# Evaluation of the National Partnership for Action to End Health Disparities (NPA)

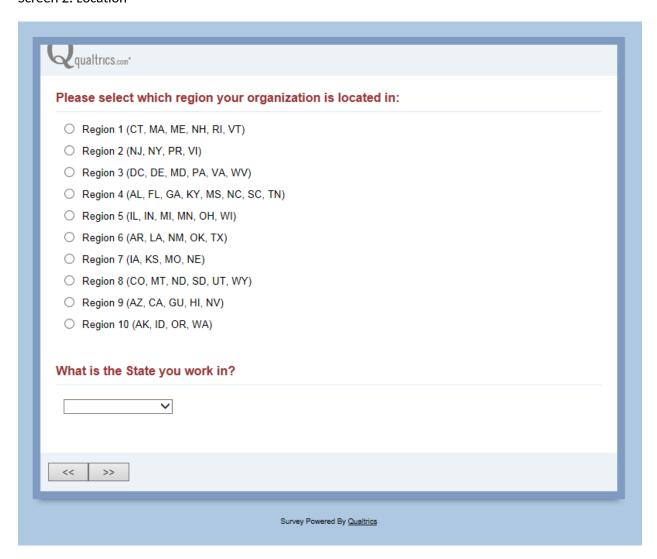
OMB No. 0990-0406

## **State Representative Survey Screenshots**

#### Screen 1: Introduction

	Form Approved OMB No. 0990-0406 Exp. Date 04/30/2016
	State Survey
	-
lealth in the U.S. Depar nvolvement with efforts Disparities. Your partici	to the survey being conducted by Community Science on behalf of the Office of Minority trment of Health and Human Services. This survey is designed to collect information on your is to end health disparities, including the National Partnership for Action to End Health pation is voluntary. You can decline to participate. You can also stop your participation at any submit your responses.
ncluded with those of o	ation will not be attached to specific comments that you share today. Your response may be ther respondents in aggregate form in reports or journal articles. In addition, participants' led in any information viewed by officials at the Office of Minority Health or any other HHS
	en to protect study data. Data from the survey and interviews will not identify any person.
Oata from the surveys a Science staff working or Evaluation will not ident	ten to protect study data. Data from the survey and interviews will not identify any person. Indicate in a password-protected database. Only authorized Community in the evaluation will have access to the database. The briefs and reports produced for the lify specific individuals. All potentially identifying information will be destroyed at the study's
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Data from the surveys a cicence staff working or valuation will not ident conclusion.  According to the Paperwork I office on the valuation office of the valuation is estimated to average attained edd, and complete all uggestions for improving the	Indinterviews will be stored in a password-protected database. Only authorized Community in the evaluation will have access to the database. The briefs and reports produced for the ify specific individuals. All potentially identifying information will be destroyed at the study's specific individuals. All potentially identifying information will be destroyed at the study's specific individuals. All potentially identifying information will be destroyed at the study's deduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid id OMB control number for this information collection is 0990-0406. The time required to complete this information rage 20 minutes per response, including the time to review instructions, search existing data resources, gather the directive the information collection. If you have comments concerning the accuracy of the time estimate(s) or is form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W.,

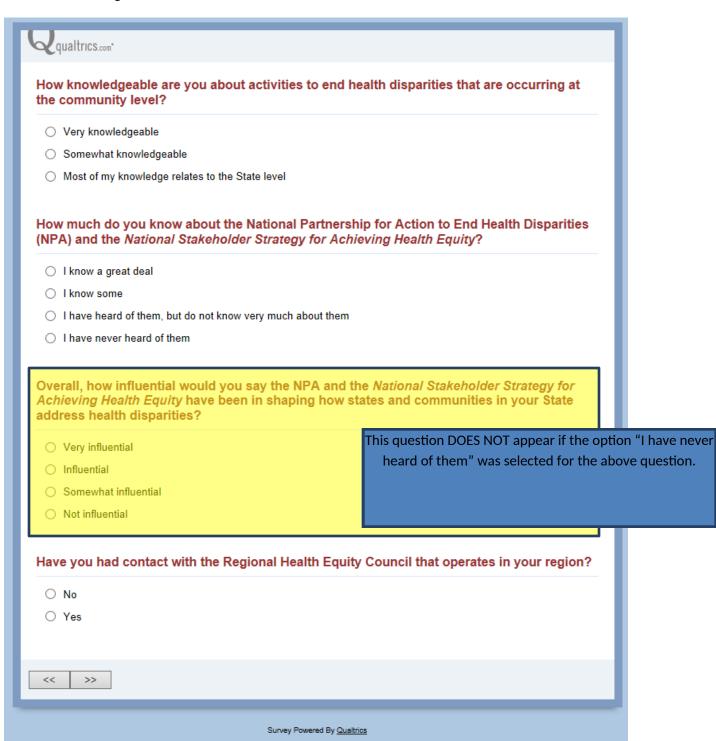
#### Screen 2: Location



## Screen 3: Goals and Partnerships

evel as well as any occurring at the State level or	A Great Deal	A Fair Amount	Some	Little or	Don't know enough to judge
Efforts to increase awareness of the significance of health lisparities and their impact on communities	0	0	0	0	0
Efforts to ensure that ending health disparities is a priority on State and local health care agendas	0	0	0	0	0
The development of partnerships among public, private, ionprofit, and private entities to increase awareness, drive ction, and ensure accountability in efforts to end health isparities and achieve health equity across the lifespan	0	0	0	0	0
I. Efforts to use the media, via traditional and new media approaches, as well as information technology, to reach a nutit-tier audience and to encourage action and ccountability around ending health disparities	0	0	0	0	0
The creation of messages and use of communication mechanisms tailored for specific audiences that present naried views on the consequences of health disparities. hese messages are designed to encourage individuals and organizations to act and to reinvest in public health	0	0	0	0	0
Efforts to strengthen and broaden leadership for addressing health disparities at all levels	0	0	0	0	0
p. Efforts to build capacity at all levels of decisionmaking to promote community solutions for ending health disparities	0	0	0	0	0
	A Great Deal	A Fair Amount	Some	Little or None	Don't know enough to judge
Improvements in coordination, collaboration, and pportunities for soliciting community input on funding ritorities and involvement in research and services related o health disparities	0	0	0	0	0
Investments in young people to prepare them to be future eaders and practitioners by actively engaging and including hem in the planning and execution of health, wellness, and afety initiatives	0	0	0	0	0
Efforts to improve health and health care outcomes for all acial, ethnic, and underserved populations	0	0	0	0	0
Efforts to ensure access to quality health care for all, ncluding increasing awareness about the Affordable Care Act	0	0	0	0	0
Efforts to ensure the provision of needed services (e.g., nental, oral, vision, hearing, and physical health services; utultion services, and those related to social and physical environments) for at-risk children, including children in out-	0	0	0	0	0
n. Efforts to enable the provision of needed services and programs to foster healthy aging	0	0	0	0	0
Enhancements and improvements in health service experience through improved health literacy,	0	0	0	0	0
ommunications, and interactions	A Great Deal	A Fair Amount	Some	Little or None	Don't know enough to judge
Efforts to work toward a goal of 100% high school graduation rates by working with schools, early childhood roograms, community organizations, public health agencies, ealth plan providers, and businesses to promote the onnection between educational attainment and long-term ealth benefits.	0	0	0	0	0
Efforts to support and implement policies that create the ocial, environmental, and economic conditions required to ealize healthy outcomes	0	0	0	0	0
Efforts to improve cultural and linguistic competency and he diversity of the health-related workforce (e.g., through he use of the Cultural and Linguistically Appropriate Services [CLAS] standards)	0	0	0	0	0
Efforts to develop and support the health workforce and elated industry workforces to promote the availability of ultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities	0	0	0	0	0
. Efforts to increase diversity and competency of the health vorkforce and related industry workforces through ecrulment, retention, and training of racially, ethnically, and utiturally diverse individuals and through leadership action y health care organizations and systems	0	0	0	0	0
Efforts to encourage interpreters, translators, and bilingual taff providing services in languages other than English to ollow codes of ethics and standards of practice for nterpreting and translation	0	0	0	0	0
Efforts to encourage financing and reimbursement for lealth interpretation services	0	0	0	0	O Don't know
	A Great Deal	A Fair Amount	Some	Little or None	enough to judge
Efforts to improve data availability, coordination, utilization, and diffusion of research and evaluation outcomes related to health disparities	0	0	0	0	0
v. Efforts to ensure the availability of health data on all acial, ethnic, and underserved populations	0	0	0	0	0
. Investments in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for inding health disparities	0	0	0	0	0
. Support and improved coordination of research that inhances understanding about, and proposes methodology or, ending health and health care disparities	0	0	0	0	0
. Expanded and enhanced transfer of knowledge generated by research and evaluation for decisionmaking about solicies, programs, and grantmaking related to health lisparities and health equity	0	0	0	0	0

#### Screen 4: Knowledge Mobilization



## Screen 5: Other Active Agencies

who are active and/or innovative in addressing health disparities and whom we might contact or more information about their health disparities work.					
	Organization/Group:	Contact Person:	Phone Number and/or Email:		
1 [					
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3   [					
4					
5					

### Screen 6: Conclusion

