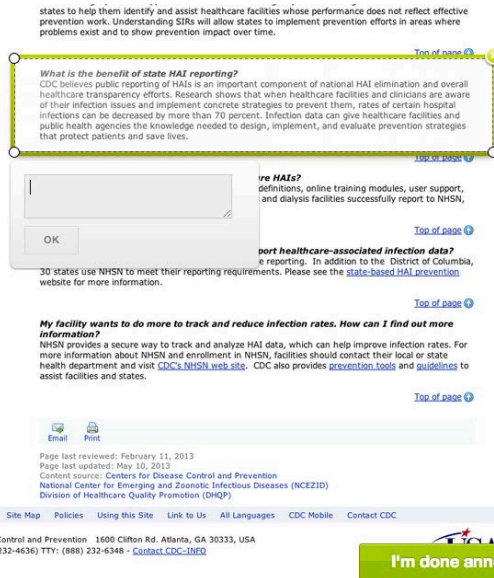
Screen 2

Attachment 2: Click Testing Screen Shots

Task 10



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 11

Test 11 of 17

On the following screen, click and drag the mouse to highlight any numbers that are confusing or unclear. In the text box, type why you think they're confusing.

Take the test »

Screen 1

unit.

The method of calculating an SIR is similar to the method used to calculate the Standardized Mortality Ratio (SMR), a statistic widely used in public health to analyze mortality data. In HAI data analysis, the SIR compares the actual number of HAIs in a facility or state with the baseline U.S. experience (i.e., standard population), adjusting for several risk factors that have been found to be most associated with differences in infection rates.

[Top of page](#)

How should the SIR be interpreted?

If the **SIR is 1**, then the number of infections reported to NHSN is the same as the number of predicted infections. Another way to think about this – if the SIR is 1, then we saw the same number of infections in 2011 as we did during the baseline period – no progress has been made in reducing infections since the baseline period.

If the **SIR is less than 1**, then there were fewer infections reported in 2011 than what we would have predicted given the baseline data. In other words, progress has been made since the baseline period.

If the **SIR is greater than 1**, then there were more infections reported in 2011 than what we would have predicted given the baseline data.

SIR less than 1	SIR greater than 1
<ul style="list-style-type: none">Fewer infections than what would have been predicted given baseline data	<ul style="list-style-type: none">More infections than what would have been predicted given baseline data
<ul style="list-style-type: none">Infections have been prevented since the baseline period	<ul style="list-style-type: none">Infections have increased since the baseline period
<ul style="list-style-type: none">1 minus the SIR = percent reduction: For example, the SIR of 0.80 means that there was a 20 percent reduction in 2011 from the baseline period	<ul style="list-style-type: none">SIR minus 1 = percent increase: For example, the SIR of 1.25 means that there was a 25 percent increase in 2011 from the baseline period.

[Top of page](#)

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[Top of page](#)

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States that validate data and employ other advanced tools for detecting HAIs are likely to discover and report more infections. For that reason, we have indicated in the report those states that are validating data so that these efforts are taken into consideration when evaluating the s

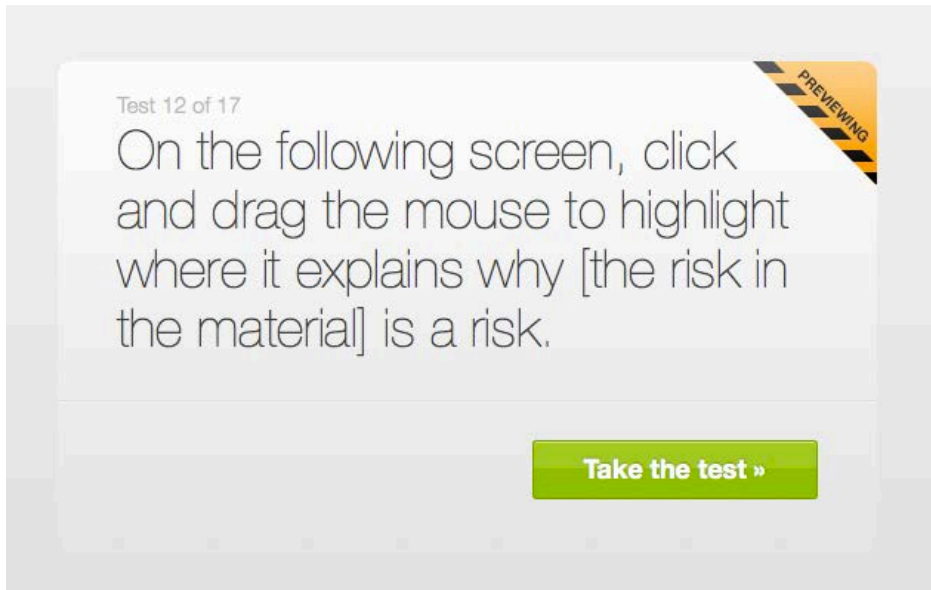
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What does "predicted number of infections" mean?

Screen 2

Attachment 2: Click Testing Screen Shots

Task 12



Screen 1

Related Links

- Antibiotic / Antimicrobial Resistance
- Dialysis Safety
- Dialysis BSI Prevention Collaborative
- Get Smart For Healthcare
- Get Smart: Know When Antibiotics Work
- Hand Hygiene in Healthcare Settings
- Healthcare Infection Control Practices Advisory Committee (HICPAC)
- Infection Safety
- Medication Safety
- MRSA Infections
- National Healthcare Safety Network (NHSN)
- Sharps Safety for Healthcare Settings

How can these reports be used?
These data are being used for two important purposes. From the national perspective, these reports measure progress toward HAI prevention goals outlined in the U.S. Department of Health and Human Services [Action Plan to Prevent Healthcare-associated Infections](#). The state level information helps assess impact of [state-based HAI prevention programs](#) and also alerts states if there are certain facilities with significantly more infections than other local facilities.

What do these reports tell us about how states are doing at preventing central line-associated bloodstream infections (CLABSIs)?
A central line is a tube that is placed in a large vein of a patient's neck or chest to give important medical treatment. When not put in correctly or kept clean, central lines can become a freeway for germs to enter the body and cause serious bloodstream infections. These reports show decreases in national central line-associated bloodstream infection (CLABSI) incidence. As part of the National Action Plan to Prevent Healthcare-Associated Infections, HHS has set a goal of reducing central line-associated bloodstream infections by 50 percent by the end of 2013. The data included in this report indicate that facilities are making steady progress towards the goal of a 50 percent reduction in central line-associated bloodstream infections over the course of five years.

HHS has a national goal to reduce CLABSI by 50 percent by the end of 2013.

As of 2011, CLABSI are down nationally by 41 percent.

Preventing surgical site infections (SSIs)?
Surgical site infections (SSIs) are a risk for many types of surgery, including hip and knee replacement, hernia repair, gallbladder removal, and vaginal hysterectomy. As of 2011, SSIs are down nationally by 17 percent.

HHS has a national goal to reduce SSIs by 25 percent by the end of 2013.

As of 2011, SSIs are down nationally by 17 percent.

What do these reports tell us about progress in preventing catheter-associated urinary tract infections?
Although this report shows a [national decrease in catheter-associated urinary tract infections \(CAUTI\)](#) between 2009 and 2010, there was no additional reductions between 2010 and 2011. While there were modest reductions in infections among patients in general wards, there was essentially no additional reduction in critical care locations between 2010 and 2011. The slower progress in reducing catheter-associated urinary tract infections among ICU patients is concerning.

HHS has a national goal to reduce CAUTI by 20 percent by the end of 2013.

As of 2011, CAUTI are down nationally by 10 percent.

OK

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 13

Test 13 of 17

On the following screen, click and drag the mouse to highlight the areas that address the risks and benefits of the [behavioral recommendations].

Take the test »

Screen 1

states to help them identify and assist healthcare facilities whose performance does not reflect effective prevention work. Understanding SIFs will allow states to implement prevention efforts in areas where problems exist and to show prevention impact over time.

What is the benefit of state HAI reporting?
CDC believes public reporting of HAIs is an important component of national HAI elimination and overall healthcare transparency efforts. Research shows that when healthcare facilities and clinicians are aware of their infection issues and implement concrete strategies to prevent them, rates of certain hospital infections can be decreased by more than 70 percent. Infection data can give healthcare facilities and public health agencies the knowledge needed to design, implement, and evaluate prevention strategies that protect patients and save lives.

What are HAI definitions?
CDC provides definitions, online training modules, user support, and dialysis facilities successfully report to NHSN.

How do I report healthcare-associated infection data?
30 states use NHSN to meet their reporting requirements. Please see the [state-based HAI prevention website](#) for more information.

My facility wants to do more to track and reduce infection rates. How can I find out more information?
NHSN provides a secure way to track and analyze HAI data, which can help improve infection rates. For more information about NHSN and enrollment in NHSN, facilities should contact their local or state health department and visit [CDC's NHSN web site](#). CDC also provides [prevention tools](#) and [guidelines](#) to assist facilities and states.

Page last reviewed: February 11, 2013
Page last updated: May 10, 2013
Content source: Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)
Division of Healthcare Quality Promotion (DHQP)

Home A-Z Index Site Map Policies Using this Site Link to Us All Languages CDC Mobile Contact CDC

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA
9-CDC-INFO (800-232-4636) TTY: (888) 232-6348 - [Contact CDC-INFO](#)

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 14

Test 14 of 17

On the following screen, click and drag the mouse to highlight areas that explain or help you understand the [numeric probability].

PREVIEWING

Take the test »

Screen 1

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The method of calculating an SIR is similar to the method used to calculate the Standardized Mortality Ratio (SMR), a statistic widely used in public health to analyze mortality data. In HAI data analysis, the SIR compares the actual number of HAIs in a facility or state with the baseline U.S. experience (i.e., standard population), adjusting for several risk factors that have been found to be most associated with differences in infection rates.

[Top of page](#)

How should the SIR be interpreted?

If the **SIR is 1**, then the number of infections reported to NHSN is the same as the number of predicted infections. Another way to think about this – if the SIR is 1, then we saw the same number of infections in 2011 as we did during the baseline period – no progress has been made in reducing infections since the baseline period.

If the **SIR is less than 1**, then there were fewer infections reported in 2011 than what we would have predicted given the baseline data. In other words, progress has been made since the baseline period.

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[Top of page](#)

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[Top of page](#)

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States that validate data and employ other advanced tools for detecting HAIs are likely to discover and report more infections. For that reason, we have indicated in the report those states that are validation data so that these efforts are taken into consideration when evaluating the s

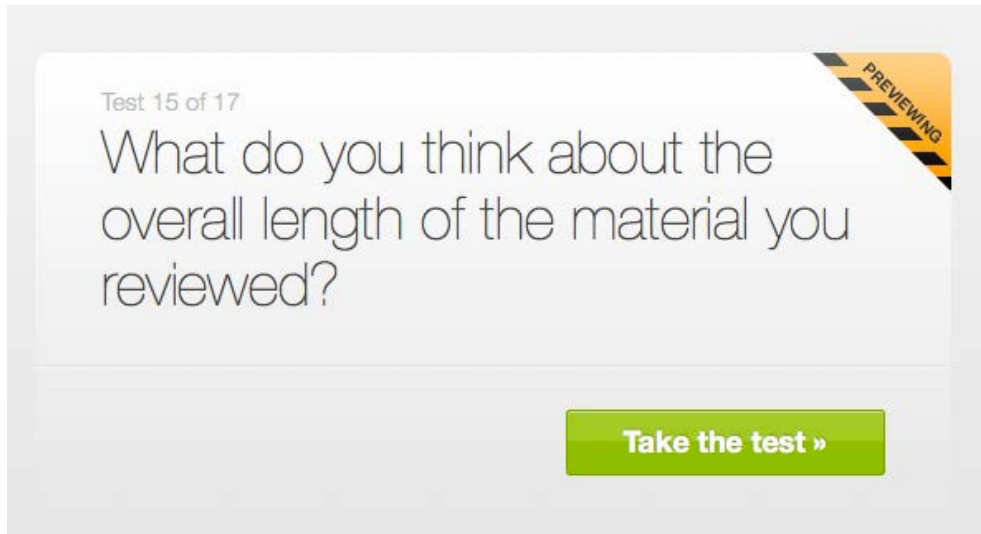
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What does "predicted number of infections" mean?

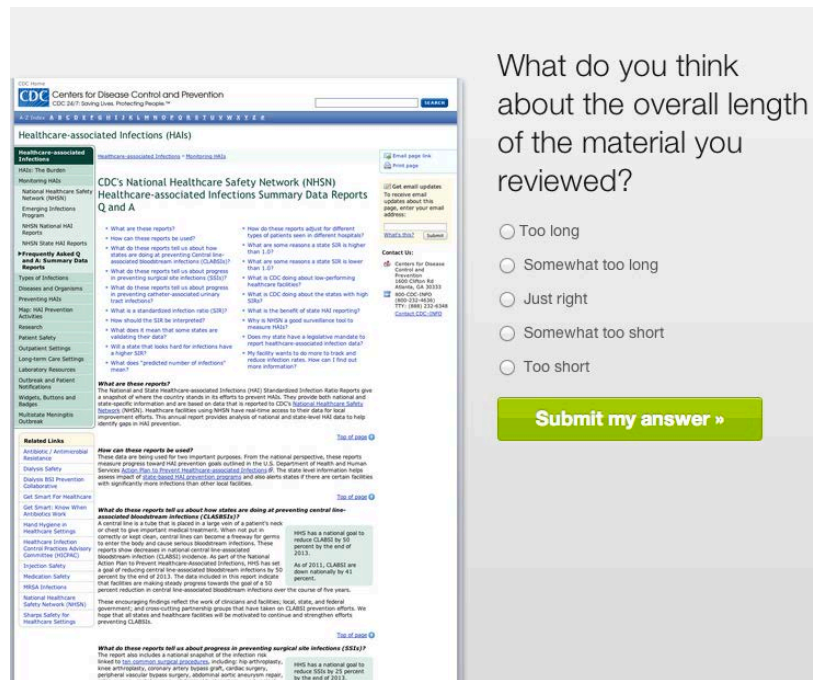
Screen 2

Attachment 2: Click Testing Screen Shots

Task 15



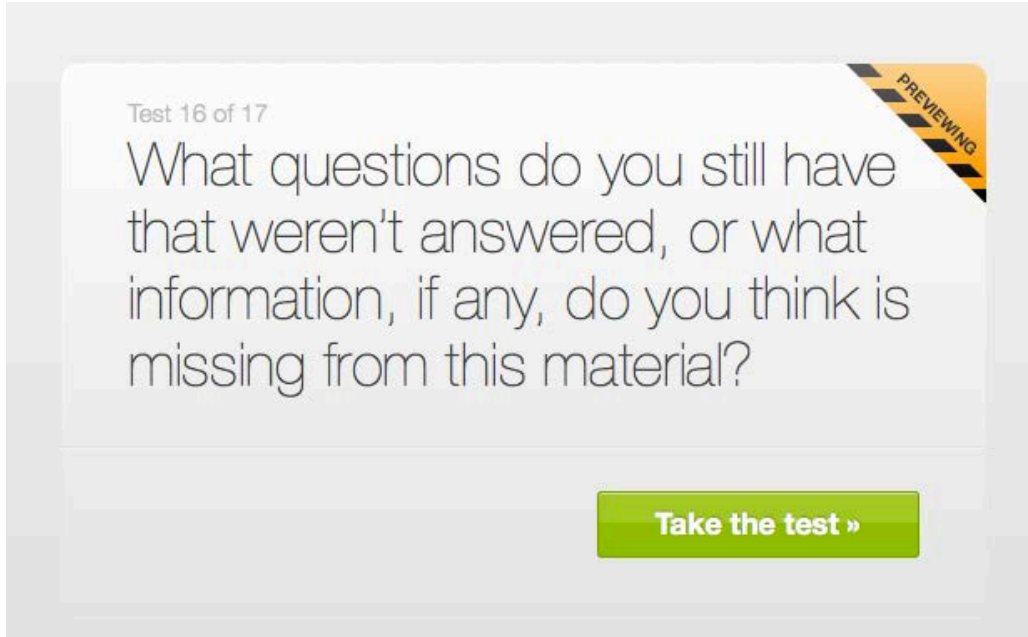
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 16



Screen 1



What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

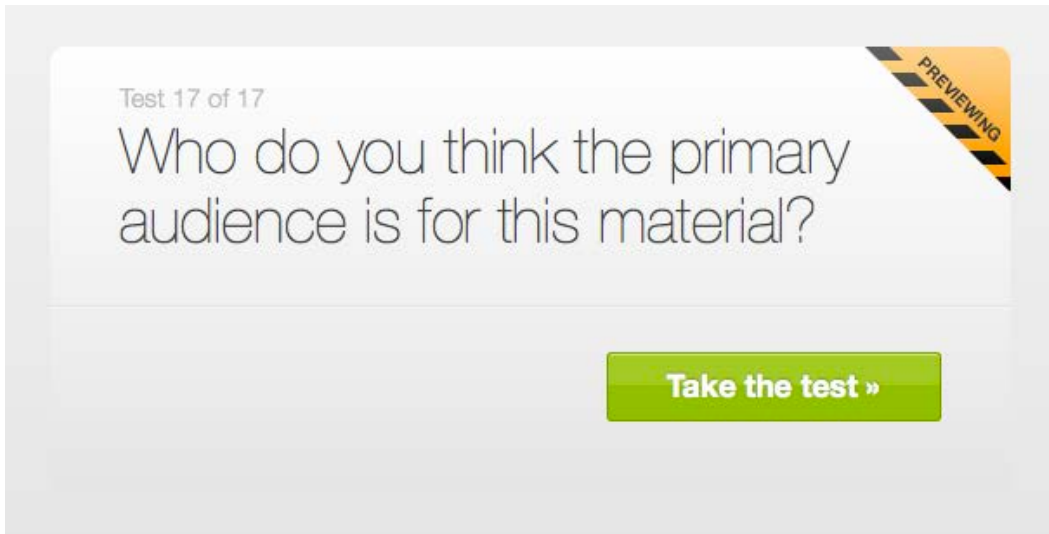
Enter your answer here...

Submit my answer »

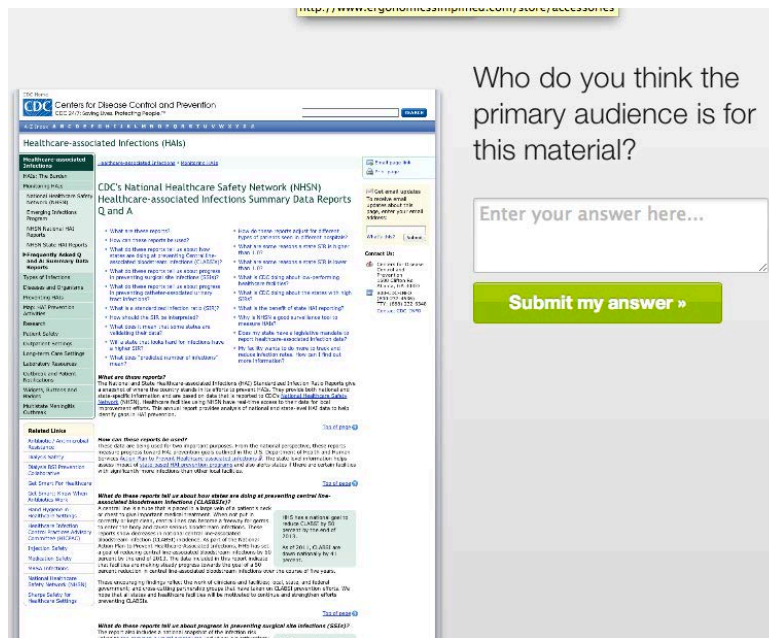
Screen 2

Attachment 2: Click Testing Screen Shots

Task 17



Screen 1

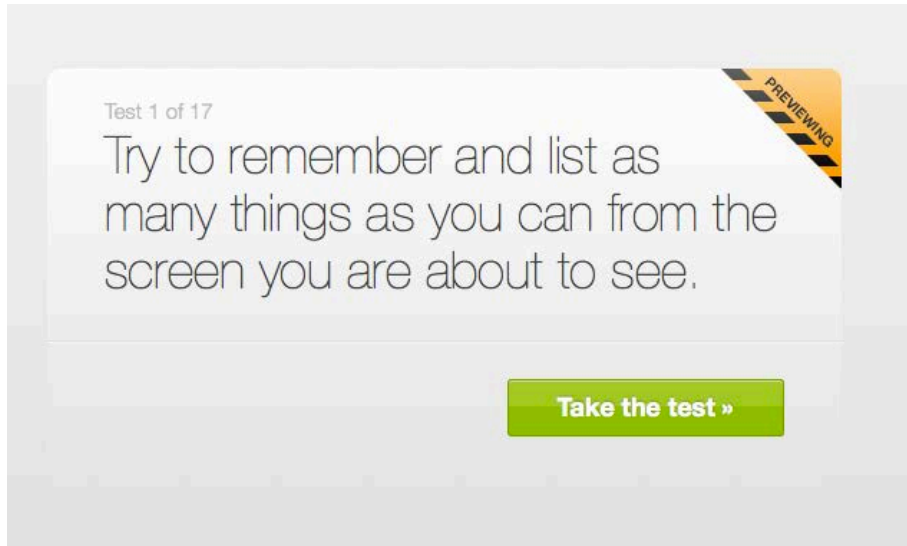


Screen 2

Attachment 2: Click Testing Screen Shots

Material: Heart Disease Fact Sheet

Task 1



Screen 1

Attachment 2: Click Testing Screen Shots

Heart Disease Facts

America's Heart Disease Burden

- About **600,000** people die of heart disease in the United States every year—that's **1 in every 4 deaths!**
- Heart disease is the leading cause of death for both men and women. **More than HALF** of the deaths due to heart disease in 2009 were in men.¹
- Coronary heart disease is the most common type of heart disease, killing more than **383,000** people annually.²
- Every year about **715,000** Americans have a heart attack. Of those, 325,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.³
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.⁴ This total includes the cost of health care services, medications, and lost productivity.

Deaths Vary by Ethnicity

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders, heart disease is second only to cancer. Below are the percentages of all deaths caused by heart disease in 2008, listed by ethnicity.⁵

Race of Ethnic Group	% of Deaths
African Americans	24.5
American Indians or Alaska Natives	18.0
Asians or Pacific Islanders	23.2
Hispanics	20.8
Whites	25.1
All	23.9

Deaths Vary by Geography

During 2007–2009, death rates due to heart disease were highest in the South and lowest in the West.

Heart Disease Death Rates, 2007-2009
Adults Ages 35+, by County

Screen 2

What can you remember?

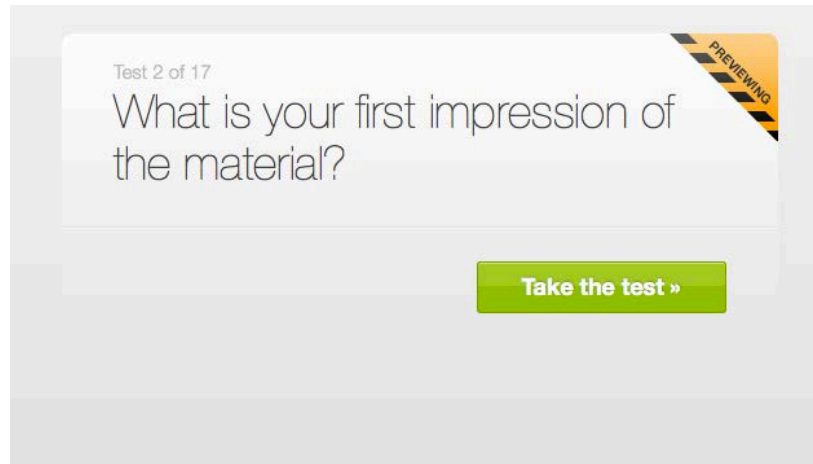
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[Submit my answers »](#)

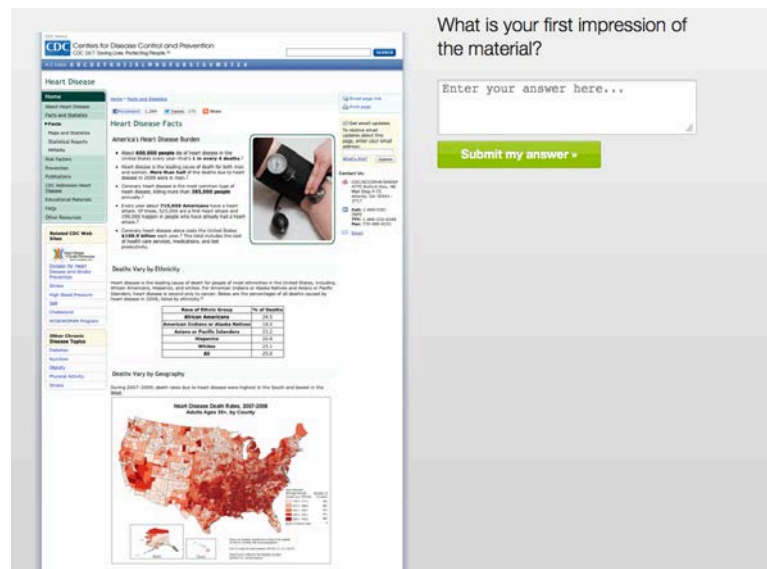
Screen 3

Attachment 2: Click Testing Screen Shots

Task 2



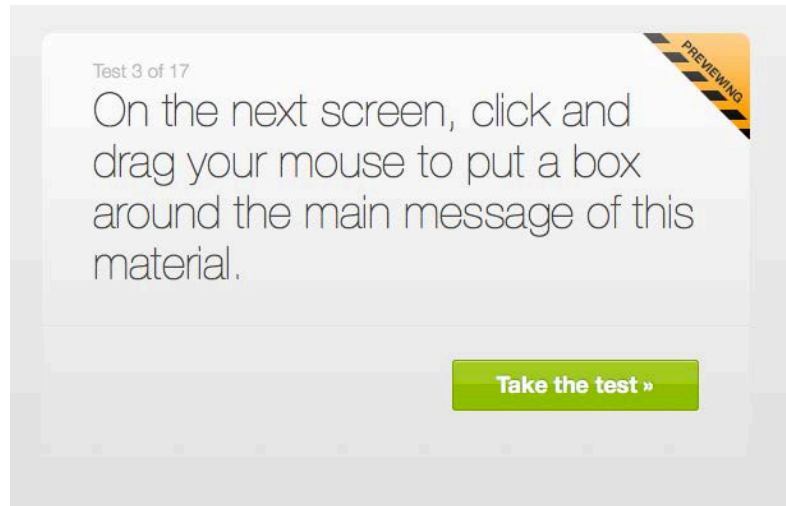
Screen 1



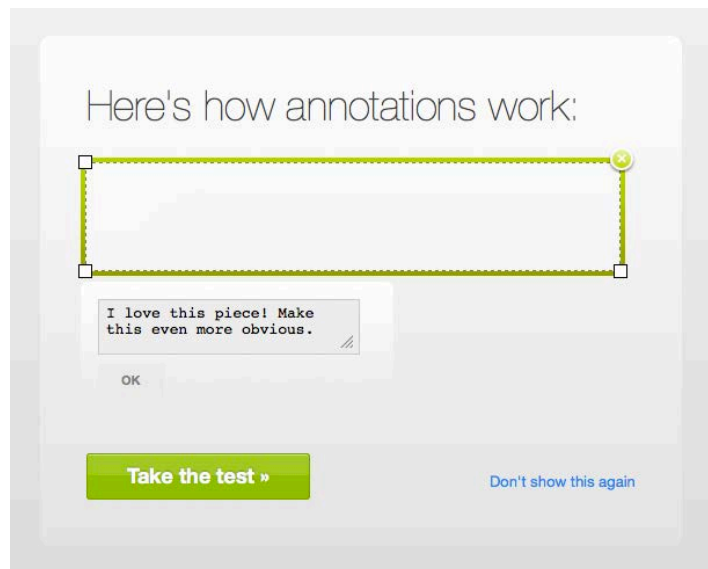
Screen 2

Attachment 2: Click Testing Screen Shots

Task 3



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

The screenshot shows the CDC website's 'Heart Disease Facts' page. The page features a navigation menu on the left, a main content area with a list of facts, a sidebar with 'Related CDC Web Sites', and a 'Contact Us' section on the right. A yellow dashed box highlights the 'America's Heart Disease Burden' section, and a green box highlights the 'I'm done annotating' button. A search bar is located at the top right.

Heart Disease Facts

America's Heart Disease Burden

- About **600,000** people die of heart disease in the United States every year—that's **1 in every 4 deaths**.¹
- Heart disease is the leading cause of death for both men and women. **More than half** of the deaths due to heart disease in 2009 were in men.¹
- Coronary heart disease is the most common type of heart disease, killing more than **385,000** people annually.¹
- Every year about **715,000** Americans have a heart attack. Of these, 525,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.²
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.³ This total includes the cost of health care services, medications, and lost productivity.

Related CDC Web Sites

- Division for Heart Disease and Stroke Prevention
- Stroke
- High Blood Pressure
- Salt
- Cholesterol

Contact Us:

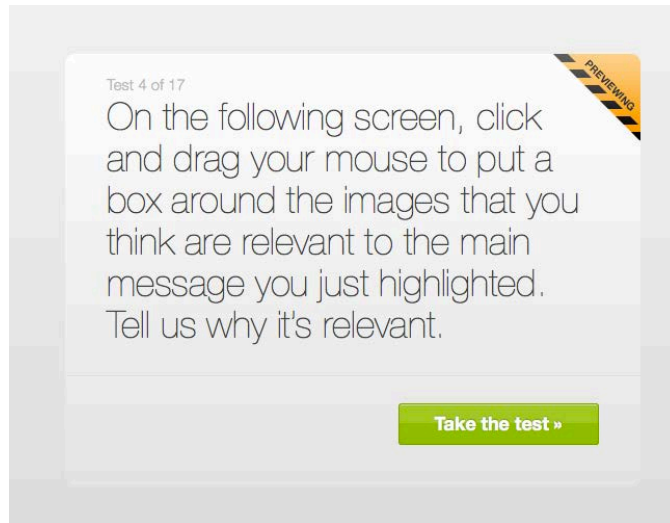
- CDC/NCCDPHP/DHDSPP
4770 Buford Hwy, NE
Mail Stop F-72
Atlanta, GA 30341-3717
- Call: 1-800-CDC-INFO
TTY: 1-888-232-6348
Fax: 770-488-8151
- Email

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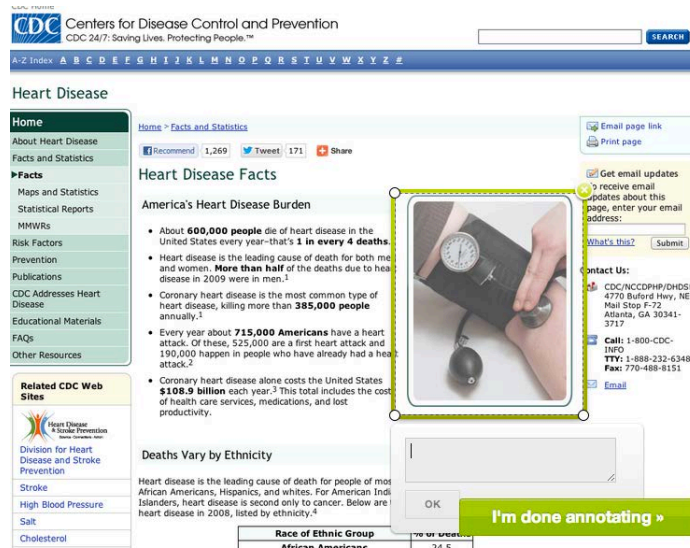
Screen 3

Attachment 2: Click Testing Screen Shots

Task 4



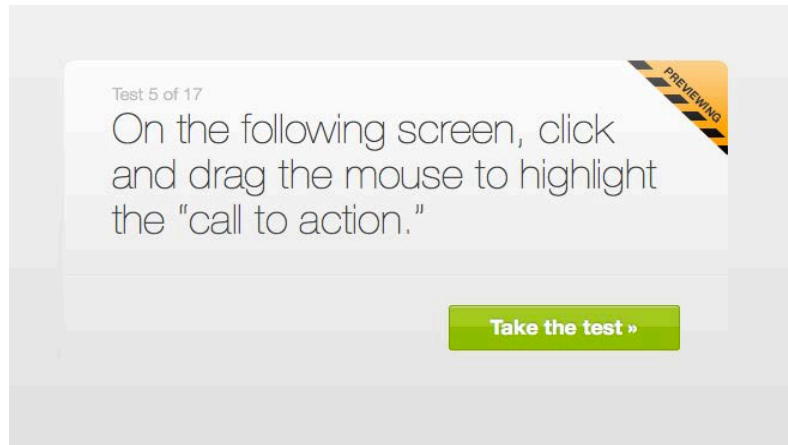
Screen 1



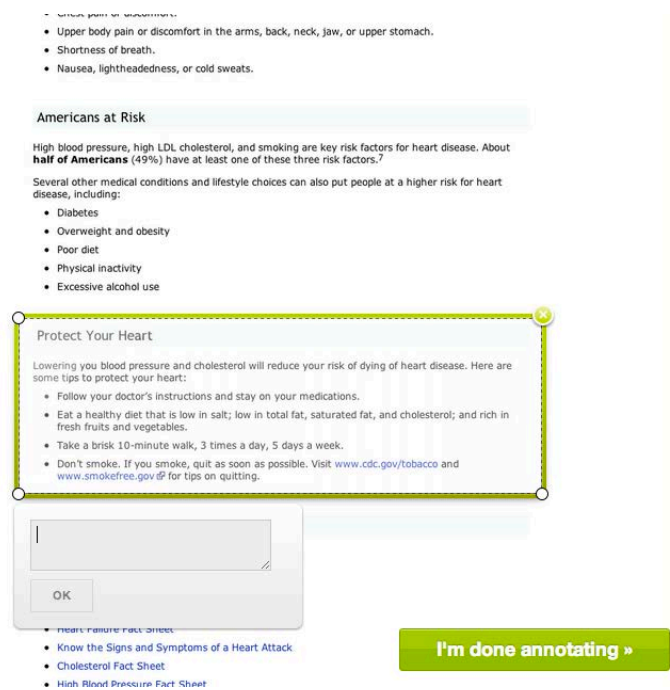
Screen 2

Attachment 2: Click Testing Screen Shots

Task 5



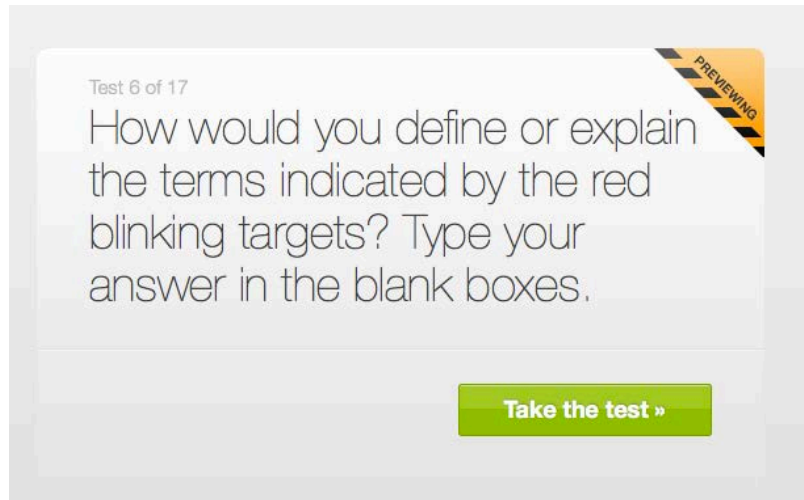
Screen 1



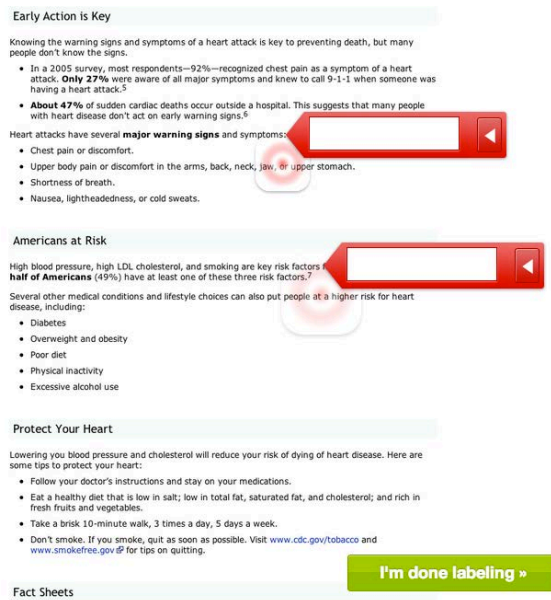
Screen 2

Attachment 2: Click Testing Screen Shots

Task 6



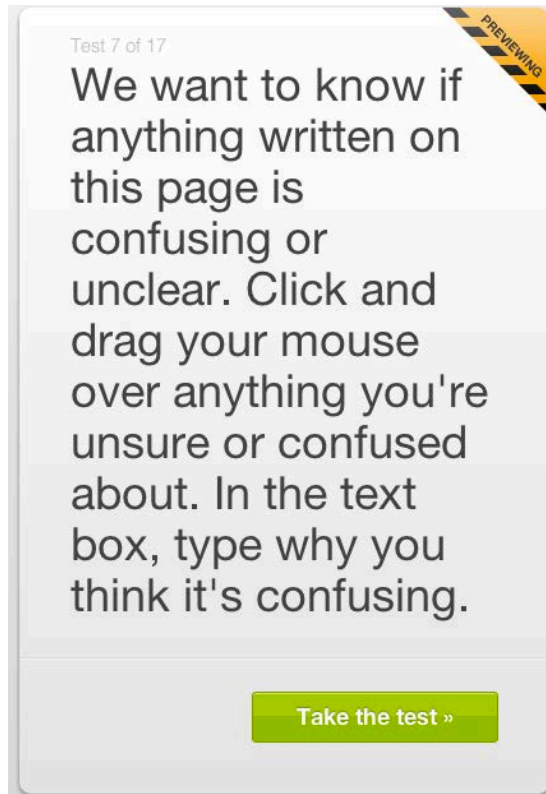
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 7



Screen 1

Age-Adjusted Average Annual Deaths per 100,000

Age-Adjusted Average Annual Deaths per 100,000	Number of Counties
108.4 - 115.2	986
115.2 - 122.0	641
122.0 - 128.7	582
128.7 - 145.5	541
145.5 - 162.3	513

No recorded data: 1

States not included: insufficient to represent the overall picture in counties with small populations.

ICD-10 codes for heart disease: I00-109, I12, I20-129

Data Source: National Center for Health Statistics and the U.S. Census Bureau

Early Action is Key

Knowing the warning signs and symptoms of a heart attack is key to preventing death, but many people don't know the signs.

In a 2005 survey, most respondents—92%—recognized chest pain as a symptom of a heart attack. Only 27% were aware of all major symptoms and knew to call 9-1-1 when someone was having a heart attack.⁵

About 47% of sudden cardiac deaths occur outside a hospital. This suggests that many people with heart disease don't act on early warning signs.⁶

Heart attacks have several major warning signs and symptoms:

• Pain in the chest, arms, or upper stomach.

OK

I'm done annotating »

High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease. About half of Americans (49%) have at least one of these three risk factors.⁷

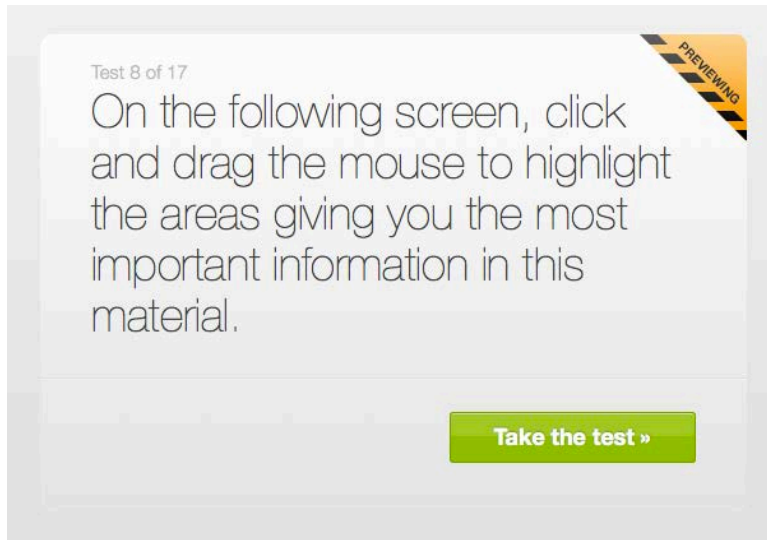
Several other medical conditions and lifestyle choices can also put people at risk for heart disease, including:

- Diabetes

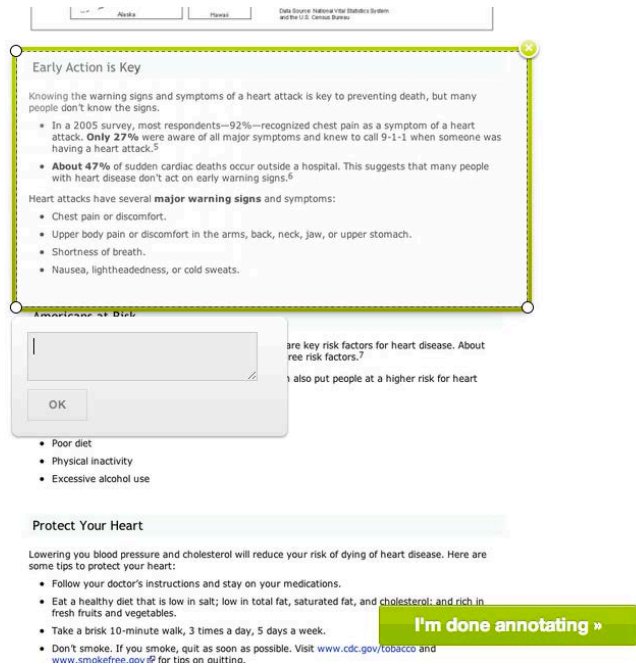
Screen 2

Attachment 2: Click Testing Screen Shots

Task 8



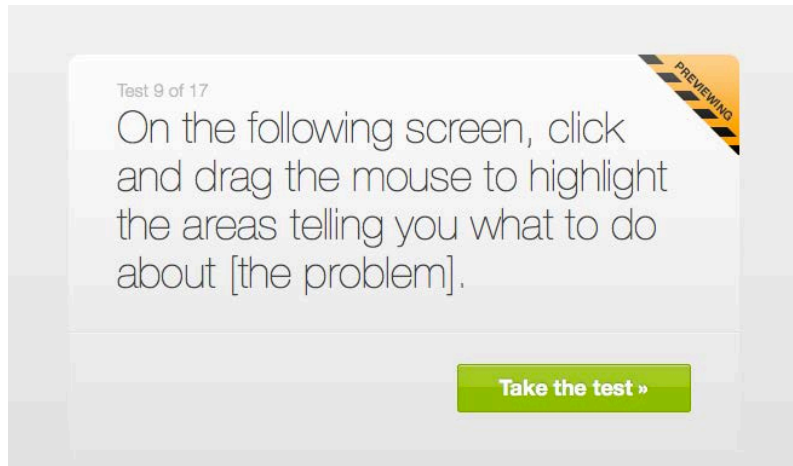
Screen 1



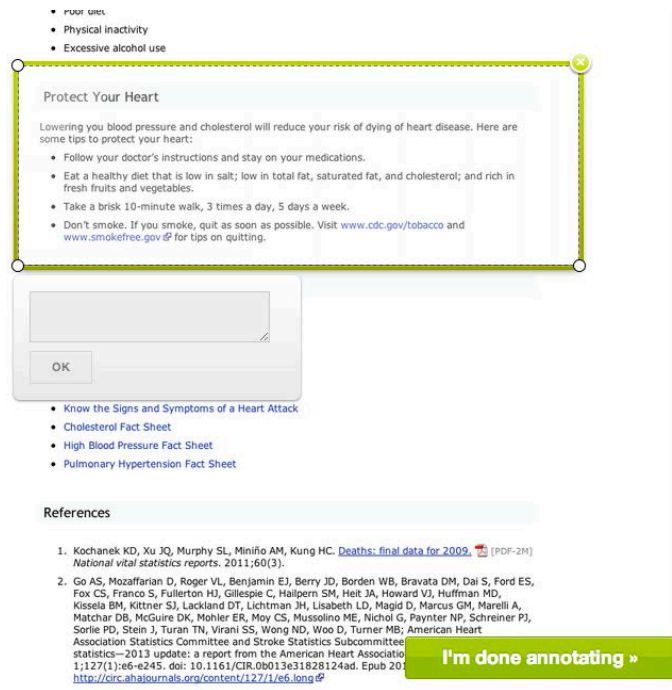
Screen 2

Attachment 2: Click Testing Screen Shots

Task 9



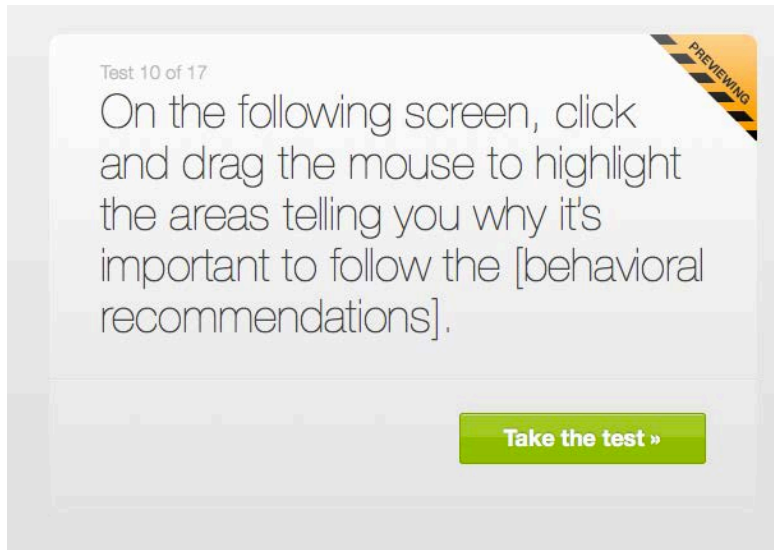
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 10



Screen 1

Heart Disease Facts

Home > Facts and Statistics

Recommend 1,269 Tweet 171 Share

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What's this? Submit

Contact Us:

CDC/NCCDPHP/DHDSP
4770 Buford Hwy, NE
Mail Stop F-72
Atlanta, GA 30341-3717

Call: 1-800-CDC-INFO
TTY: 1-888-232-6348
Fax: 770-488-8151

Email

Heart Disease Facts

America's Heart Disease Burden

- About **600,000** people die of heart disease in the United States every year—that's **1 in every 4 deaths**.¹
- Heart disease is the leading cause of death for both men and women. **More than half** of the deaths due to heart disease in 2009 were in men.¹
- Coronary heart disease is the most common type of heart disease, killing more than **385,000** people annually.¹
- Every year about **715,000** Americans have a heart attack. Of these, 525,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.²
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.³ This total includes the cost of health care services, medications, and lost productivity.

Most ethnicities in the United States, including African Americans, American Indians or Alaska Natives, and Asians or Pacific Islanders, have higher percentages of all deaths caused by heart disease than Whites.

Ethnicity	% of Deaths
African Americans	24.5
American Indians or Alaska Natives	18.0
Asians or Pacific Islanders	23.2
Hispanics	20.8
Whites	25.1
All	25.0

Deaths Vary by Geography

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 11

Test 11 of 17

On the following screen, click and drag the mouse to highlight any numbers that are confusing or unclear. In the text box, type why you think they're confusing.

Take the test »

Screen 1

DC Addresses Heart Disease
Educational Materials
FAQs
Other Resources


Related CDC Web Sites

- Heart Disease and Stroke Prevention
- Stroke
- High Blood Pressure
- Salt
- Cholesterol
- WISEWOMAN Program

Other Chronic Disease Topics

- Diabetes
- Nutrition
- Obesity
- Physical Activity
- Stroke

- Coronary heart disease is the most common type of heart disease, killing more than **385,000 people** annually.¹
- Every year about **715,000 Americans** have a heart attack. Of these, 525,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.²
- Coronary heart disease alone costs the United States **\$108.9 billion** each year.³ This total includes the cost of health care services, medications, and lost productivity.



Deaths Vary by Ethnicity

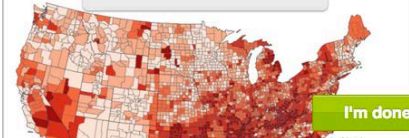
Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders, heart disease is second only to cancer. Below are the percentages of all deaths caused by heart disease in 2008, listed by ethnicity.⁴

Race of Ethnic Group	% of Deaths
African Americans	24.5
American Indians or Alaska Natives	18.0
Asians or Pacific Islanders	23.2
Hispanics	20.8
Whites	25.1
All	25.0

Deaths Vary by

During 2007–2009, _____ and lowest in the West.

OK



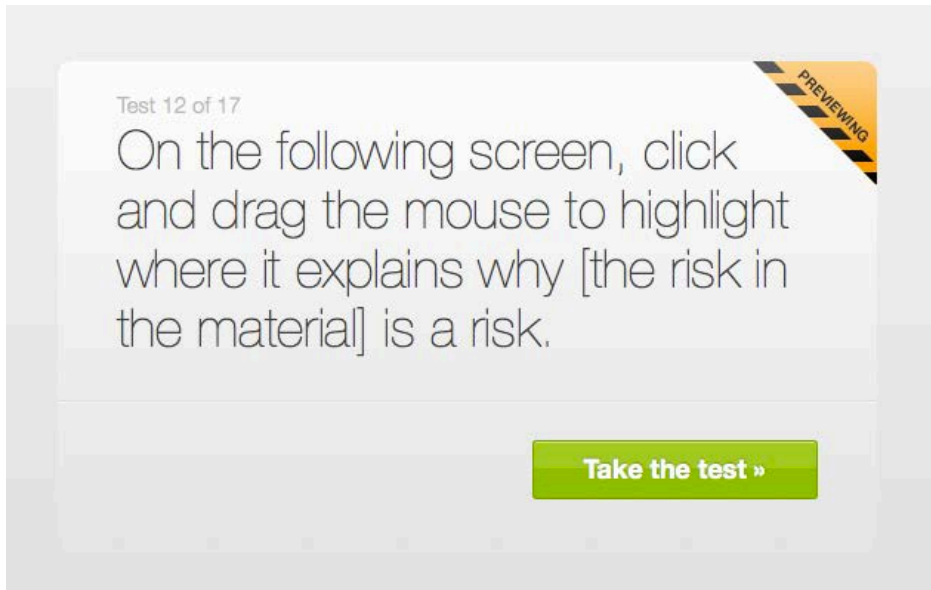
I'm done annotating »

4770 Buford Hwy, NE
Mail Stop K-72
Atlanta, GA 30341-3717
Call: 1-800-CDC-INFO
TTY: 1-888-232-6348
Fax: 770-488-6151
Email

Screen 2

Attachment 2: Click Testing Screen Shots

Task 12



Screen 1

Heart Disease

Home

About Heart Disease

Facts and Statistics

Facts

Maps and Statistics

Statistical Reports

MMWRs

Risk Factors

Prevention

Publications

CDC Addresses Heart Disease

Educational Materials

FAQs

Other Resources

Home > Facts and Statistics

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Heart Disease Facts

America's Heart Disease Burden

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- Heart disease is the leading cause of death for both men and women. **More than half** of the deaths due to heart disease in 2009 were in men.¹
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- Every year about **715,000** Americans have a heart attack. Of these, 525,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.²
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Most ethnicities in the United States, including African Americans or Alaska Natives and Asians or Pacific Islanders, die at higher percentages of all deaths caused by heart disease than Whites.

Race of Ethnic Group	% of Deaths
African Americans	24.5
American Indians or Alaska Natives	18.0
Asians or Pacific Islanders	23.2
Hispanics	20.8
Whites	25.1
All	25.0

Deaths Vary by Geography

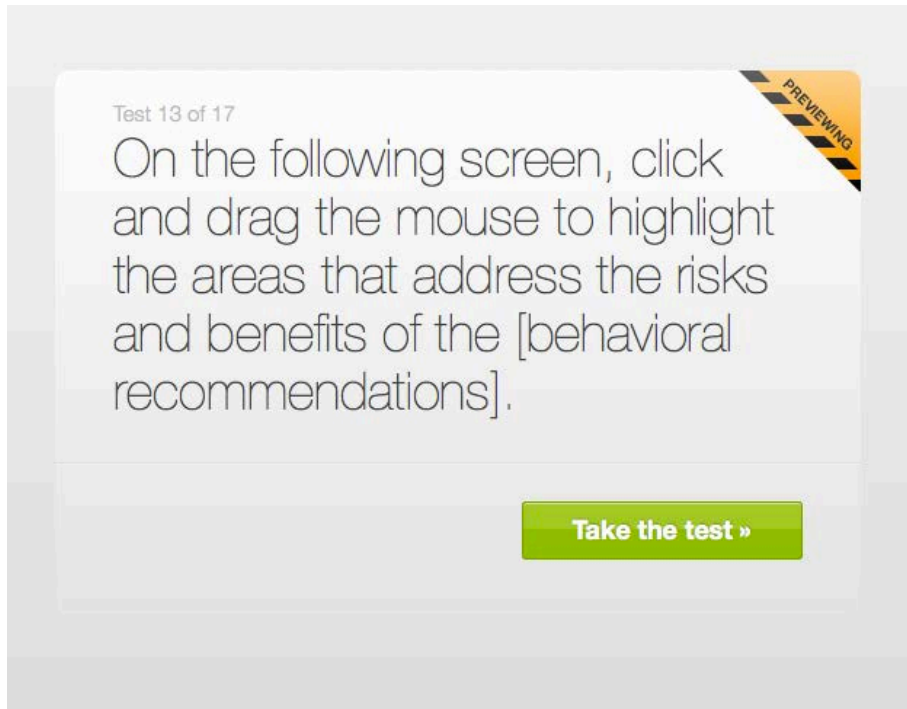
OK

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 13



Screen 1

Attachment 2: Click Testing Screen Shots

Early Action is Key

Knowing the warning signs and symptoms of a heart attack is key to preventing death, but many people don't know the signs.

- In a 2005 survey, most respondents—92%—recognized chest pain as a symptom of a heart attack. **Only 27%** were aware of all major symptoms and knew to call 9-1-1 when someone was having a heart attack.⁵
- **About 47%** of sudden cardiac deaths occur outside a hospital. This suggests that many people with heart disease don't act on early warning signs.⁶

Heart attacks have several **major warning signs** and symptoms:

- Chest pain or discomfort.
- Upper body pain or discomfort in the arms, back, neck, jaw, or upper stomach.
- Shortness of breath.
- Nausea, lightheadedness, or cold sweats.

Americans at Risk

High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease. About **half of Americans** (49%) have at least one of these three risk factors.⁷

Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including:

- Diabetes
- Overweight and obesity
- Poor diet
- Physical inactivity
- Excessive alcohol use

your risk of dying of heart disease. Here are medications.

it, saturated fat, and cholesterol; and rich in

- Take a brisk 10-minute walk, 3 times a day, 5 days a week.
- Don't smoke. If you smoke, quit as soon as possible. Visit www.cdc.gov or www.smokefree.gov for tips on quitting.

I'm done annotating >

Screen 2

Attachment 2: Click Testing Screen Shots

Task 14

Test 14 of 17

On the following screen, click and drag the mouse to highlight areas that explain or help you understand the [numeric probability].

Take the test »

Screen 1

Physical Activity

Stroke

During 2007-2009, death rates due to heart disease were highest in the South and lowest in the West.

**Heart Disease Death Rates, 2007-2009
Adults Ages 35+, by County**

Age-Adjusted Death Rate per 100,000	Number of Counties
100.0 - 115.0	104
115.0 - 130.0	44
130.0 - 145.0	42
145.0 - 160.0	40
160.0 - 175.0	42
175.0+	4

States are shaded according to the death rate in counties with most population.

©2010 Centers for Disease Control and Prevention, CDC

Data Source: National Vital Statistics System and the U.S. Census Bureau

Stroke is key to preventing death, but many people do not know what to do when they experience chest pain as a symptom of a heart attack. It is important to know when to call 9-1-1 when someone is having a heart attack. This suggests that many people do not know what to do when they experience chest pain as a symptom of a heart attack.

OK

Heart attacks have several **major warning signs** and symptoms:

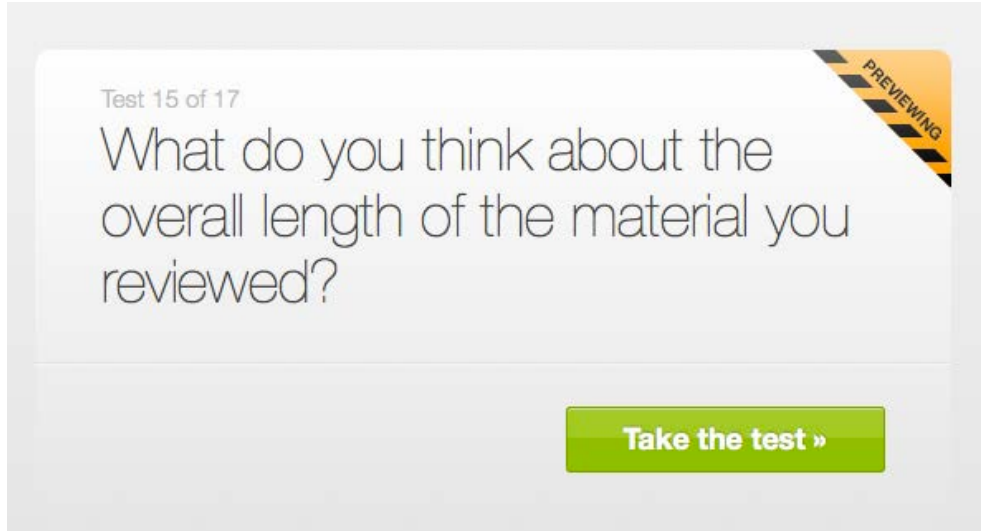
- Chest pain or discomfort.
- Upper body pain or discomfort in the arms, back, neck, jaw, or upper stomach.
- Shortness of breath.
- Nausea, lightheadedness, or cold sweats.

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 15



Screen 1

CDC Centers for Disease Control and Prevention

Heart Disease

Heart Disease Facts

America's Heart Disease Burden

- About **450,000** people die of heart disease in the United States every year—that's **the every 4 minutes!**
- Heart disease is the leading cause of death for both men and women. **More than half** of the deaths due to heart disease in 2010 were in men.
- Coronary heart disease is the most common type of heart disease, killing more than **300,000** people annually.
- Every year about **714,000** Americans have a heart attack. Of those, **214,000** die from heart attacks and **500,000** survive. **\$188.6 billion** each year! This total includes the cost of health care services, medications, and lost productivity.

Deaths Vary by Ethnicity

Heart disease is the leading cause of death for people of most ethnicities in the United States, including African Americans, Hispanics, and whites. For American Indians or Alaska Natives and Asians or Pacific Islanders, heart disease is second only to cancer. Below are the percentages of all deaths caused by heart disease in 2010, by ethnicity.

Ethnic Group	% of Deaths
African Americans	24.3
American Indians or Alaska Natives	23.0
Asians or Pacific Islanders	23.2
Hispanics	22.8
Whites	22.1
HP	22.0

Deaths Vary by Geography

During 2007–2009, death rates due to heart disease were highest in the South and lowest in the West.

Heart Disease Death Rates, 2007–2009
Adults Ages 35+, by County

Submit my answer »

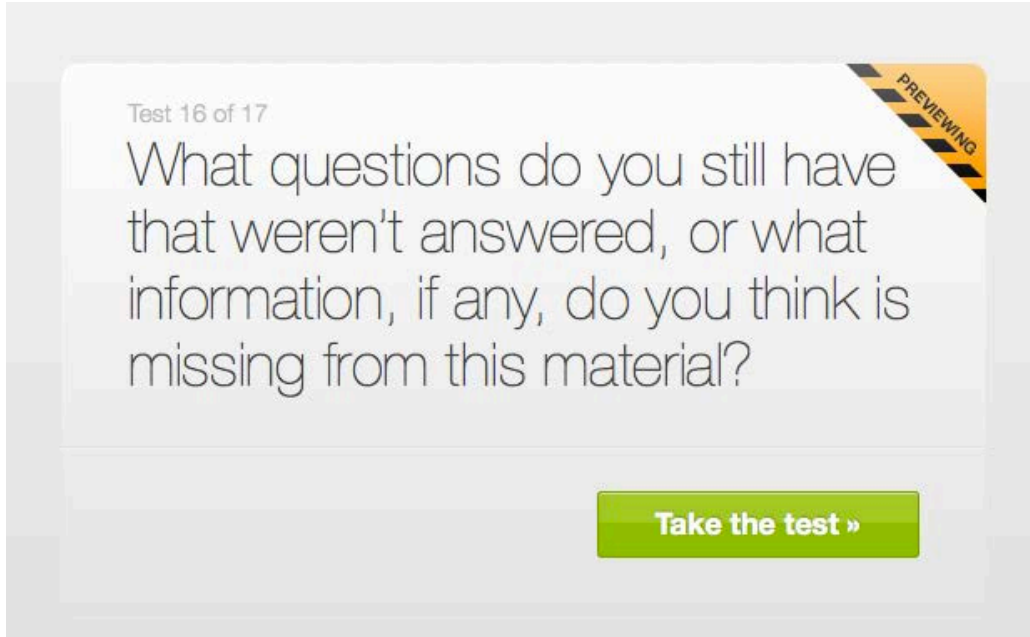
What do you think about the overall length of the material you reviewed

- Too long
- Somewhat too long
- Just right
- Somewhat too short
- Too short

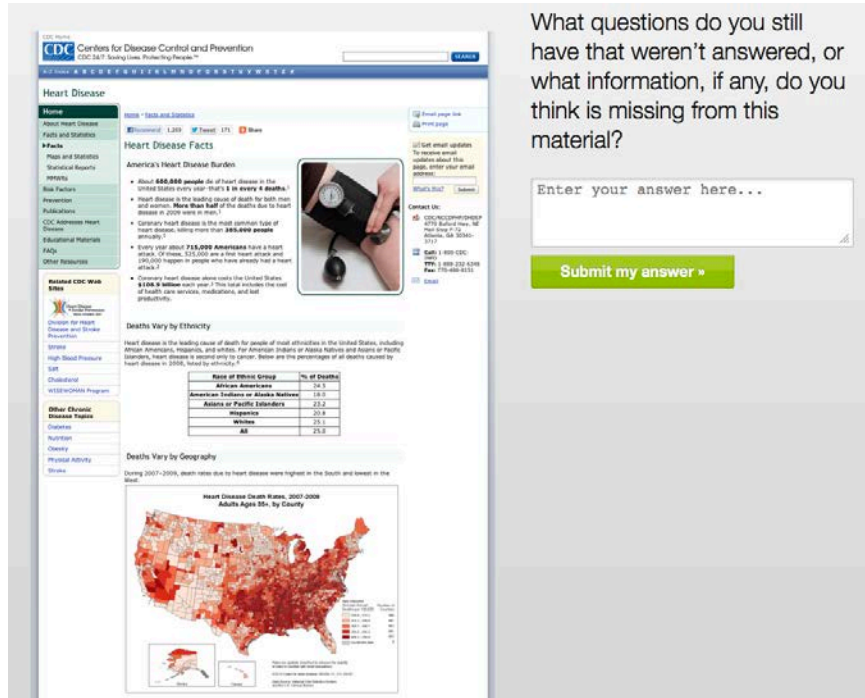
Screen 2

Attachment 2: Click Testing Screen Shots

Task 16



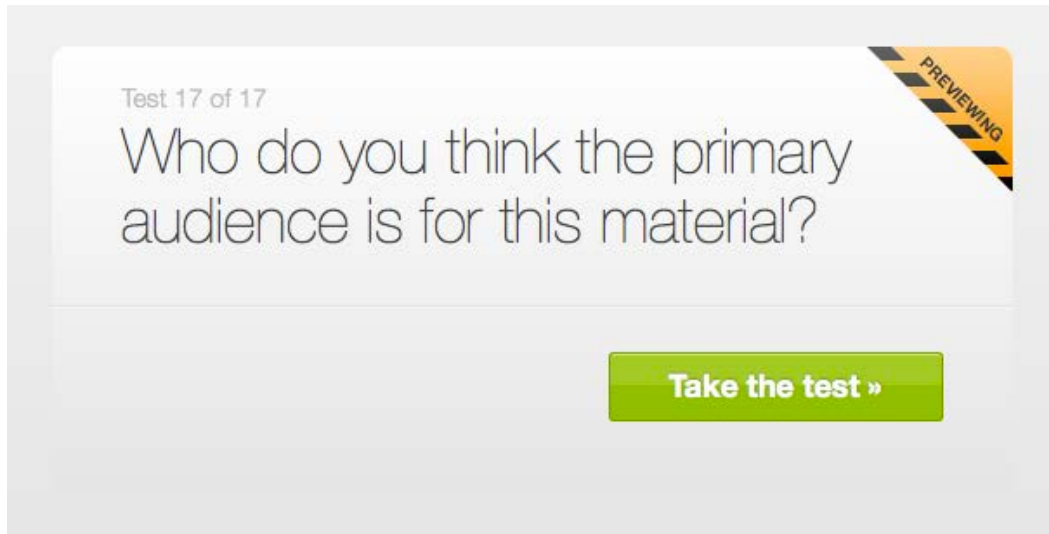
Screen 1



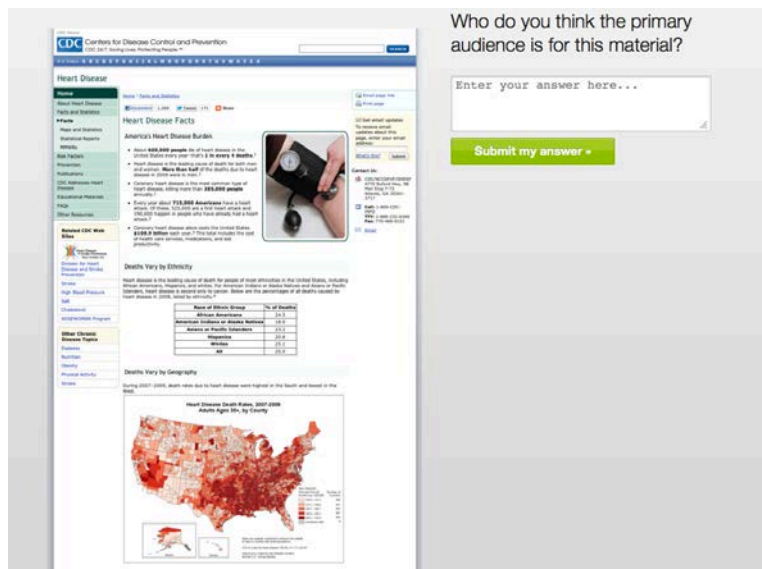
Screen 2

Attachment 2: Click Testing Screen Shots

Task 17



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots


Material: Model Aquatic health Code

Task 1

Test 1 of 17

Try to remember and list as many things as you can from the screen you are about to see.

Take the test »



Screen 1

The Model Aquatic Health Code: Making Swimming Healthy and Safe

Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity, such as swimming, can decrease the risk for chronic illnesses. Yet some people are swimming in pools that are not safe. In fact, a recent study found that 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.



Can the Model Aquatic Health Code Help Make Swimming Safer?

The Centers for Disease Control and Prevention (CDC), state and local public health officials, and industry experts are developing a Model Aquatic Health Code (MAHC). This is a guidance document that can help local and state authorities make swimming and other water activities healthier and safer. The MAHC offers guidelines for the design, construction, operation, and maintenance of public swimming pools, hot tubs and spas, waterparks, and other aquatic facilities.

Specifically, the MAHC can help reduce:

- **Outbreaks of waterborne illnesses.**
These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.**
Unintentional drowning is a leading cause of injury death for children 1-14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.**
Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.**
Pools are sometimes closed during inspection due to imminent public health hazards. A recent CDC analysis found that 12% of public pool inspections resulted in immediate closure due to serious violations.



 Department of Health and Human Services
Centers for Disease Control and Prevention

Screen 2

Attachment 2: Click Testing Screen Shots

What can you remember?

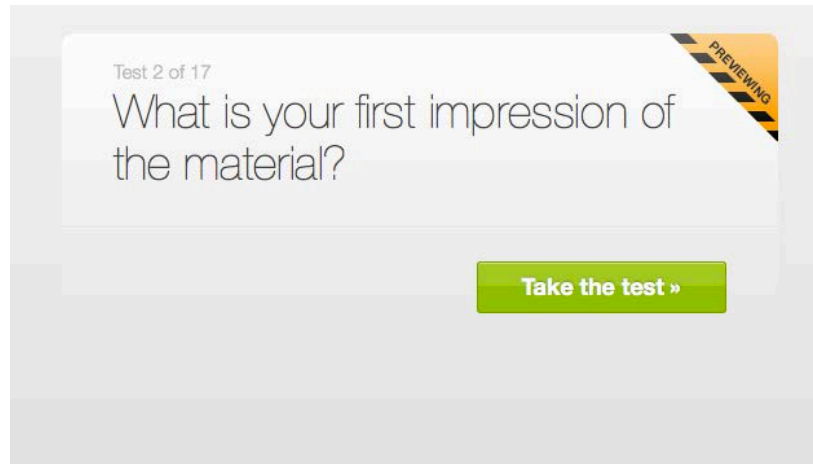
1.
2.
3.
4.
5.

[Submit my answers »](#)

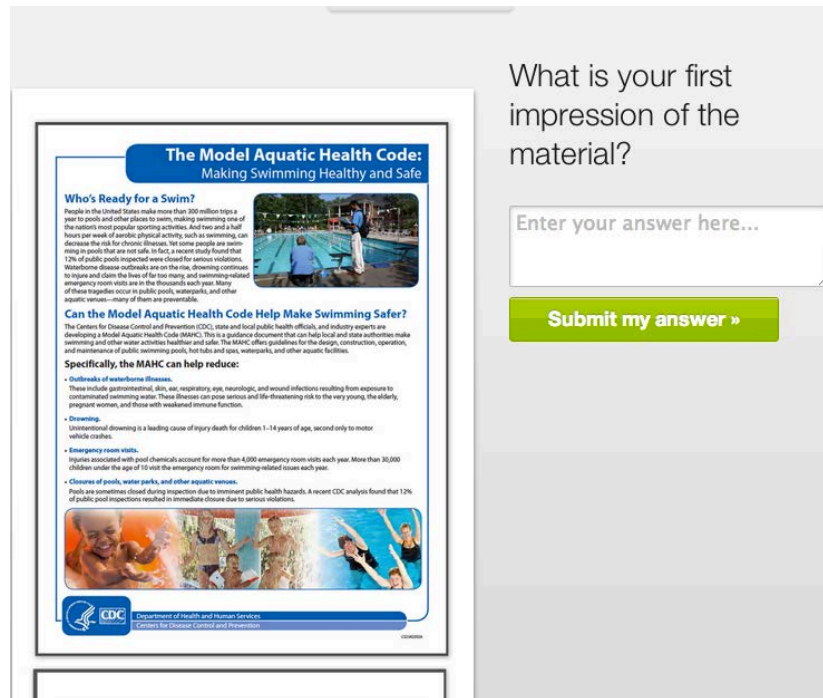
Screen 3

Attachment 2: Click Testing Screen Shots

Task 2



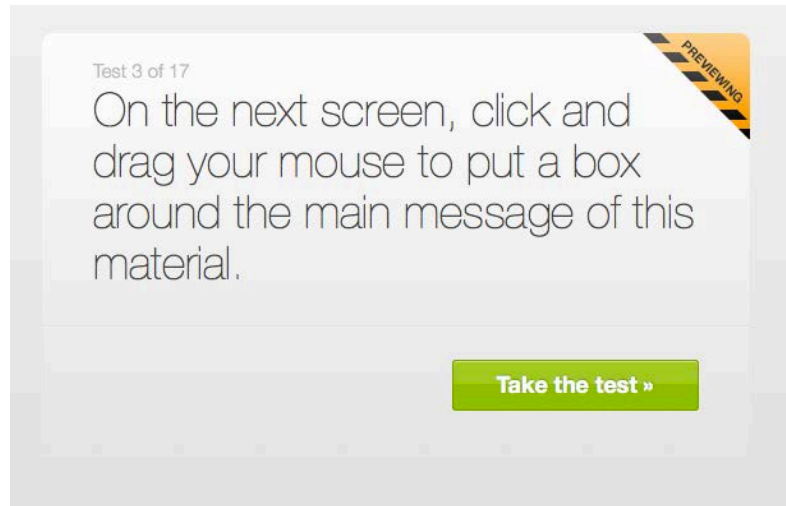
Screen 1



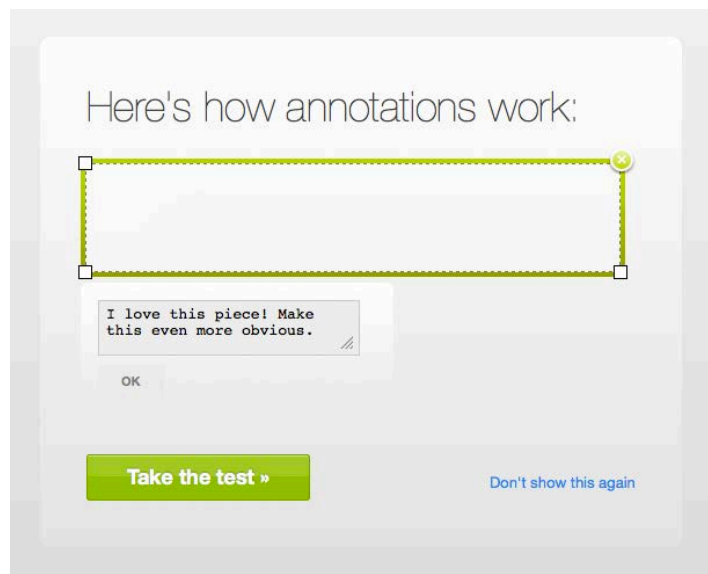
Screen 2

Attachment 2: Click Testing Screen Shots

Task 3



Screen 1




Screen 2

Attachment 2: Click Testing Screen Shots

The Model Aquatic Health Code: Making Swimming Healthy and Safe

Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity, such as swimming, can decrease the risk for chronic illnesses. Yet some people are swimming in pools that are not safe. In fact, a recent study found that 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.



Code Help Make Swimming Safer?

State and local public health officials, and industry experts are using this guidance document that can help local and state authorities make aquatic venues safer. The MAHC offers guidelines for the design, construction, operation, and maintenance of public pools, waterparks, and other aquatic facilities.

Use:

- **Waterborne disease outbreaks.** These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.** Unintentional drowning is a leading cause of injury death for children 1–14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.** Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.** Pools are sometimes closed during inspection due to imminent public health hazards. More than 12% of public pool inspections resulted in immediate closure due to serious violations.

I'm done annotating »

Screen 3

Attachment 2: Click Testing Screen Shots

Task 4

Test 4 of 17

On the following screen, click and drag your mouse to put a box around the images that you think are relevant to the main message you just highlighted. Tell us why it's relevant.

PREVIEWING


Take the test »

Screen 1

The Model Aquatic Health Code: Making Swimming Healthy and Safe

Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity, such as swimming, can decrease the risk for chronic illnesses. Yet some people are swimming in pools that are not safe. In fact, a recent study found that 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.



Can the Model Aquatic Health Code Help?

The Centers for Disease Control and Prevention (CDC), state and local health departments, and the National Swimming Pool and Spa Association (NSPSA) are developing a Model Aquatic Health Code (MAHC). This is a guide to make swimming and other water activities healthier and safer. The MAHC will help state and local health departments inspect and maintain public swimming pools, hot tubs and spas, and other aquatic venues.

Specifically, the MAHC can help reduce:

- **Outbreaks of waterborne illnesses.** These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.** Unintentional drowning is a leading cause of injury death for children 1–14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.** Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.** Pools are sometimes closed during inspection due to imminent public health hazards. More than 1,000 of public pool inspections resulted in immediate closure due to serious violations.

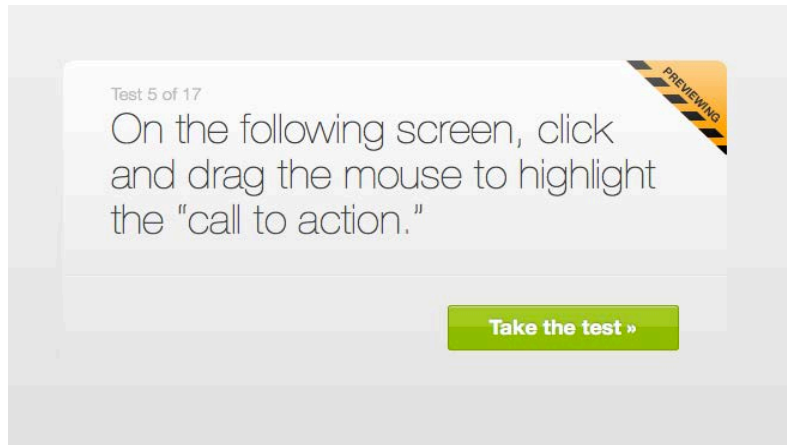
OK

I'm done annotating »

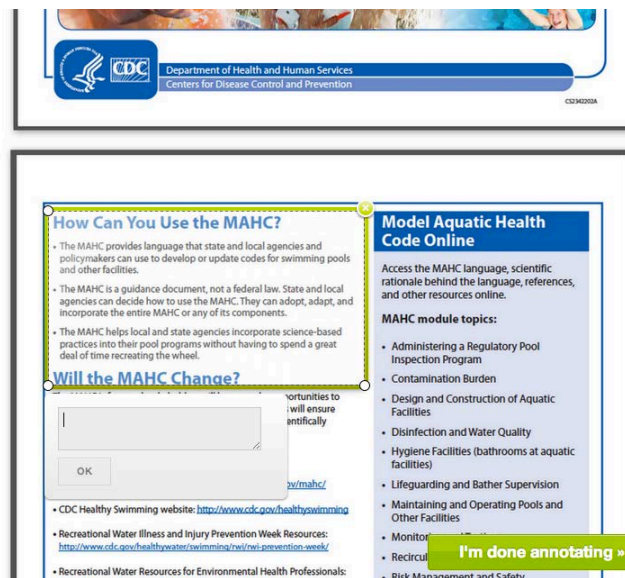
Screen 2

Attachment 2: Click Testing Screen Shots

Task 5



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 6

Test 6 of 17

How would you define or explain the terms indicated by the red blinking targets? Type your answer in the blank boxes.

PREVIEWING


Take the test »

Screen 1

The Model Aquatic Health Code: Making Swimming Healthy and Safe

Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity can help to decrease the risk for chronic illness. Unfortunately, swimming in pools that are not safe. In fact, 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.



Can the Model Aquatic Health Code Help Make Swimming Safer?

The Centers for Disease Control and Prevention (CDC), state and local public health officials, and industry experts are developing a Model Aquatic Health Code (MAHC). This is a guidance document that can help local and state authorities make swimming and other water activities healthier and safer. The MAHC offers guidelines for the design, construction, operation, and maintenance of public swimming pools, hot tubs and spas, waterparks, and other aquatic facilities.

Specifically, the MAHC can help reduce:

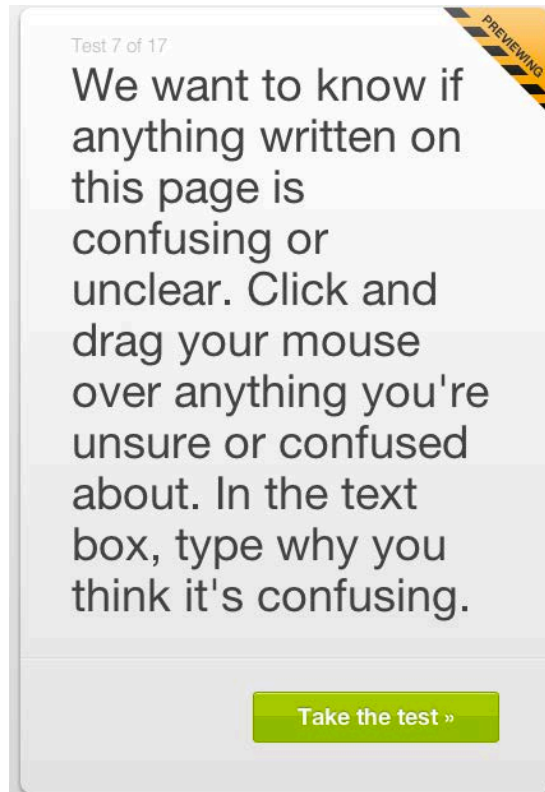
- **Outbreaks of waterborne illness.** These include gastrointestinal illness, wound infections resulting from exposure to contaminated swimming water, and other health-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.** Unintentional drowning is a leading cause of injury death for children 1–14 years of age, second only to motor vehicle crashes.
- **Emergency room visits.** Injuries associated with pool chemicals account for more than 4,000 emergency room visits each year. More than 30,000 children under the age of 10 visit the emergency room for swimming-related issues each year.
- **Closures of pools, water parks, and other aquatic venues.** Pools are sometimes closed during inspection due to imminent public health hazards. A recent survey of public pool inspections resulted in immediate closure due to serious violations.

I'm done labeling »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 7




Screen 1

Attachment 2: Click Testing Screen Shots

The Model Aquatic Health Code: Making Swimming Healthy and Safe

Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity, such as swimming, can decrease the risk for chronic illnesses. Yet some people are swimming in pools that are not safe. In fact, a recent study found that 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.



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- Drowning.**
...th for children 1–14 years of age, second only to motor ...
...e than 4,000 emergency room visits each year. More than 30,000 ...
...or swimming-related issues each year.
...tubs.
...minent public health hazards. A recent CDC analysis found that 12% ...
...of public pool inspections resulted in immediate closure due to serious violations.

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 8

Test 8 of 17

On the following screen, click and drag the mouse to highlight the areas giving you the most important information in this material.

PREVIEWING

Take the test »

Screen 1

12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.



Can the Model Aquatic Health Code Help Make Swimming Safer?


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Unintentional drowning is a leading cause of injury death for children 1–14 years of age, second only to motor vehicle crashes.
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OK



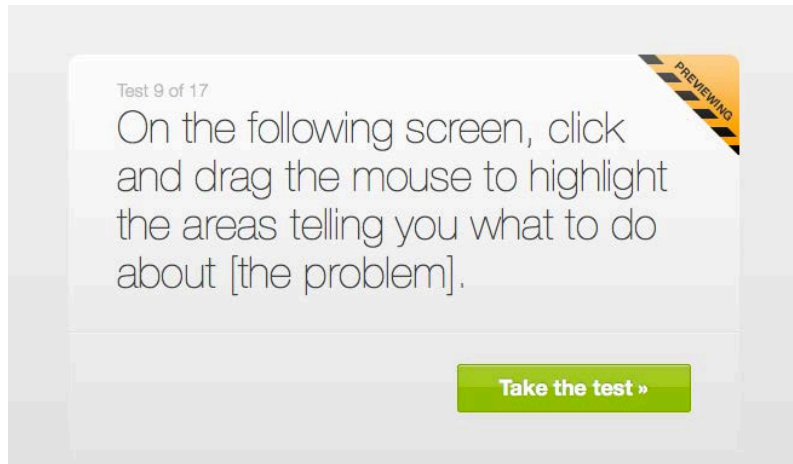
 Department of Health and Human Services
Centers for Disease Control and Prevention

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 9



Screen 1

How Can You Use the MAHC?

- The MAHC provides language that state and local agencies and policymakers can use to develop or update codes for swimming pools and other facilities.
- The MAHC is a guidance document, not a federal law. State and local agencies can decide how to use the MAHC. They can adopt, adapt, and incorporate the entire MAHC or any of its components.
- The MAHC helps local and state agencies incorporate science-based practices into their pool programs without having to spend a great deal of time recreating the wheel.

How will the MAHC change?

opportunities to will ensure rationally

OK

[www.mahc/](#)

Model Aquatic Health Code Online

Access the MAHC language, scientific rationale behind the language, references, and other resources online.

MAHC module topics:

- Administering a Regulatory Pool Inspection Program
- Contamination Burden
- Design and Construction of Aquatic Facilities
- Disinfection and Water Quality
- Hygiene Facilities (bathrooms at aquatic facilities)
- Lifeguarding and Bather Supervision
- Maintaining and Operating Pools and Other Facilities
- Monitoring and Testing
- Recirculation Systems and Filtration
- Risk Management and Safety
- Training for Facility Operators
- Ventilation and Air Quality

• CDC Healthy Swimming website: <http://www.cdc.gov/healthyswimming>

• Recreational Water Illness and Injury Prevention Week Resources: <http://www.cdc.gov/healthywater/swimming/rwi/riis-prevention-week/>

• Recreational Water Resources for Environmental Health Professionals: <http://www.cdc.gov/nceh/ehs/Topics/recreationalwater.htm>

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 10

Test 10 of 17

On the following screen, click and drag the mouse to highlight the areas telling you why it's important to follow the [behavioral recommendations].

PREVIEWING

Take the test »

Screen 1

to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.

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Pools are sometimes closed during inspection due to imminent public health hazards. A recent CDC analysis found that 12% of public pool inspections resulted in immediate closure due to serious violations.

OK

Department of Health and Human Services
Centers for Disease Control and Prevention

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 11

Test 11 of 17

On the following screen, click and drag the mouse to highlight any numbers that are confusing or unclear. In the text box, type why you think they're confusing.


Take the test »

Screen 1

The Model Aquatic Health Code: Making Swimming Healthy and Safe

Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half hours per week of aerobic physical activity, such as swimming, can decrease the risk for chronic illnesses. Yet some people are swimming in pools that are not safe. In fact, a recent study found that 12% of public pools inspected were closed for serious violations. Waterborne disease outbreaks are on the rise, drowning continues to injure and claim the lives of far too many, and swimming-related emergency room visits are in the thousands each year. Many of these tragedies occur in public pools, waterparks, and other aquatic venues—many of them are preventable.



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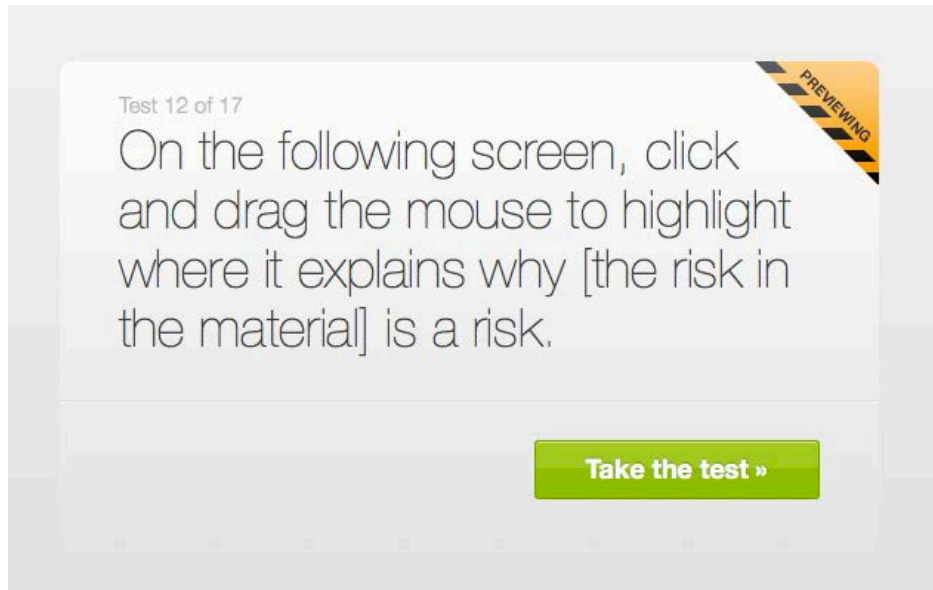
- **Outbreaks of waterborne illnesses.** These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
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- **Emergency room visits.** More than 4,000 emergency room visits for swimming-related issues each year.

I'm done annotating »

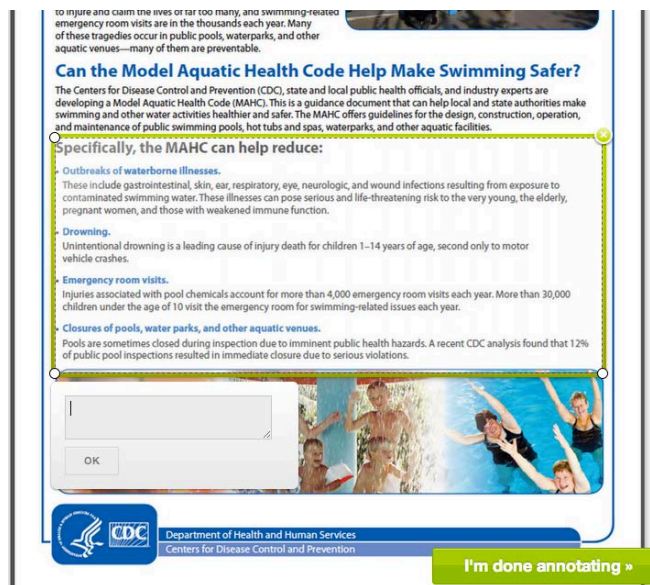
Screen 2

Attachment 2: Click Testing Screen Shots

Task 12



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 13

Test 13 of 17

On the following screen, click and drag the mouse to highlight the areas that address the risks and benefits of the [behavioral recommendations].

Take the test »

Screen 1

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OK

 Department of Health and Human Services
Centers for Disease Control and Prevention

I'm done annotating »

Screen 2

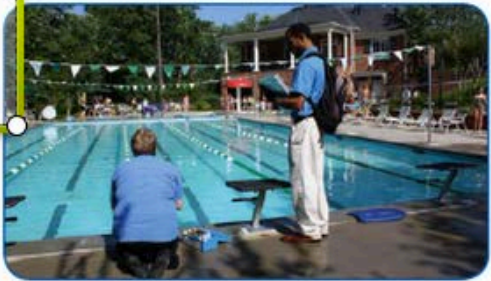
Attachment 2: Click Testing Screen Shots

Task 14

The Model Aquatic Health Code: Making Swimming Healthy and Safe

Who's Ready for a Swim?

People in the United States make more than 300 million trips a year to pools and other places to swim, making swimming one of the nation's most popular sporting activities. And two and a half



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Attachment 2: Click Testing Screen Shots

Test 14 of 17

On the following screen, click and drag the mouse to highlight areas that explain or help you understand the [numeric probability].

Take the test »



Screen 1

The Model Aquatic Health Code: Making Swimming Healthy and Safe

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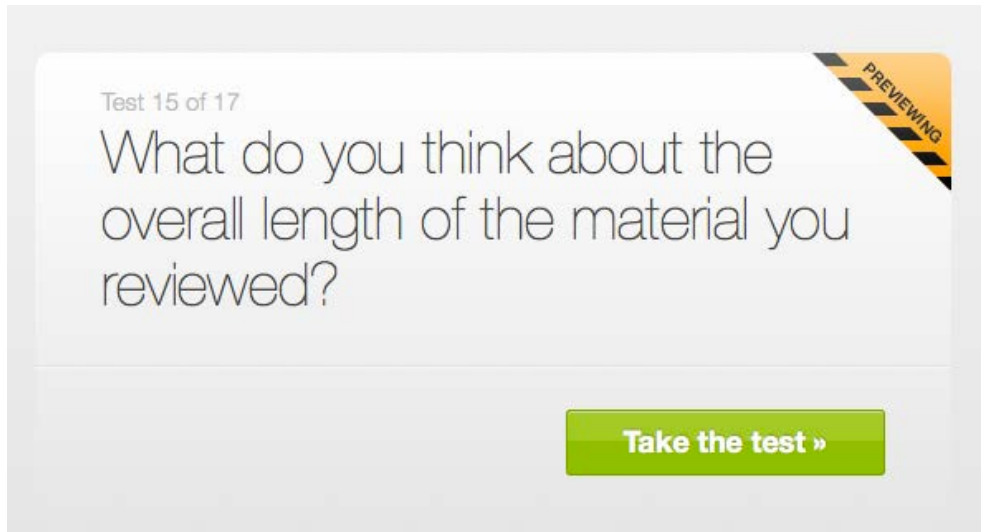
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I'm done annotating »

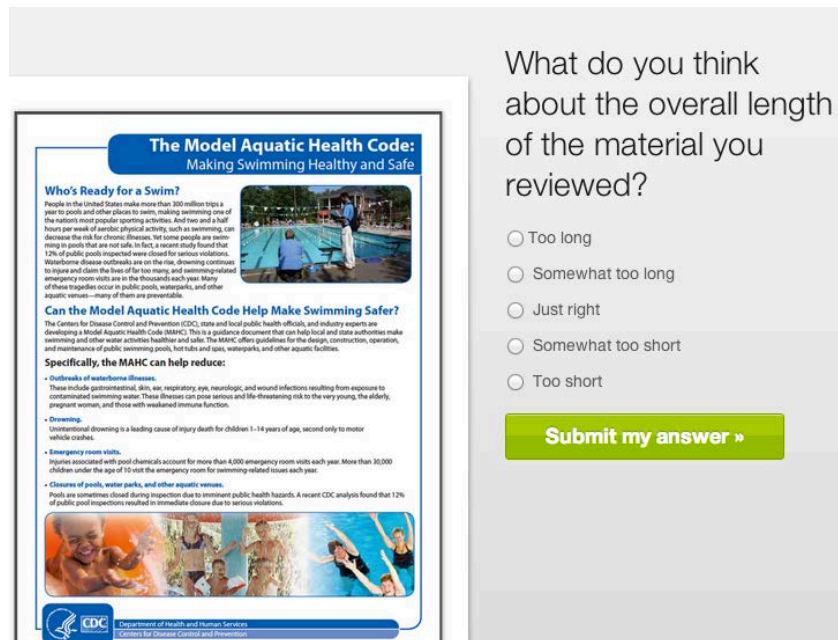
Screen 2

Attachment 2: Click Testing Screen Shots

Task 15



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 16

Test 16 of 17

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

PREVIEWING

Take the test »

Screen 1

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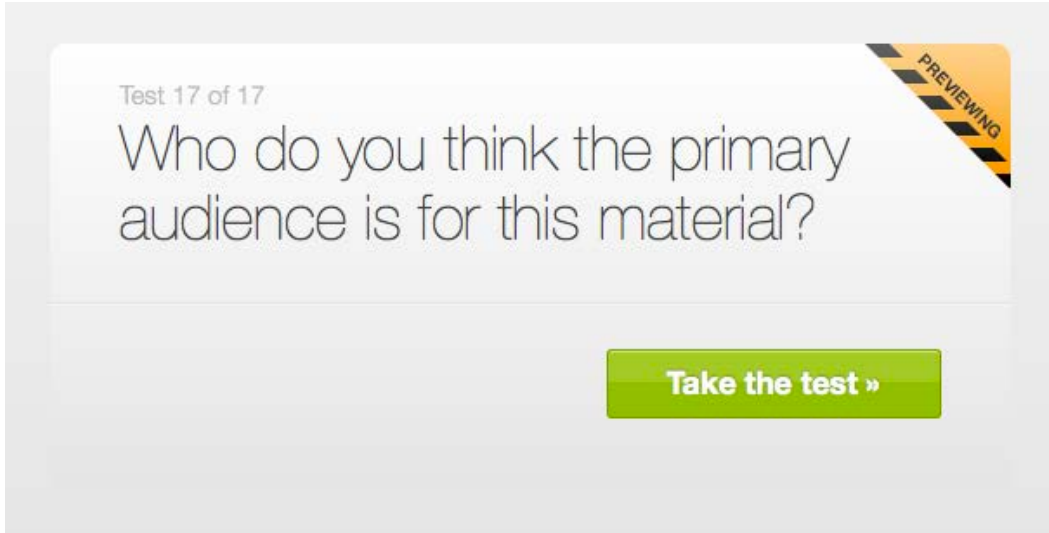
Enter your answer here...

Submit my answer »

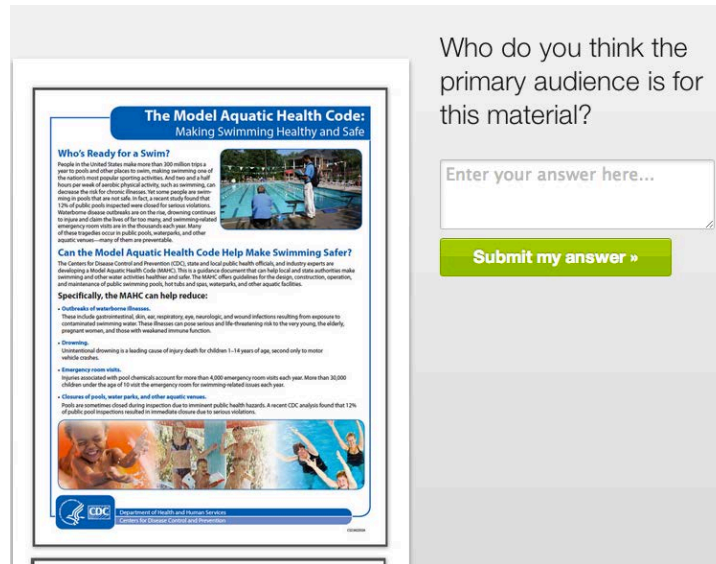
Screen 2

Attachment 2: Click Testing Screen Shots

Task 17



Screen 1

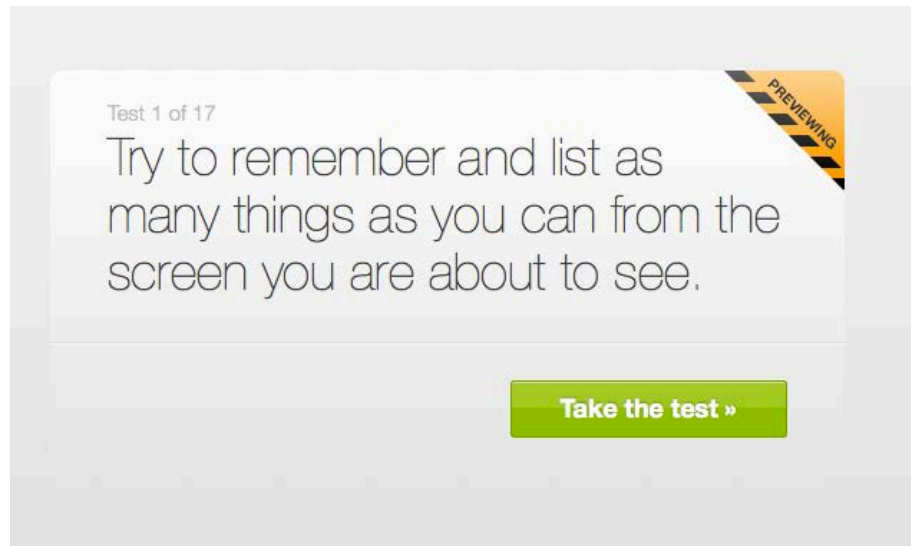


Screen 2

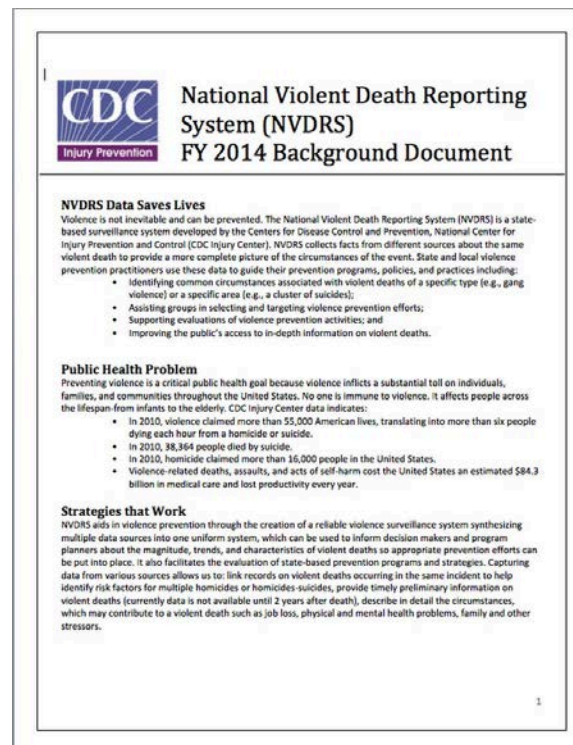
Attachment 2: Click Testing Screen Shots

Material: National Violent Death Reporting System

Task 1



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

What can you remember?

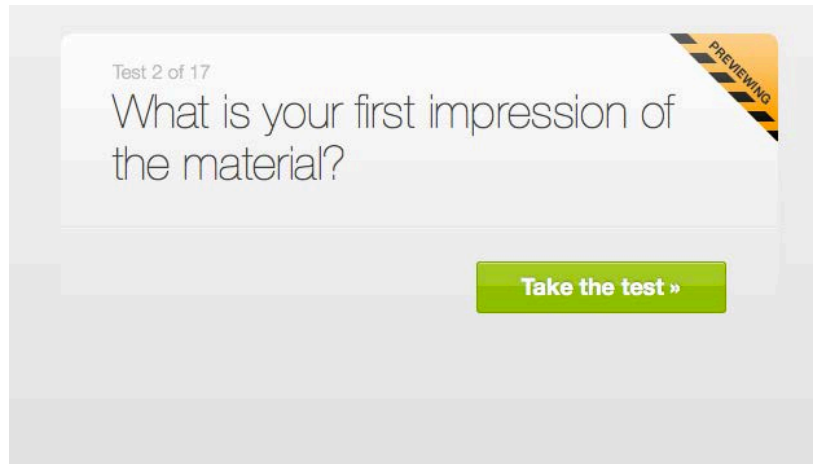
1.
2.
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4.
5.

[Submit my answers »](#)

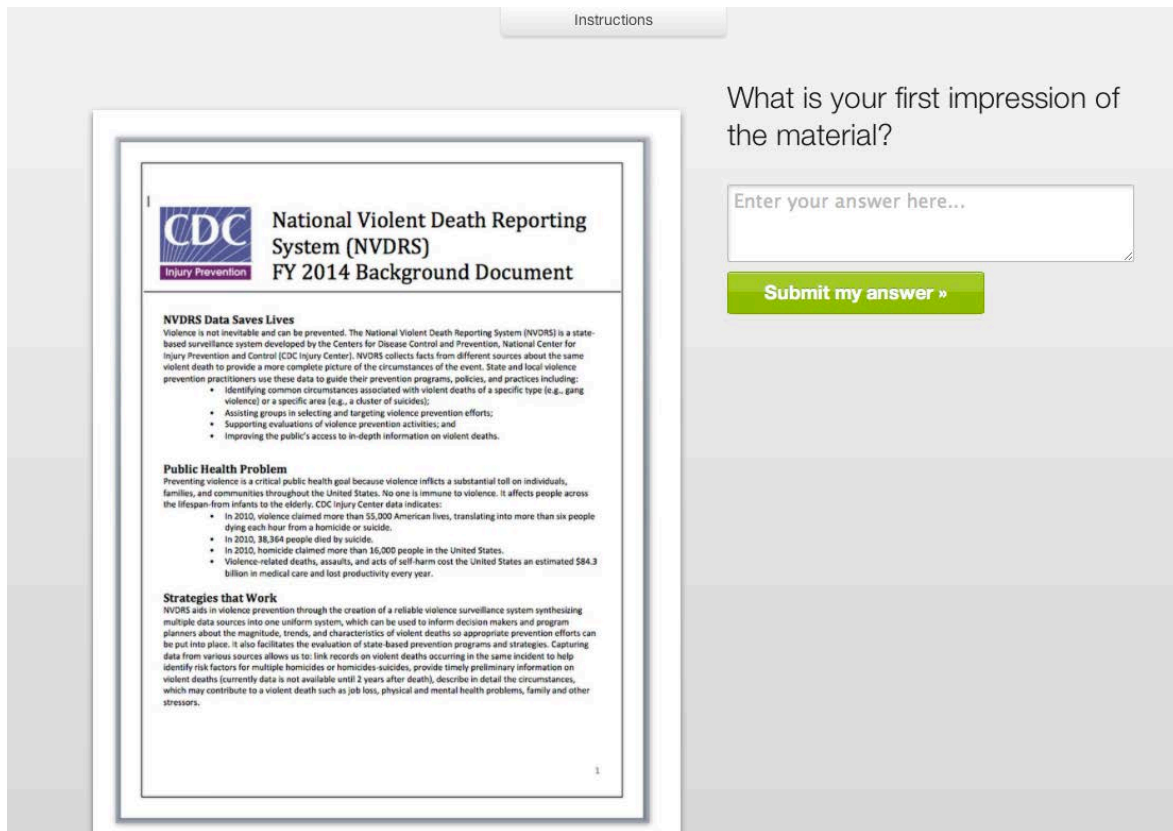
Screen 3

Attachment 2: Click Testing Screen Shots

Task 2



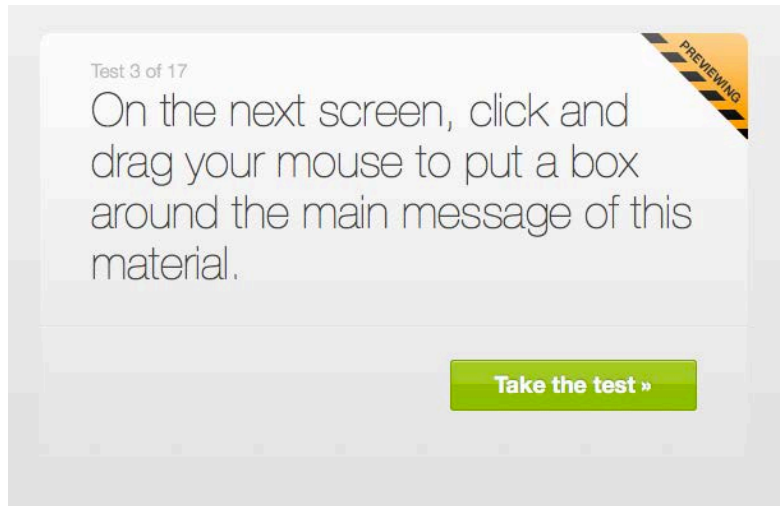
Screen 1



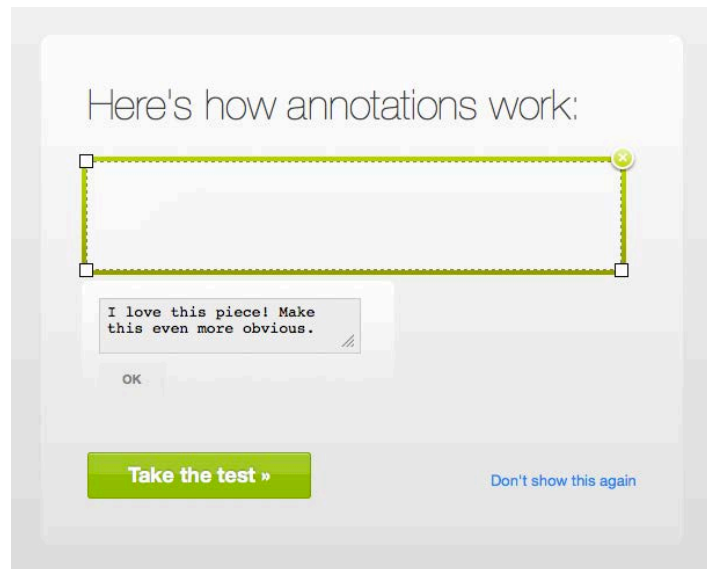
Screen 2

Attachment 2: Click Testing Screen Shots

Task 3




Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots



National Violent Death Reporting System (NVDRS) FY 2014 Background Document

NVDRS Data Saves Lives

Violence is not inevitable and can be prevented. The National Violent Death Reporting System (NVDRS) is a state-based surveillance system developed by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center). NVDRS collects facts from different sources about the same violent death to provide a more complete picture of the circumstances of the event. State and local violence prevention practitioners use these data to guide their prevention programs, policies, and practices including:

- Identifying common circumstances associated with violent deaths of a specific type (e.g., gang violence) or a specific area (e.g., a cluster of suicides);
- Assisting groups in selecting and targeting violence prevention efforts;
- Supporting evaluations of violence prevention activities; and
- Improving the public's access to in-depth information on violent deaths.

Public Health Problem

Preventing violence is a critical public health goal because violence inflicts a substantial toll on individuals, families, and communities throughout the United States. No one is immune to violence. It affects people across the lifespan—from infants to the elderly. CDC Injury Center data indicates:

- In 2010, violence claimed more than 55,000 American lives, translating into more than six people dying each hour from a homicide or suicide.
- In 2010, 38,364 people died by suicide.
- In 2010, homicide claimed more than 16,000 people in the United States.
- Violence-related deaths, assaults, and acts of self-harm cost the United States an estimated \$84.3 billion in medical care and lost productivity every year.

OK

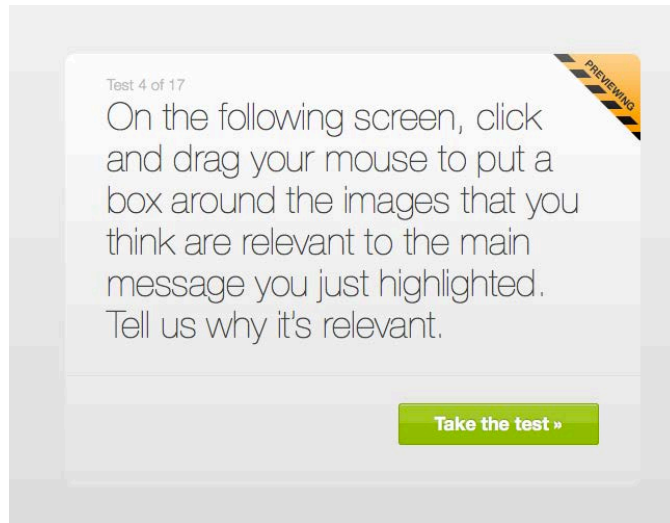
the creation of a reliable violence surveillance system synthesizing information, which can be used to inform decision makers and program characteristics of violent deaths so appropriate prevention efforts can be implemented. Capturing records on violent deaths occurring in the same incident to help identify common circumstances, provide timely preliminary information on violent deaths (currently data is not available until 2 years after death), describe in detail the circumstances, which may contribute to a violent death such as job loss, physical and mental health problems, family and other stressors.

1

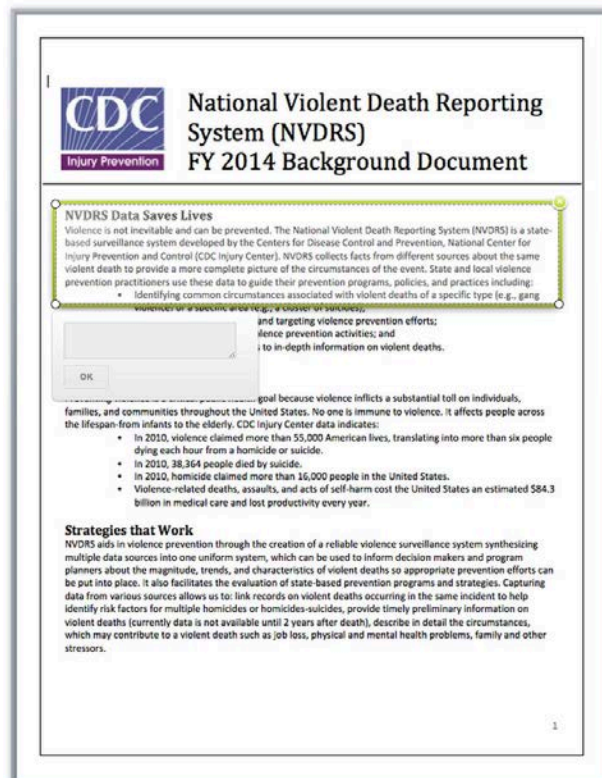
Screen 3

Attachment 2: Click Testing Screen Shots

Task 4



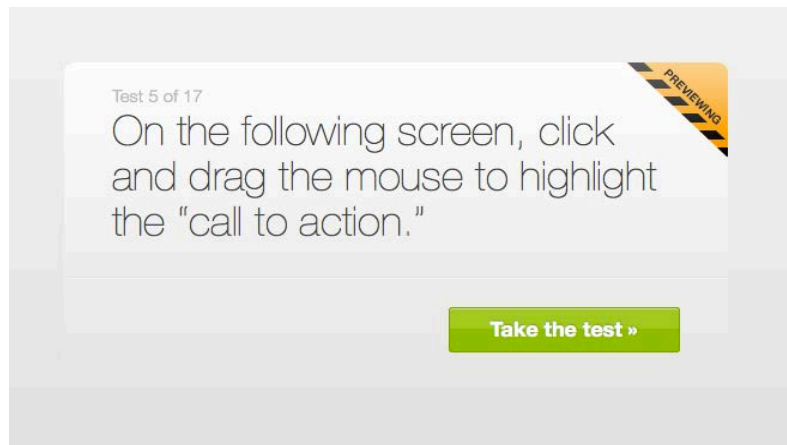
Screen 1



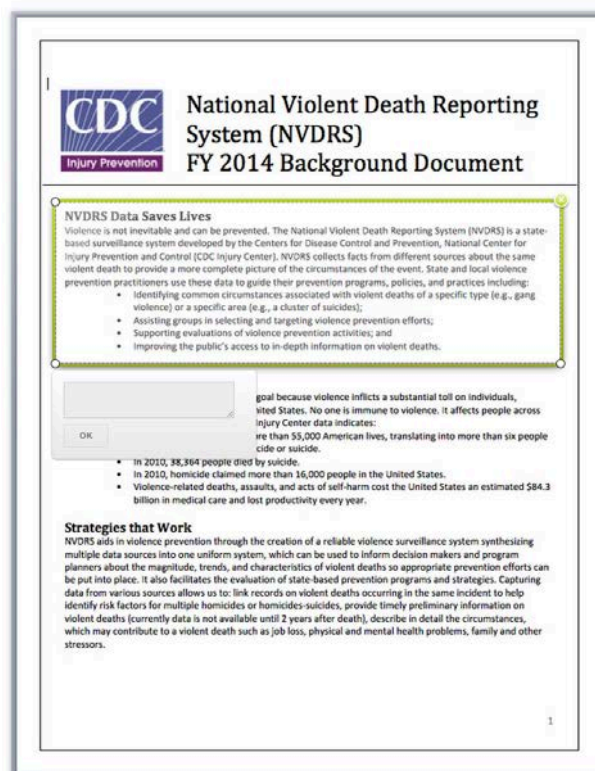
Screen 2

Attachment 2: Click Testing Screen Shots

Task 5



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 6

Test 6 of 17

How would you define or explain the terms indicated by the red blinking targets? Type your answer in the blank boxes.

Take the test »

Screen 1

CDC National Violent Death Reporting System (NVDRS)
Injury Prevention FY 2014 Background Document

NVDRS Data Saves Lives
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- Identifying common circumstances associated with violent deaths of a specific type (e.g., gang violence) or a specific area (e.g., a cluster of suicides);
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Strategies that Work
NVDRS aids in violence prevention through the creation of a reliable violence surveillance system synthesizing multiple data sources into one uniform system, which can be used to inform decision makers and program planners about the magnitude, trends, and characteristics of violent deaths so appropriate prevention efforts can be put into place. It also facilitates the evaluation of state-based prevention programs and strategies. Capturing data from various sources allows us to link records on violent deaths occurring in the same incident to help identify risk factors for multiple homicides or homicides-suicides, provide timely preliminary information on violent deaths (currently data is not available until 2 years after death), describe in detail the circumstances, which may contribute to a violent death such as job loss, physical and mental health problems, family and other stressors.

Screen 2

Attachment 2: Click Testing Screen Shots

Task 7

Test 7 of 17

PREVIEWING

We want to know if anything written on this page is confusing or unclear. Click and drag your mouse over anything you're unsure or confused about. In the text box, type why you think it's confusing.

Take the test »

Screen 1

CDC National Violent Death Reporting System (NVDRS)
Injury Prevention FY 2014 Background Document

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- Assessing current violence prevention efforts;
- Identifying violence prevention activities; and
- Providing information on violent deaths.

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Screen 2

Attachment 2: Click Testing Screen Shots

Task 8

Test 8 of 17

On the following screen, click and drag the mouse to highlight the areas giving you the most important information in this material.

Take the test »

Screen 1

CDC
Injury Prevention

National Violent Death Reporting System (NVDRS) FY 2014 Background Document

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NVDRS a multiple

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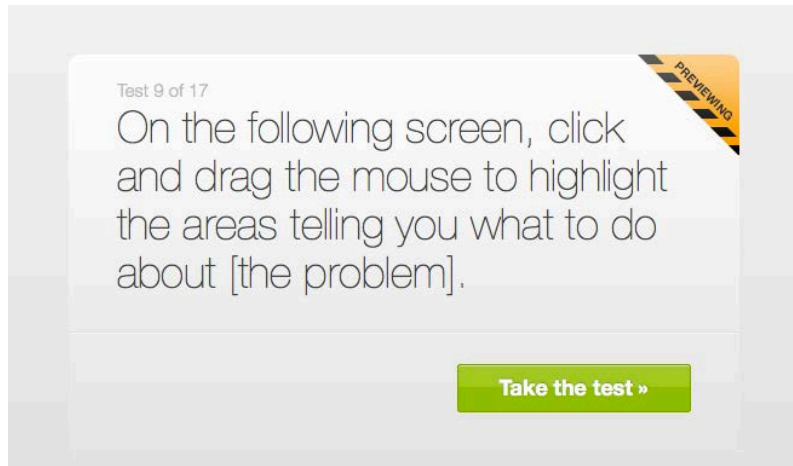
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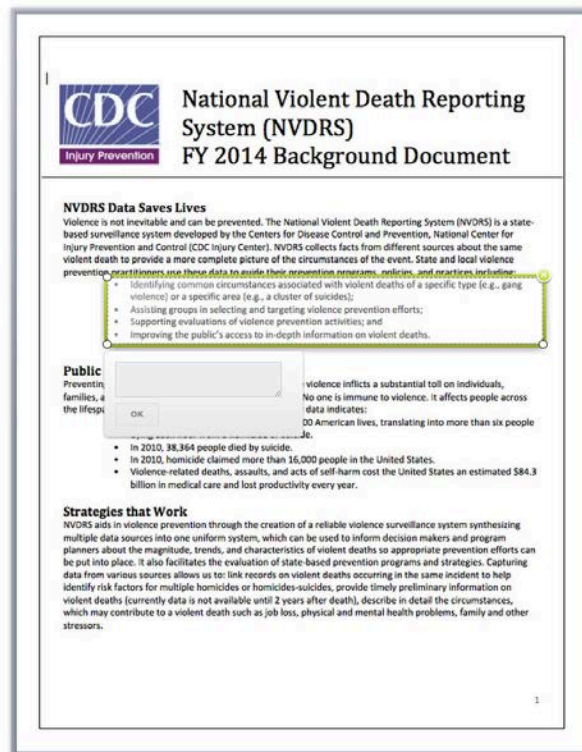
Screen 2

Attachment 2: Click Testing Screen Shots

Task 9



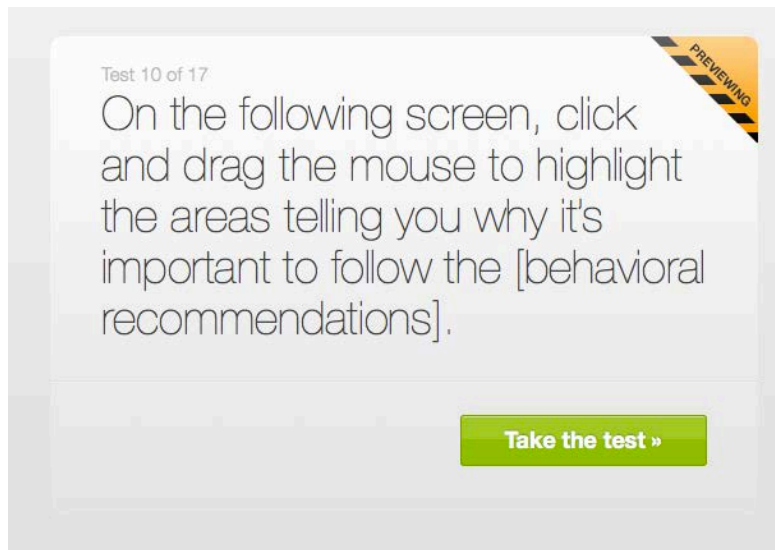
Screen 1



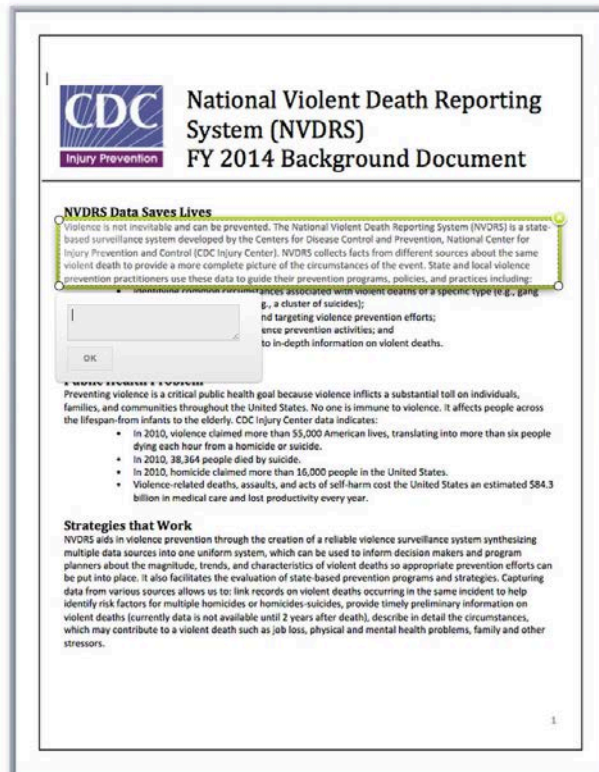
Screen 2

Attachment 2: Click Testing Screen Shots

Task 10



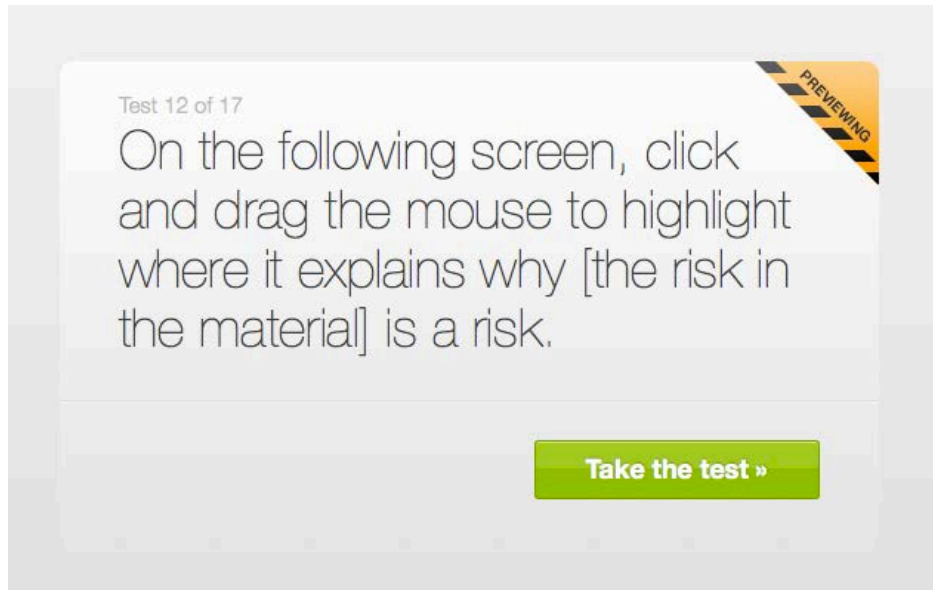
Screen 1



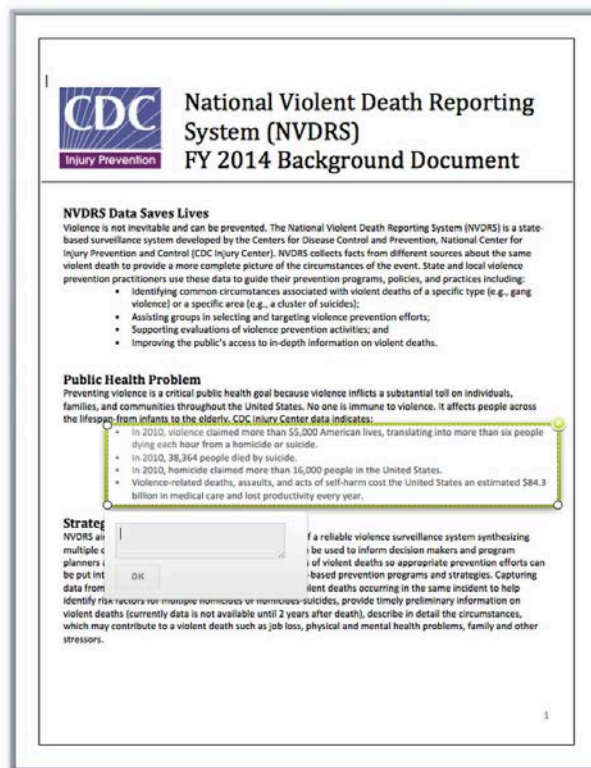
Screen 2

Attachment 2: Click Testing Screen Shots

Task 12



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 13

Test 13 of 17

On the following screen, click and drag the mouse to highlight the areas that address the risks and benefits of the [behavioral recommendations].

PREVIEWING

Take the test »

Screen 1

CDC
Injury Prevention

National Violent Death Reporting System (NVDRS) FY 2014 Background Document

NVDRS Data Saves Lives

Violence is not inevitable and can be prevented. The National Violent Death Reporting System (NVDRS) is a state-based surveillance system developed by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center). NVDRS collects facts from different sources about the same violent death to provide a more complete picture of the circumstances of the event. State and local violence prevention practitioners use these data to guide their prevention programs, policies, and practices including:

- Identifying common circumstances associated with violent deaths of a specific type (e.g., gang violence) or a specific area (e.g., a cluster of suicides);
- Assisting groups in selecting and targeting violence prevention efforts;
- Supporting evaluations of violence prevention activities; and
- Improving the public's access to in-depth information on violent deaths.

Public Health Problem

Preventing violence is a critical public health goal because violence inflicts a substantial toll on individuals, families, and communities throughout the United States. No one is immune to violence. It affects people across the lifespan—from infants to the elderly. CDC Injury Center data indicates:

- More than 25,000 American lives, translating into more than six people die or suicide.
- More than 16,000 people in the United States.
- Homicides, suicides, and acts of self-harm cost the United States an estimated \$84.3 billion in lost productivity every year.

Strategies that work

NVDRS aids in violence prevention through the creation of a reliable violence surveillance system synthesizing multiple data sources into one uniform system, which can be used to inform decision makers and program planners about the magnitude, trends, and characteristics of violent deaths so appropriate prevention efforts can be put into place. It also facilitates the evaluation of state-based prevention programs and strategies. Capturing data from various sources allows us to: link records on violent deaths occurring in the same incident to help identify risk factors for multiple homicides or homicides-suicides, provide timely preliminary information on violent deaths (currently data is not available until 2 years after death), describe in detail the circumstances, which may contribute to a violent death such as job loss, physical and mental health problems, family and other stressors.

1

Attachment 2: Click Testing Screen Shots

Screen 2

Task 14

Test 14 of 17

On the following screen, click and drag the mouse to highlight areas that explain or help you understand the [numeric probability].

Take the test »

Screen 1

CDC
Injury Prevention

National Violent Death Reporting System (NVDRS) FY 2014 Background Document

NVDRS Data Saves Lives

Violence is not inevitable and can be prevented. The National Violent Death Reporting System (NVDRS) is a state-based surveillance system developed by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (CDC Injury Center). NVDRS collects facts from different sources about the same violent death to provide a more complete picture of the circumstances of the event. State and local violence prevention practitioners use these data to guide their prevention programs, policies, and practices including:

- Identifying common circumstances associated with violent deaths of a specific type (e.g., gang violence) or a specific area (e.g., a cluster of suicides);
- Assisting groups in selecting and targeting violence prevention efforts;
- Supporting evaluations of violence prevention activities; and
- Improving the public's access to in-depth information on violent deaths.

goal because violence inflicts a substantial toll on individuals, killed States. No one is immune to violence. It affects people across Injury Center data indicates: more than 55,000 American lives, translating into more than six peopleicide or suicide.

- In 2010, 38,364 people died by suicide.
- In 2010, homicide claimed more than 16,000 people in the United States.
- Violence-related deaths, assaults, and acts of self-harm cost the United States an estimated \$84.3 billion in medical care and lost productivity every year.

Strategies that Work

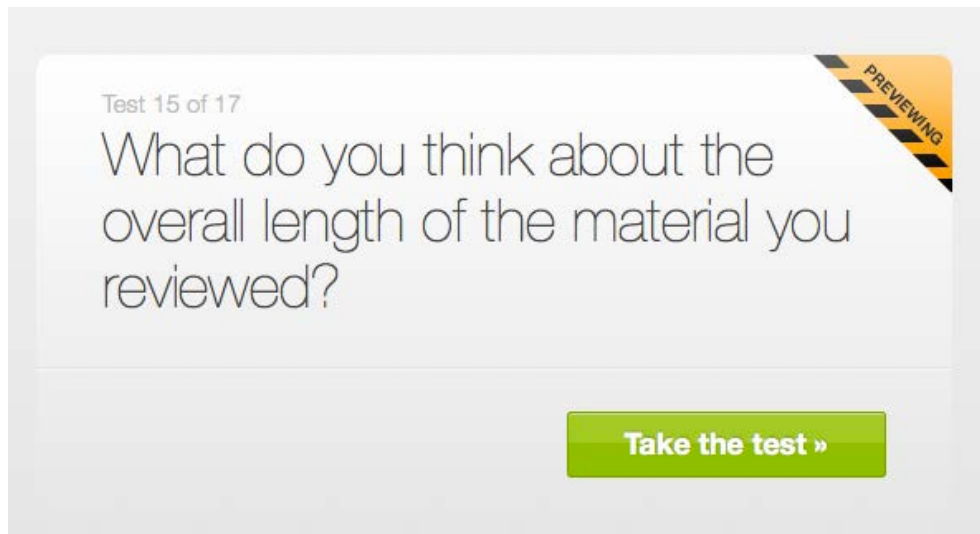
NVDRS aids in violence prevention through the creation of a reliable violence surveillance system synthesizing multiple data sources into one uniform system, which can be used to inform decision makers and program planners about the magnitude, trends, and characteristics of violent deaths so appropriate prevention efforts can be put into place. It also facilitates the evaluation of state-based prevention programs and strategies. Capturing data from various sources allows us to: link records on violent deaths occurring in the same incident to help identify risk factors for multiple homicides or homicides-suicides, provide timely preliminary information on violent deaths (currently data is not available until 2 years after death), describe in detail the circumstances, which may contribute to a violent death such as job loss, physical and mental health problems, family and other stressors.

1

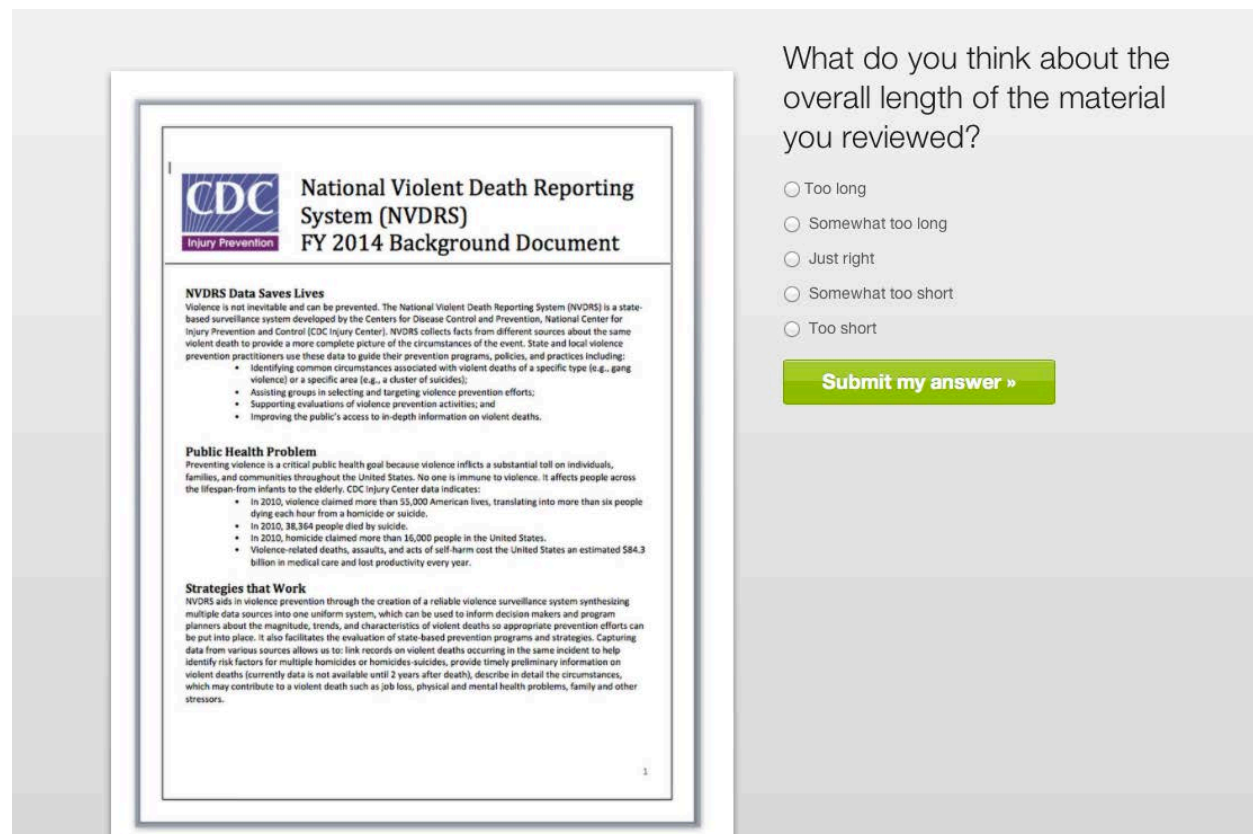
Screen 2

Attachment 2: Click Testing Screen Shots

Task 15



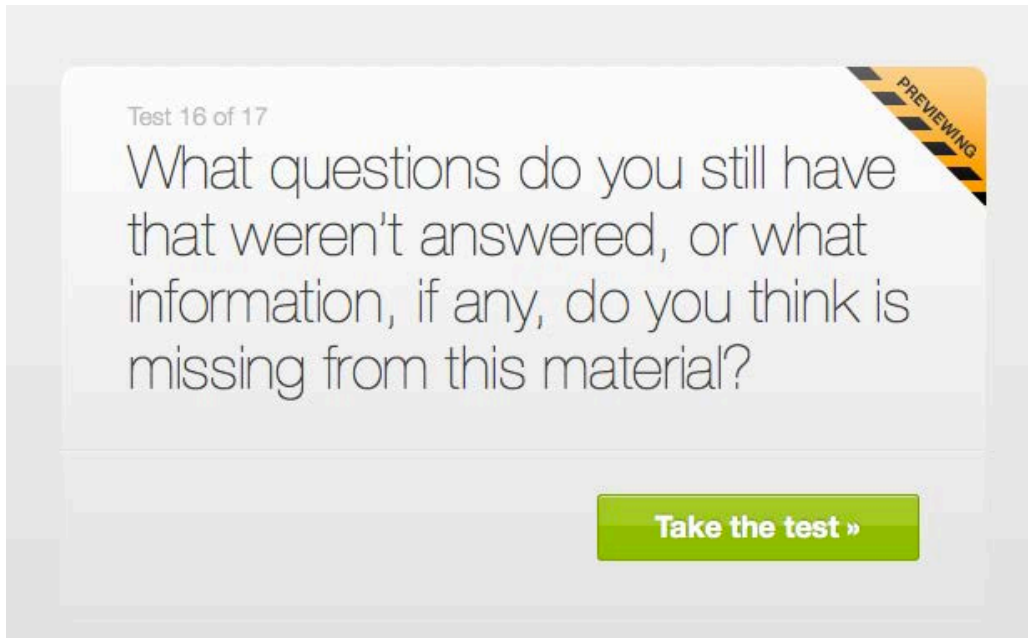
Screen 1



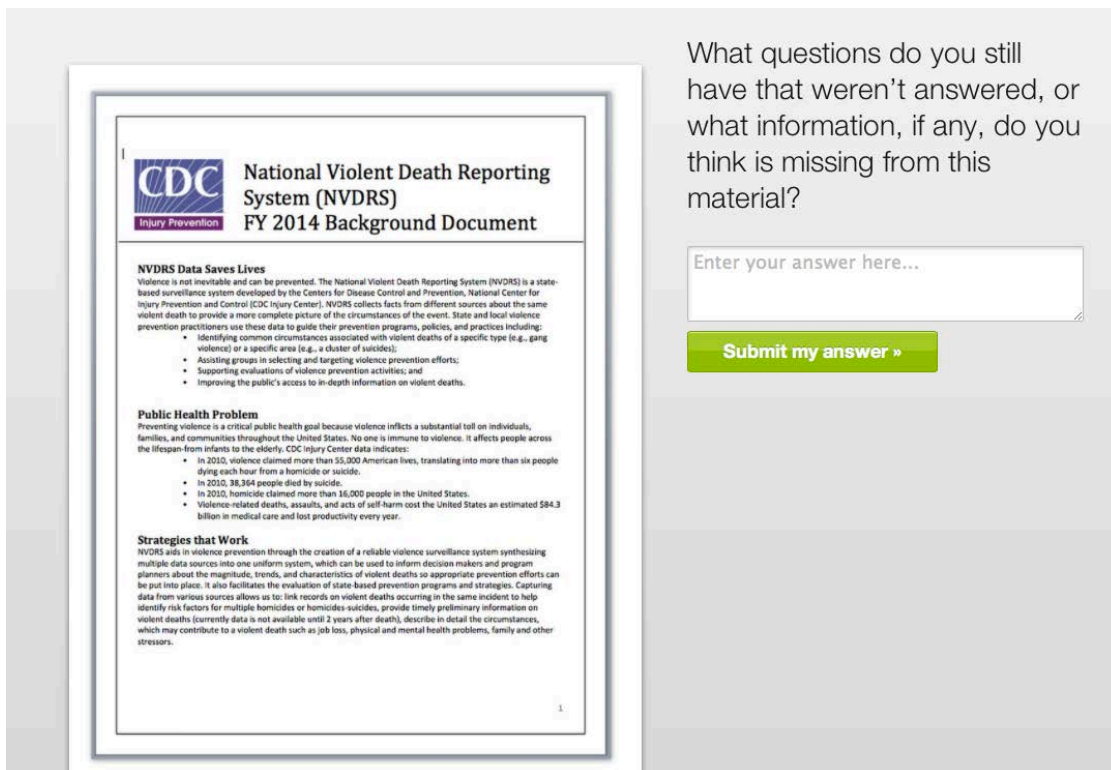
Screen 2

Attachment 2: Click Testing Screen Shots

Task 16



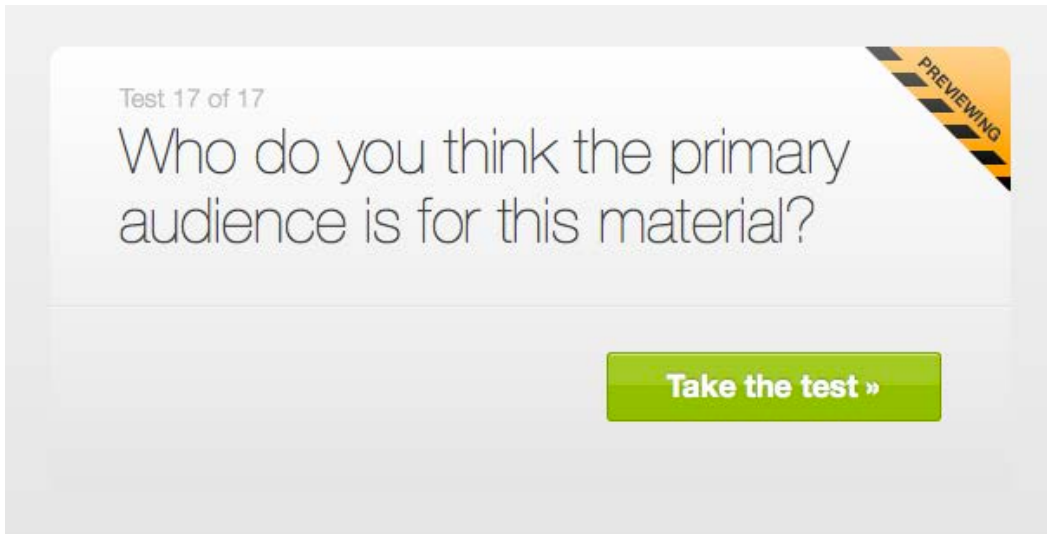
Screen 1



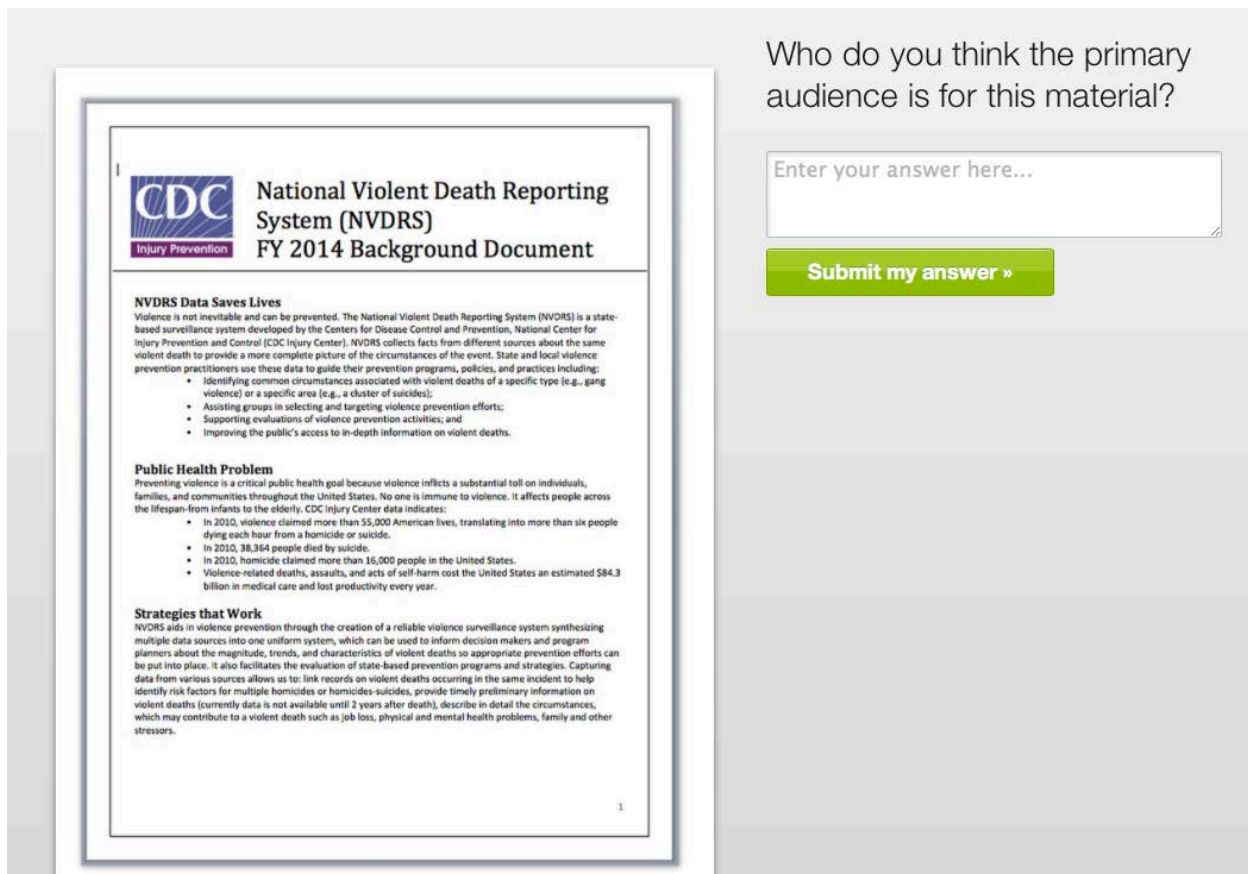
Screen 2

Attachment 2: Click Testing Screen Shots

Task 17



Screen 1

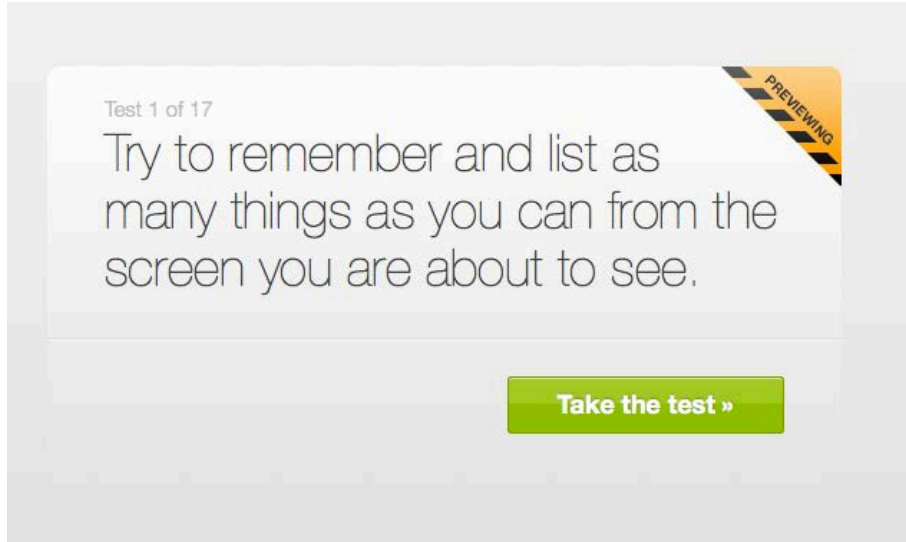


Screen 2

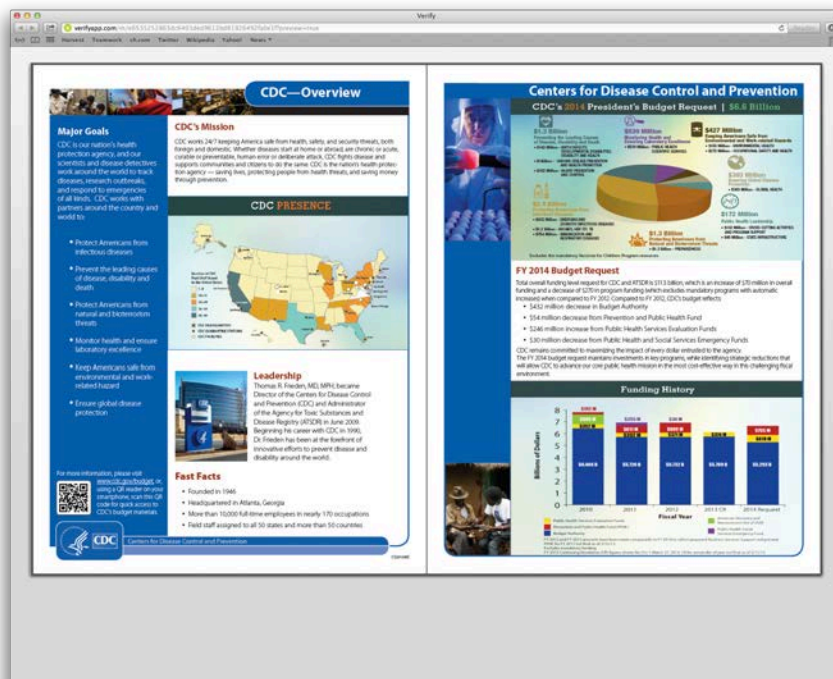
Attachment 2: Click Testing Screen Shots

Material: CDC Budget Overview

Task 1



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

What can you remember?

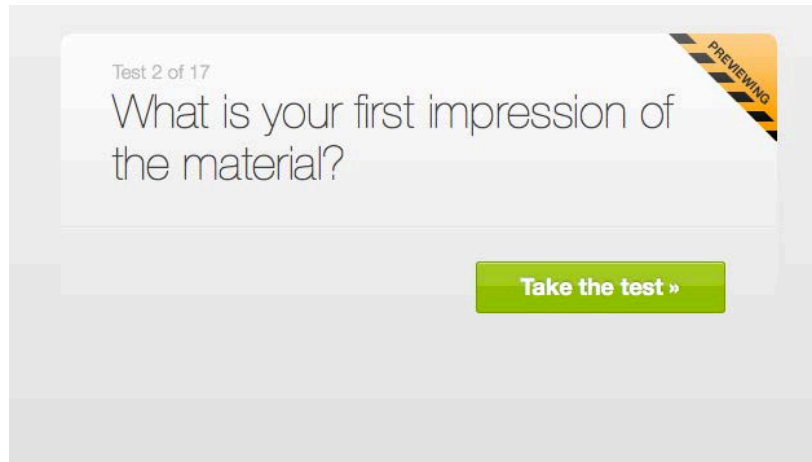
1.
2.
3.
4.
5.

[Submit my answers »](#)

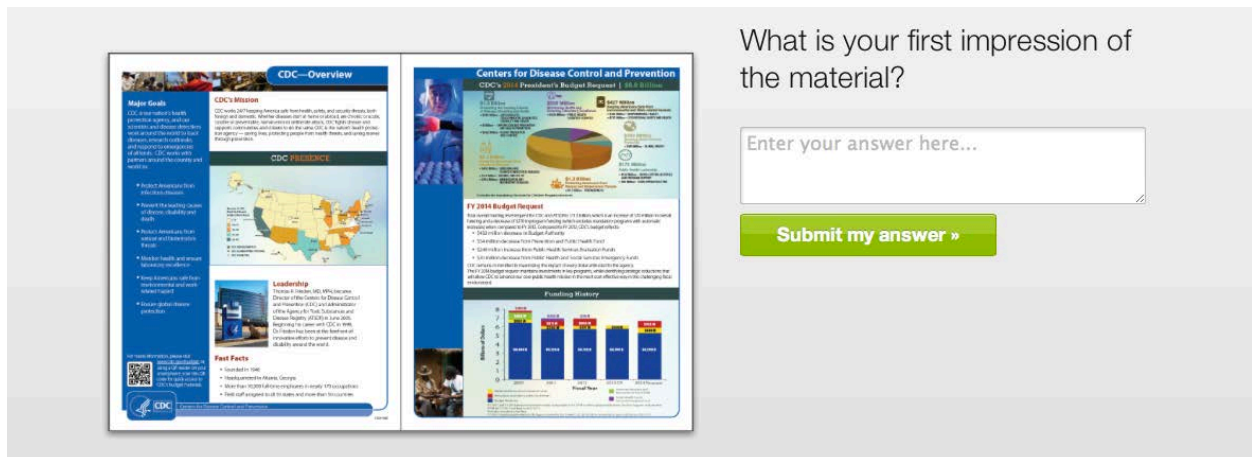
Screen 3

Attachment 2: Click Testing Screen Shots

Task 2



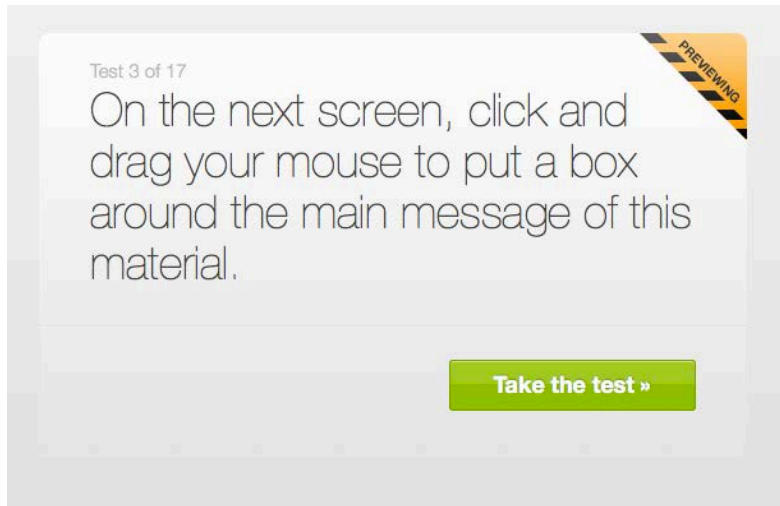
Screen 1



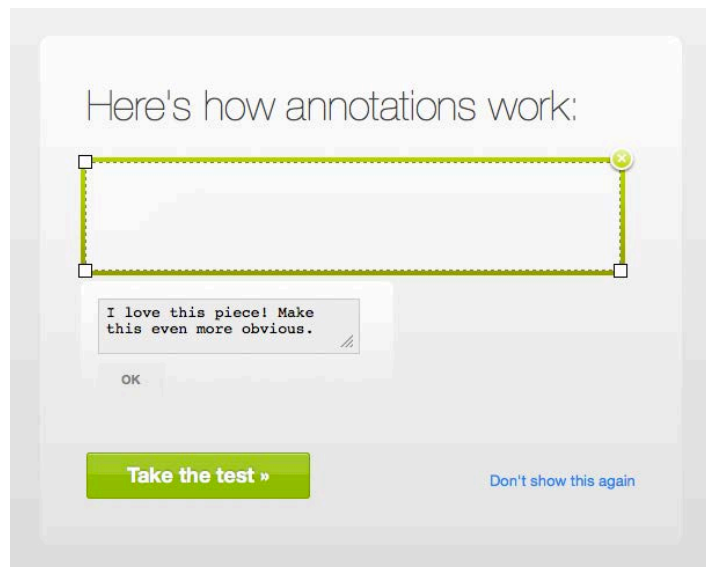
Screen 2

Attachment 2: Click Testing Screen Shots

Task 3



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

CDC—Overview

Major Goals

CDC is our nation's health protection agency, and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

CDC's Mission

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

OK

Leadership

Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1990, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

Fast Facts

- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

Centers for Disease Control and Prevention

Centers for Disease Control and Prevention

CDC's 2014 President's Budget Request | \$6.6 Billion

\$1.3 Billion
Preventing the Leading Causes of Disability, Disability and Death

- \$400 Million — PREVENTIVE SERVICES
- \$100 Million — PREVENTIVE SURVEILLANCE, DIAGNOSIS, TREATMENT, AND HEALTH PROMOTION
- \$800 Million — CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
- \$100 Million — GLOBAL PREVENTION AND CONTROL

\$539 Million
Monitoring Health and Emerging Laboratory Excellence

- \$100 Million — PUBLIC HEALTH SCIENCE SERVICES
- \$439 Million — LABORATORY EXCELLENCE

\$427 Million
Keeping Americans Safe from Environmental and Work-related Hazards

- \$100 Million — ENVIRONMENTAL HEALTH
- \$327 Million — OCCUPATIONAL SAFETY AND HEALTH

\$2.4 Billion
Preventing and Responding to Infectious Diseases

- \$400 Million — IMMUNIZATION AND VACCINE PREVENTION SERVICES
- \$1.2 Billion — INFECTION AND IMMUNIZATION AND IMMUNIZATION SERVICES
- \$800 Million — INFECTION AND IMMUNIZATION SERVICES

\$1.3 Billion
Preventing Emergencies from Natural and Bioterrorism Threats

- \$1.3 Billion — PREVENTION

\$172 Million
Public Health Leadership

- \$100 Million — CROSS-CUTTING ACTIVITIES AND PROGRAM SUPPORT
- \$72 Million — CORE INFRASTRUCTURE

Excludes the mandatory Vaccines for Children Program resources

FY 2014 Budget Request

Total overall funding level request for CDC and ATSDR is \$11.3 billion, which is an increase of \$70 million in overall funding and a decrease of \$270 in program funding (which excludes mandatory programs with automatic increases) when compared to FY 2012. Compared to FY 2012, CDC's budget reflects:

- \$432 million decrease in Budget Authority
- \$54 million decrease from Prevention and Public Health Fund
- \$246 million increase from Public Health Services Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

CDC remains committed to maximizing the impact of every dollar entrusted to the agency. The FY 2014 budget request maintains investments in key programs, while identifying strategic reductions that will allow CDC to advance our core public health mission in the most cost-effective way in this challenging fiscal environment.

Funding History

Fiscal Year	Total Funding (Billions of Dollars)
2010	\$6,466 B
2011	\$6,759 B
2012	\$6,702 B
2013 CR	\$6,769 B
2014 Requested	\$6,293 B

FY 2012 and FY 2013 amounts have been revised comparable to FY 2014 to reflect proposed Budget Service Support realignment. FY 2012 and FY 2013 amounts have been revised comparable to FY 2014 to reflect proposed Budget Service Support realignment. FY 2012 and FY 2013 amounts have been revised comparable to FY 2014 to reflect proposed Budget Service Support realignment. FY 2012 and FY 2013 amounts have been revised comparable to FY 2014 to reflect proposed Budget Service Support realignment.

Screen 3

Attachment 2: Click Testing Screen Shots

Task 4

Test 4 of 17

On the following screen, click and drag your mouse to put a box around the images that you think are relevant to the main message you just highlighted. Tell us why it's relevant.

Take the test »

Screen 1

CDC—Overview

Major Goals
CDC is our nation's health protection agency and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

For more information, please visit www.cdc.gov/budget, or, using a QR reader on your smartphone, scan this QR code for quick access to CDC's budget materials.

CDC's Mission
CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

CDC PRESENCE

Leadership
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Centers for Disease Control and Prevention

CDC's 2014 President's Budget Request | \$6.6 Billion

Funding History

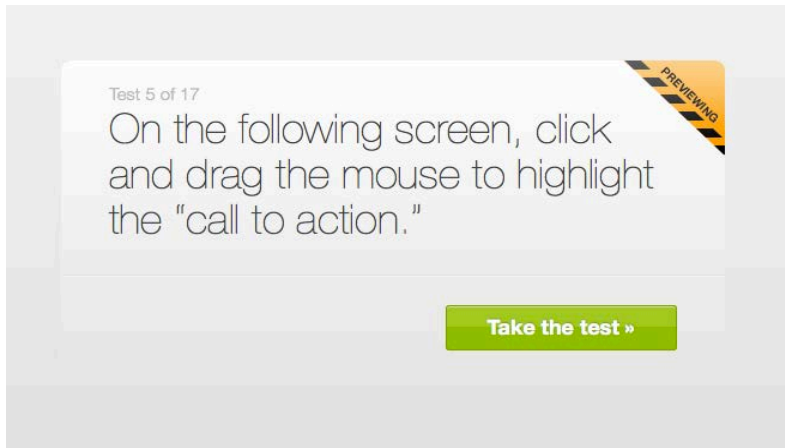
Public Health Services Evaluation Funds
Prevention and Public Health Fund (PPHF)
Mandatory Programs
Public Health System
Public Health System Support

Public Health System Support
Prevention and Public Health Fund (PPHF)
Mandatory Programs
Public Health System

Screen 2

Attachment 2: Click Testing Screen Shots

Task 5



Screen 1

CDC—Overview

Major Goals

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

CDC's Mission

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

CDC PRESENCE

Number of CDC Field Offices in the United States

Region	Number of CDC Field Offices
10-15	10
16-20	16
21-25	21
26-30	26
31-35	31
36-40	36

Leadership

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Centers for Disease Control and Prevention

CDC's 2014 President's Budget Request | \$8.6 Billion

Category	Amount
Prevention and Public Health Fund (PPHF)	\$1.3 Billion
Public Health Services Evaluation Funds	\$330 Million
Prevention and Public Health Fund (PPHF)	\$427 Million
Public Health Leadership	\$172 Million
Prevention and Public Health Fund (PPHF)	\$1.3 Billion

FY 2014 Budget Request

Total overall funding level request for CDC and ATSDR is \$11.3 billion, which is an increase of \$70 million in overall funding and a decrease of \$270 million in program funding (which excludes mandatory programs with automatic increasing when compared to FY 2010). Compared to FY 2010, CDC's budget reflects:

- \$432 million decrease in Budget Authority
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- \$246 million increase from Public Health Services Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

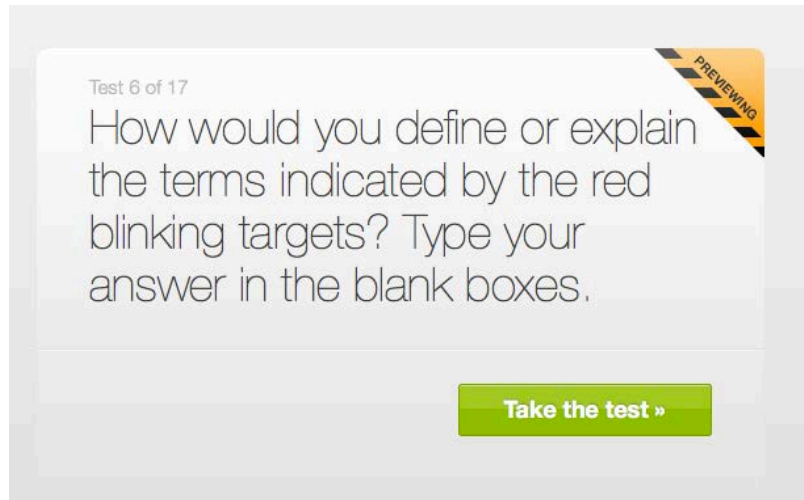
Funding History

Fiscal Year	Total Funding (Billions of Dollars)
2010	\$8,668 B
2011	\$8,778 B
2012	\$9,732 B
2013 CR	\$9,908 B
2014 Request	\$10,200 B

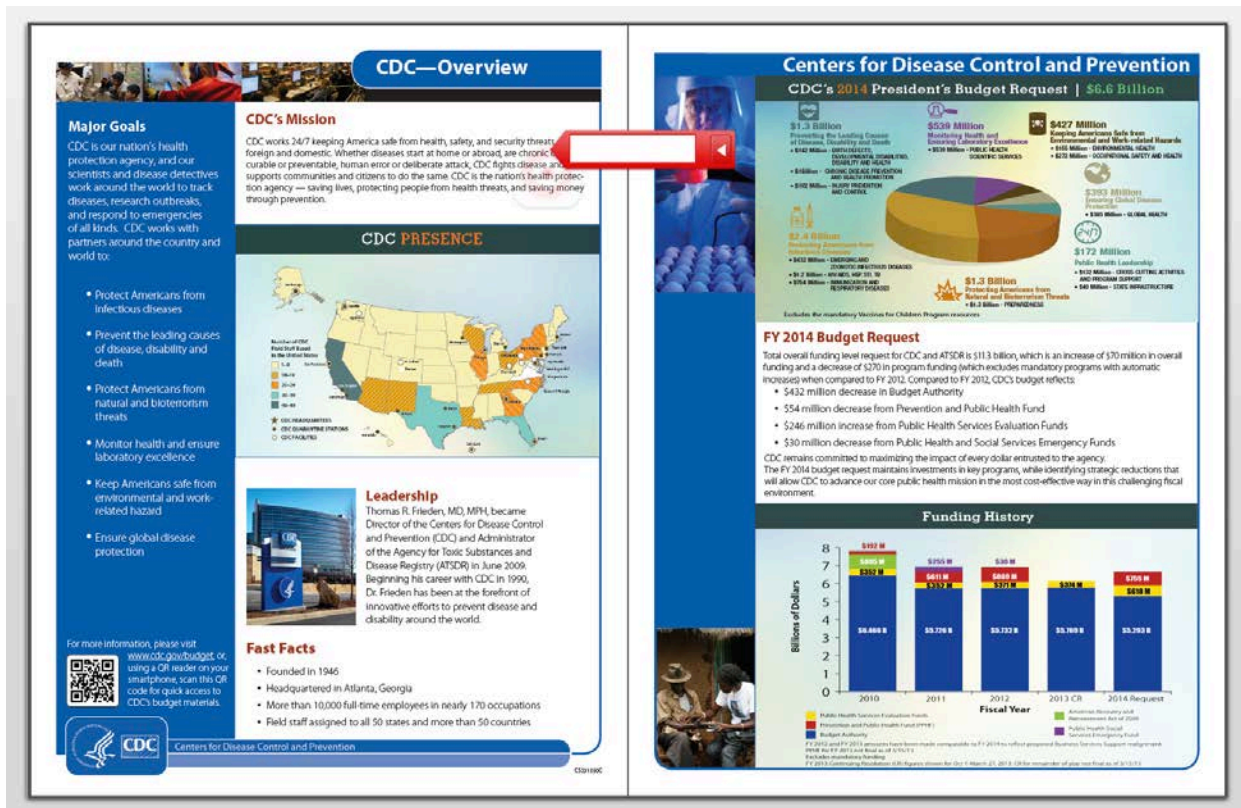
Screen 2

Attachment 2: Click Testing Screen Shots

Task 6



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 7

Test 7 of 17

We want to know if anything written on this page is confusing or unclear. Click and drag your mouse over anything you're unsure or confused about. In the text box, type why you think it's confusing.

Take the test »

Screen 1


CDC—Overview

Major Goals

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- Ensure global disease protection

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Centers for Disease Control and Prevention


Centers for Disease Control and Prevention

CDC's 2014 President's Budget Request | \$6.6 Billion

CDC's Mission

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic, whether diseases start at home or abroad; are chronic or acute, curable or preventable, human error or deliberate attack. CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

CDC PRESENCE



Leadership


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Centers for Disease Control and Prevention

CDC's 2014 President's Budget Request | \$6.6 Billion




FY 2014 Budget

Total overall funding level: **OK** (increase of \$70 million in overall programs with automatic increases when compared to FY 2013)

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Funding History



Fiscal Year	Total Funding (Billions of Dollars)
2010	\$6,866.8
2011	\$6,236.8
2012	\$6,722.8
2013 CR	\$6,769.8
2014 Proposed	\$6,263.8

Screen 2

Attachment 2: Click Testing Screen Shots

Task 8

Test 8 of 17

On the following screen, click and drag the mouse to highlight the areas giving you the most important information in this material.

Take the test »

Screen 1


CDC—Overview

Major Goals

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CDC PRESENCE



Leadership

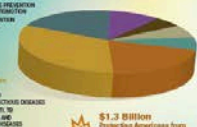
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Centers for Disease Control and Prevention

CDC's 2014 President's Budget Request | \$6.6 Billion



- \$1.3 Billion** Preventing the Leading Causes of Disease, Disability and Death
 - \$142 Million - PREVENTIVE SERVICES, SCREENING, AND EARLY DETECTION
 - \$188 Million - CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
 - \$900 Million - ALZHEIMER, PARKINSON, AND OTHER NEURODEGENERATIVE DISEASES
- \$539 Million** Promoting American Safe from Environmental and Work-related Hazards
 - \$100 Million - PUBLIC HEALTH SAFETY AND HEALTH
 - \$439 Million - OCCUPATIONAL SAFETY AND HEALTH
- \$427 Million** Keeping Americans Safe from Environmental and Work-related Hazards
 - \$100 Million - OCCUPATIONAL SAFETY AND HEALTH
 - \$327 Million - OCCUPATIONAL SAFETY AND HEALTH
- \$309 Million** Ensuring Global Disease Protection
 - \$263 Million - GLOBAL HEALTH
 - \$46 Million - PUBLIC HEALTH
- \$172 Million** Public Health Leadership
 - \$120 Million - CROSS-CUTTING ACTIVITIES AND PROGRAM SUPPORT
 - \$52 Million - CORE INFRASTRUCTURE
- \$2.4 Billion** Promoting American Safe from Infectious Diseases
 - \$400 Million - IMMUNIZATION
 - \$1.5 Billion - INFECTIOUS DISEASES
 - \$500 Million - ANTIBIOTIC RESISTANCE AND RESPIRATORY DISEASES
- \$1.3 Billion** Promoting American Safe from Radiation and Electromagnetic Threats
 - \$1.3 Billion - PREVENTION

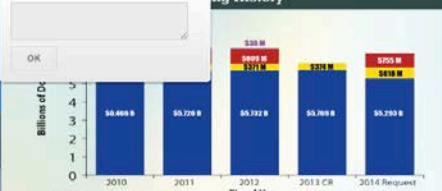
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Funding History



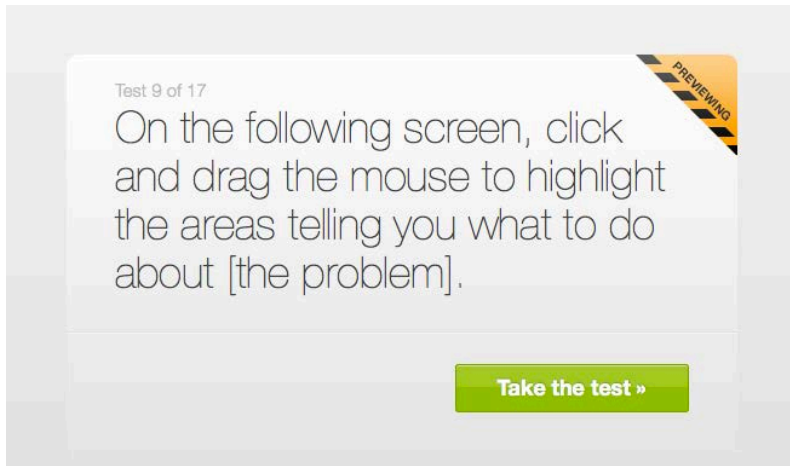
Fiscal Year	Total Funding (Billions \$)
2010	\$6,468.9
2011	\$6,726.9
2012	\$6,722.9
2013 CR	\$6,769.9
2014 Request	\$6,730.9

FY 2010 and FY 2011 amounts from actual results; FY 2012 to FY 2014 are budget authority. FY 2014 is subject to potential reductions in program funding. FY 2013 Continuing Resolution. CDC program account for 2013 is \$6,711.1. CDC's total program account for 2013 is \$7,171.9.

Screen 2

Attachment 2: Click Testing Screen Shots

Task 9



Screen 1

CDC—Overview

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CDC PRESENCE

Map showing CDC Field Office locations across the United States.

Leadership

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Centers for Disease Control and Prevention

CDC's 2014 President Budget Request | \$6.6 Billion

\$1.3 Billion Preventing the Leading Causes of Disease, Disability and Death
 • \$400 Million - SAFETY, SECURITY, DISABILITY AND HEALTH
 • \$300 Million - Disease, Injury, Prevention and Health Promotion
 • \$200 Million - Public Health Protection and Control

\$2.4 Billion Strengthening Laboratories
 • \$400 Million - CONFIDENTIAL AND ZOOLOGICAL ZOOLOGICAL DISEASES
 • \$1.2 Billion - RESEARCH AND RESEARCH AND RESEARCH

\$1.3 Billion Protecting Americans from Natural and Bioterrorism Threats
 • \$1.3 Billion - PEDIATRIC

\$427 Million Keeping Americans Safe from Environmental and Work-related Hazards
 • \$100 Million - ENVIRONMENTAL HEALTH
 • \$327 Million - OCCUPATIONAL SAFETY AND HEALTH

\$200 Million Keeping Older Americans Safe
 • \$200 Million - OLDER ADULTS

\$172 Million Public Health Leadership
 • \$100 Million - CROSS-CUTTING ACTIVITIES AND PROGRAM SUPPORT
 • \$72 Million - ISSUES INFRASTRUCTURE

FY 2014 Budget Request

Total overall funding level request for CDC and ATSDR is \$11.3 billion, which is an increase of \$70 million in overall funding and a decrease of \$270 million in program funding (which excludes mandatory programs with automatic increases) when compared to FY 2013. Compared to FY 2013, CDC's budget reflects:

- \$432 million decrease in Budget Authority
- \$54 million decrease from Prevention and Public Health Fund
- \$246 million increase from Public Health Services Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

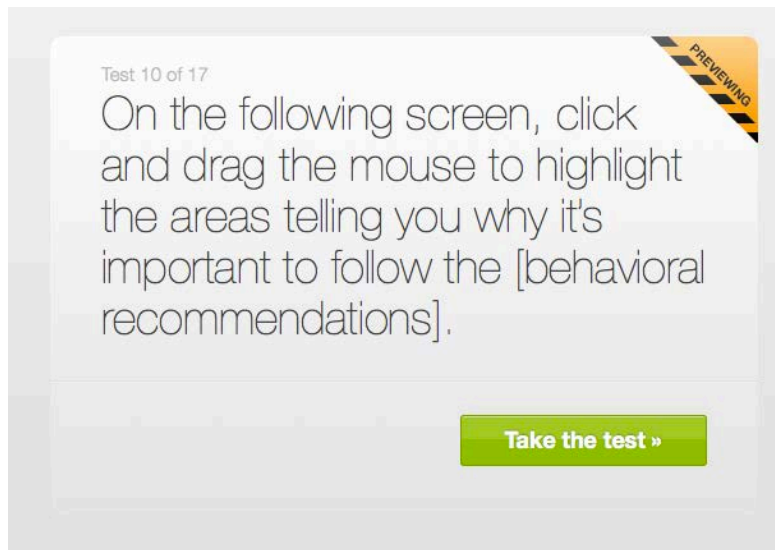
Funding History

Fiscal Year	Total Funding (Billions of Dollars)
2010	\$8,668 B
2011	\$8,726 B
2012	\$8,332 B
2013 CR	\$8,769 B
2014 Request	\$8,769 B

Screen 2

Attachment 2: Click Testing Screen Shots

Task 10



Screen 1

CDC—Overview

Major Goals

CDC is our nation's health protection agency, and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

CDC's Mission

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

Number of CDC Field Offices in the United States

- 1-4
- 5-10
- 11-20
- 21-30
- 31-40
- 41-50

Legend: ● CDC LABORATORIES, ○ CDC FIELD OFFICES

Leadership

Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1990, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

Centers for Disease Control and Prevention

CDC's 2014 President's Budget Request | \$6.6 Billion

\$1.3 Billion
Preventing the Leading Causes of Disease, Disability and Death

- \$400 Million - INFECTIOUS DISEASES
- \$400 Million - CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION AND CARE
- \$100 Million - ENVIRONMENTAL AND OCCUPATIONAL DISEASES
- \$100 Million - IMMUNIZATION AND BIODIVERSITY

\$539 Million
Monitoring Health and Emerging Laboratory Emergences

- \$200 Million - PUBLIC HEALTH SCIENCE SERVICES
- \$339 Million - ENVIRONMENTAL AND OCCUPATIONAL DISEASES

\$427 Million
Empowering Americans to Stay Free from Environmental and Work-related Hazards

- \$100 Million - ENVIRONMENTAL AND OCCUPATIONAL DISEASES
- \$327 Million - PUBLIC HEALTH SCIENCE SERVICES

\$2.4 Billion
Supporting Environmental Threats

- \$200 Million - ENVIRONMENTAL AND OCCUPATIONAL DISEASES
- \$240 Million - IMMUNIZATION AND BIODIVERSITY

\$1.3 Billion
Protecting Americans from Natural and Bioterrorism Threats

- \$1.3 Billion - INFECTIOUS DISEASES

\$172 Million
Public Health Leadership

- \$100 Million - CROSS-CUTTING ACTIVITIES AND PROGRAM SUPPORT
- \$72 Million - CIVIL INFRASTRUCTURE

\$393 Million
Research, Global Programs, Prevention, and Public Health

- \$393 Million - PUBLIC HEALTH SCIENCE SERVICES

\$427 Million
Empowering Americans to Stay Free from Environmental and Work-related Hazards

- \$100 Million - ENVIRONMENTAL AND OCCUPATIONAL DISEASES
- \$327 Million - PUBLIC HEALTH SCIENCE SERVICES

FY 2014 Budget Request

Total overall funding level request for CDC and ATSDR is \$11.3 billion, which is an increase of \$70 million in overall funding and a decrease of \$270 million in program funding (which excludes mandatory programs with automatic increases) when compared to FY 2012. Compared to FY 2012, CDC's budget reflects:

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- \$246 million increase from Public Health Services Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

CDC remains committed to maximizing the impact of every dollar entrusted to the agency. The FY 2014 budget request maintains investments in key programs, while identifying strategic reductions that will allow CDC to advance our core public health mission in the most cost-effective way in this challenging fiscal environment.

Funding History

Fiscal Year	Total Funding (Billions of Dollars)
2010	\$6,468 B
2011	\$6,726 B
2012	\$6,722 B
2013 CR	\$6,308 B
2014 Request	\$6,728 B

FY 2012 and FY 2013 amounts have been made comparable to FY 2014 by offsetting personnel increases from budget realignment. PPHF for FY 2013 was \$1.1 B. Includes mandatory funding. FY 2013 Continuing Resolution (CR) request above for CR 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

Screen 2

Attachment 2: Click Testing Screen Shots

Task 11

Test 11 of 17

On the following screen, click and drag the mouse to highlight any numbers that are confusing or unclear. In the text box, type why you think they're confusing.

Take the test »

Screen 1

CDC—Overview

Major Goals

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

CDC's Mission

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

CDC PRESENCE

Number of CDC Field Offices by State

State	Number of CDC Field Offices
Alabama	1
Arizona	1
California	1
Colorado	1
Connecticut	1
DC	1
Florida	1
Georgia	1
Illinois	1
Indiana	1
Iowa	1
Kansas	1
Kentucky	1
Louisiana	1
Maine	1
Massachusetts	1
Michigan	1
Minnesota	1
Mississippi	1
Missouri	1
Montana	1
Nebraska	1
Nevada	1
New Hampshire	1
New Jersey	1
New Mexico	1
New York	1
North Carolina	1
North Dakota	1
Ohio	1
Oklahoma	1
Oregon	1
Pennsylvania	1
Rhode Island	1
South Carolina	1
South Dakota	1
Tennessee	1
Texas	1
Utah	1
Vermont	1
Virginia	1
Washington	1
West Virginia	1
Wisconsin	1
Wyoming	1

Leadership

Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1990, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

Fast Facts

- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

Centers for Disease Control and Prevention

CDC's 2014 President's Budget Request | \$6.6 Billion

- \$1.3 Billion** Preventing the Leading Causes of Disease, Disability and Death
- \$339 Million** Keeping Americans Safe from Environmental and Bio-Related Hazards
- \$427 Million** Keeping Americans Safe from Environmental and Bio-Related Hazards
- \$2.4 Billion** Preventing Disease and Disability
- \$1.3 Billion** Protecting Americans from Natural and Environmental Threats
- \$293 Million** Ensuring Global Disease Protection
- \$172 Million** Public Health Leadership
- \$142 Million** Cross-Cutting Activities and Program Support
- \$40 Million** Core Infrastructure

FY 2014 Budget Request

Total overall funding level request for CDC and ATSDR is \$11.3 billion, which is an increase of \$70 million in overall funding and a decrease of \$270 million in program funding (which excludes mandatory programs with automatic increases when compared to FY 2013, compared to FY 2012, CDC's budget reflects:

- \$412 million decrease in Budget Authority
- \$54 million decrease from Prevention and Public Health Fund
- \$246 million increase from Public Health Services Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

Funding History

Fiscal Year	Public Health Services Evaluation Funds	Prevention and Public Health Fund (P2H)	Budget Authority	Public Health Service	Public Health and Social Services Emergency Fund	Total
2010	\$1,392 M	\$1,295 M	\$3,000 M	\$1,378 M	\$1,000 M	\$6,065 M
2011	\$1,411 M	\$1,332 M	\$2,937 M	\$1,399 M	\$1,000 M	\$6,079 M
2012	\$1,411 M	\$1,332 M	\$2,937 M	\$1,399 M	\$1,000 M	\$6,079 M
2013 CR	\$1,411 M	\$1,332 M	\$2,937 M	\$1,399 M	\$1,000 M	\$6,079 M
2014 Request	\$1,411 M	\$1,332 M	\$2,937 M	\$1,399 M	\$1,000 M	\$6,079 M

Screen 2

Attachment 2: Click Testing Screen Shots

Task 12

Test 12 of 17

On the following screen, click and drag the mouse to highlight where it explains why [the risk in the material] is a risk.

PREVIEWING

Take the test »

Screen 1

CDC—Overview

Major Goals

CDC is our nation's health protection agency and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazards
- Ensure global disease protection

For more information, please visit www.cdc.gov/budget, or using a QR reader on your smartphone, scan the QR code for quick access to CDC's budget materials.

CDC's Mission

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

CDC PRESENCE

Leadership

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Fast Facts

- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

Centers for Disease Control and Prevention

CDC's 2014 President's Budget Request | \$6.8 Billion

FY 2014 Budget Request

Total overall funding level request for CDC funding and a decrease of \$70 in program in progress when compared to FY 2012. C:

- \$432 million decrease in Budget
- \$54 million decrease from Prev.
- \$246 million increase from Public Health Services Evaluation Funds
- \$30 million decrease from Public Health and Social Services Emergency Funds

CDC remains committed to maximizing the impact of every dollar entrusted to the agency. The FY 2014 budget request maintains investments in key programs, while identifying strategic reductions that will allow CDC to advance our core public health mission in the most cost-effective way in this challenging fiscal environment.

Funding History

Fiscal Year	Total Funding (Billions of Dollars)
2010	6.80
2011	6.73
2012	6.66
2013 CH	6.59
2014 Request	6.52

Screen 2

Attachment 2: Click Testing Screen Shots

Task 13

Test 13 of 17

On the following screen, click and drag the mouse to highlight the areas that address the risks and benefits of the [behavioral recommendations].

Take the test »

Screen 1

CDC—Overview

Major Goals

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

CDC's Mission

CDC works 24/7 keeping America safe from health, safety, and security threats, both foreign and domestic. Whether diseases start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same. CDC is the nation's health protection agency — saving lives, protecting people from health threats, and saving money through prevention.

CDC PRESENCE

Number of CDC Field Offices by State:

- 14
- 20-25
- 26-30
- 31-35
- 36-40
- 41-45

Leadership

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Centers for Disease Control and Prevention

CDC's 2014 President's Budget Request | \$6.6 Billion

\$1.3 Billion Preventing the Leading Causes of Disease, Disability and Death

- \$300 Million: **PREVENTION** (VACCINES, SCREENING, HEALTHY BEHAVIORS AND HEALTH PROMOTION AND HEALTH PROTECTION)
- \$300 Million: **DIAGNOSIS, TREATMENT AND CONTROL**

\$2.8 Billion Monitoring, Assessing and Controlling Environmental and Occupational Hazards

- \$200 Million: **ENVIRONMENTAL AND OCCUPATIONAL HEALTH**
- \$800 Million: **BIOTERRORISM AND PUBLIC HEALTH**
- \$800 Million: **GLOBAL HEALTH**

\$427 Million Ensuring Americans Safe from Environmental and Occupational Hazards

- \$100 Million: **ENVIRONMENTAL HEALTH**
- \$327 Million: **OCCUPATIONAL SAFETY AND HEALTH**

\$200 Million Ensuring Global Health

- \$100 Million: **GLOBAL HEALTH**
- \$100 Million: **GLOBAL HEALTH**

\$172 Million Public Health Leadership

- \$100 Million: **WORKS OF PUBLIC HEALTH**
- \$72 Million: **WORKS OF PUBLIC HEALTH**

\$1.3 Billion Ensuring Americans Safe from Natural and Bioterrorism Threats

- \$1.3 Billion: **PREPAREDNESS**

FY 2014 Budget Request

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- \$432 million decrease in Budget Authority
- \$54 million decrease from Prevention and Public Health Fund
- \$246 million increase from Public Health Services Evaluation Funds
- \$10 million decrease from Public Health and Social Services Emergency Funds

CDC remains committed to maximizing the impact of every dollar entrusted to the agency. The FY 2014 budget request maintains investments in key programs, while identifying strategic reductions that will allow CDC to advance our core public health mission in the most cost-effective way in this challenging fiscal environment.

Budget History

Fiscal Year	Public Health Services Evaluation Funds	Prevention and Public Health Fund (PPHF)	Budget Authority	Public Health Budget	Public Health Budget	Public Health Budget
2010	\$5,868.0					
2011	\$5,700.0					
2012	\$5,722.0	\$200.0	\$5,922.0	\$5,922.0		
2013 CR	\$5,769.0	\$200.0	\$5,969.0	\$5,969.0		
2014 Request	\$5,730.0	\$200.0	\$5,930.0	\$5,930.0		

Screen 2

Attachment 2: Click Testing Screen Shots

Task 14

Test 14 of 17

On the following screen, click and drag the mouse to highlight areas that explain or help you understand the [numeric probability].

Take the test »

Screen 1


CDC—Overview

Major Goals

CDC is our nation's health protection agency, and our scientists and disease detectives work around the world to track diseases, research outbreaks, and respond to emergencies of all kinds. CDC works with partners around the country and world to:

- Protect Americans from infectious diseases
- Prevent the leading causes of disease, disability and death
- Protect Americans from natural and bioterrorism threats
- Monitor health and ensure laboratory excellence
- Keep Americans safe from environmental and work-related hazard
- Ensure global disease protection

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Centers for Disease Control and Prevention

Centers for Disease Control and Prevention

CDC's Mission

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CDC PRESENCE



Leadership

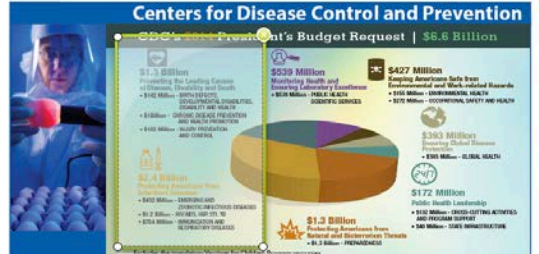
Thomas R. Frieden, MD, MPH, became Director of the Centers for Disease Control and Prevention (CDC) and Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) in June 2009. Beginning his career with CDC in 1993, Dr. Frieden has been at the forefront of innovative efforts to prevent disease and disability around the world.

Fast Facts

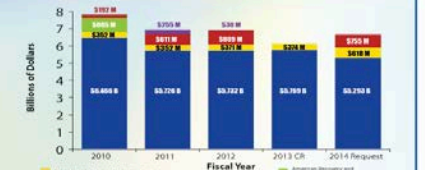
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- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

Centers for Disease Control and Prevention

CDC's 2014 President's Budget Request | \$6.6 Billion



Funding History



511.3 billion, which is an increase of \$70 million in overall (which excludes mandatory programs with automatic 2012, CDC's budget reflects:

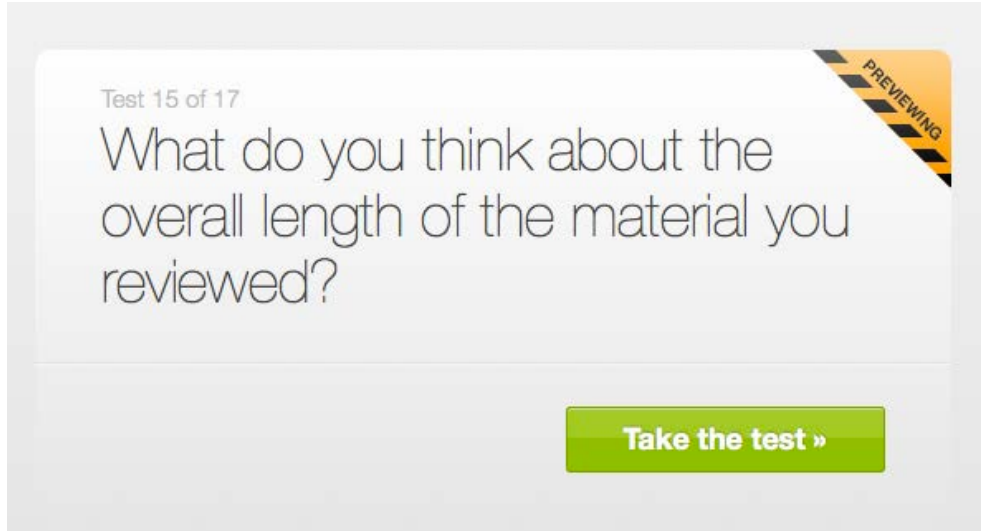
- \$54 million decrease from Prevention and Public Health Fund
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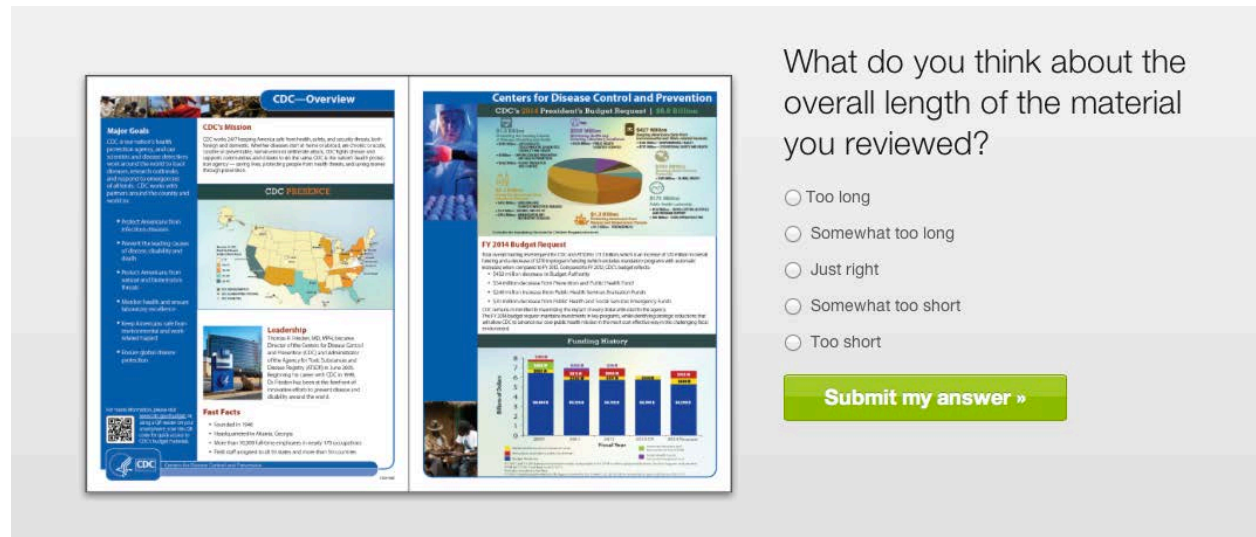
Screen 2

Attachment 2: Click Testing Screen Shots

Task 15



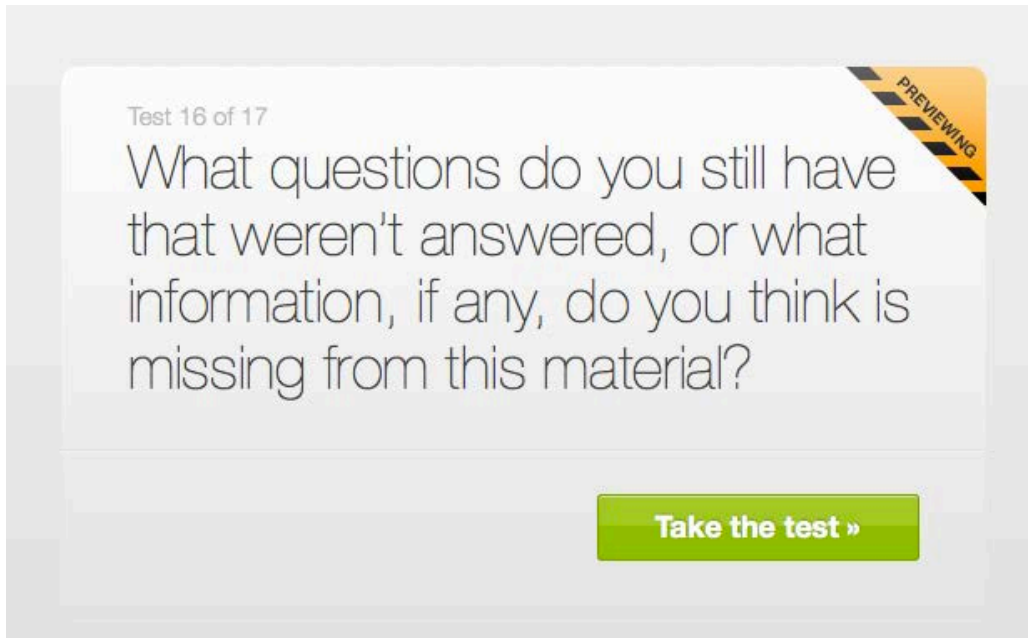
Screen 1



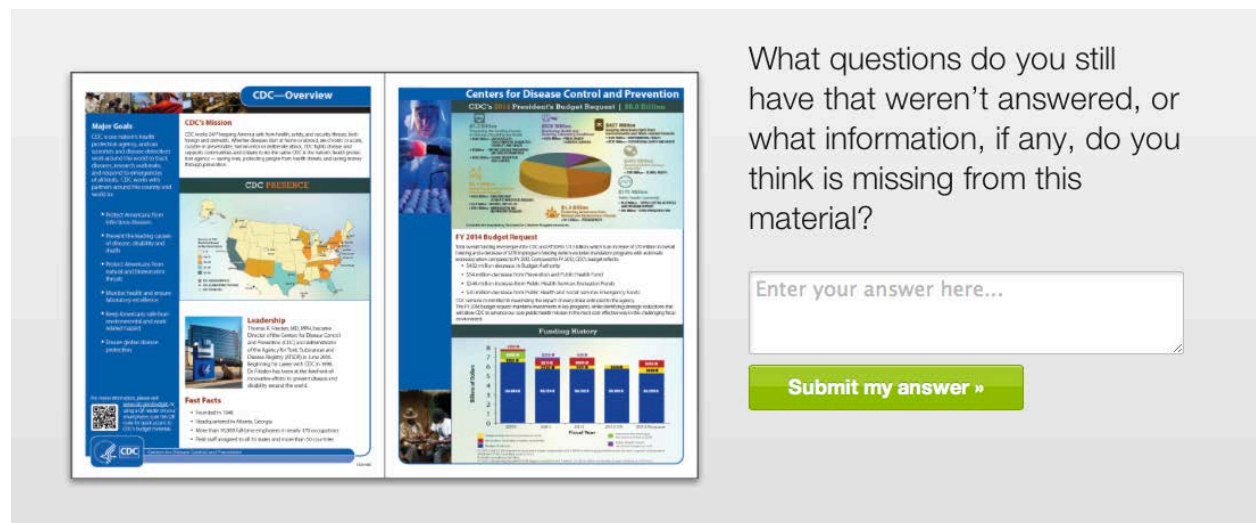
Screen 2

Attachment 2: Click Testing Screen Shots

Task 16



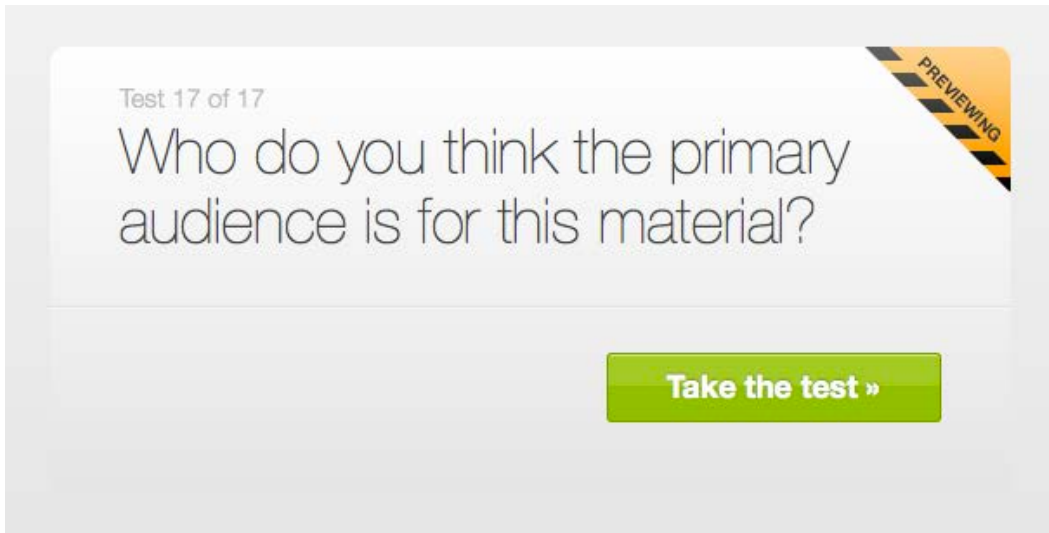
Screen 1



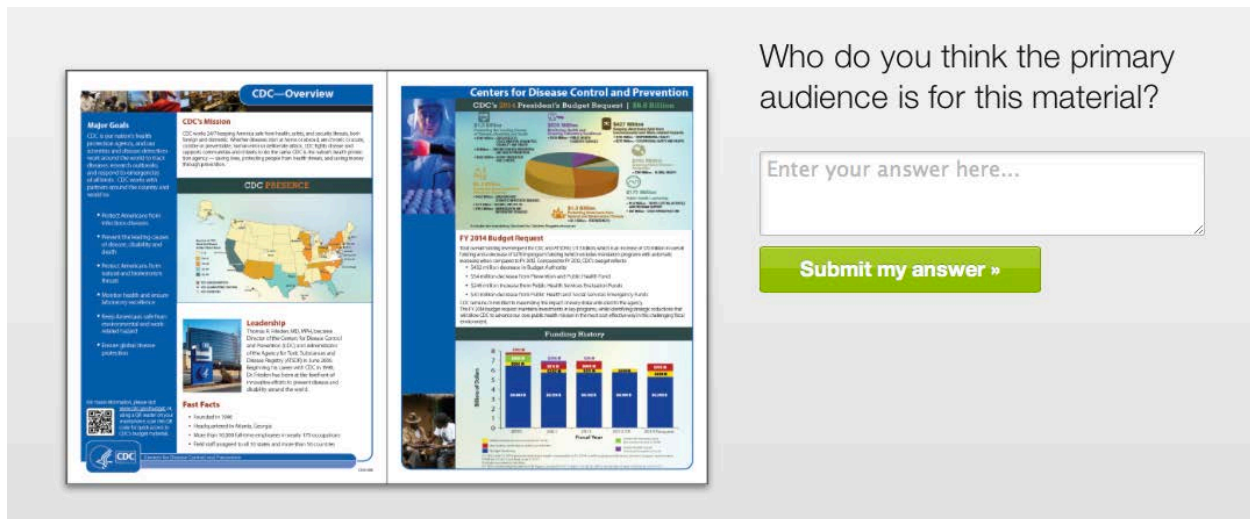
Screen 2

Attachment 2: Click Testing Screen Shots

Task 17



Screen 1

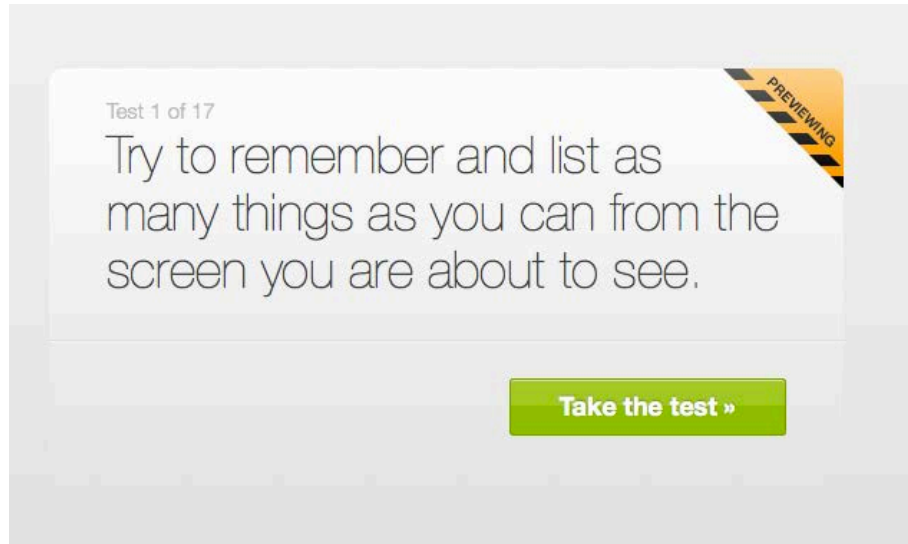


Screen 2

Attachment 2: Click Testing Screen Shots

Material: Introduction to Epidemiology

Task 1



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

What can you remember?

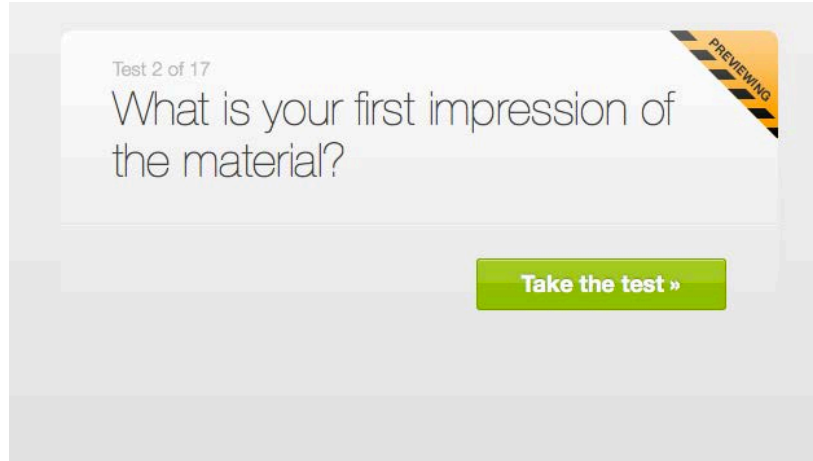
1.
2.
3.
4.
5.

[Submit my answers »](#)

Screen 3

Attachment 2: Click Testing Screen Shots

Task 2



Screen 1

CDC 24/7 Saving Lives. Protecting People. Saving Money Through Prevention.

The Importance of Epidemiology

Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

- ◊ Both trainees belonged to Alpha Company, which consisted of 303 trainees total
- ◊ The number of cases of pneumonia increased during this time period
- ◊ The outbreak occurred during February 6-14, 2009

Example of an outbreak investigation

In February 2009, when two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

The outbreak

- ◊ Two previously healthy trainees were diagnosed with *Streptococcus pneumoniae* meningitis and died

Gathering information

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.

Enter your answer here...

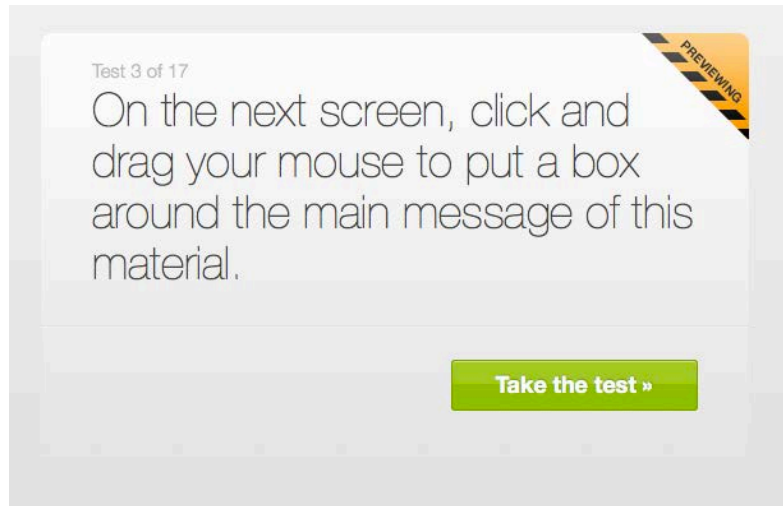
Submit my answer »

Centers for Disease Control and Prevention
Office of the Director

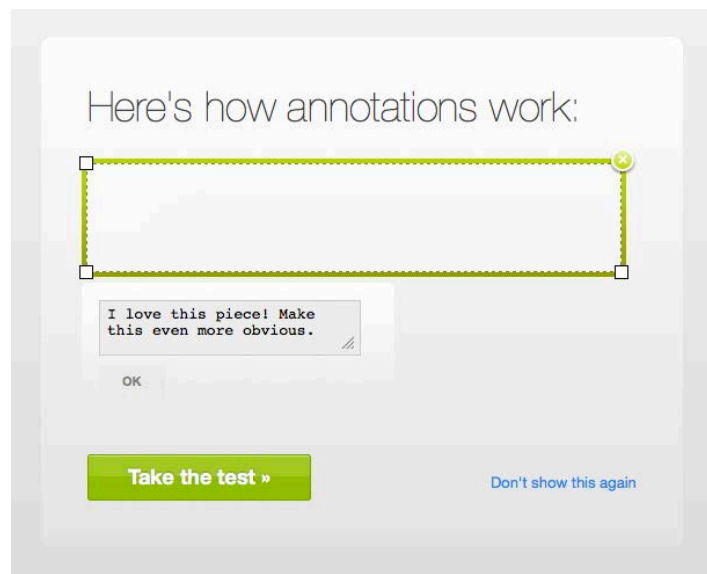
Screen 2

Attachment 2: Click Testing Screen Shots

Task 3



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots



Screen 3

Attachment 2: Click Testing Screen Shots

Task 4

Test 4 of 17

On the following screen, click and drag your mouse to put a box around the images that you think are relevant to the main message you just highlighted. Tell us why it's relevant.

PREVIEWING

Take the test »

Screen 1

CDC 24/7 Saving Money Through Prevention.

The Importance of Epidemiology



Investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

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- The number of cases of pneumonia increased during this time period
- The outbreak occurred during February 6-14, 200

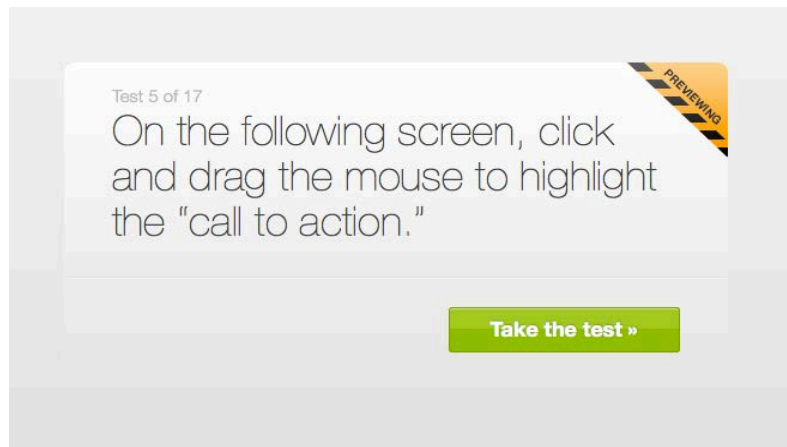
ok

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 5



Screen 1

◇ Treatment with antibiotics during the investigation period

After the data were collected, the epidemiologists created a database with the information. The data were analyzed to determine trainee and training staff characteristics thought to be associated with the infection.

Results

Epidemiologists determined that the two fatal cases of meningitis were the only meningitis cases identified during the investigation period, and 72 cases of pneumonia were identified among all the trainees. They were able to rule out the following risk factors as not being associated with getting sick: taking antibiotics, living in a bay (more than four trainees per room), smoking, having one or more illness symptoms, and living on a particular floor of the barracks.

Conclusions

The epidemiologists used what they learned to prevent future outbreaks from occurring. They were able to stop the outbreak after trainees and training staff received vaccinations and antibiotics, and after hand hygiene and cough etiquette were strengthened. The information gained from this investigation will improve outbreak detection and timely response at military training installations, and new vaccines may provide opportunities to reduce pneumonia among military trainees in the future.

of Pneumonia in the Setting of Fatal Pneumo-
US Army Trainees: Potential Role of Chlamyd-
IMC Infectious Diseases 2011 11:157



OK

I'm done annotating »

Screen 2

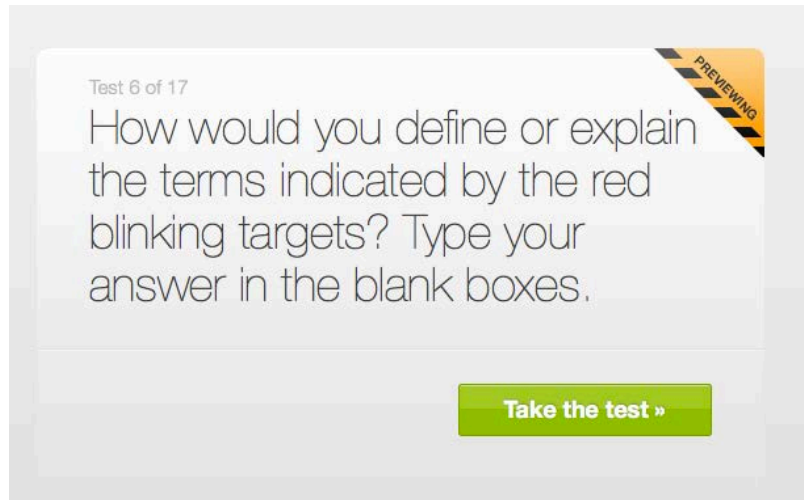
Attachment 2: Click Testing Screen Shots

Task 6


Test 6 of 17

How would you define or explain the terms indicated by the red blinking targets? Type your answer in the blank boxes.

Take the test »



Screen 1



Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

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The outbreak


- Two previously healthy trainees were diagnosed with *Streptococcus pneumoniae* meningitis and died

- Both trainees belonged to Alpha Company, which consisted of 303 trainees total
- The number of cases of pneumonia increased during this time period
- The outbreak occurred during February 6-14, 2009

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccinations trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 554th Battalion at FLW.

Gathering information

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.



Centers for Disease Control and Prevention
Office of the Director

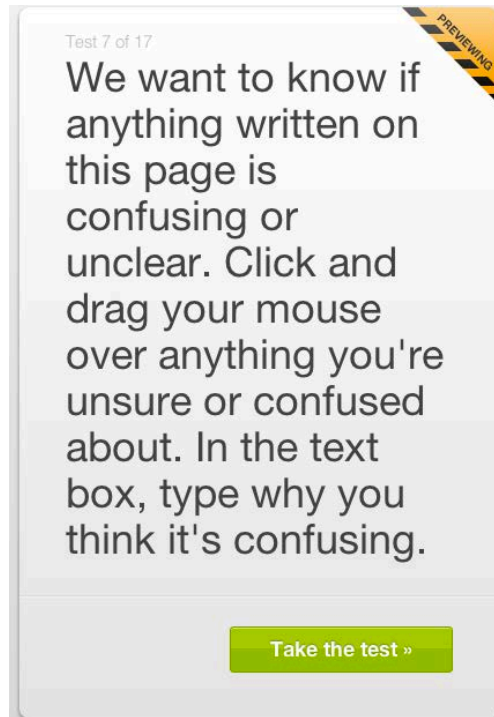
CS26601C

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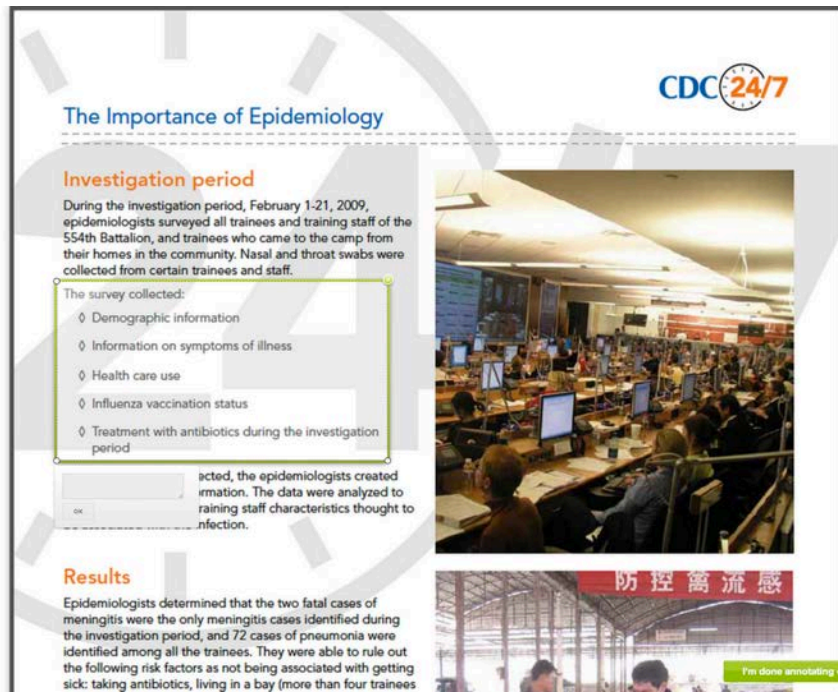
Screen 2

Attachment 2: Click Testing Screen Shots

Task 7



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 8

Test 8 of 17

On the following screen, click and drag the mouse to highlight the areas giving you the most important information in this material.

PREVIEWING

Take the test »

Screen 1



Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

outbreak investigation
OK

two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

The outbreak

- Two previously healthy trainees were diagnosed with *Streptococcus pneumoniae* meningitis and died

- Both trainees belonged to Alpha Company, which consisted of 303 trainees total
- The number of cases of pneumonia increased during this time period
- The outbreak occurred during February 6-14, 2009

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccinations trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 554th Battalion at FLW.

Gathering information

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.

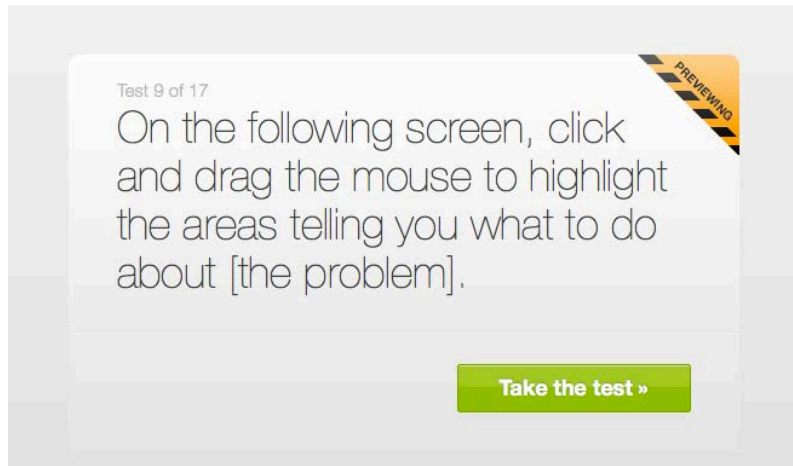
 Centers for Disease Control and Prevention
Office of the Director

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 9



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 10

Test 10 of 17

On the following screen, click and drag the mouse to highlight the areas telling you why it's important to follow the [behavioral recommendations].

PREVIEWING

Take the test »

Screen 1

Demographic information

- Information on symptoms of illness
- Health care use
- Influenza vaccination status
- Treatment with antibiotics during the investigation period


After the data were collected, the epidemiologists created a database with the information. The data were analyzed to determine trainee and training staff characteristics thought to be associated with the infection.

Results

Epidemiologists determined that the two fatal cases of meningitis were the only meningitis cases identified during the investigation period, and 72 cases of pneumonia were identified among all the trainees. They were able to rule out the following risk factors as not being associated with getting sick: taking antibiotics, living in a bay (more than four trainees per room), smoking, having one or more illness symptoms, and living on a particular floor of the barracks.

...ied what they learned to prevent future outbreaks from occurring. They were able to stop the outbreak after trainees and training staff received vaccinations and antibiotics, and after hand hygiene and cough etiquette were strengthened. The information gained from this investigation will improve outbreak detection and timely response at military training installations, and new vaccines may provide opportunities to reduce pneumonia among military trainees in the future.

Dawood et al.: Outbreak of Pneumonia in the Setting of Fatal Pneumococcal Meningitis among US Army Trainees: Potential Role of Chlamydia pneumoniae Infection. BMC Infectious Diseases 2011 11:157



I'm done annotating »

Screen 2


Attachment 2: Click Testing Screen Shots

Task 11

Test 11 of 17

On the following screen, click and drag the mouse to highlight any numbers that are confusing or unclear. In the text box, type why you think they're confusing.

Take the test »



Screen 1

The Importance of Epidemiology



Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

Example of an outbreak investigation

In February 2009, when two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

The outbreak

Both trainees belonged to Alpha Company, which consisted of 303 trainees total

of pneumonia increased during this

d during February 6-14, 2009

Epidemiologists needed to consider important information about the case, such as the number of people at Fort Leonard Wood (FLW) training camp, the routine vaccinations trainees and staff receive at and before arrival at FLW, and the housing and training separated by different companies within the 554th Battalion at FLW.

Gathering information

Epidemiologists collected data on symptoms, past history, laboratory testing, exam findings, and recent

I'm done annotating

Screen 2

Attachment 2: Click Testing Screen Shots

Task 12

Test 12 of 17

On the following screen, click and drag the mouse to highlight where it explains why [the risk in the material] is a risk.

Take the test »

PREVIEWING

Screen 1

<https://www.medicare.gov/medicare-coverage>

The Importance of Epidemiology



Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

outbreak investigation

two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

- Both trainees belonged to Alpha Company, which consisted of 303 trainees total
- The number of cases of pneumonia increased during this time period
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Gathering information

OK

I'm done annotating »

Screen 2


Attachment 2: Click Testing Screen Shots

Task 13


Test 13 of 17

On the following screen, click and drag the mouse to highlight the areas that address the risks and benefits of the [behavioral recommendations].

Take the test »



Screen 1



Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

Example of an outbreak investigation

In February 2009, when two fatal cases of meningitis occurred at Fort Leonard Wood, MO, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

The outbreak

- Two previously healthy trainees were diagnosed with *Streptococcus pneumoniae* meningitis and died


Both trainees belonged to Alpha Company, which consisted of 303 trainees total

- The number of cases of pneumonia increased during this time period
- The outbreak occurred during February 6-14, 2009

consider important information
number of people at Fort Leonard
the routine vaccinations trainees
before arrival at FLW, and the housing
and training separated by different companies within the 554th Battalion at FLW.

Gathering information

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.



Centers for Disease Control and Prevention
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ESTIMOTE
I'm done annotating »

Screen 2

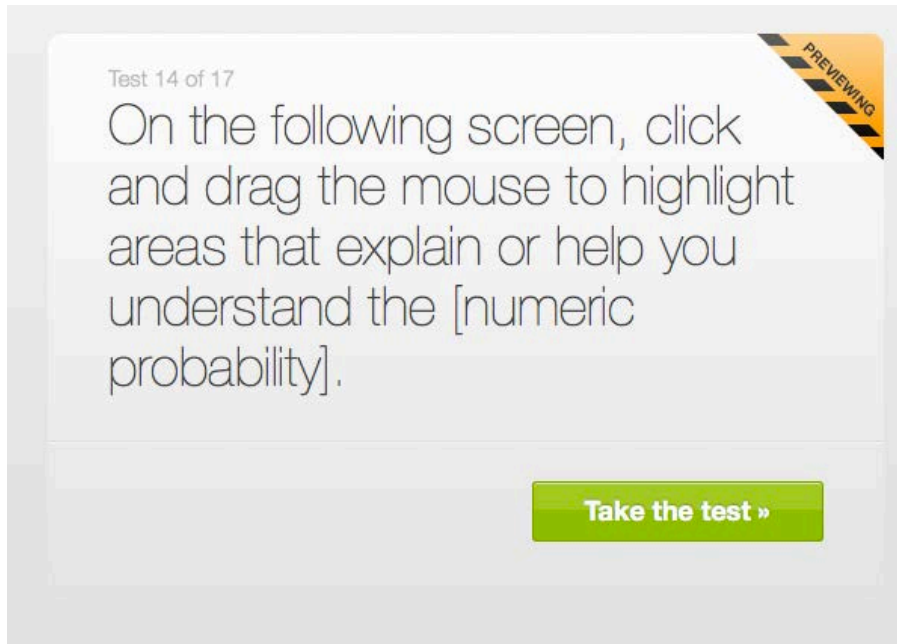
Attachment 2: Click Testing Screen Shots

Task 14

Test 14 of 17

On the following screen, click and drag the mouse to highlight areas that explain or help you understand the [numeric probability].

Take the test »



Screen 1

The Importance of Epidemiology

Investigation period

During the investigation period, February 1-21, 2009, epidemiologists surveyed all trainees and training staff of the 554th Battalion, and trainees who came to the camp from their homes in the community. Nasal and throat swabs were collected from certain trainees and staff.

The survey collected:


- Demographic information
- Information on symptoms of illness
- Health care use
- Influenza vaccination status
- Treatment with antibiotics during the investigation period

ected, the epidemiologists created or mation. The data were analyzed to training staff characteristics thought to infection.

Results

Epidemiologists determined that the two fatal cases of meningitis were the only meningitis cases identified during the investigation period, and 72 cases of pneumonia were identified among all the trainees. They were able to rule out the following risk factors as not being associated with getting sick: taking antibiotics, living in a bay (more than four trainees per room), smoking, having one or more illness symptoms, and living on a particular floor of the barracks.

Conclusions



Screen 2

Attachment 2: Click Testing Screen Shots

Task 15

Test 15 of 17

What do you think about the overall length of the material you reviewed?

Take the test »

Screen 1

What do you think about the overall length of the material you reviewed?

Too long

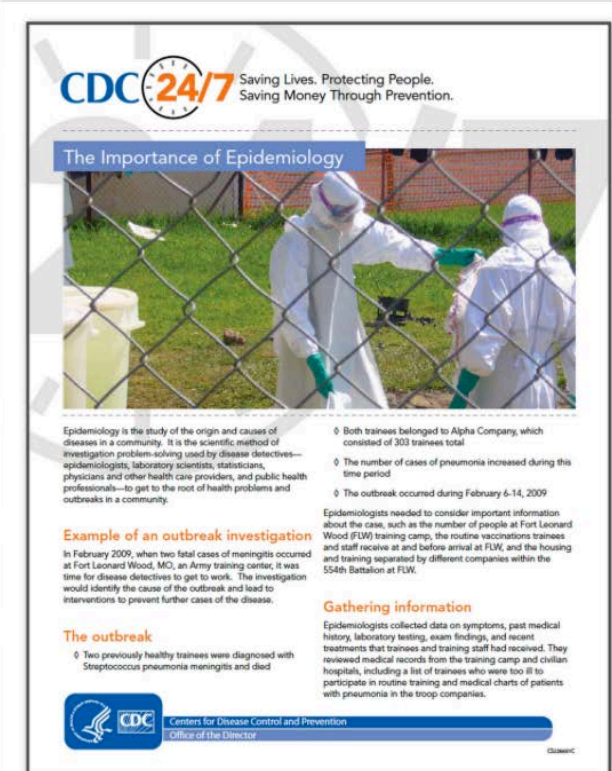
Somewhat too long

Just right

Somewhat too short

Too short

Submit my answer »



The screenshot shows a document from the CDC 24/7 website. The header includes the CDC logo and the slogan "Saving Lives. Protecting People. Saving Money Through Prevention." The main title is "The Importance of Epidemiology". Below the title is a photograph of two people in white protective suits and masks working behind a chain-link fence. The document contains several sections of text, including a definition of epidemiology, an example of an outbreak investigation at Fort Leonard Wood, MO, in February 2009, and a section titled "The outbreak" which states that two previously healthy trainees were diagnosed with Streptococcus pneumonia meningitis and died. There are also bullet points and a "Gathering information" section. The CDC logo and "Centers for Disease Control and Prevention, Office of the Director" are visible at the bottom left of the document.

Screen 2

Attachment 2: Click Testing Screen Shots

Task 16

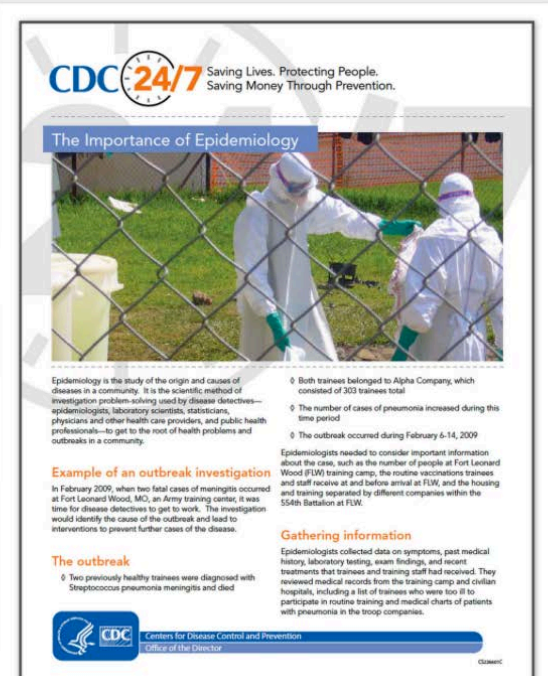
Test 16 of 17

PREVIEWING

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

Take the test »

Screen 1



The slide features the CDC 24/7 logo with the tagline "Saving Lives. Protecting People. Saving Money Through Prevention." The title "The Importance of Epidemiology" is displayed above a photograph of two individuals in full white protective suits and masks, standing behind a chain-link fence. The slide contains several text blocks: a definition of epidemiology, a list of bullet points (e.g., "Both trainees belonged to Alpha Company, which consisted of 203 trainees total"), a section titled "Example of an outbreak investigation" describing a meningitis outbreak at Fort Leonard Wood in February 2009, a section titled "The outbreak" stating that two trainees died of streptococcus pneumonia meningitis, and a section titled "Gathering information" describing data collection on symptoms and medical history.

What questions do you still have that weren't answered, or what information, if any, do you think is missing from this material?

Enter your answer here...

Submit my answer »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 17

Test 17 of 17

Who do you think the primary audience is for this material?

PREVIEWING

Take the test »

Screen 1

Who do you think the primary audience is for this material?

Enter your answer here...

Submit my answer »

CDC 24/7 Saving Lives. Protecting People. Saving Money Through Prevention.

The Importance of Epidemiology

Epidemiology is the study of the origin and causes of diseases in a community. It is the scientific method of investigation problem-solving used by disease detectives—epidemiologists, laboratory scientists, statisticians, physicians and other health care providers, and public health professionals—to get to the root of health problems and outbreaks in a community.

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Example of an outbreak investigation

In February 2009, when two fatal cases of meningitis occurred at Fort Leonard Wood, MD, an Army training center, it was time for disease detectives to get to work. The investigation would identify the cause of the outbreak and lead to interventions to prevent further cases of the disease.

The outbreak

- Two previously healthy trainees were diagnosed with Streptococcus pneumonia meningitis and died

Gathering information

Epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. They reviewed medical records from the training camp and civilian hospitals, including a list of trainees who were too ill to participate in routine training and medical charts of patients with pneumonia in the troop companies.

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Office of the Director

Screen 2