

## **Attachment H – Core VIPP Evaluation**

## Survey: 2012-2013 RNL Network Satisfaction Survey

Public Reporting burden of this collection of information is estimated at 60 minutes per response, including the time for reviewing instructions, research existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-0916).

### Background

In 2011, the CDC National Center for Injury Prevention and Control funded five states to coordinate regional networks of state injury and violence prevention programs. The networks were organized by federal Department of Health and Human Services regions.

The purpose of the regional networks is to facilitate collaboration between states in their respective regions and ultimately create sustainable, formalized regional networks and relationships. Through efforts facilitated by the Regional Network Leaders, members of regional networks are anticipated to engage in peer-to-peer learning, to exchange information, and to provide technical assistance to one another.

The purpose of this Network Satisfaction Survey is to help determine whether the regional network leader model is meeting the needs of network members and to provide input for network improvement. The survey is intended for network members that participated and/or interacted in regional network activities over the past year (August 2012 – July 2013).

If you have any questions about this survey, please contact your regional network leader at [lhaskett@kdheks.gov](mailto:lhaskett@kdheks.gov).

The survey will take approximately 60 minutes to complete. Note: Due to skip logic, you cannot return to a previous page. You must complete the survey in one sitting. Questions marked with an \* are required.

#### Confidentiality Statement

This survey is being administered by Safe States Alliance. Safe States will share de-identified data with the Regional Network Leaders and CDC, and create summary reports based on the data collected. All information shared through this survey will be kept confidential. Individual names and organizations will not be reported.

**Please complete the survey by the close of business on Friday, October 25.**

# Demographics

## 1. With what type of organization are you are affiliated? \*

- State Health Department
- Injury Control Research Center
- Trauma Center/Hospital
- Other

## 2. As of July 2013, how long have you been a member of the Regional Network?

- Less than 6 months
- 6 months – 1 year
- 1-2 years
- More than 2 years

## 3. Overall, to what degree do you participate in network-related activities (e.g., calls, webinars, etc.)? \*

- Never participate
- Rarely participate
- Occasionally participate
- Usually participate
- Always participate

# Part I - Usefulness/Value of the Network

## 4. Please rate the Regional Network in the following areas. The network has been useful in:

	Strongly agree	Agree	Disagree	Strongly disagree
Improving my connection with peers in the region *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improving my awareness of other activities and resources in the region *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing my opportunities to share/learn best practices *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing my knowledge of CDC-related initiatives and opportunities *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing my knowledge and skills in the IVP field *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting colleagues I can turn to for advice/support *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improving my connection with an academic research center *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing my opportunities for training *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4a. Other:**

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**5. Thinking about the connections you have made WITHIN the Regional Network, what types of organizations have you engaged as a result of your involvement/participation in the network? Examples of partnership engagement include reciprocal coalition representation, shared ideas, shared data, actively involved in IVP planning, programs, etc. Please check all that apply. \***

- NONE
- State injury and violence prevention (IVP) programs in the network
- Other state agencies within your state
- Other state agencies outside your state, but in the network
- ICRCs / Academic Research Centers within your state
- ICRCs / Academic Research Centers outside your state, but in the network
- Non-governmental organization within your state
- Non-governmental organization outside your state, but in the network
- Other (please specify):

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**6. Thinking about the connections you have made OUTSIDE of your Regional Network, what types of organizations have you engaged as a result of your involvement/participation in the network? Examples of partnership engagement include reciprocal coalition representation, shared ideas, shared data, actively involved in IVP planning, programs, etc. Please check all that apply. \***

- NONE
- State injury and violence prevention (IVP) programs
- Other state agencies
- ICRCs / Academic Research Centers
- Non-governmental organization
- Other (please specify):

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**7. Please list the top three (3) organizations (within or outside of your network) that you have engaged as a result of your involvement/participation in the Regional Network.**

Organization Name

#1	<input type="text"/>
#2	<input type="text"/>
#3	<input type="text"/>

**8a. Which state injury and violence prevention programs WITHIN the Regional Network, have you engaged as a result of your involvement/participation in the network? \***

- |                                   |                                       |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Nebraska     |
| <input type="checkbox"/> Iowa     | <input type="checkbox"/> North Dakota |
| <input type="checkbox"/> Kansas   | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Missouri | <input type="checkbox"/> Utah         |
| <input type="checkbox"/> Montana  | <input type="checkbox"/> Wyoming      |
- 

**8b. Which state injury and violence prevention programs OUTSIDE the Regional Network, have you engaged as a result of your involvement/participation in the network? \***

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Alabama              | <input type="checkbox"/> Louisiana      | <input type="checkbox"/> Oregon             |
| <input type="checkbox"/> Alaska               | <input type="checkbox"/> Maine          | <input type="checkbox"/> Pennsylvania       |
| <input type="checkbox"/> Arizona              | <input type="checkbox"/> Maryland       | <input type="checkbox"/> Puerto Rico        |
| <input type="checkbox"/> Arkansas             | <input type="checkbox"/> Massachusetts  | <input type="checkbox"/> Rhode Island       |
| <input type="checkbox"/> California           | <input type="checkbox"/> Michigan       | <input type="checkbox"/> South Carolina     |
| <input type="checkbox"/> Connecticut          | <input type="checkbox"/> Minnesota      | <input type="checkbox"/> Tennessee          |
| <input type="checkbox"/> Delaware             | <input type="checkbox"/> Mississippi    | <input type="checkbox"/> Texas              |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Nevada         | <input type="checkbox"/> US Pacific Islands |
| <input type="checkbox"/> Florida              | <input type="checkbox"/> New Hampshire  | <input type="checkbox"/> Vermont            |
| <input type="checkbox"/> Georgia              | <input type="checkbox"/> New Jersey     | <input type="checkbox"/> Virgin Islands     |
| <input type="checkbox"/> Hawaii               | <input type="checkbox"/> New Mexico     | <input type="checkbox"/> Virginia           |
| <input type="checkbox"/> Idaho                | <input type="checkbox"/> New York       | <input type="checkbox"/> Washington         |
| <input type="checkbox"/> Illinois             | <input type="checkbox"/> North Carolina | <input type="checkbox"/> West Virginia      |
| <input type="checkbox"/> Indiana              | <input type="checkbox"/> Ohio           | <input type="checkbox"/> Wisconsin          |
| <input type="checkbox"/> Kentucky             | <input type="checkbox"/> Oklahoma       |   |
- 

**9. Thinking about the organizations you engaged as a result of your involvement/participation in the Regional Network, please indicate the ways in which you interacted with other the organizations within/outside of the region. \***

- Shared resources, tools, best practices, ideas, or information
  - Provided or received technical assistance (e.g., training, skill-building, etc.)
  - Shared data
  - Involvement in IVP program planning and/or implementation
  - Collaborated on communication activities
  - Collaborated on policy-related activities
  - Collaborated on evaluation activities
  - Other (please specify):
-

**10. Has your participation in the network changed or enhanced your own work in any way? If yes, please explain how? \***

- Yes
- No
- Not sure

## Part II - Network Meetings

**11. Does your region hold network conference calls or webinars? \***

- Yes
- No

## Part II - Network Meetings

**11a. Do you receive enough advance notice of the calls/webinars to fit them into your schedule?**

- Never
- Rarely
- Occasionally
- Usually
- Always

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**11b. Do you feel that network calls/webinars a good use of your time? Why or why not?**

- Yes
- No
- Not sure

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**11c. How could network calls/webinars be improved?**

## Part II - Network Meetings

**12. Have you attended an in-person meeting of the Regional Network? \***

- Yes, I attended physically
- Yes, I attended virtually

- No, I do not attend
- My Regional Network does NOT conduct in-person meetings

## Part II - Network Meetings

### 12a. Are the in-person meetings a good use of your time?

- Yes
  - No
  - Sometimes
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### 12b. What was the best aspect of the in-person meetings?

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### 12c. How could in-person meetings be enhanced or improved?

## Part III - Perspectives on Network Leadership

### 13. How well does Regional Network's leadership seem to understand the needs of network members? \*

- Extremely well
  - Well
  - Slightly well
  - Not at all well
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### 14. How helpful has the Regional Network leadership been in facilitating your participation in the network? \*

- Extremely helpful
- Helpful
- Slightly helpful
- Not at all helpful

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**15. How well do you feel that the network leadership listens to you and understands your needs or concerns? \***

- Extremely well
  - Well
  - Slightly well
  - Not at all well
- 

**16. How responsive is the Regional Network leadership? \***

- Extremely responsive
  - Responsive
  - Slightly responsive
  - Not at all responsive
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**17. How comfortable are you with contacting the Regional Network leadership? \***

- Extremely comfortable
  - Comfortable
  - Slightly comfortable
  - Not at all comfortable
- 

**18. Overall, how would you rate the Regional Network's facilitation of the network? \***

- Excellent
  - Good
  - Needs improvement
  - Poor
- 

**19. Please provide any additional comments you have about the support provided by Regional Network's leadership.**



**We value your input for improving the network. Please provide additional feedback.**

**20. What is the best part of participating in the network?**

**21. What (if anything) do you like least about participating in the network?**

**22. What would you change about the network?**

**23. What can the network do to better support your work in violence and injury prevention?**

**24. Please provide any additional comments or suggestions you have about the Regional Network.**

*\*Due to skip logic, you cannot return to a previous page.*