

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.

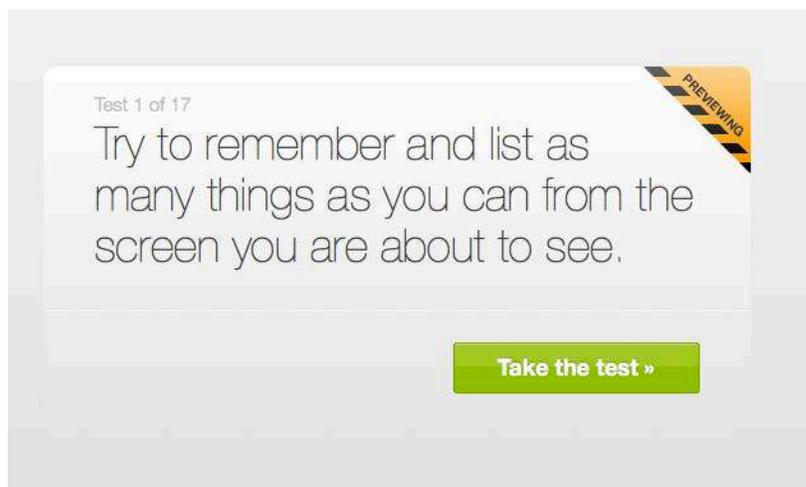
Please note that these are draft materials and do not have final approval from CDC.

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 \(0920-0956\)](mailto:ATTN:PRA@cdc.gov)

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Material 1: Influenza

Task 1



Screen 1

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).

[Where can I get the vaccine?](#)
[Why is it important to get the vaccine?](#)
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- 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?

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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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What can you remember?

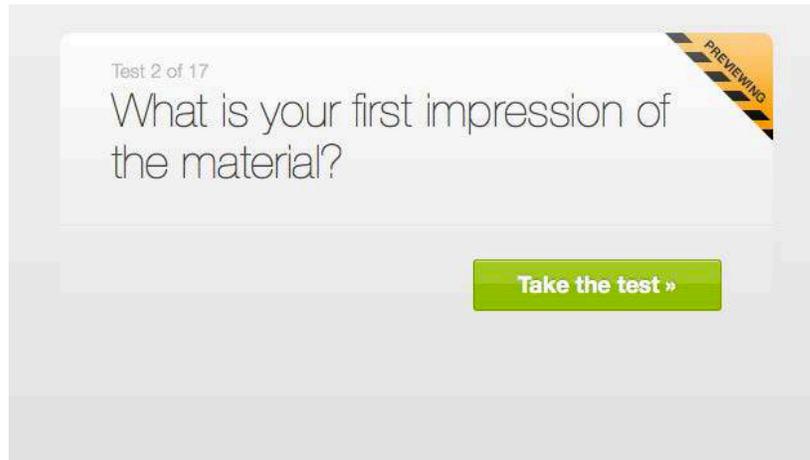
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[Submit my answers »](#)

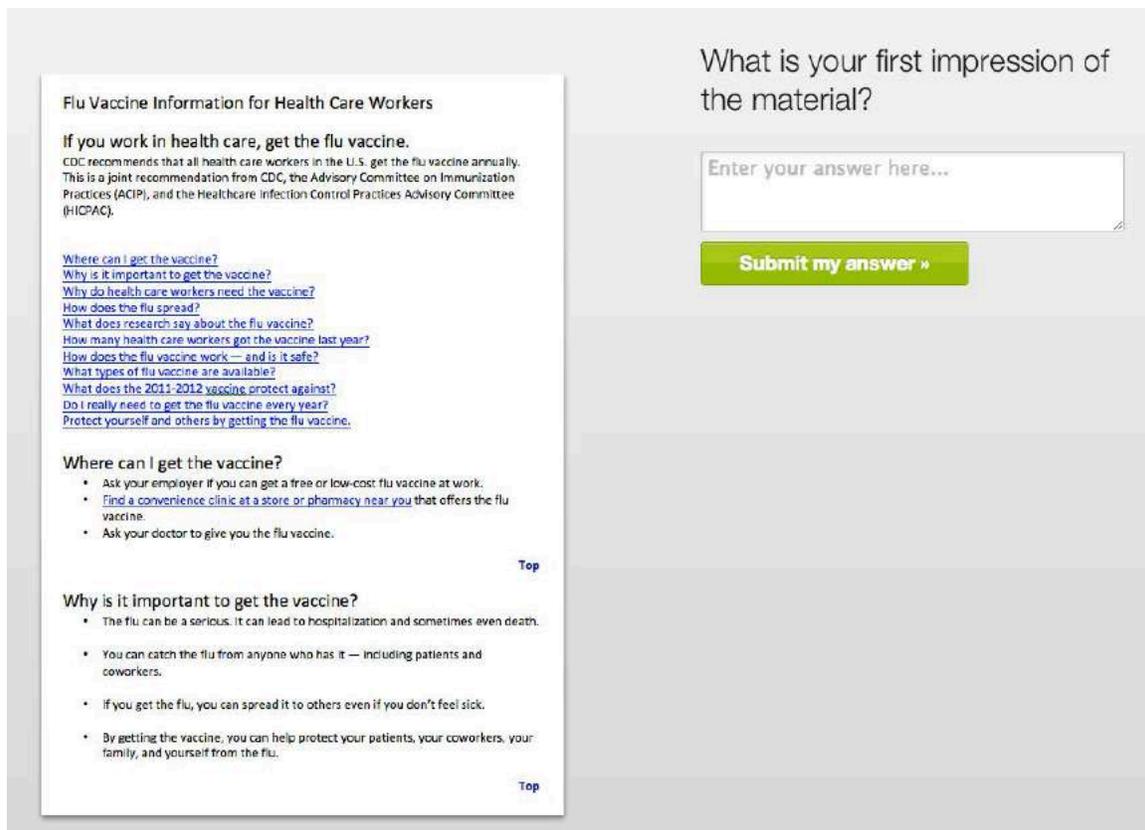
Screen 3

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Task 2



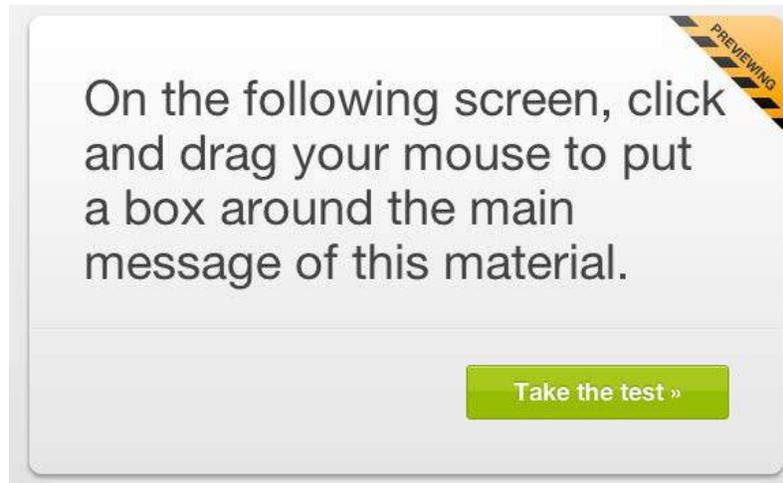
Screen 1



Screen 2

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Task 3



Screen 1



Screen 2

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[ar?](#)

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Why is it important to get the vaccine?

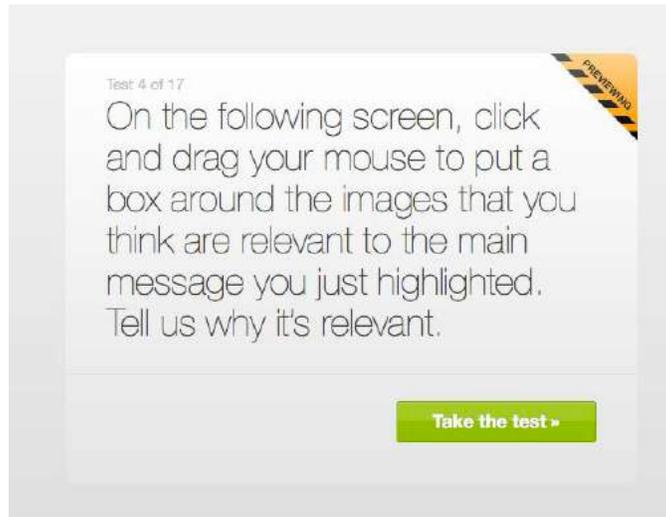
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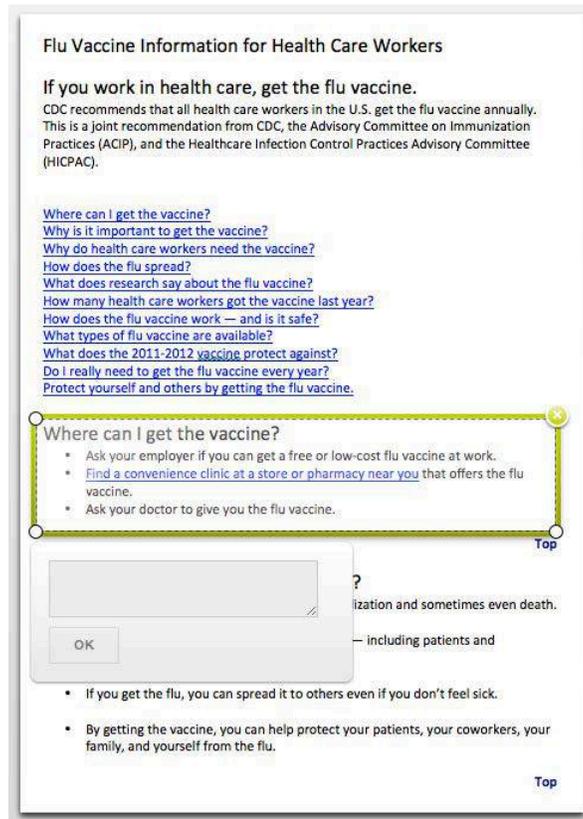
Screen 3

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Task 4



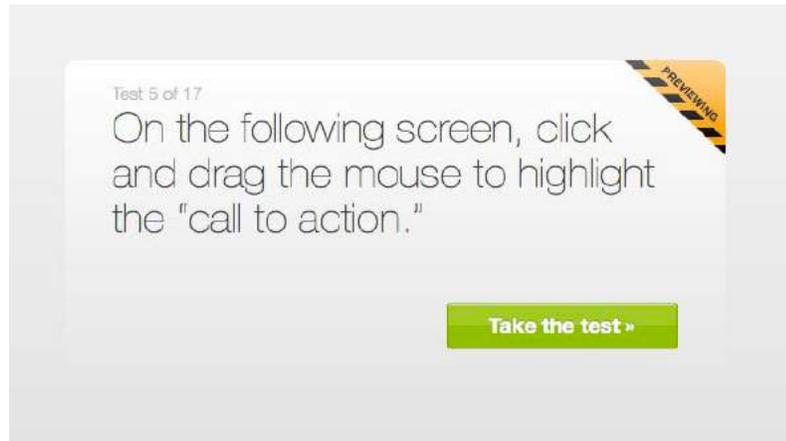
Screen 1



Screen 2

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Task 5



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Top

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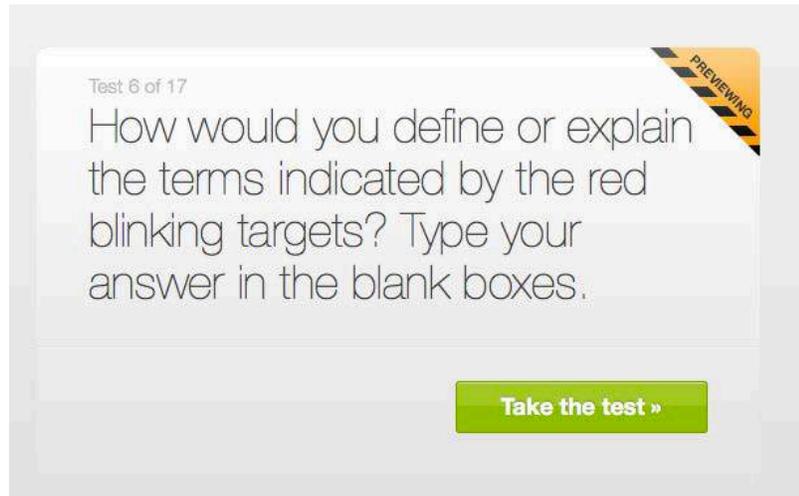
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Top

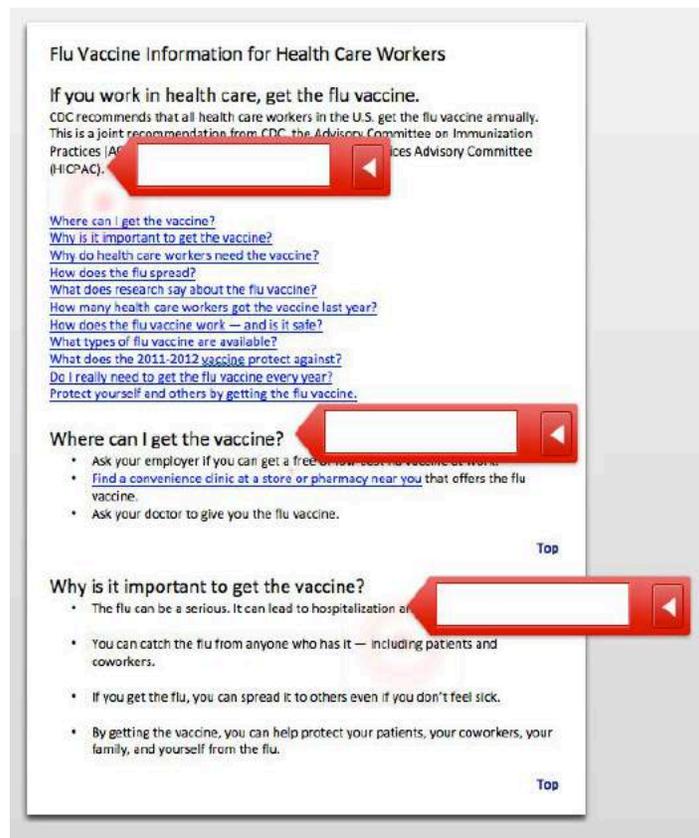
Screen 2

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Task 6



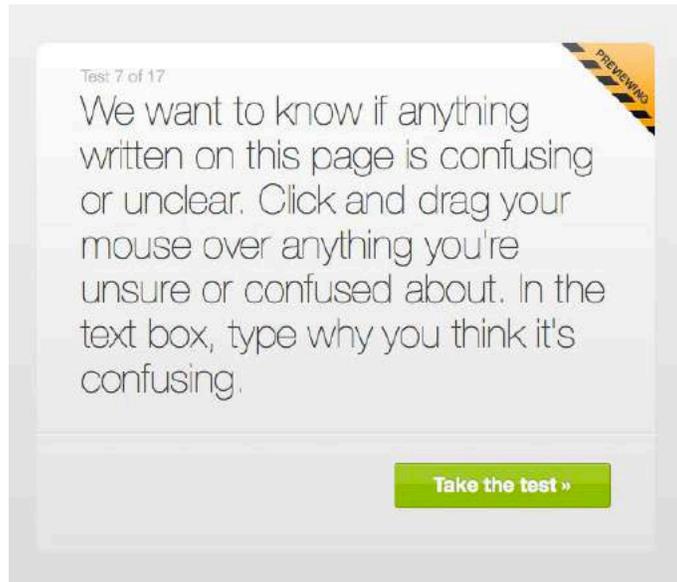
Screen 1



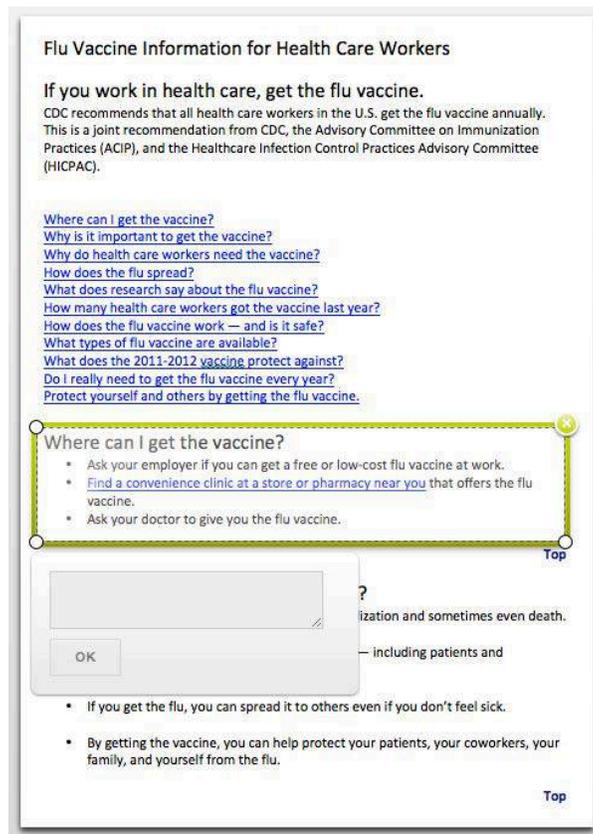
Screen 2

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Task 7



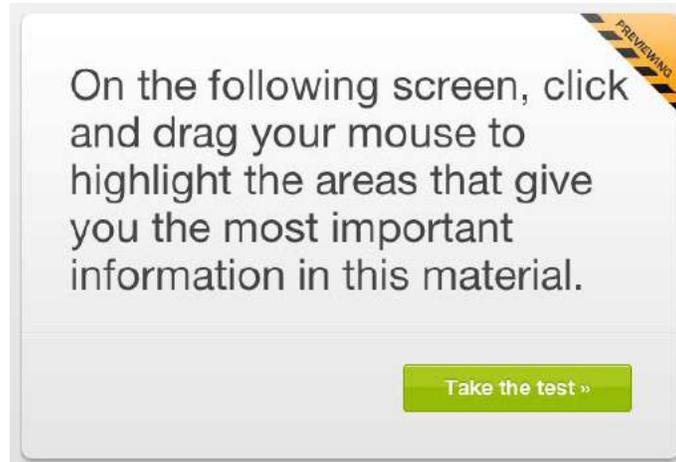
Screen 1



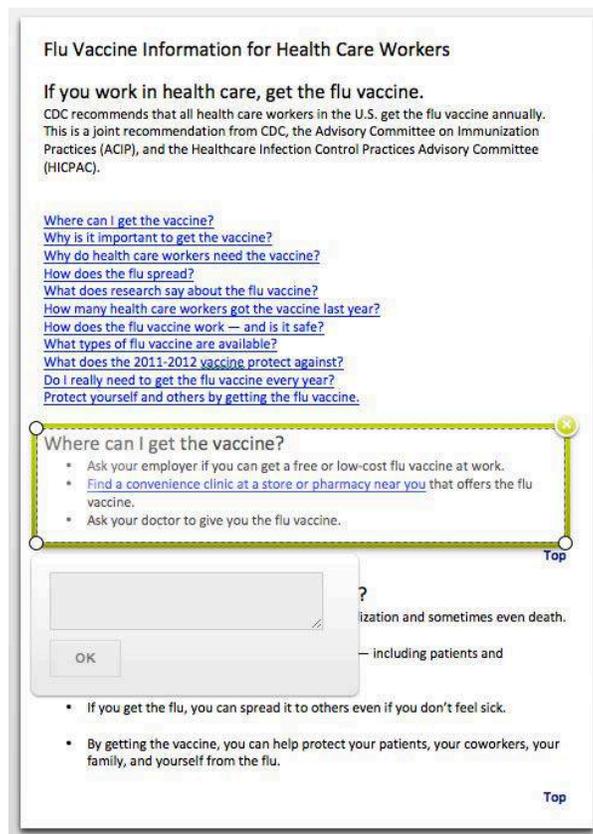
Screen 2

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Task 8



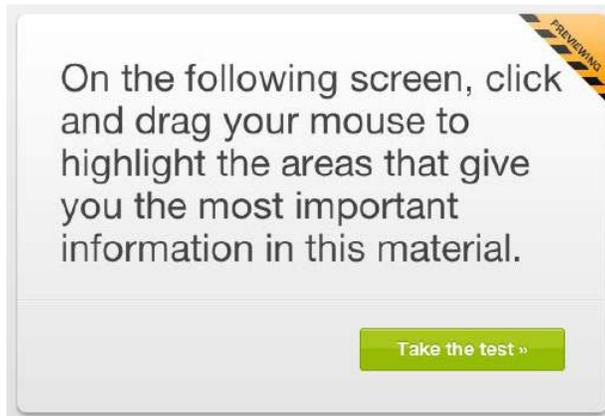
Screen 1



Screen 2

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Task 9

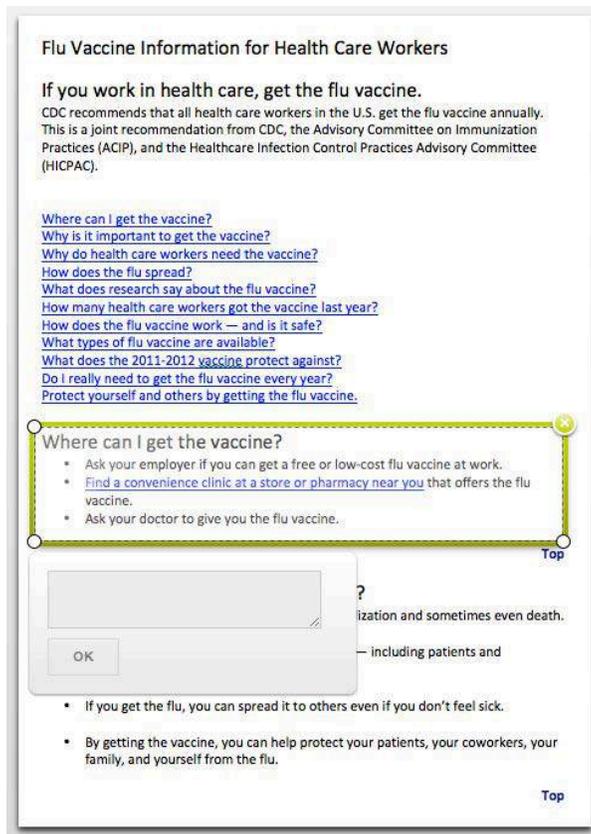


On the following screen, click and drag your mouse to highlight the areas that give you the most important information in this material.

Take the test »

PREVIEWING

Screen 1



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Top

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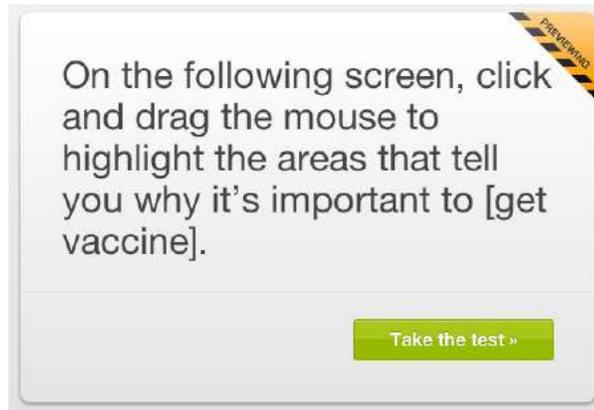
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Task 10

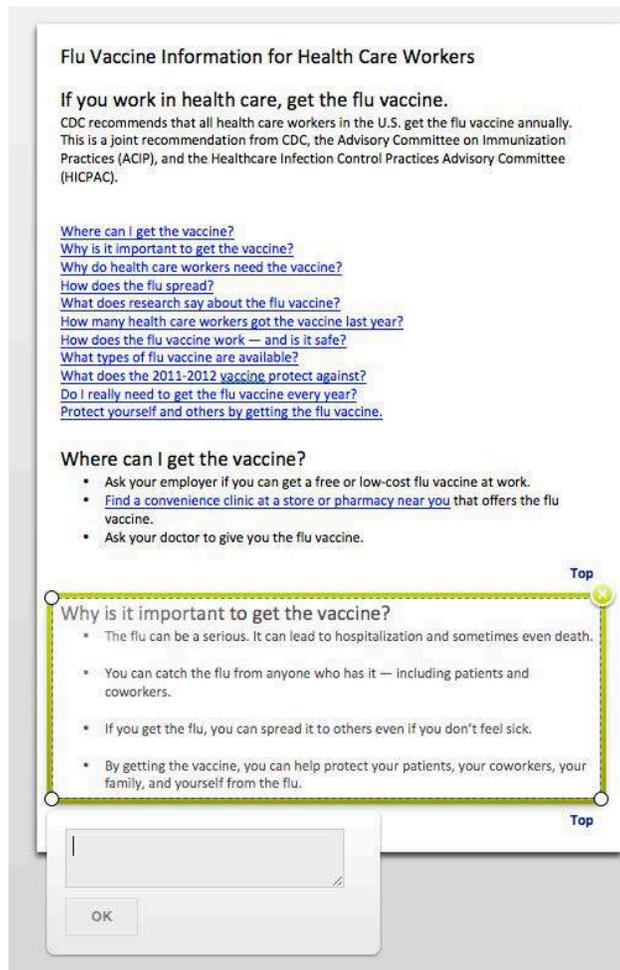


On the following screen, click and drag the mouse to highlight the areas that tell you why it's important to [get vaccine].

Take the test >

Note: A yellow banner in the top right corner of the screen reads "Previewing".

Screen 1



Flu Vaccine Information for Health Care Workers

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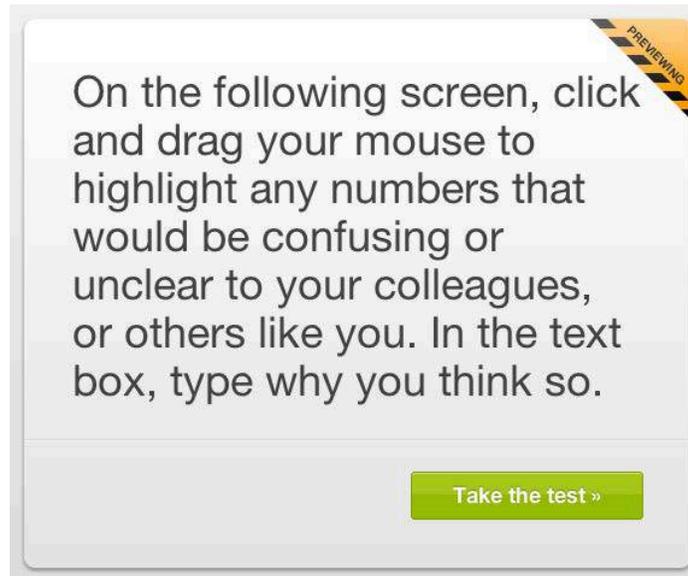
[Top](#)

OK

Screen 2

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Task 11

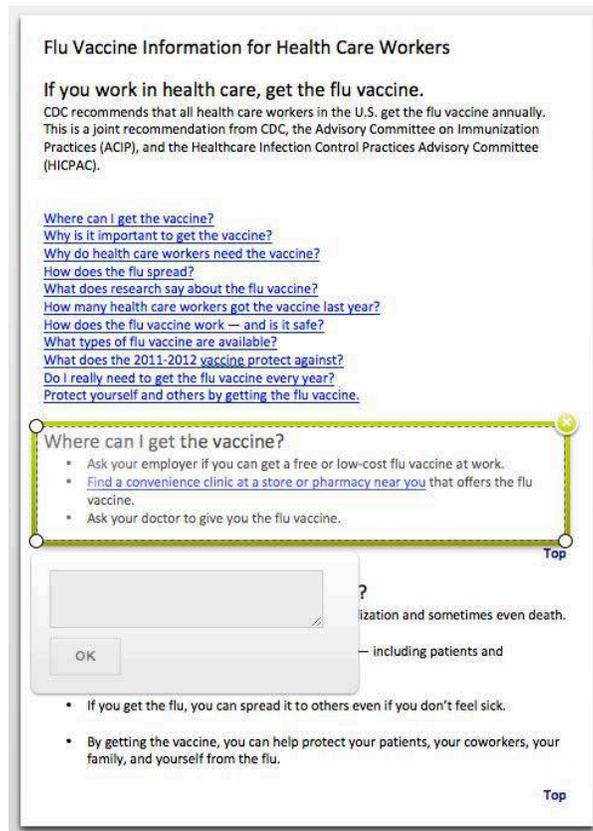


On the following screen, click and drag your mouse to highlight any numbers that would be confusing or unclear to your colleagues, or others like you. In the text box, type why you think so.

Take the test »

PREVIEWING

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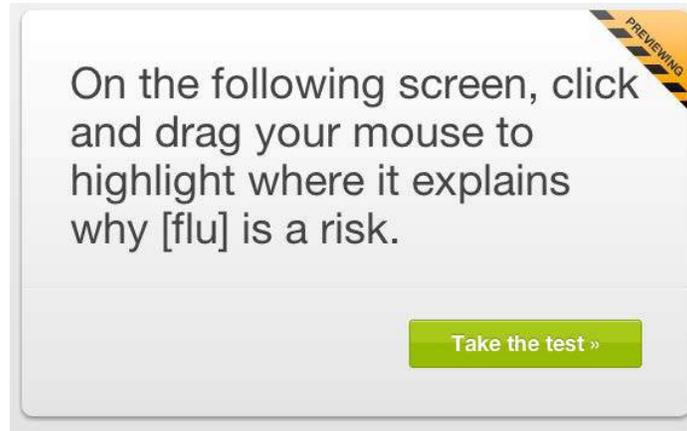
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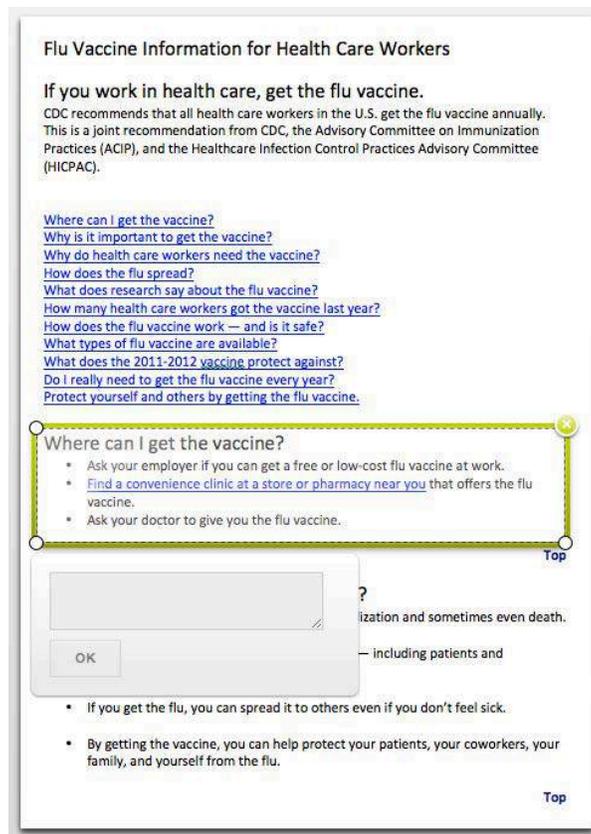
Task 12



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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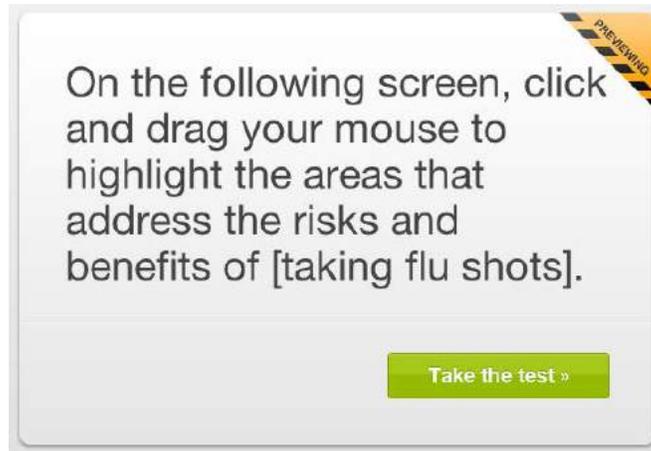
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Task 13

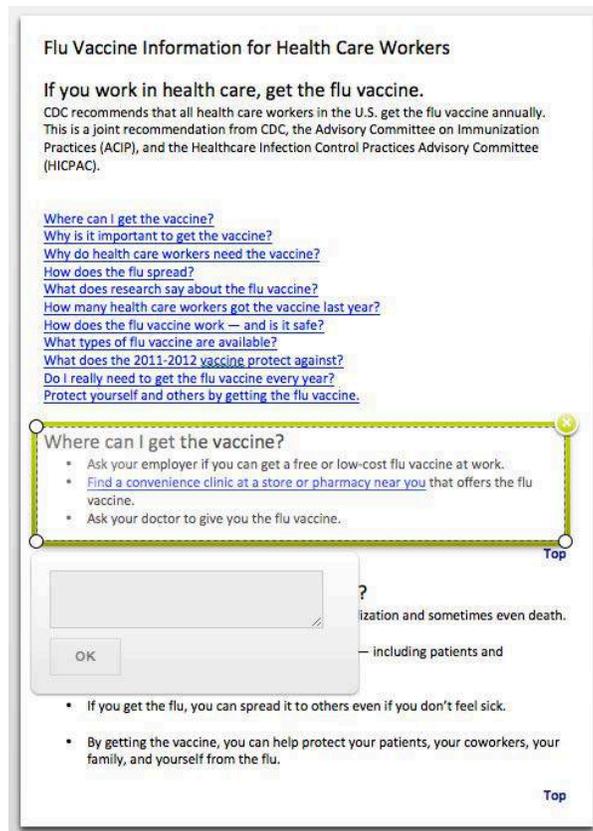


On the following screen, click and drag your mouse to highlight the areas that address the risks and benefits of [taking flu shots].

Take the test »

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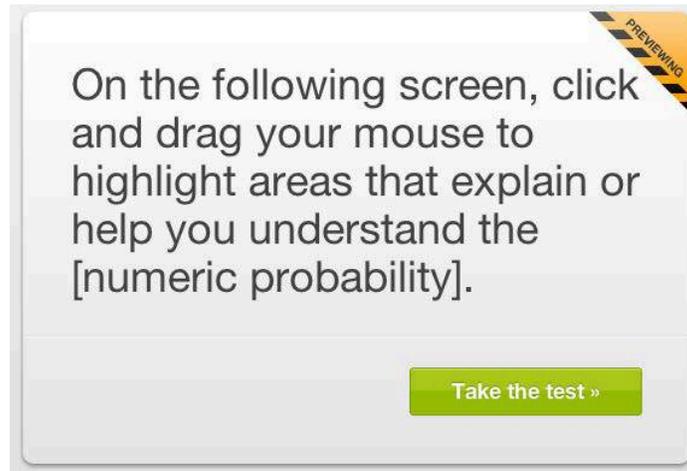
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Task 14

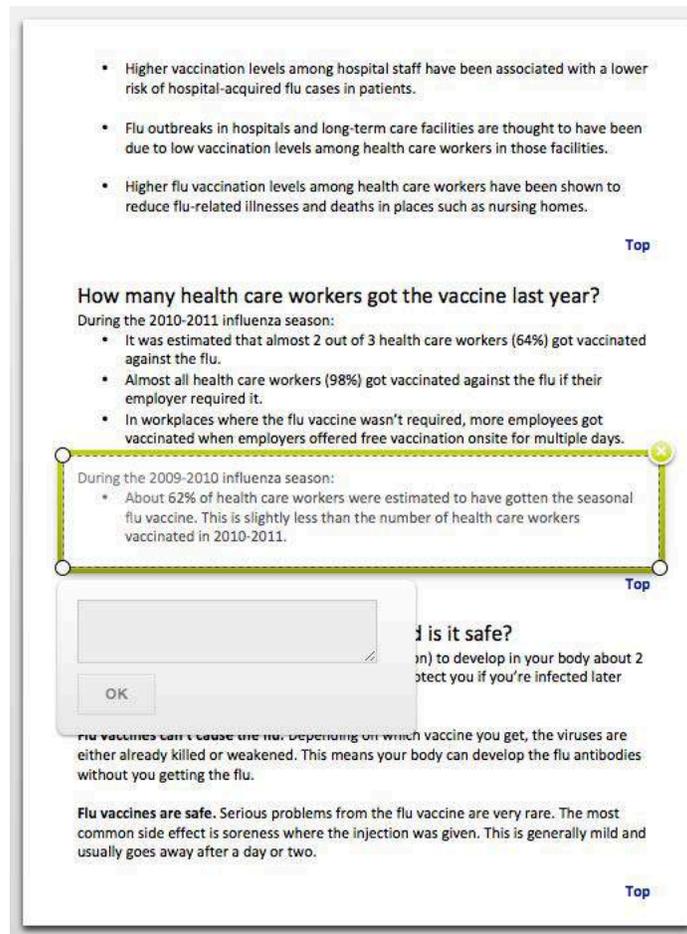


On the following screen, click and drag your mouse to highlight areas that explain or help you understand the [numeric probability].

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.

Top

is it safe?

on) to develop in your body about 2

protect you if you're infected later

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.

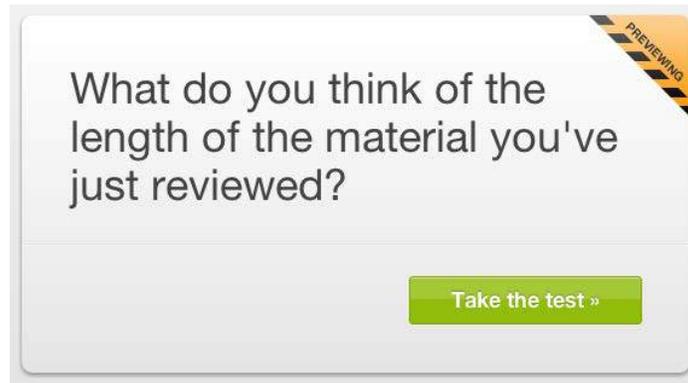
Flu vaccines are safe. Serious problems from the flu vaccine are very rare. The most common side effect is soreness where the injection was given. This is generally mild and usually goes away after a day or two.

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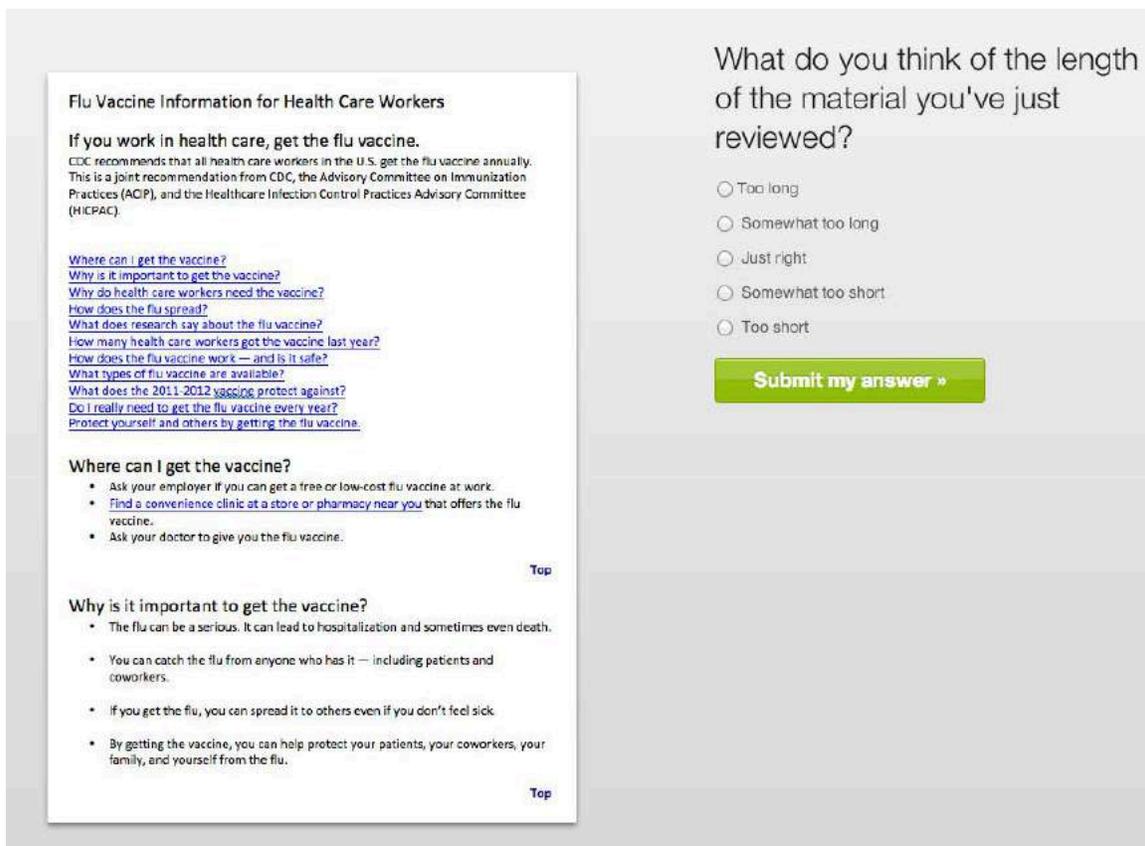
Screen 2

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Task 15



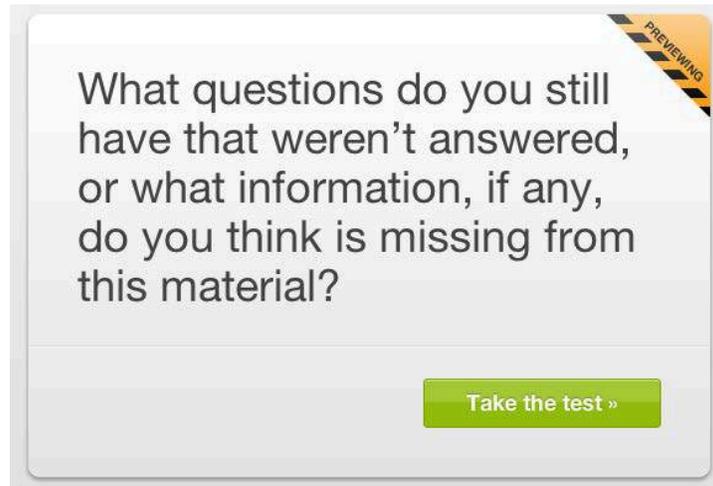
Screen 1



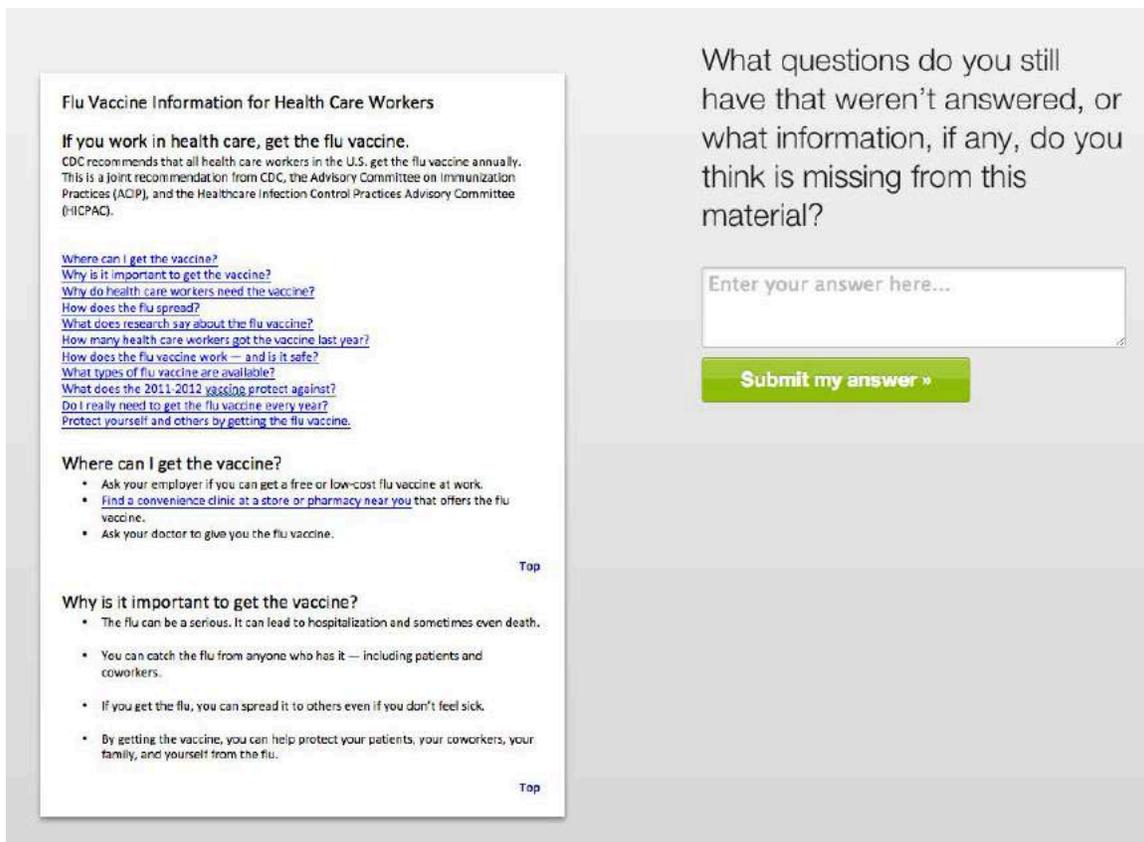
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Task 16



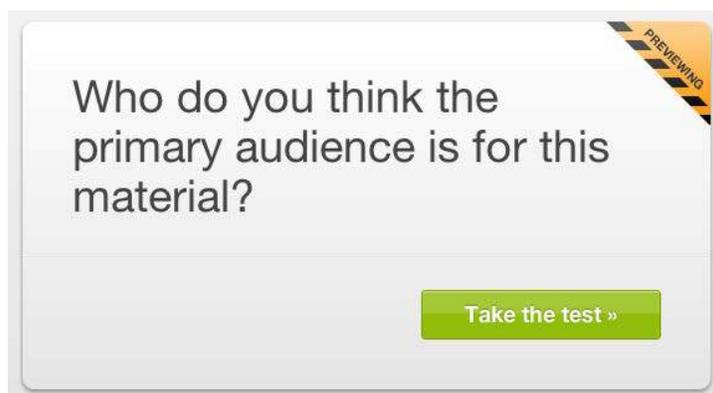
Screen 1



Screen 2

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Task 17



Screen 1

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Top

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

Enter your answer here...

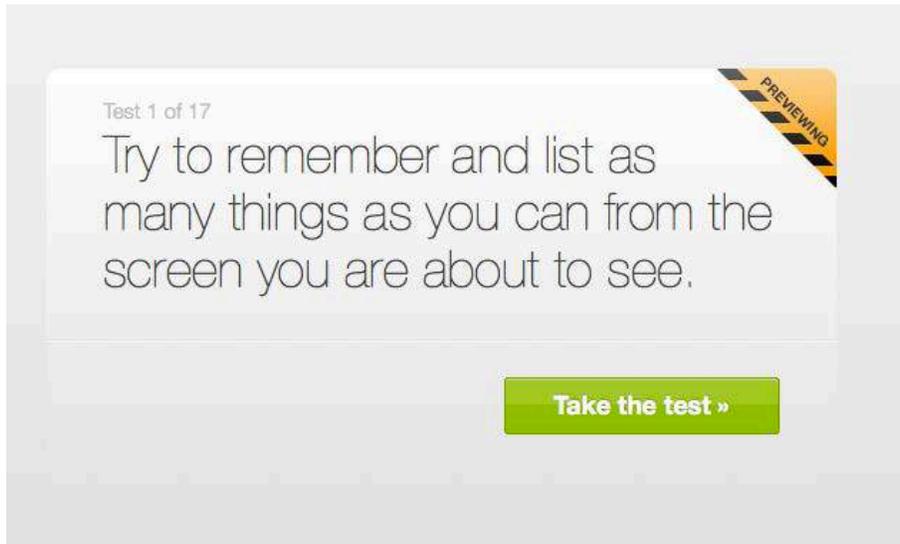
Submit my answer »

Screen 2

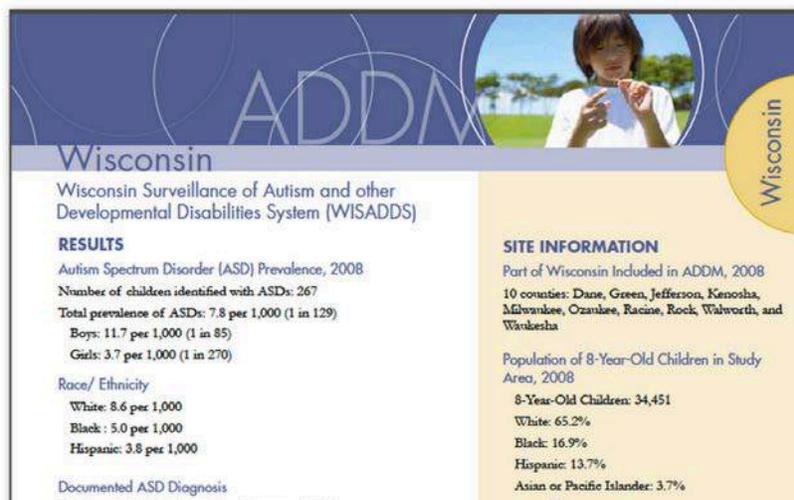
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Material: Wisconsin Surveillance of Autism

Task 1



Screen 1



Screen 2

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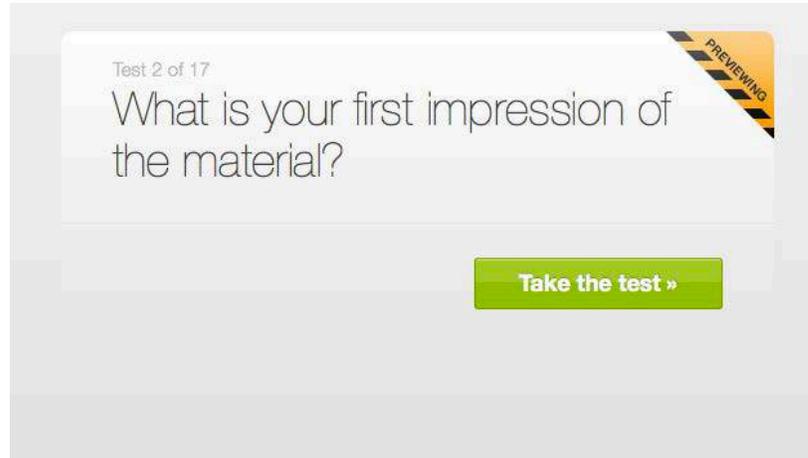
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[Submit my answers »](#)

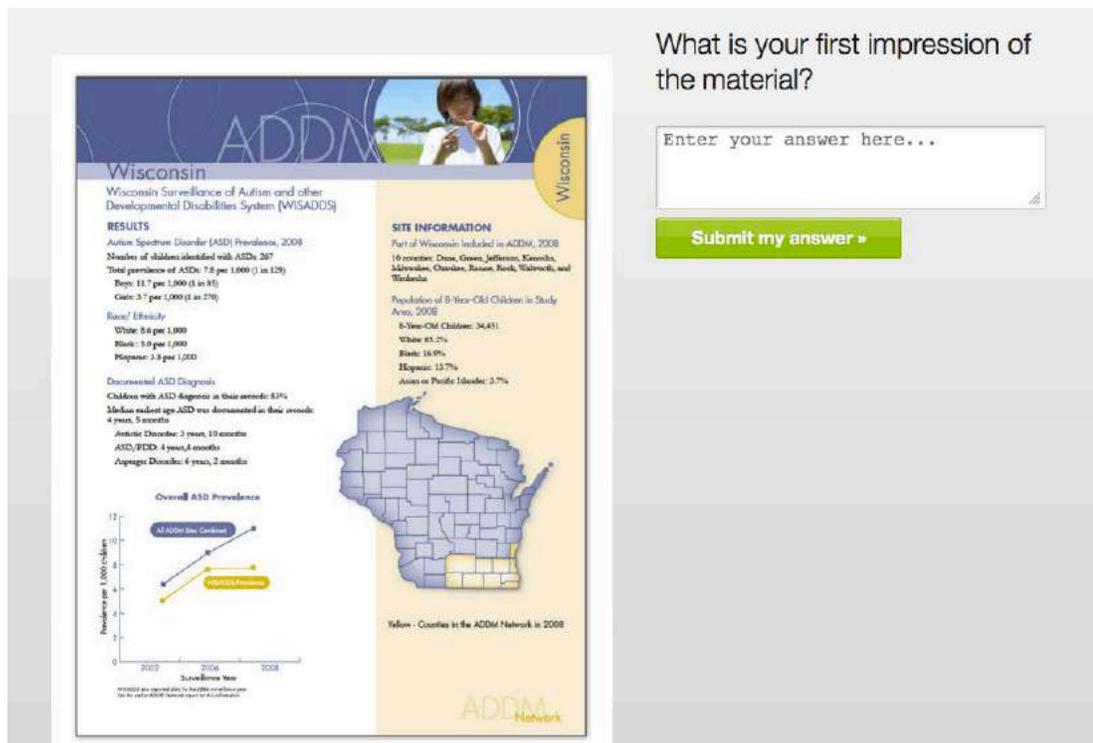
Screen 3

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Task 2



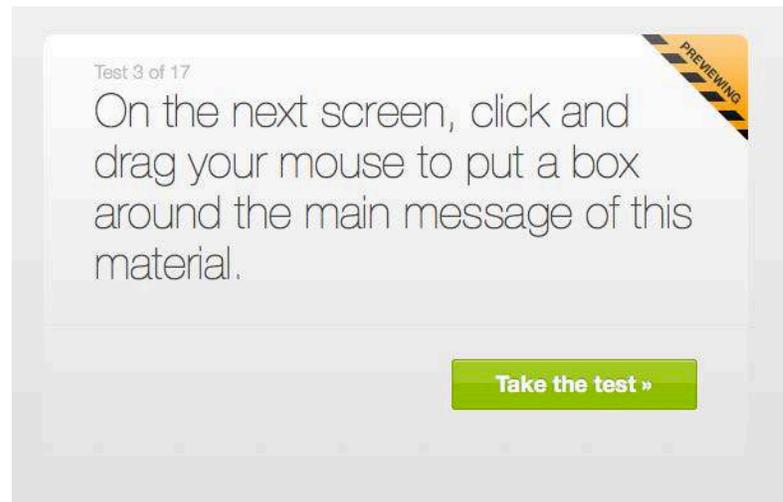
Screen 1



Screen 2

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Task 3



Screen 1



Screen 2

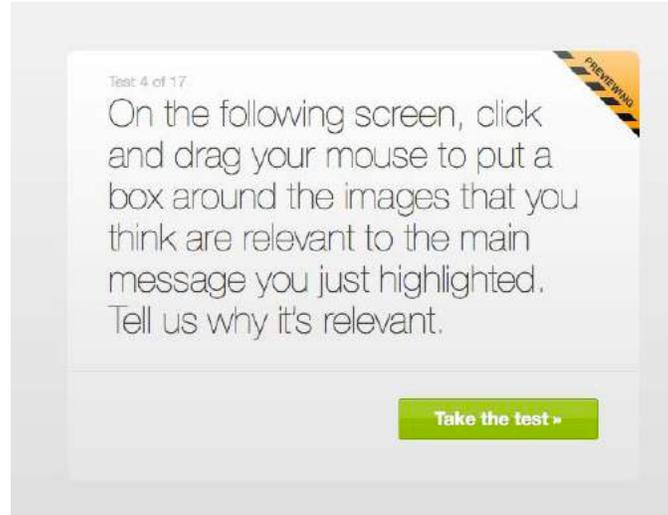
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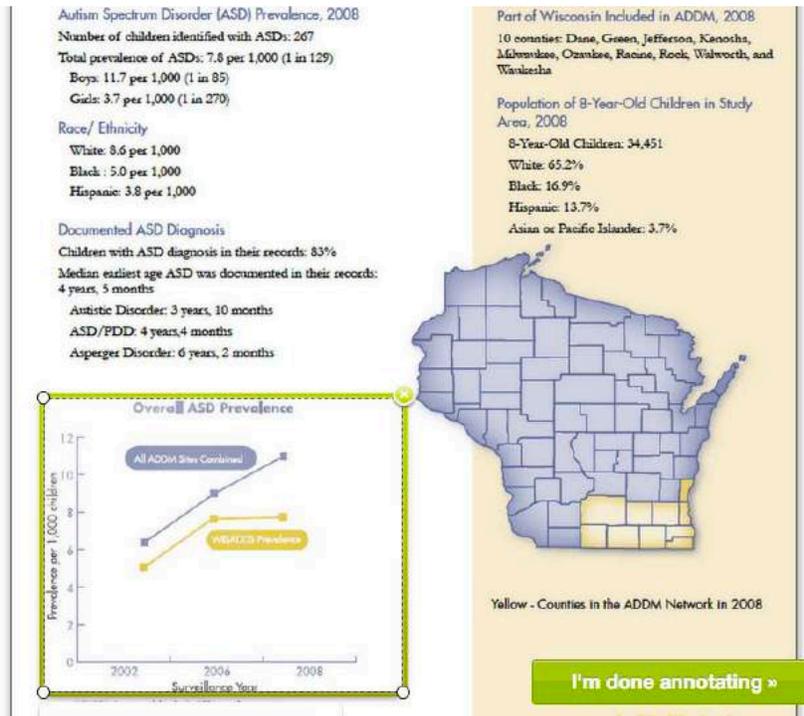
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Attachment 2: Click Testing Screen Shots

Task 4



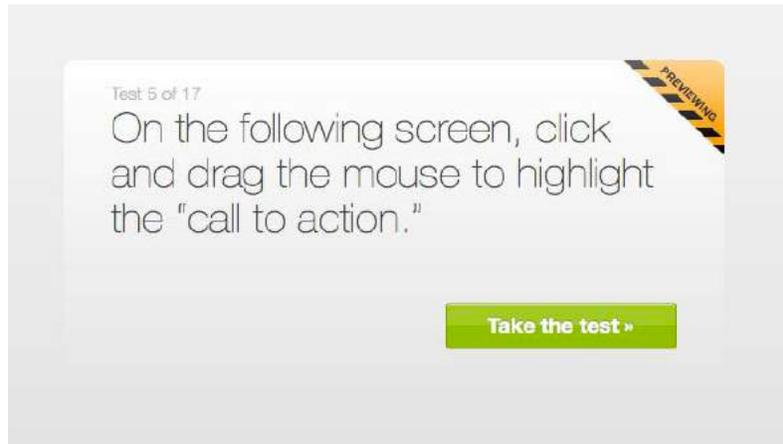
Screen 1



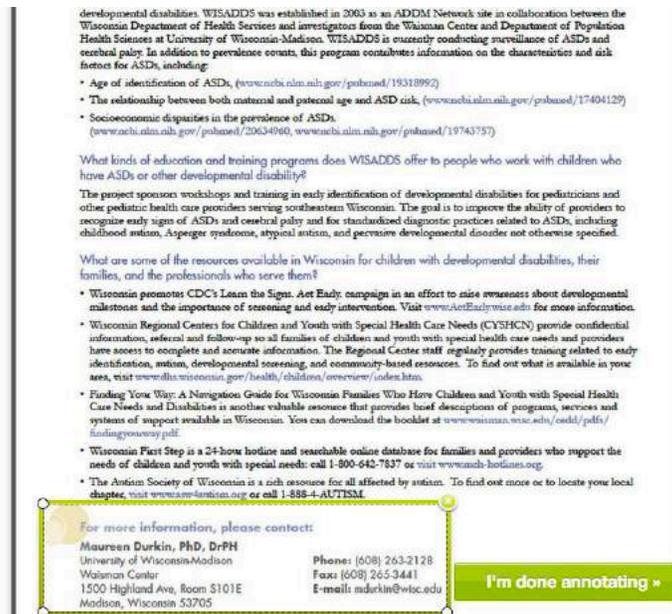
Screen 2

Attachment 2: Click Testing Screen Shots

Task 5



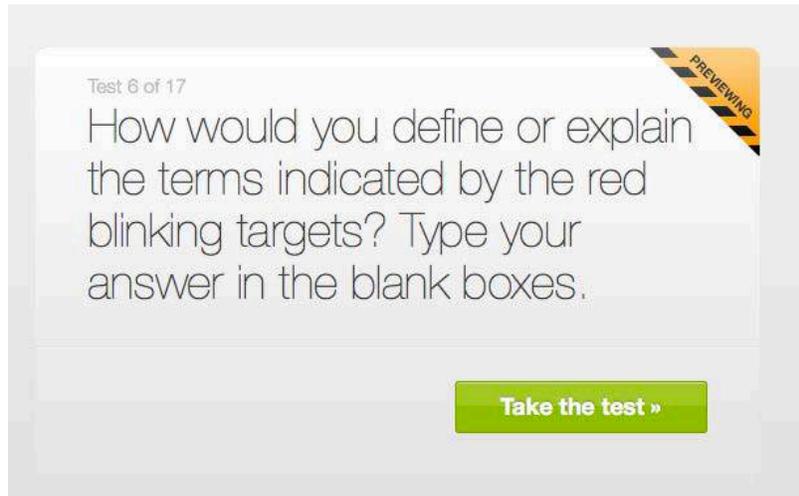
Screen 1



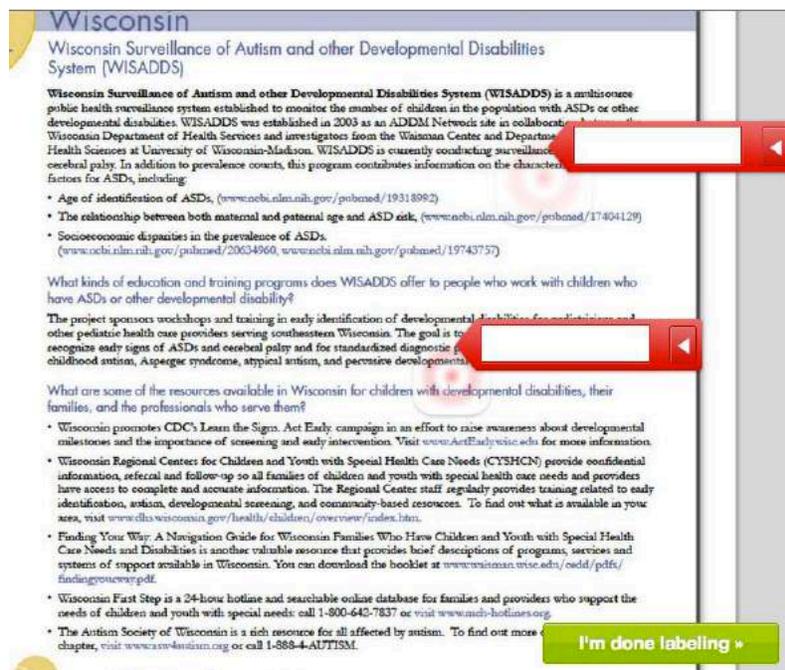
Screen 2

Attachment 2: Click Testing Screen Shots

Task 6



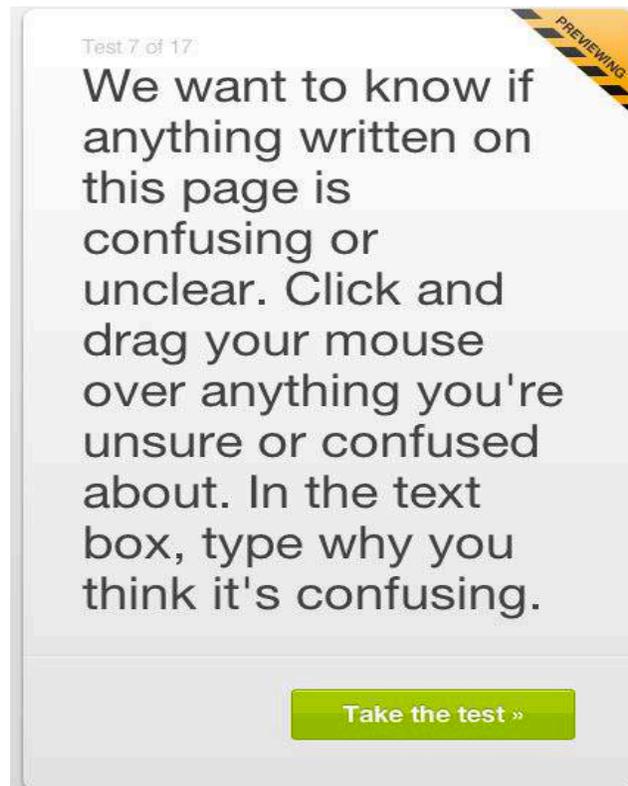
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 7



Screen 1

Attachment 2: Click Testing Screen Shots

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

Wisconsin Surveilance of Autism and other Developmental Disabilities System (WISADDS) is a statewide public health surveilance 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 surveilance of ASDs and

OK

.../pubmed/19318992)
...al age and ASD risk. (www.ncbi.nlm.nih.gov/pubmed/17404129)
Dr. ...
pub.ncbi.nlm.nih.gov/pubmed/19743757)

... 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?

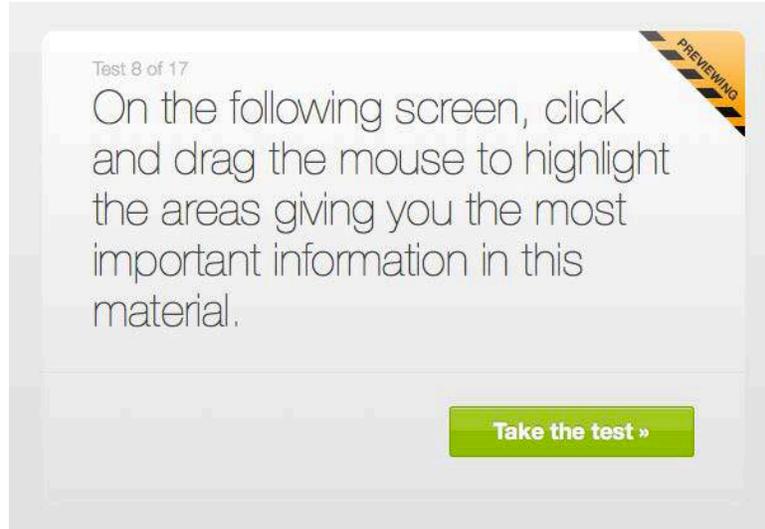
- Wisconsin promotes CDC's *Learn the Signs. Act Early.* campaign in an effort to raise awareness about developmental milestones and the importance of screening and early intervention. Visit www.ActEarly.wis.edu for more information.
- Wisconsin Regional Centers for Children and Youth with Special Health 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 programs, services and systems of support available in Wisconsin. You can download the booklet at www.wisconsin.wisconsin.edu/cedd/pdfs/findingyourway.pdf.
- Wisconsin First Step is a 24-hour hotline and searchable online database for families with questions about the special needs of children and youth with special needs: call 1-800-642-7837 or visit www.wisconsin.wisconsin.edu/cedd/pdfs/firststep.pdf.
- The Autism Society of Wisconsin is a rich resource for all affected by autism. For more information on local chapters, visit www.asw-autism.org or call 1-888-4-AUTISM.

I'm done annotating »

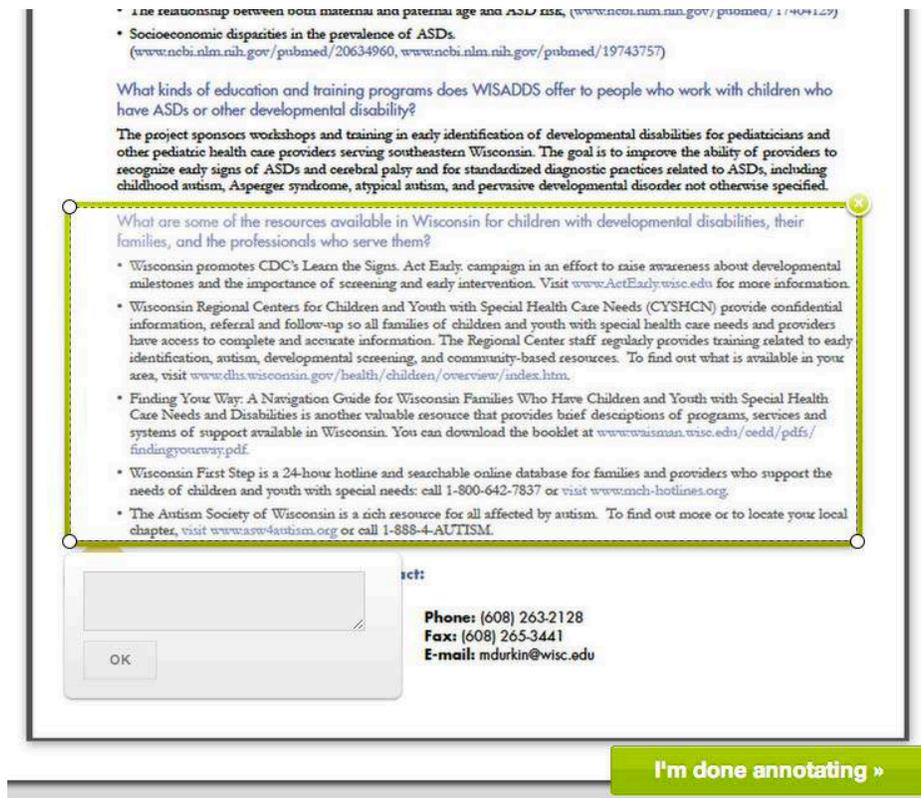
Screen 2

Attachment 2: Click Testing Screen Shots

Task 8



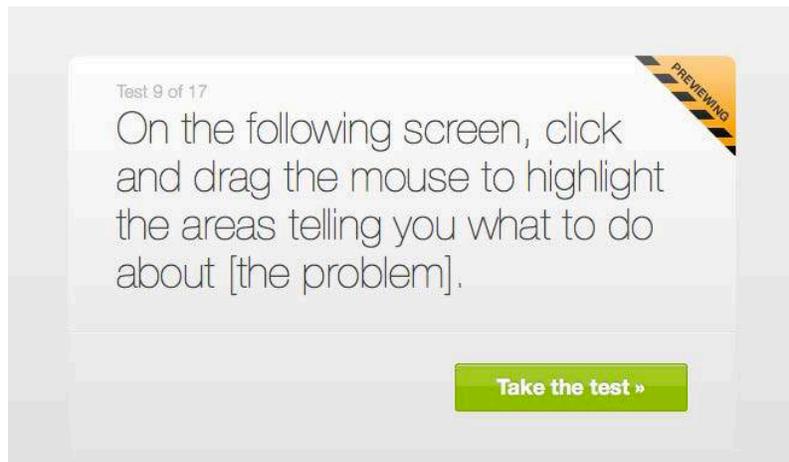
Screen 1



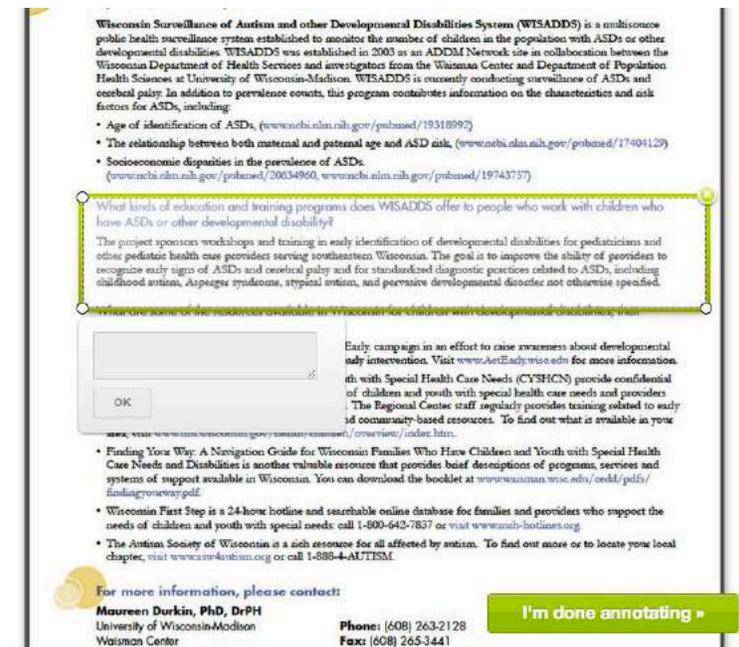
Screen 2

Attachment 2: Click Testing Screen Shots

Task 9



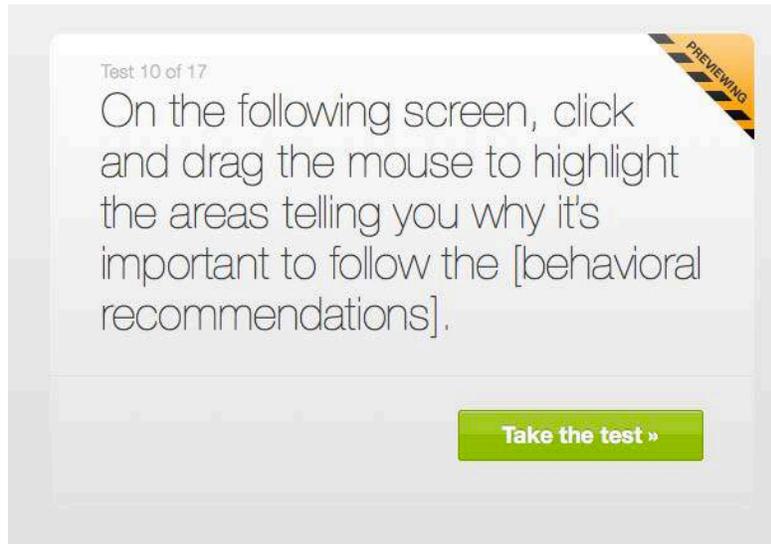
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 10

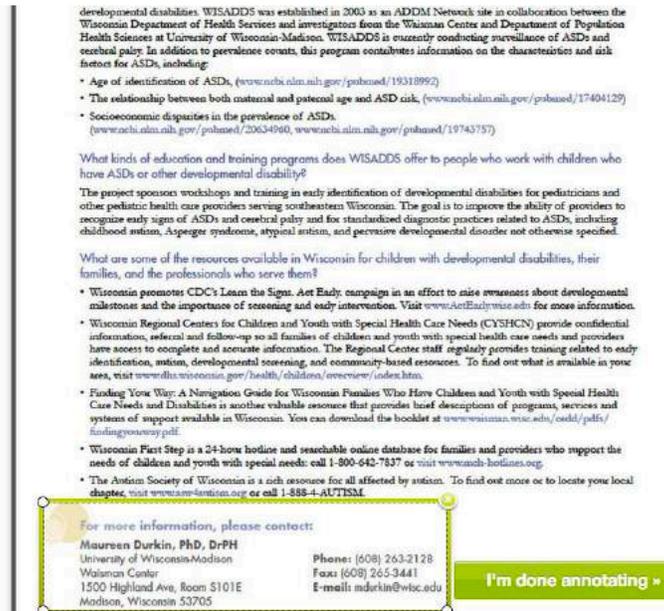


Test 10 of 17

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

Take the test »

Screen 1



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.wisconsin.edu/pshand/19318992)
- The relationship between both maternal and paternal age and ASD risk, (www.wisconsin.edu/pshand/17404129)
- Socioeconomic disparities in the prevalence of ASDs. (www.wisconsin.edu/pshand/20634060, www.wisconsin.edu/pshand/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?

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- The Autism Society of Wisconsin is a rich resource for all affected by autism. To find out more or to locate your local chapter, visit www.wisconsinautism.org or call 1-888-4-AUTISM.

For more information, please contact:

Maureen Durkin, PhD, DrPH
University of Wisconsin-Madison
Waisman Center
1500 Highland Ave, Room S101E
Madison, Wisconsin 53705

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

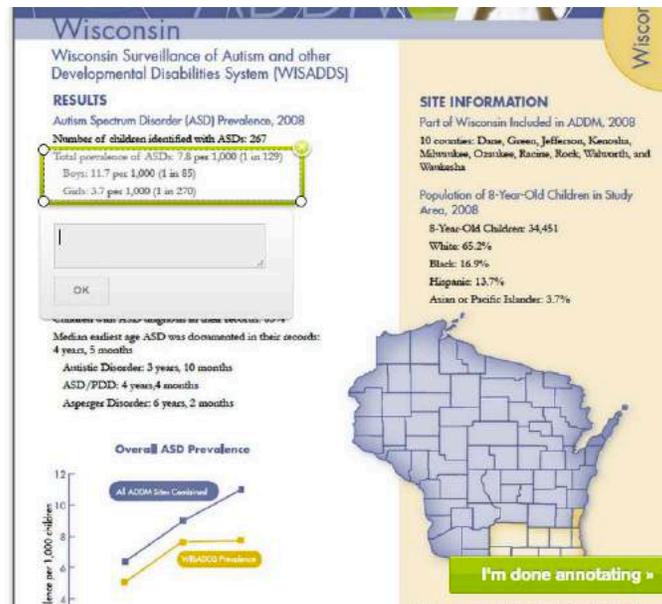
Task 11

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 »

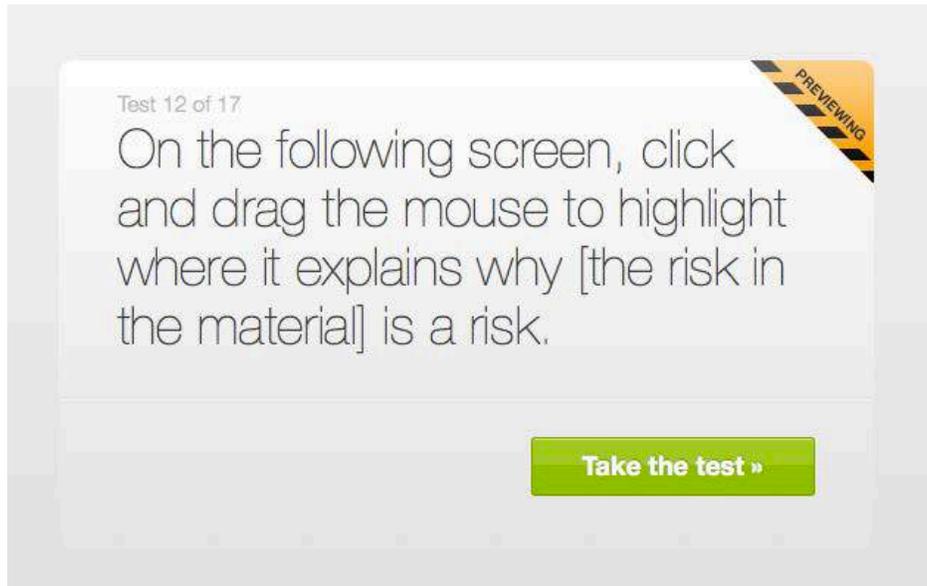
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 12



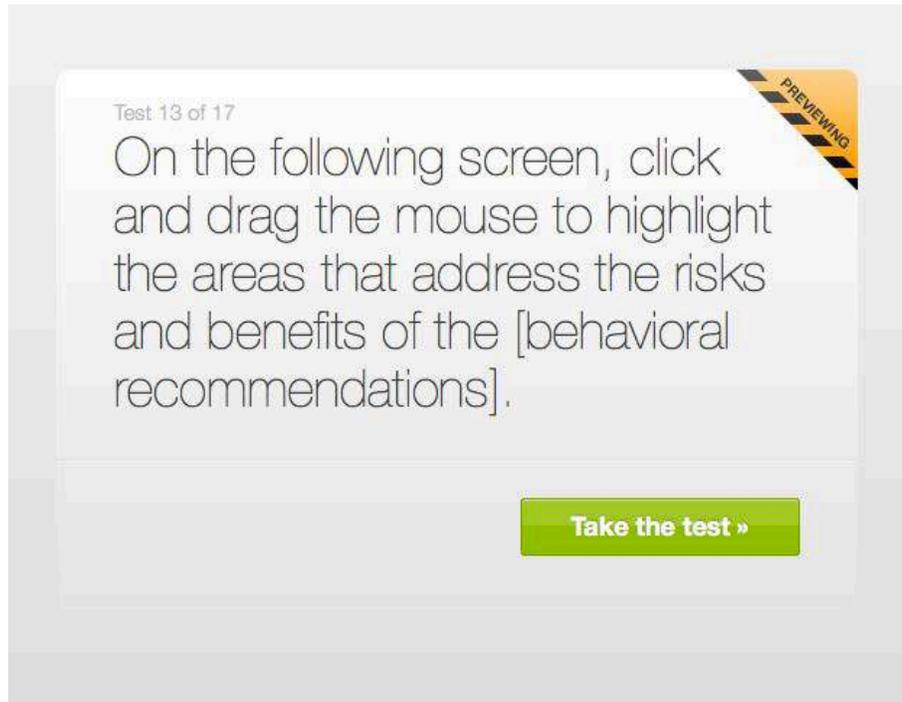
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 13

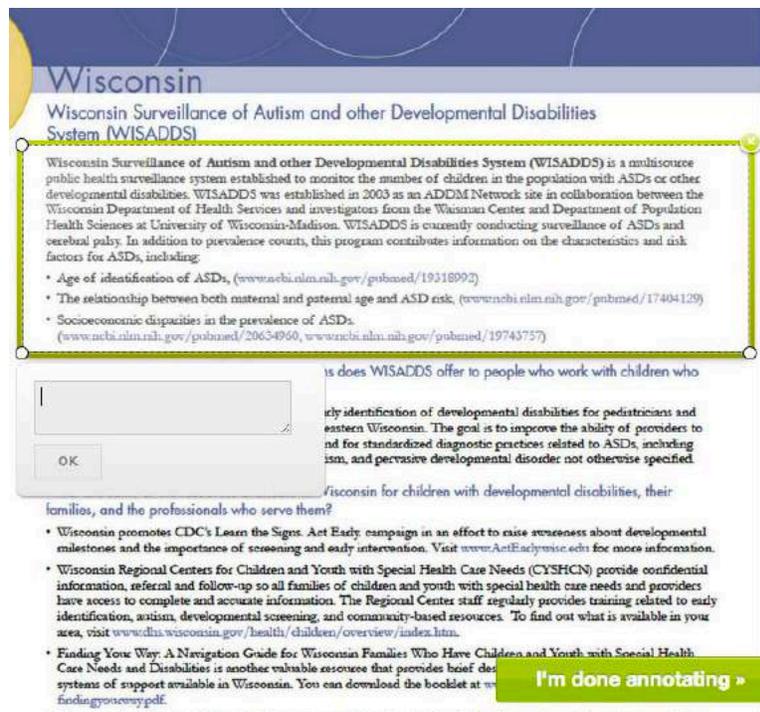


Test 13 of 17

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)

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

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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 support systems available in Wisconsin. You can download the booklet at [findingyourway.pdf](#).

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 14

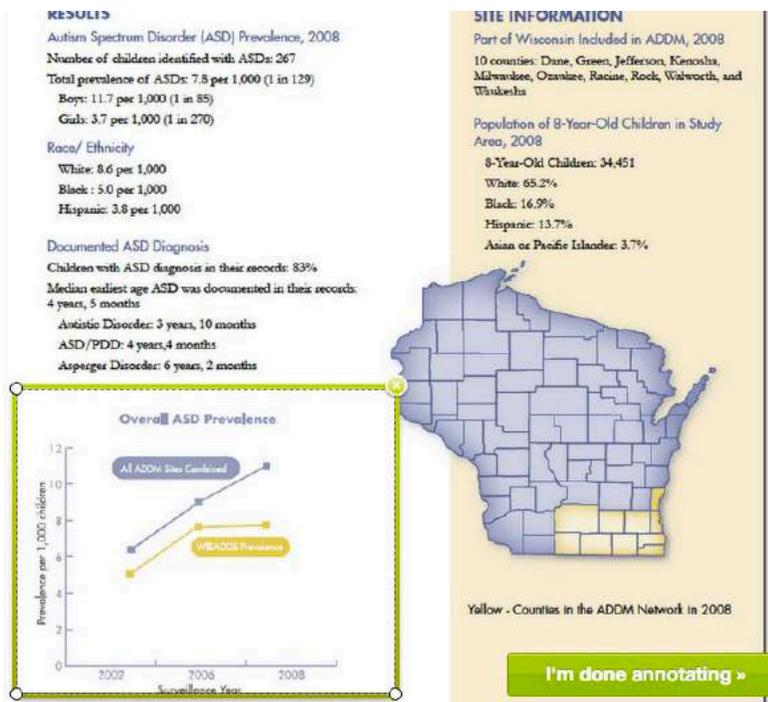
Test 14 of 17

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

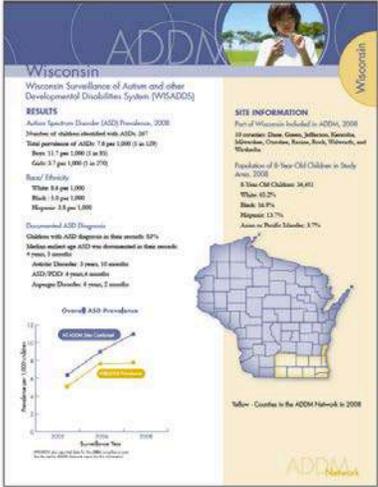
Task 15

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 (WSADDS)

RESULTS

Autism Spectrum Disorder (ASD) Prevalence, 2008

Number of children identified with ASD, 2007

Total prevalence of ASDs: 7.8 per 1,000 (3 in 100)

Boys: 11.7 per 1,000 (3 in 85)

Girls: 3.9 per 1,000 (3 in 250)

Race/Ethnicity

White: 8.4 per 1,000

Black: 3.0 per 1,000

Hispanic: 3.5 per 1,000

Disseminated ASD Diagnosis

Children with ASD diagnosed in their earliest 36 months

Median earliest age ASD was diagnosed in their earliest 36 months

Autistic Disorder: 1 year, 10 months

ASD (DD) 4 years, 4 months

Average Disorder: 4 years, 7 months

Overall ASD Prevalence

Line graph showing ASD prevalence per 1,000 children from 2000 to 2008. The graph shows two lines: 'ASD (DD) (Total)' and 'Autistic Disorder'. Both lines show an upward trend over the period.

SITE INFORMATION

Part of Wisconsin included in ADDA, 2008

Counties: Dane, Grant, Jefferson, Kewaunee, Manitowish, Outagamie, Racine, Rock, Waubesa, and Winnebago

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

Total 8Yr-Old Children: 34,411

White: 61.2%

Black: 14.1%

Hispanic: 12.7%

Asian or Pacific Islander: 3.7%

Map of Wisconsin showing counties included in the ADDA Network in 2008.

Table: Counties in the ADDA Network in 2008

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

Too long

Somewhat too long

Just right

Somewhat too short

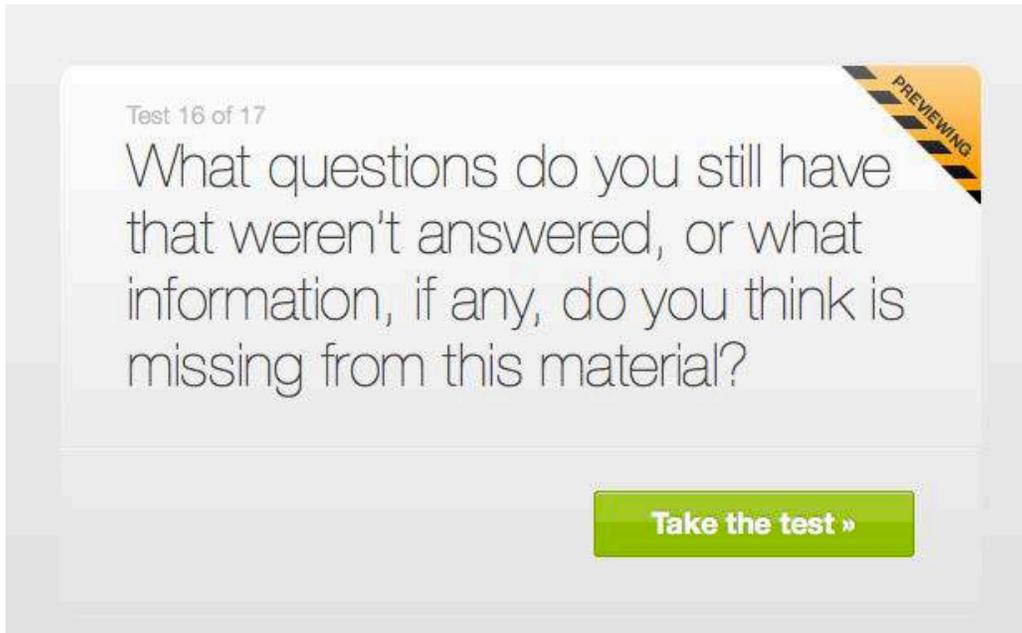
Too short

Submit my answer »

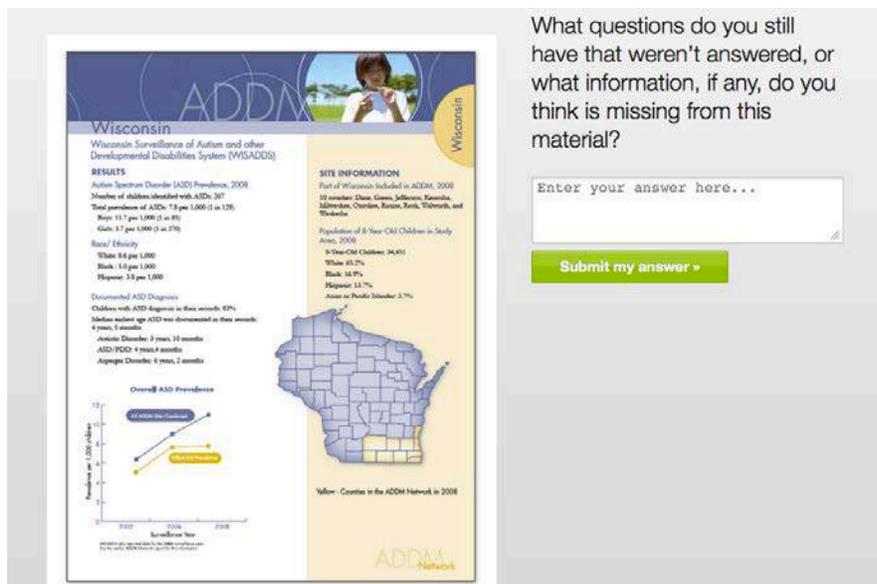
Screen 2

Attachment 2: Click Testing Screen Shots

Task 16



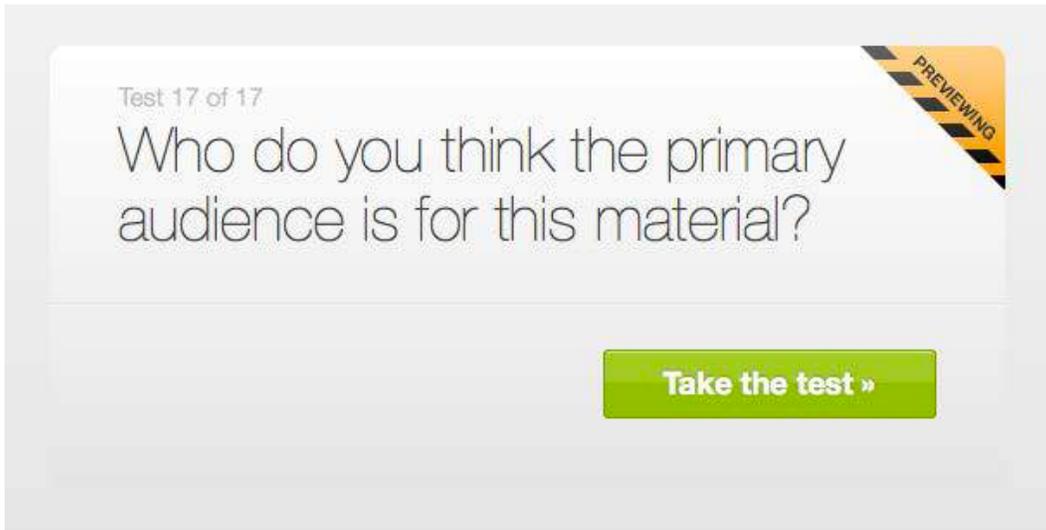
Screen 1



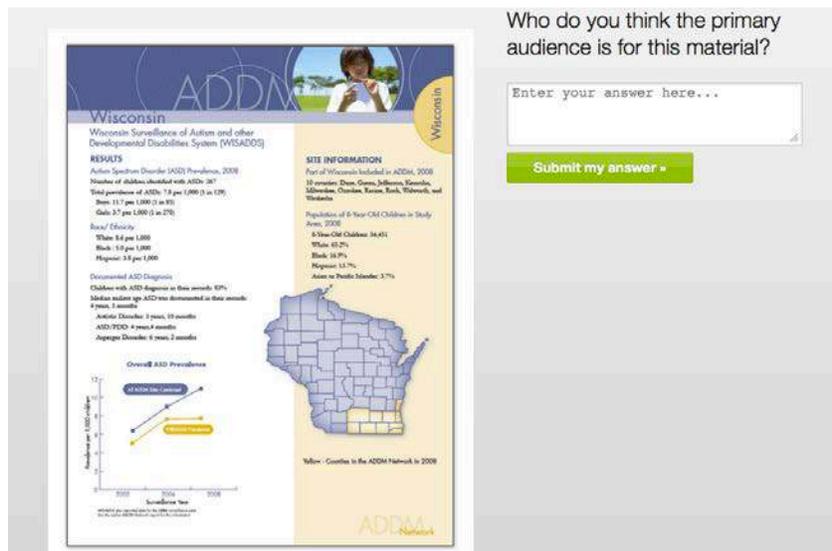
Screen 2

Attachment 2: Click Testing Screen Shots

Task 17



Screen 1

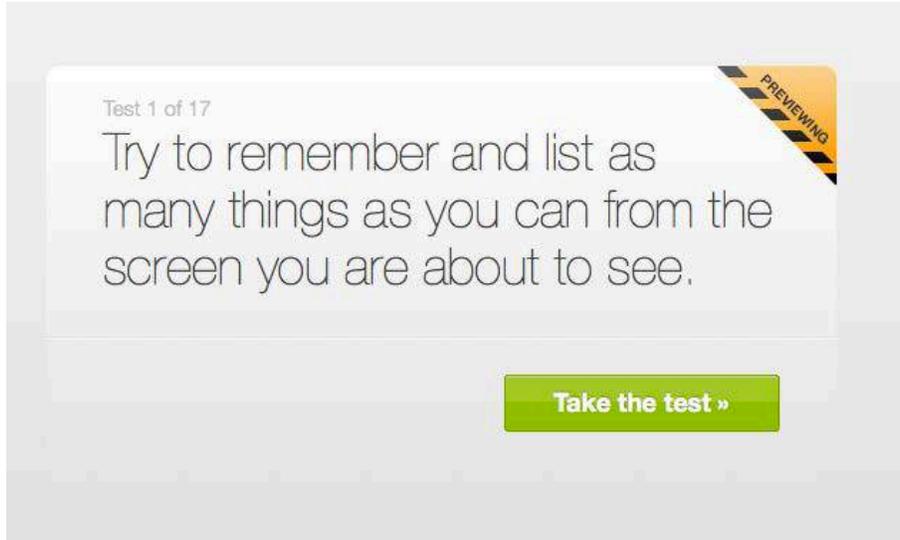


Screen 2

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

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?
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- 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?
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- 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

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800-CDC-INFO
(800-232-4636)
TTY: (604) 232-9232
[Contact CDC-INFO](#)

Screen 2

Attachment 2: Click Testing Screen Shots

What can you remember?

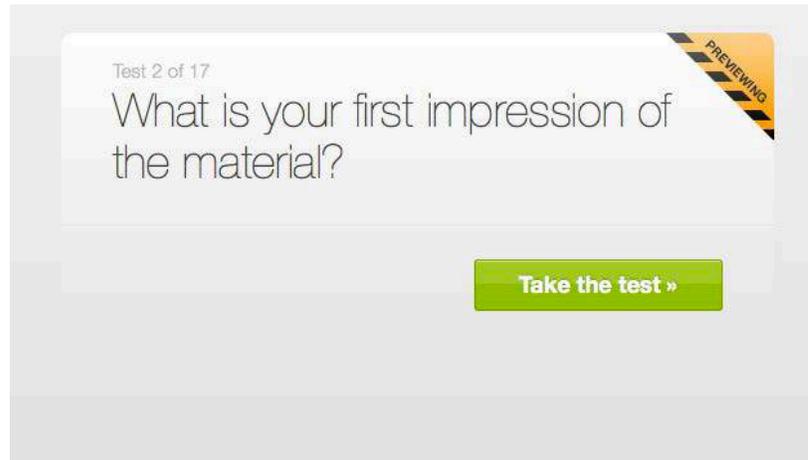
1.
2.
3.
4.
5.

[Submit my answers »](#)

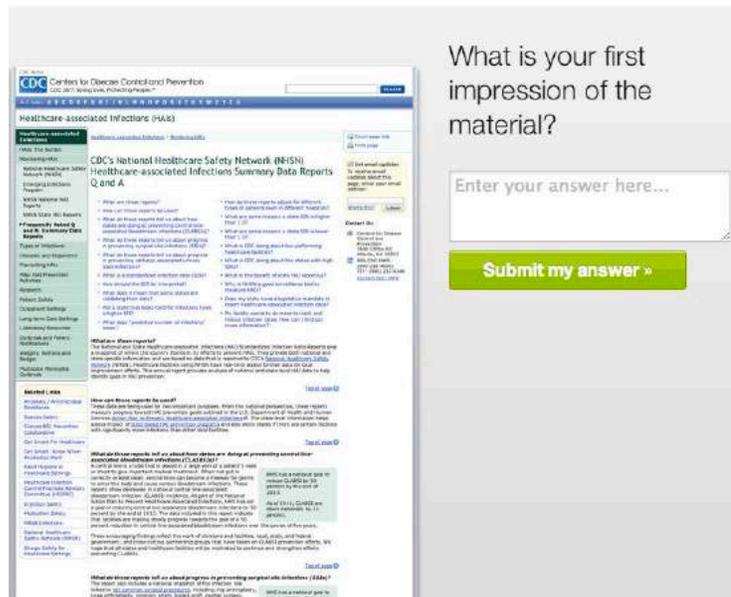
Screen 3

Attachment 2: Click Testing Screen Shots

Task 2



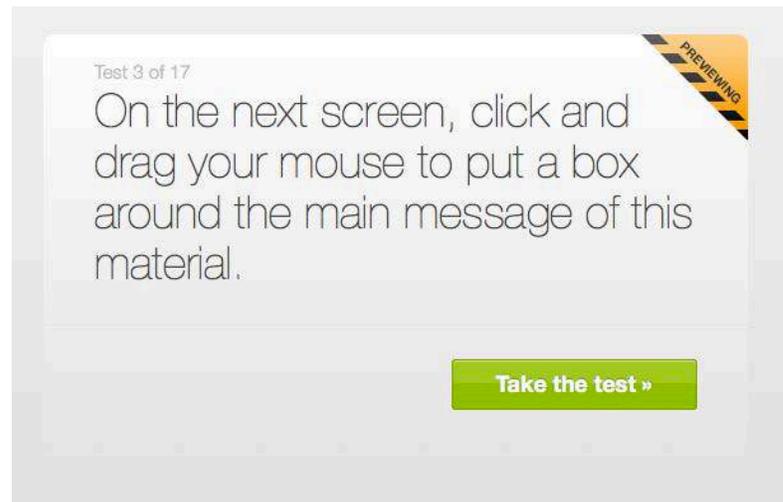
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 3



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

The screenshot shows the CDC website page for Healthcare-associated Infections (HAIs). The page features a navigation menu on the left, a main content area with a list of frequently asked questions, and a right sidebar with contact information and an email subscription form. A yellow dashed box highlights the 'Frequently Asked Q and A: Summary Data Reports' section, and a green box highlights the 'I'm done annotating' button.

Healthcare-associated Infections (HAIs)

Frequently Asked Q and A: Summary Data Reports

- What are these reports?
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Related Links

- Antibiotic / Antimicrobial Resistance

Contact Us:

Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333
800-CDC-INFO (800-232-6368)
TTY: (888) 232-6368
[Contact CDC-INFO](#)

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

Membering 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
Recent Safety
Outpatient Settings
Long-term Care Settings
Laboratory Resources
Outbreak and Patient Notifications
Widgets, Buttons and Badges
Multisite Menus
Outbreak

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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.

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?

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What is CDC doing about low performing healthcare facilities?

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(800-232-4636)
TTY: (888) 232-6348
Contact: CDC-INFO

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 Practice Advisory

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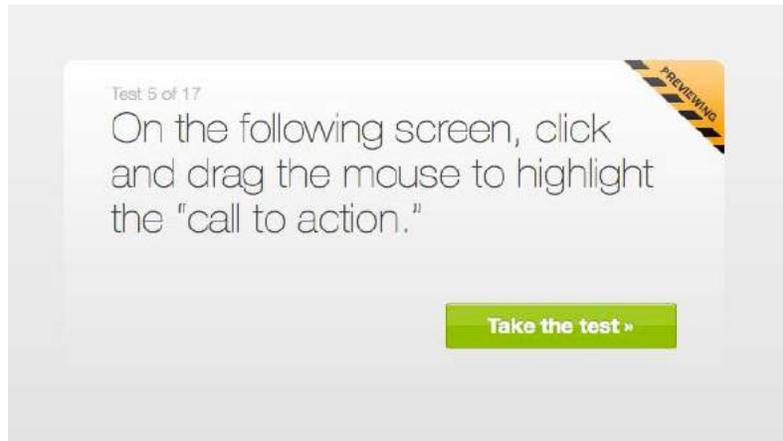
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I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 5



Screen 1

Monitoring HAI: 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 HAI, Map: HAI Prevention Activities, Research, Patient Safety, Outpatient Settings, Long-Term Care Settings, Laboratory Resources, Outbreak and Patient Notifications, Widgets, Buttons and Badges, Multistate Menigitis Outbreak

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- 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.

Doing at preventing central line:
HAI's neck but in y for germs B. These HAI prevent by the end of servs

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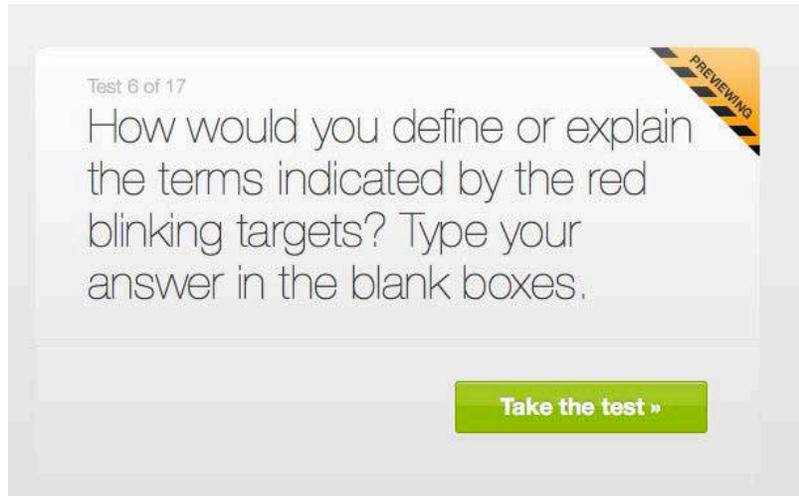
Get email updates: To receive email updates about this page, enter your email address: [input field] [Submit]

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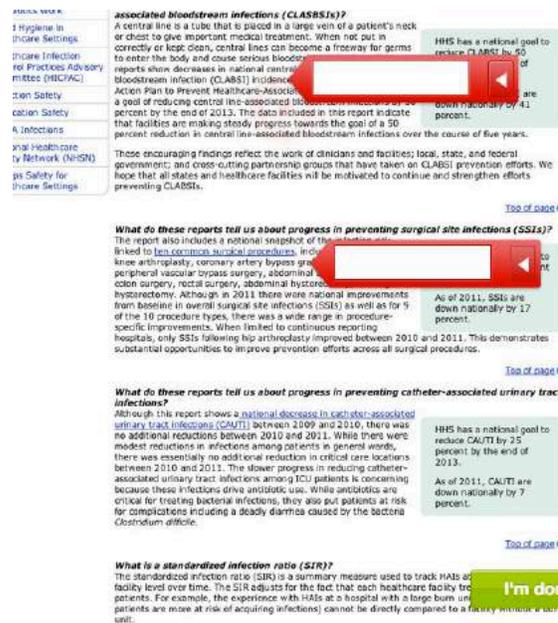
Screen 2

Attachment 2: Click Testing Screen Shots

Task 6



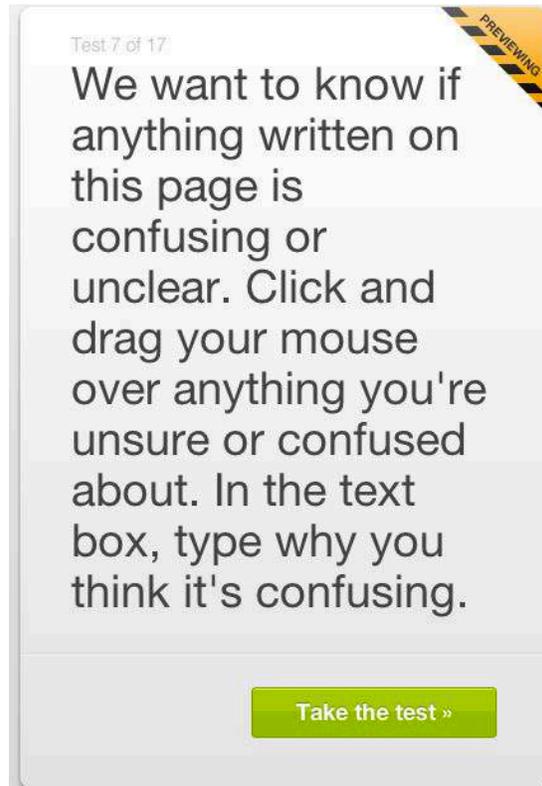
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 7



Screen 1

Attachment 2: Click Testing Screen Shots

<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.

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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](#)

What does a higher SIR mean?
A higher SIR means that there are more infections reported to NHSN during a certain time period than would be expected based on the standard population. 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.

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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 CLABSIs 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.

[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

prevention initiatives including:

- State health department collaboratives
- QJSP initiatives funded by the Agency for Healthcare Research and Quality
- Partnership for Patients initiative
- CMS Quality Improvement Organizations

By moving these hospitals towards more prevention, we hope to see even greater reductions next year.

[Top of page](#)

What is CDC doing about the states with high SIRs?

CDC is taking a proactive approach with all states. The agency offers training and technical assistance to states to help them identify and assist healthcare facilities whose performance does not reflect effective prevention work. Understanding SIRs will allow states to implement prevention efforts in areas where problems exist and to show prevention impact over time.

[Top of page](#)

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.

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HAIs?

HAIs, online training modules, user support, and dialysis facilities successfully report to NHSN.

[Top of page](#)

healthcare-associated infection data?

Currently, 22 states and the District of Columbia have reporting. In addition to the District of Columbia, 30 states use NHSN to meet their reporting requirements. Please see the [state-based HAI prevention](#) website for more information.

[Top of page](#)

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.

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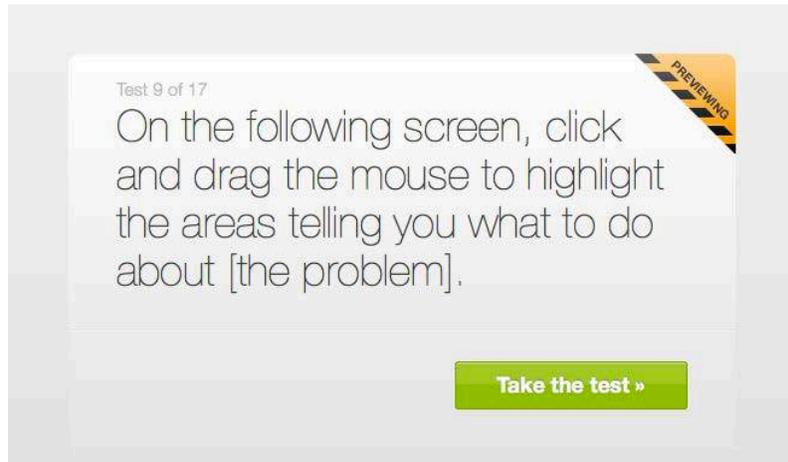
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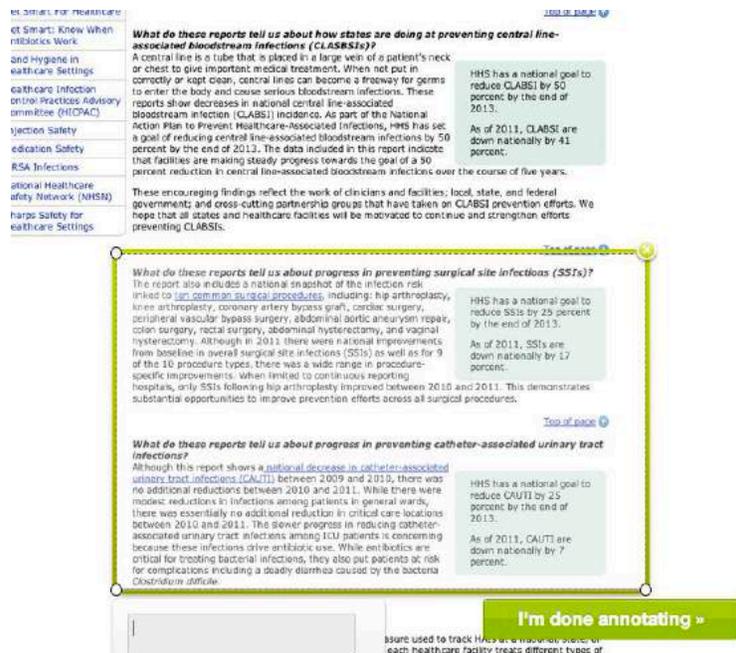
Screen 2

Attachment 2: Click Testing Screen Shots

Task 9



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 10

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].

Take the test »

Screen 1

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

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How do we report HAIs?
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.

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Page last reviewed: February 11, 2013
Page last updated: May 16, 2013
Content source: Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)
Division of Healthcare Quality Promotion (DHQP)

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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

unE.

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.

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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.Infections have been prevented since the baseline period.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">More infections than what would have been predicted given baseline data.Infections have increased since the baseline period.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](#)

their data?

For double-check, their infection data, in many to ensure that all of the required infections auditing are using different systems. For y look more broadly, CDC is working with ds for validation that can assist states in their

[Top of page](#)

Other SIR?

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

I'm done annotating »

What does "predicted number of infections" mean?

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 »

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 (CLABSI)?
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 out 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. 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 state and healthcare facilities will be motivated to continue and strengthen efforts preventing CLABSI.

Preventing surgical site infections (SSIs)?
A risk for SSI is from hip/arthroplasty, gynec, cesarean section, hernia repair, and other procedures. 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.

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].

PREVIEWING

Take the test »

Screen 1

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

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How do I report healthcare-associated infection data?
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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

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[Top of page](#)

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[Top of page](#)

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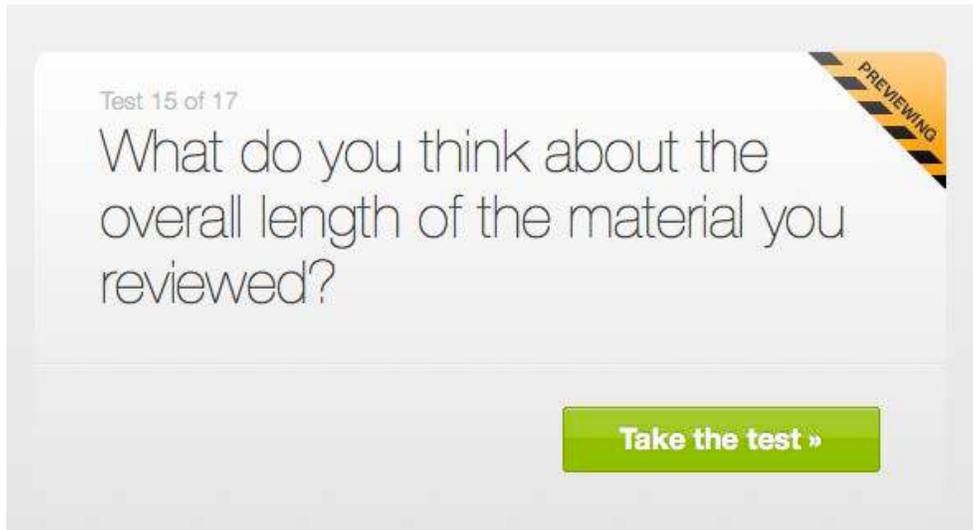
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What does "predicted number of infections" mean?

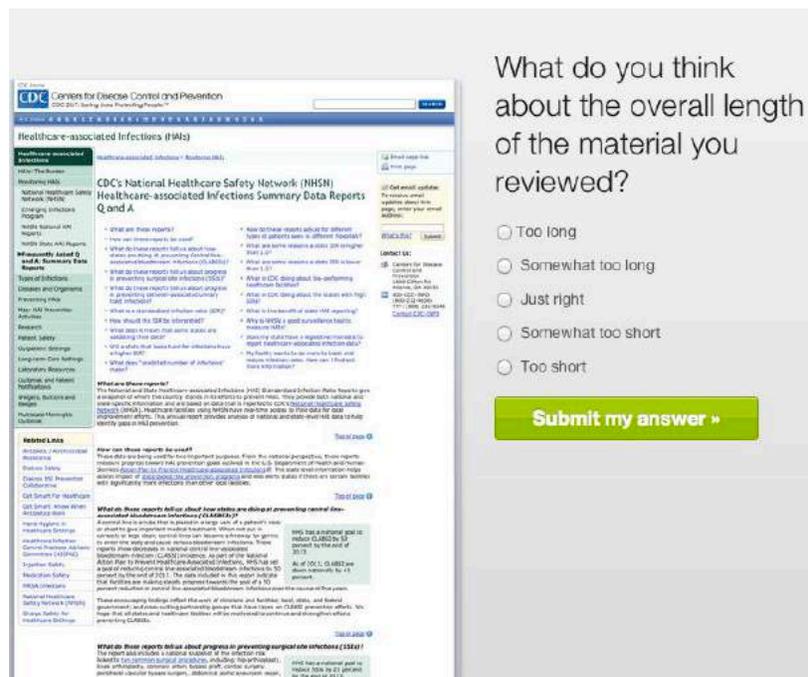
Screen 2

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Task 15



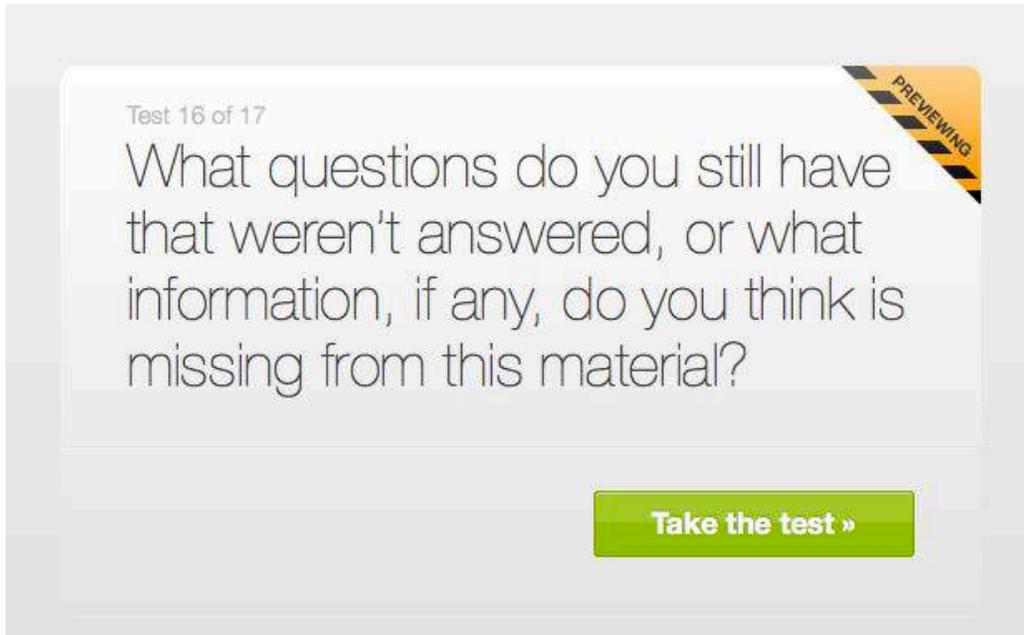
Screen 1



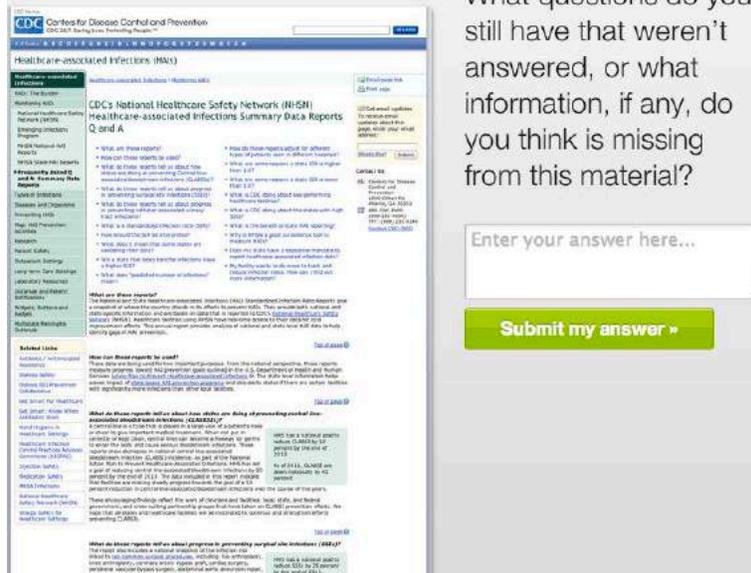
Screen 2

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Task 16



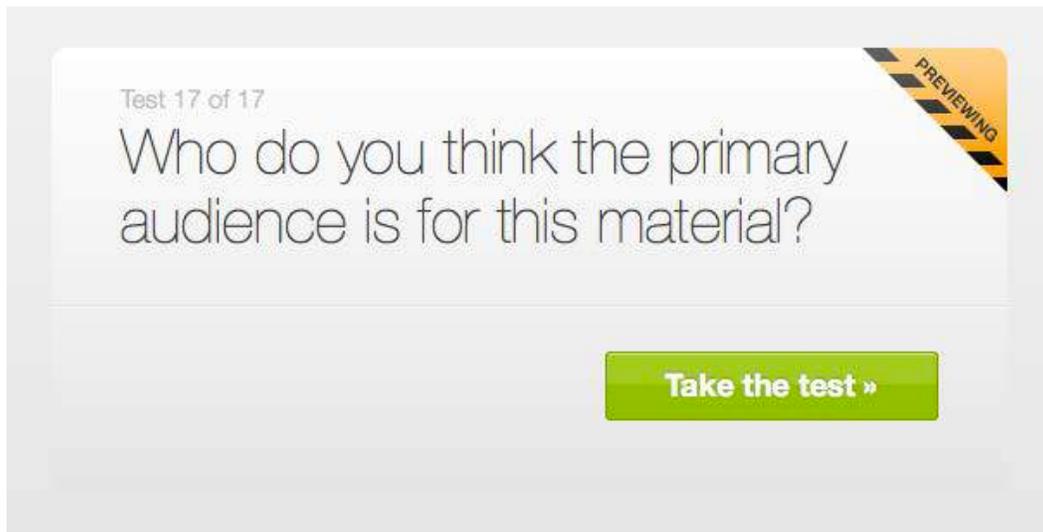
Screen 1



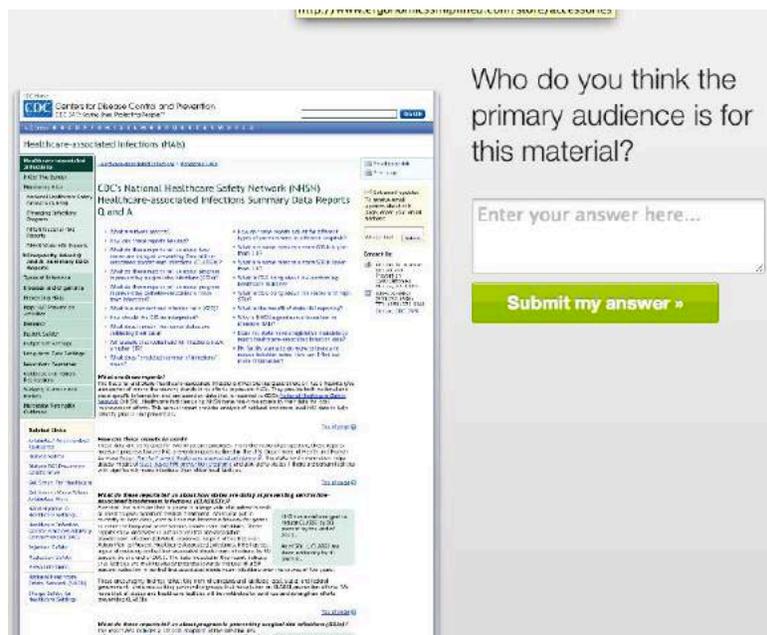
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Screen 1

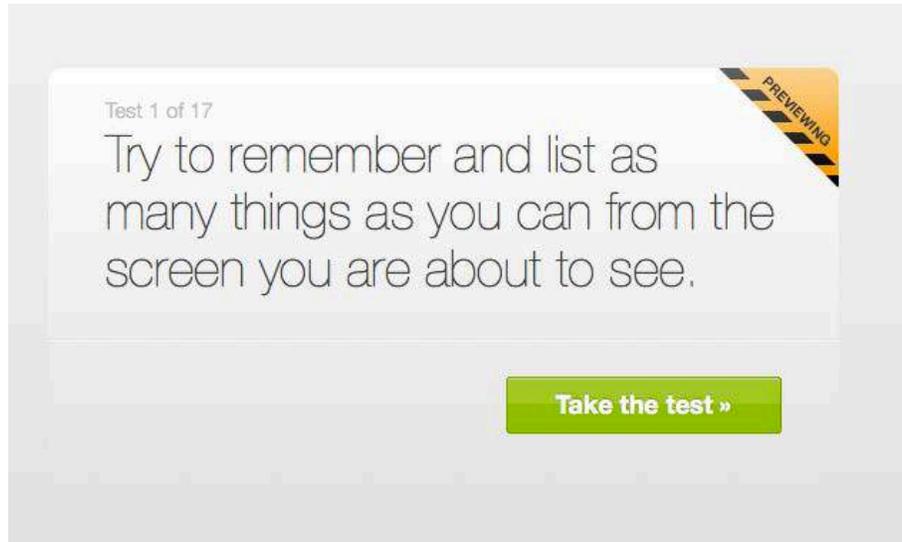


Screen 2

Attachment 2: Click Testing Screen Shots

Material: Heart Disease Fact Sheet

Task 1



Screen 1

Attachment 2: Click Testing Screen Shots

The screenshot shows the CDC website page for 'Heart Disease Facts'. The page includes a navigation menu on the left, a main content area with text and a photo of a blood pressure cuff, and a table titled 'Deaths Vary by Ethnicity'. Below the table is a map of the United States showing heart disease death rates by county for 2007-2009.

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 **385,000** people annually.¹
- Every year about **715,000** Americans have a heart attack. Of those, 225,000 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	25.9

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?

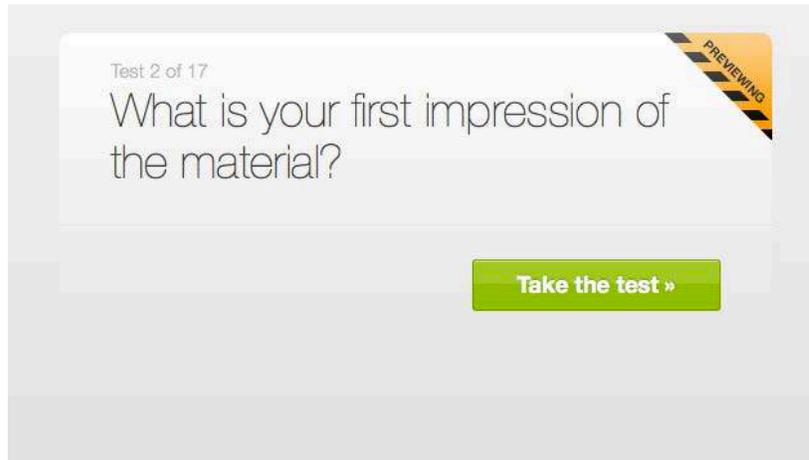
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[Submit my answers »](#)

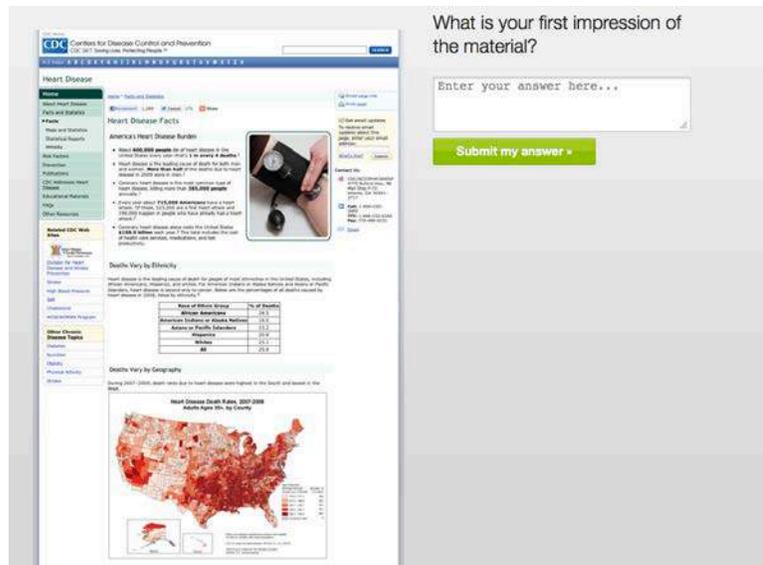
Screen 3

Attachment 2: Click Testing Screen Shots

Task 2



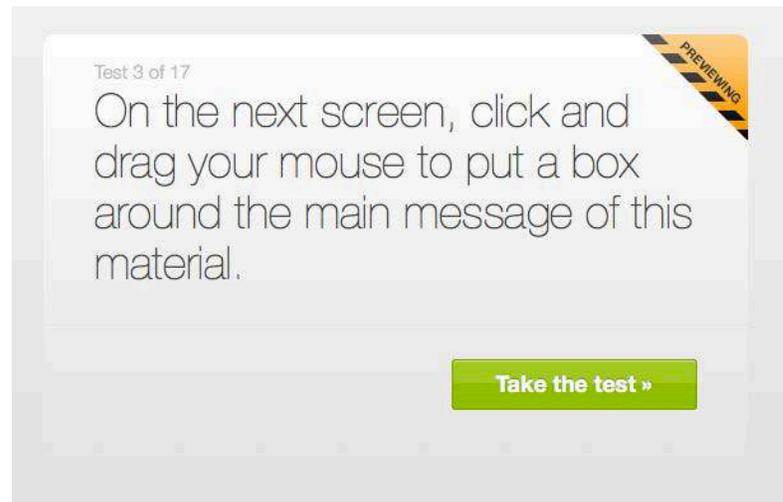
Screen 1



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, and a right sidebar with contact information and an email subscription form. A yellow dashed box highlights the 'America's Heart Disease Burden' section. A green box highlights a table at the bottom of the page. A green button at the bottom right says 'I'm done annotating'.

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.²
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- 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.

Related CDC Web Sites

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

Contact Us:

CDC/NCCDPHP/DHDSBP
4770 Buford Hwy, NE
Mail Stop F-72
Atlanta, GA 30341-2717

Call: 1-800-CDC-INFO
TTY: 1-888-322-6348
Fax: 770-488-8151

Table:

Ethnicity	% of Deaths
African Americans	26.9%

Screen 3

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Task 4



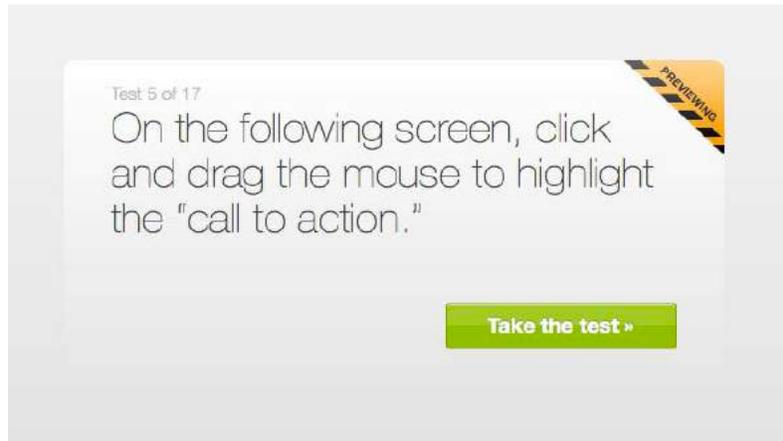
Screen 1



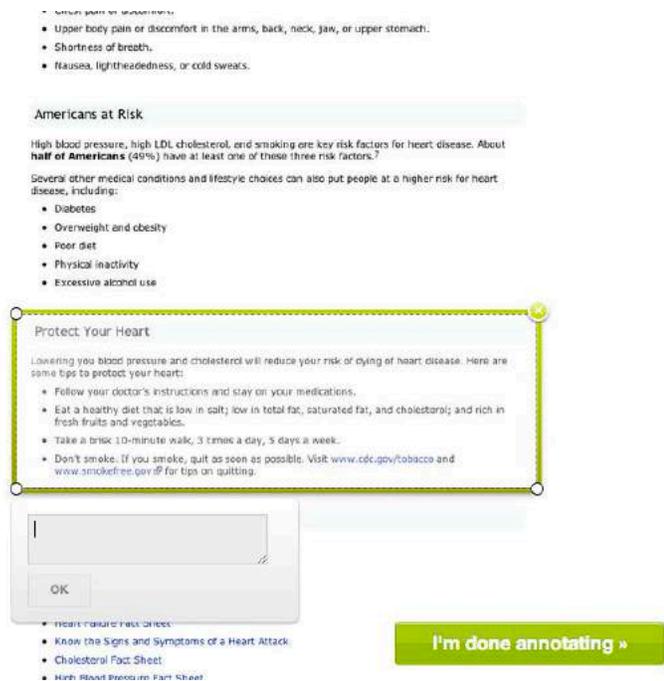
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Task 5



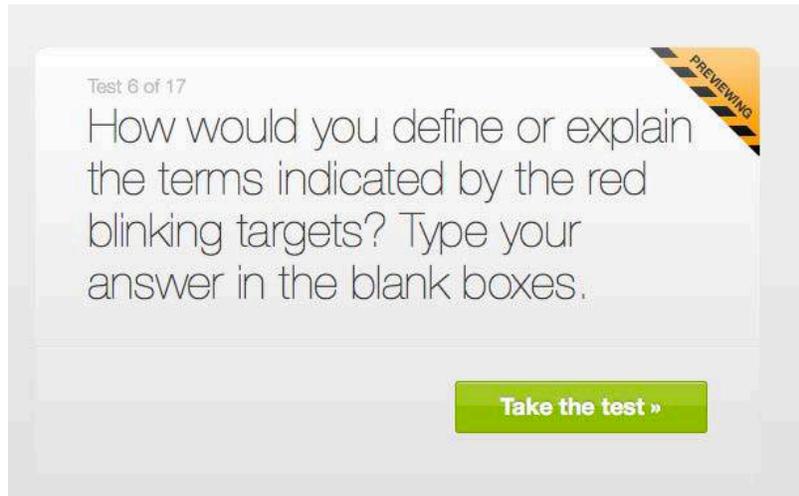
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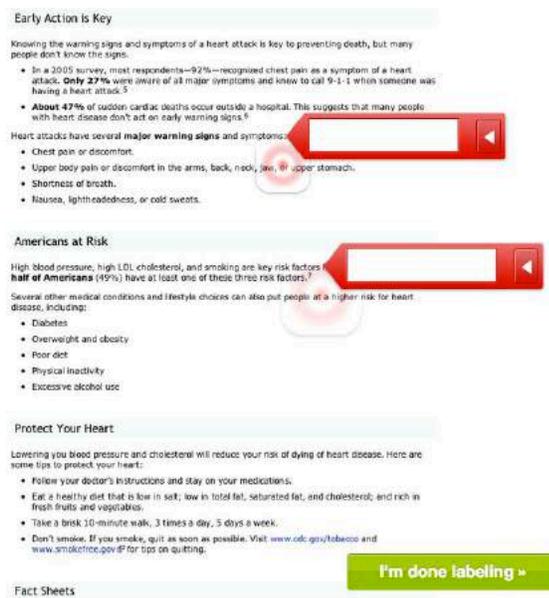
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Task 6



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 7

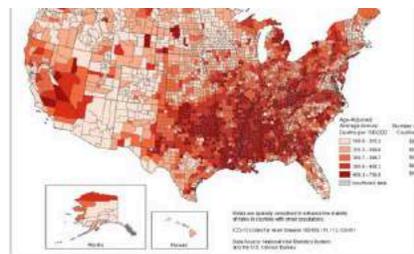
Test 7 of 17

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.

PREVIEWING

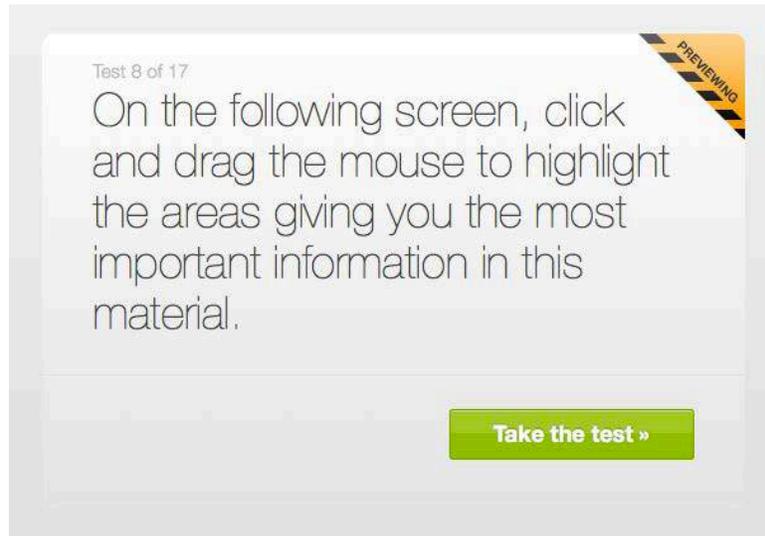
Take the test »

Screen 1

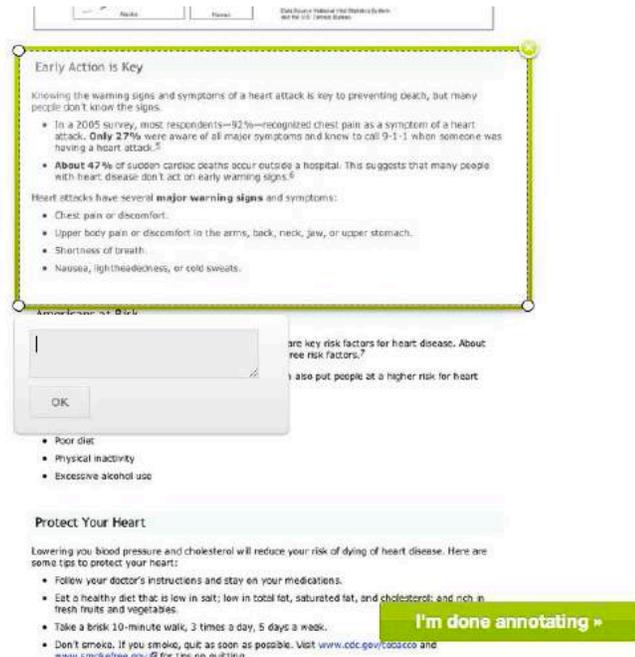


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Task 8



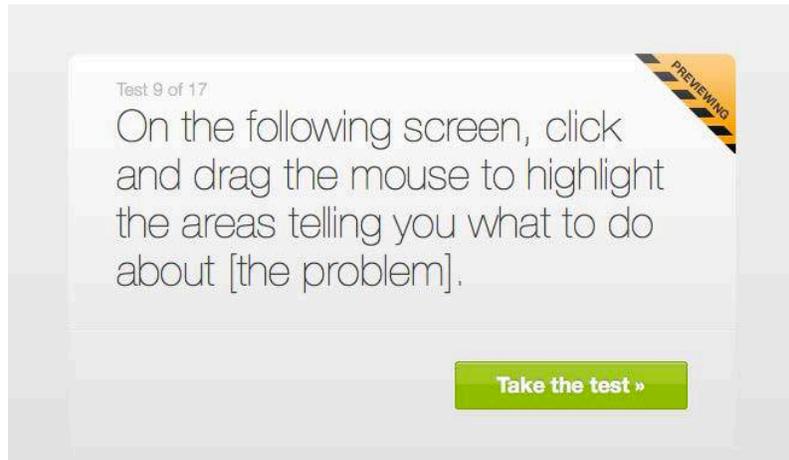
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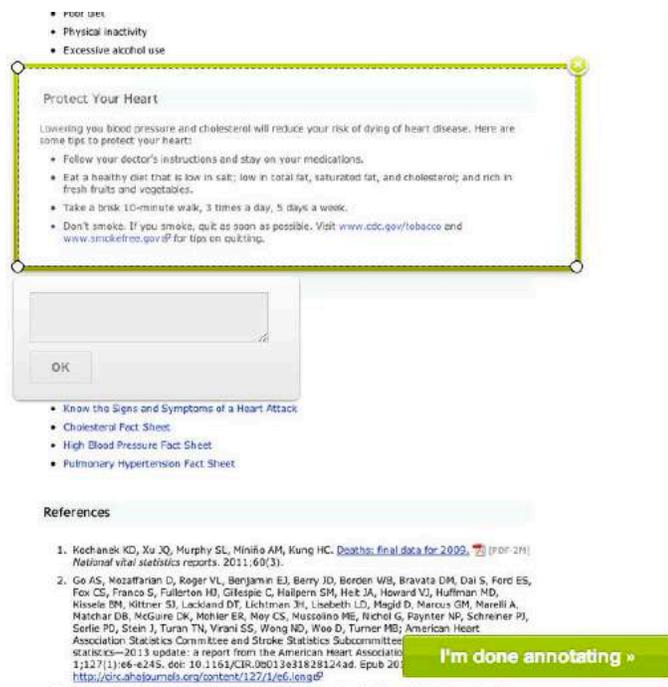
Screen 2

Attachment 2: Click Testing Screen Shots

Task 9



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 10

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

Heart Disease

Home

About Heart Disease

Facts and Statistics

Facts

Maps and Statistics

Statistical Reports

MMWRs

Risk Factors

Prevention

Publications

DC Addresses Heart Disease

Educational Materials

AQs

Other Resources

Related CDC Web Sites

Heart Disease and Stroke Prevention

Division for Heart Disease and Stroke Prevention

Stroke

High Blood Pressure

Salt

Cholesterol

WISEWOMAN Program

Other Chronic Disease Topics

Diabetes

Nutrition

Obesity

Physical Activity

Home > Facts and Statistics

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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 **385,000** people annually.¹
- Every year about **715,000** Americans have a heart attack. Of those, 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.



st ethnicities in the United States, including
ians or Alaska Natives and Asians or Pacific
the percentages of all deaths caused by

	% of Deaths
African Americans	26.5
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

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TTY: 1-888-232-6348
Fax: 770-488-8111

Email

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 Risk

Educational Materials

More Resources

Related CDC Web Sites

Heart Disease: Your Prevention and Control

Division for Heart Disease and Stroke Prevention

Stroke

High Blood Pressure

Salt

Cholesterol

WISEWOMAN Program

Other Chronic Disease Topics

Diabetes

Heart Failure

Cherity

Physical Activity

Stroke

- Coronary heart disease is the most common type of heart disease, killing more than **385,000 people** annually.
- Every year about **715,000 Americans** have a heart attack. Of these, 325,000 are a first heart attack and 190,000 happen in people who have already had a heart attack.
- Coronary heart disease alone costs the United States **\$108.9 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 2008, listed by ethnicity.

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 »

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 »

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

Related CDC Web Sites

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

Other Chronic Disease Topics

Diabetes
Nutrition
Obesity

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
- Coronary heart disease is the most common type of heart disease, killing more than **385,000 people** annually.²
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American Indians or Alaska Natives	18.0
Asians or Pacific Islanders	23.2
Hispanics	20.8
Whites	25.1
All	25.0

Deaths Used by Geography

OK

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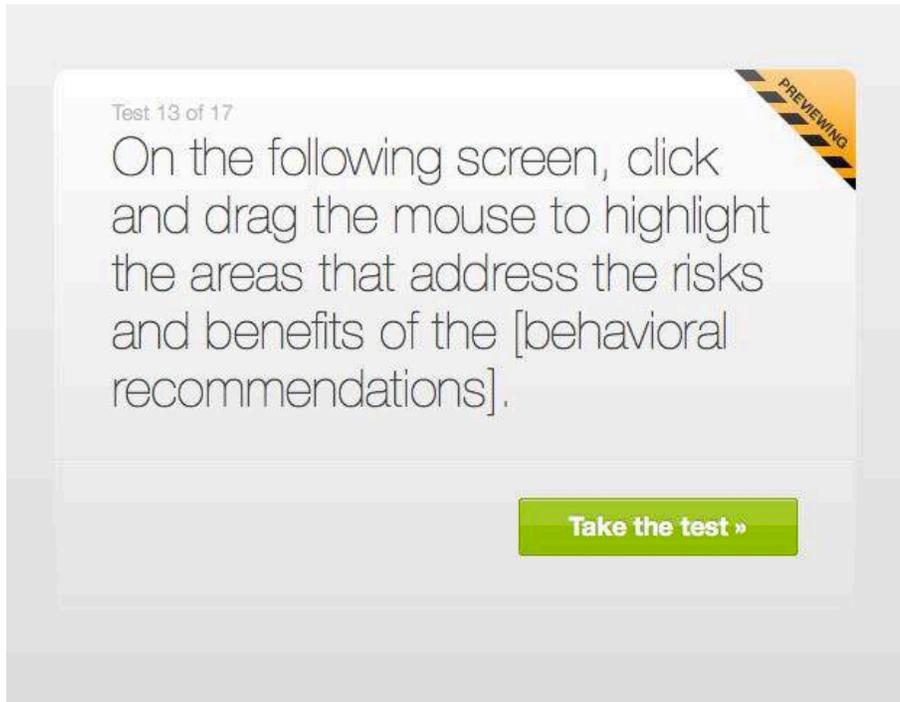
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Fax: 770-488-8151
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Screen 2

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.⁸
- **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.⁹

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

OK

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

I'm done annotating >

Screen 2

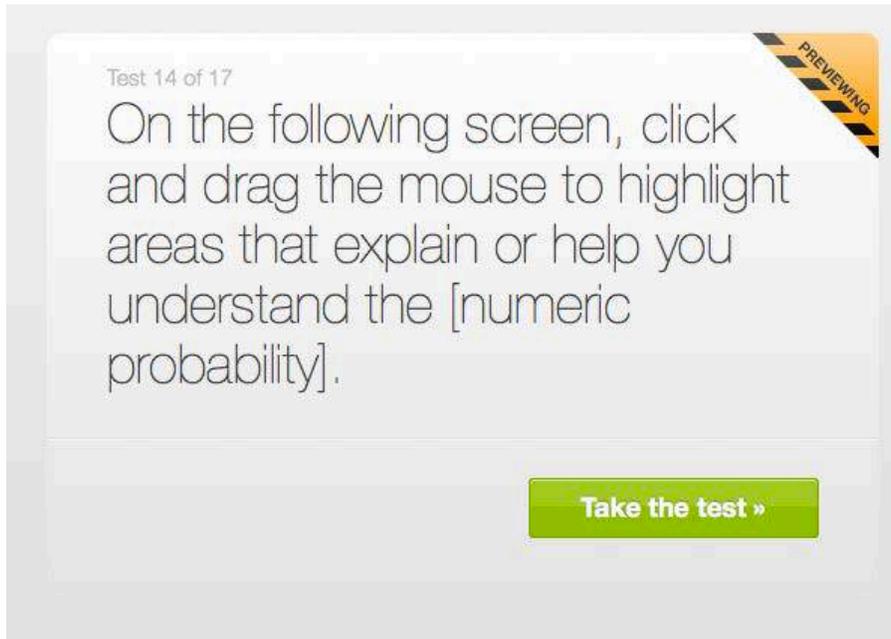
Attachment 2: Click Testing Screen Shots

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 »



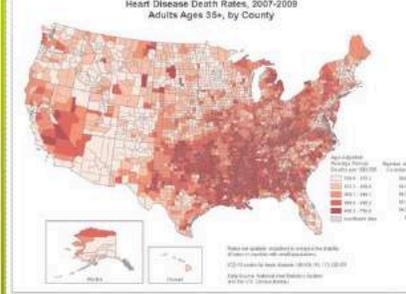
Screen 1

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**



Death Rate Range (per 100,000)	Number of Counties
100.0 - 125.0	10
125.0 - 150.0	15
150.0 - 175.0	20
175.0 - 200.0	25
200.0 - 225.0	30
225.0 - 250.0	35
250.0 - 275.0	40
275.0 - 300.0	45
300.0 - 325.0	50
325.0 - 350.0	55
350.0 - 375.0	60
375.0 - 400.0	65
400.0 - 425.0	70
425.0 - 450.0	75
450.0 - 475.0	80
475.0 - 500.0	85
500.0 - 525.0	90
525.0 - 550.0	95
550.0 - 575.0	100
575.0 - 600.0	105
600.0 - 625.0	110
625.0 - 650.0	115
650.0 - 675.0	120
675.0 - 700.0	125
700.0 - 725.0	130
725.0 - 750.0	135
750.0 - 775.0	140
775.0 - 800.0	145
800.0 - 825.0	150
825.0 - 850.0	155
850.0 - 875.0	160
875.0 - 900.0	165
900.0 - 925.0	170
925.0 - 950.0	175
950.0 - 975.0	180
975.0 - 1000.0	185
1000.0 - 1025.0	190
1025.0 - 1050.0	195
1050.0 - 1075.0	200
1075.0 - 1100.0	205
1100.0 - 1125.0	210
1125.0 - 1150.0	215
1150.0 - 1175.0	220
1175.0 - 1200.0	225
1200.0 - 1225.0	230
1225.0 - 1250.0	235
1250.0 - 1275.0	240
1275.0 - 1300.0	245
1300.0 - 1325.0	250
1325.0 - 1350.0	255
1350.0 - 1375.0	260
1375.0 - 1400.0	265
1400.0 - 1425.0	270
1425.0 - 1450.0	275
1450.0 - 1475.0	280
1475.0 - 1500.0	285
1500.0 - 1525.0	290
1525.0 - 1550.0	295
1550.0 - 1575.0	300
1575.0 - 1600.0	305
1600.0 - 1625.0	310
1625.0 - 1650.0	315
1650.0 - 1675.0	320
1675.0 - 1700.0	325
1700.0 - 1725.0	330
1725.0 - 1750.0	335
1750.0 - 1775.0	340
1775.0 - 1800.0	345
1800.0 - 1825.0	350
1825.0 - 1850.0	355
1850.0 - 1875.0	360
1875.0 - 1900.0	365
1900.0 - 1925.0	370
1925.0 - 1950.0	375
1950.0 - 1975.0	380
1975.0 - 2000.0	385

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

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 abdomen.
- Shortness of breath.
- Nausea, lightheadedness, or cold sweats.

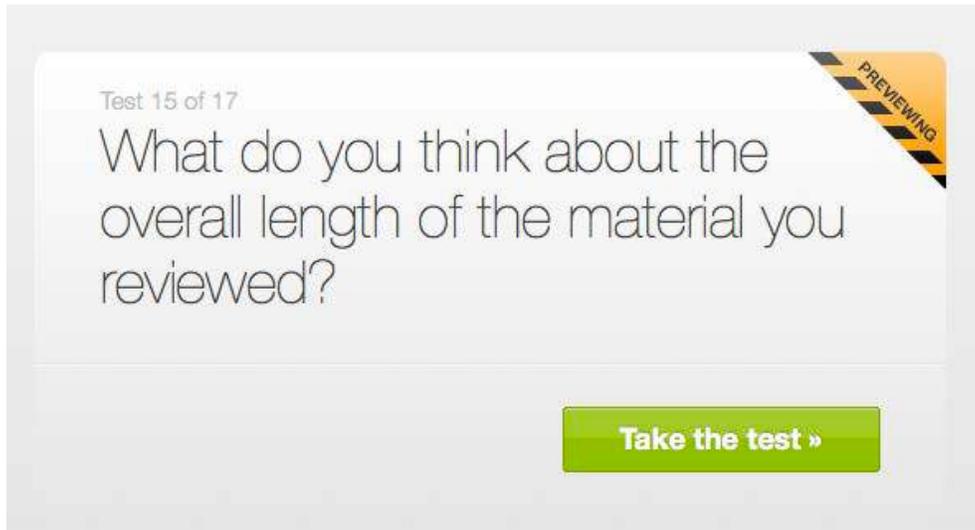
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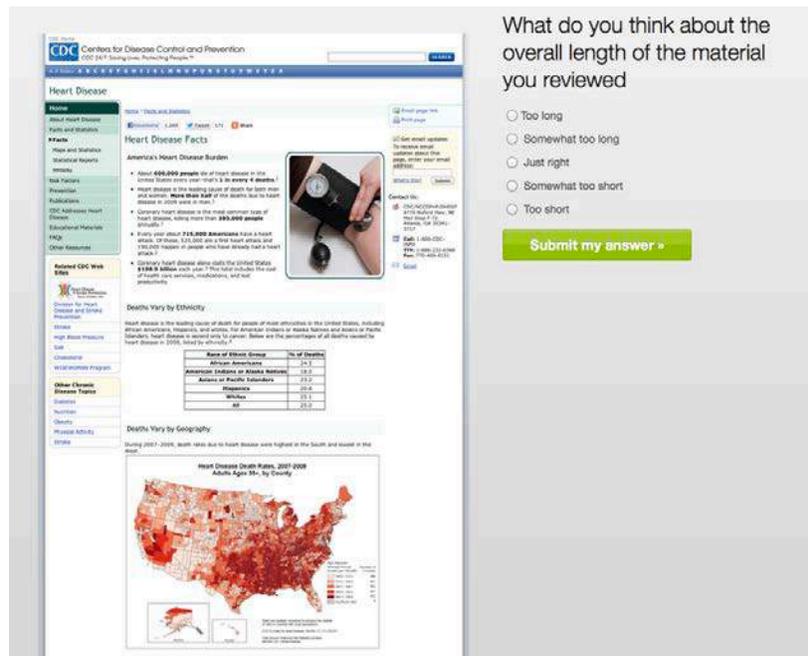
Screen 2

Attachment 2: Click Testing Screen Shots

Task 15



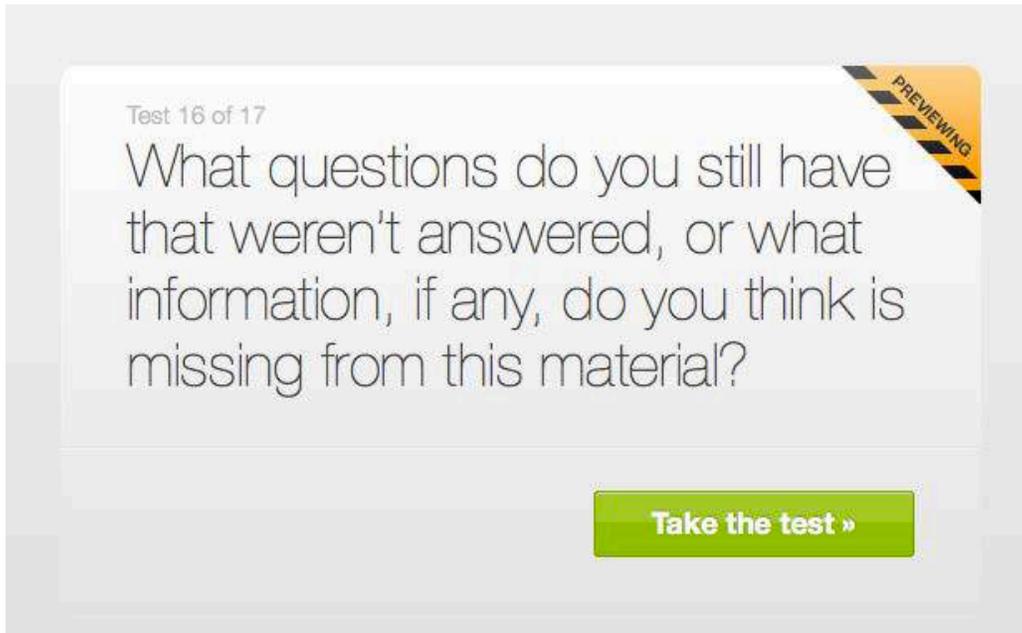
Screen 1



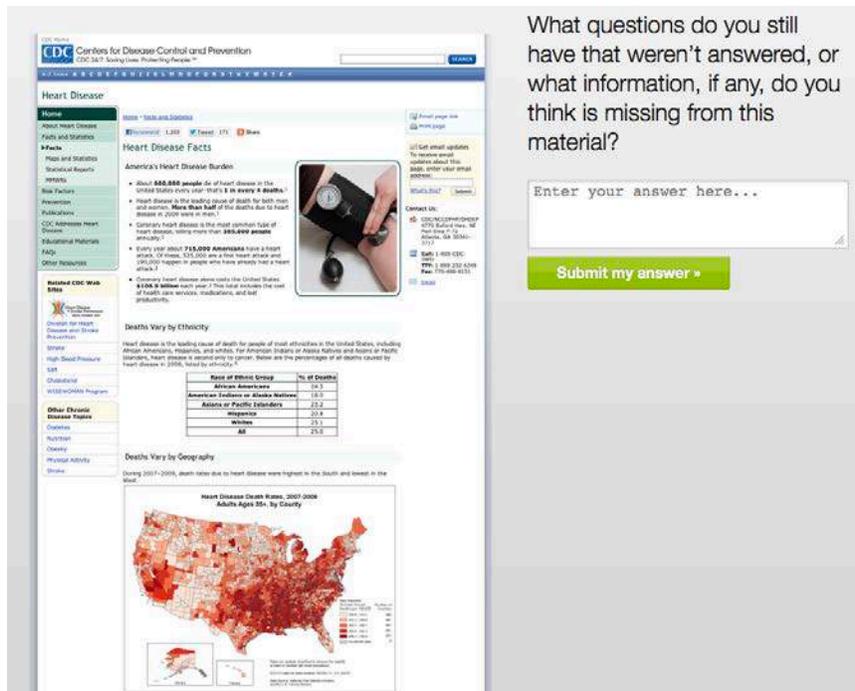
Screen 2

Attachment 2: Click Testing Screen Shots

Task 16



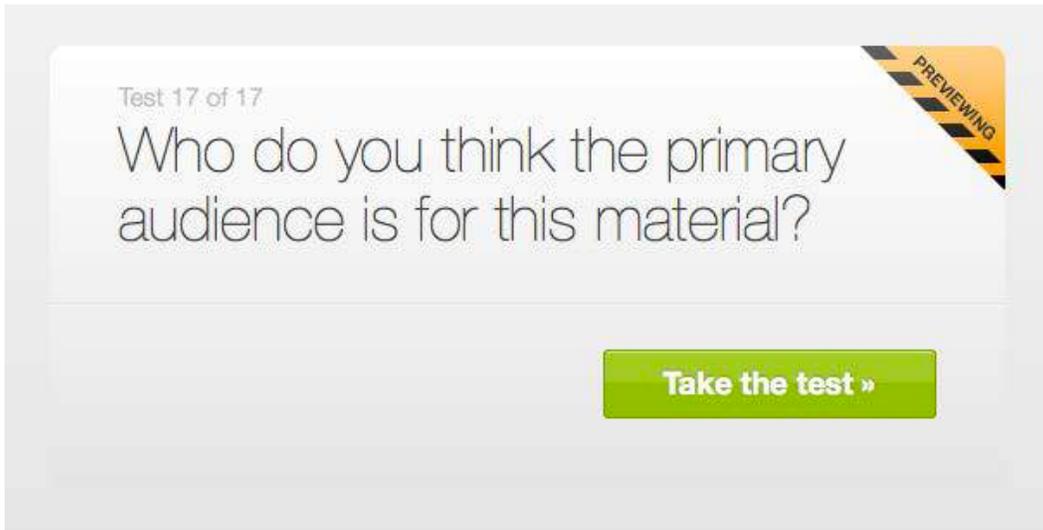
Screen 1



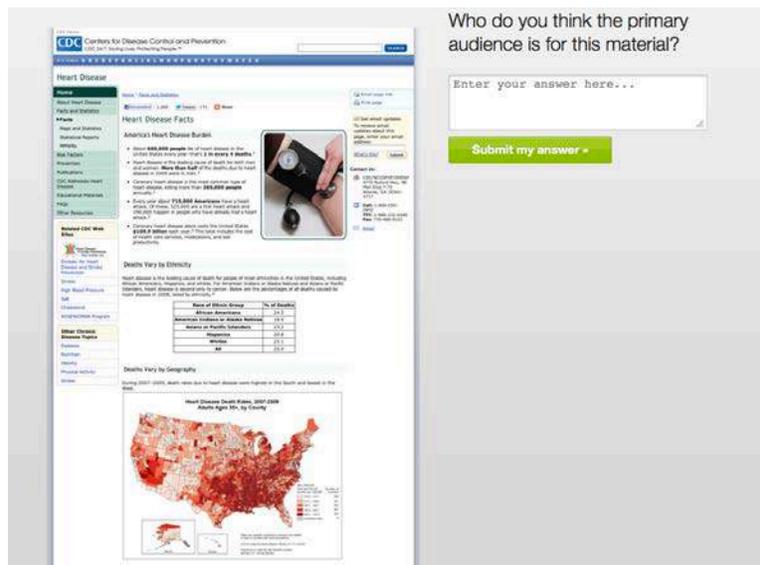
Screen 2

Attachment 2: Click Testing Screen Shots

Task 17



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Material: 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?

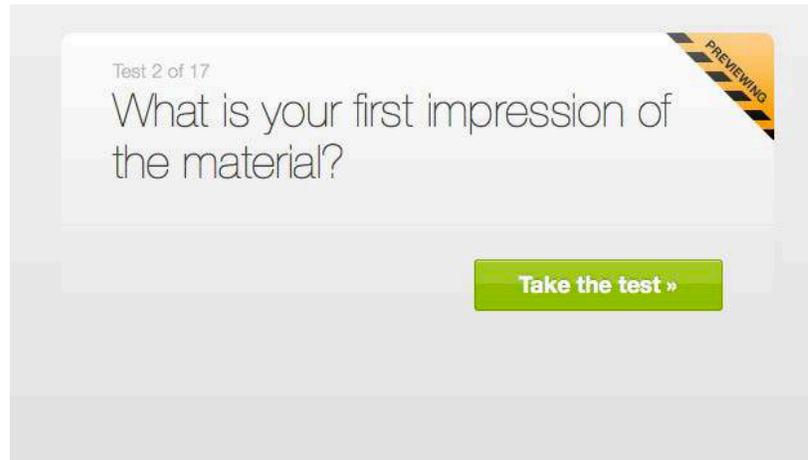
1.
2.
3.
4.
5.

[Submit my answers »](#)

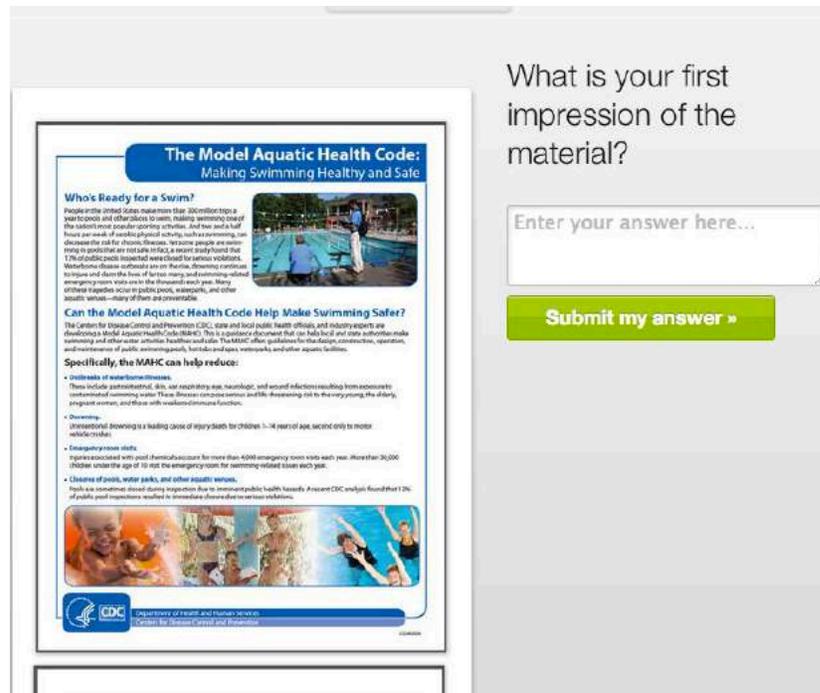
Screen 3

Attachment 2: Click Testing Screen Shots

Task 2



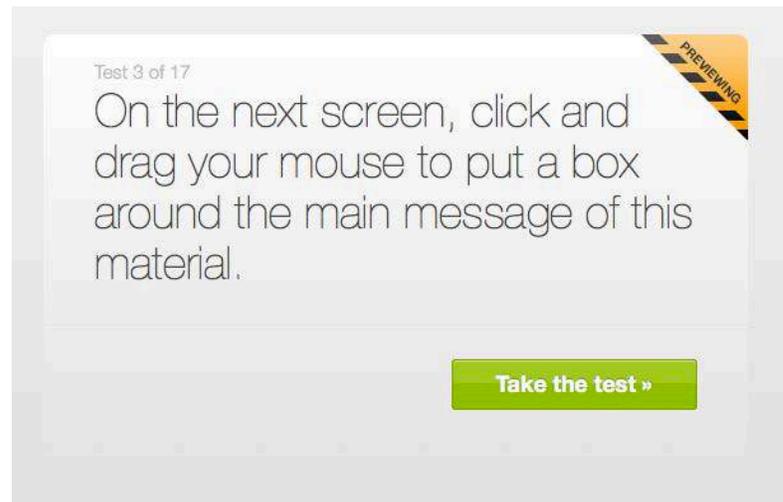
Screen 1



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 17% 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, water parks, 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 the MAHC as a 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 pools, spas, water parks, and other aquatic facilities.

Use:

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 10% of public pool inspections resulted in immediate closure due to serious violations.

I'm done annotating »

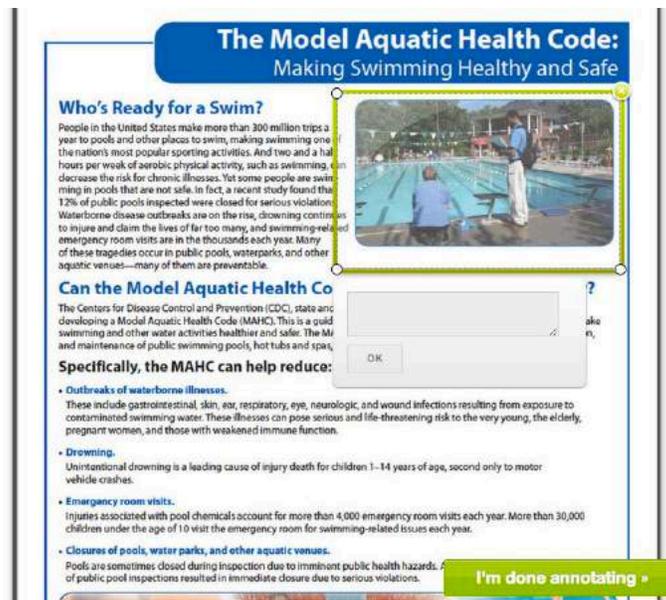
Screen 3

Attachment 2: Click Testing Screen Shots

Task 4



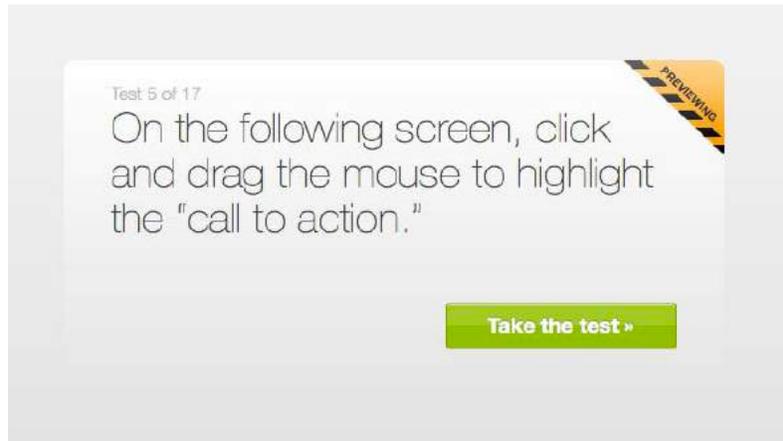
Screen 1



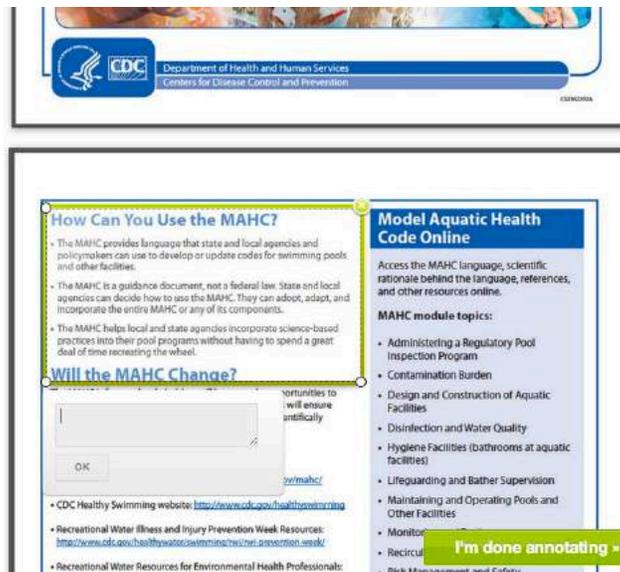
Screen 2

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

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. However, 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:

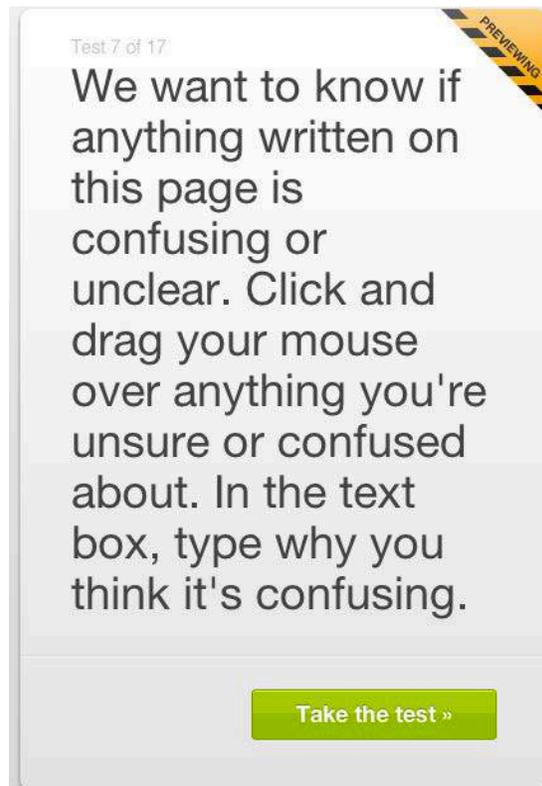
- **Outbreaks of waterborne illness.** These include gastrointestinal and wound infections resulting from exposure to contaminated swimming water. A particularly threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.** Unintentional drowning 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 record 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?

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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.** For children 1–14 years of age, second only to motor vehicle accidents, drowning is the leading cause of death. More than 4,000 emergency room visits each year. More than 30,000 swimming-related injuries each year.
- **Waterborne disease outbreaks.** Significant public health hazards. A recent CDC analysis found that 12% 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 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.



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- **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.



OK

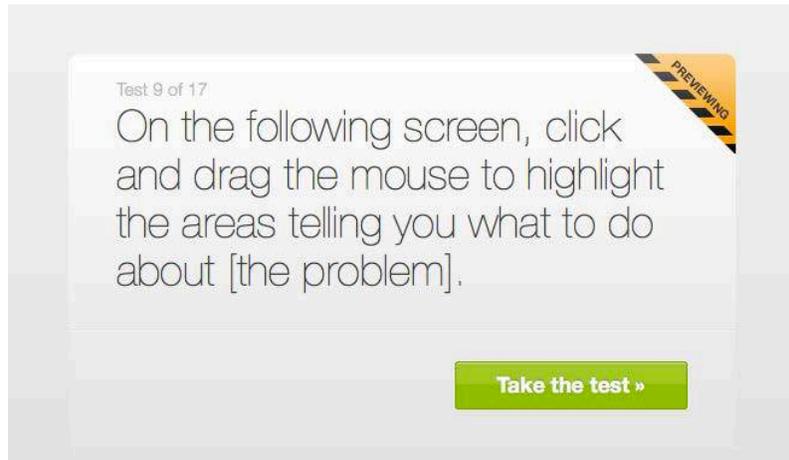
 Department of Health and Human Services
Centers for Disease Control and Prevention

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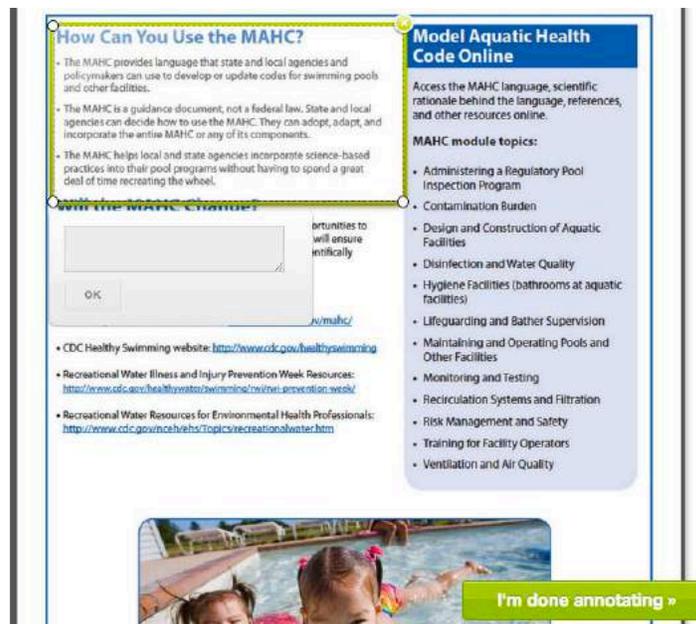
Screen 2

Attachment 2: Click Testing Screen Shots

Task 9



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 10

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.

Can the Model Aquatic Health Code Help Make Swimming Safer?

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Specifically, the MAHC can help reduce:

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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.

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.

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 200 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:

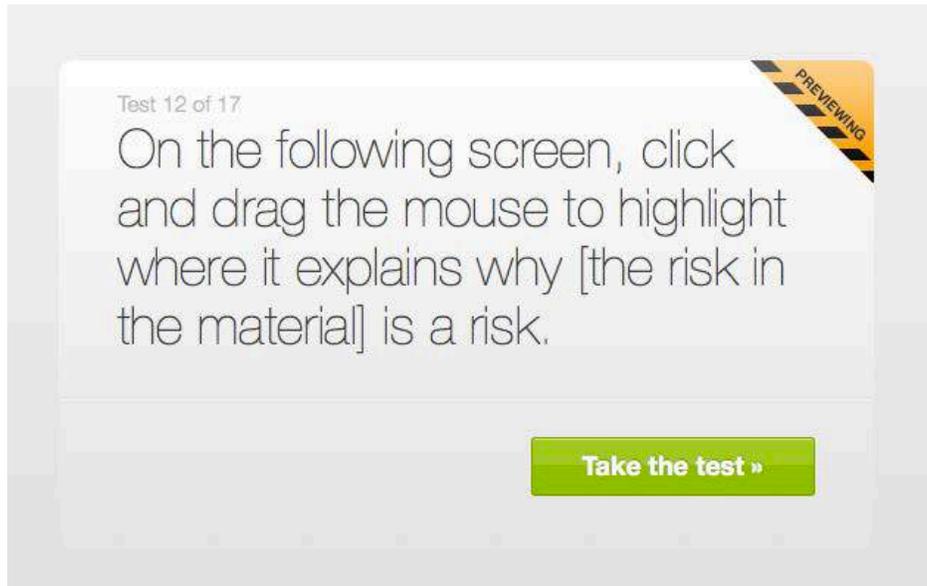
- **Outbreaks of waterborne illnesses.** These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and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

I'm done annotating »

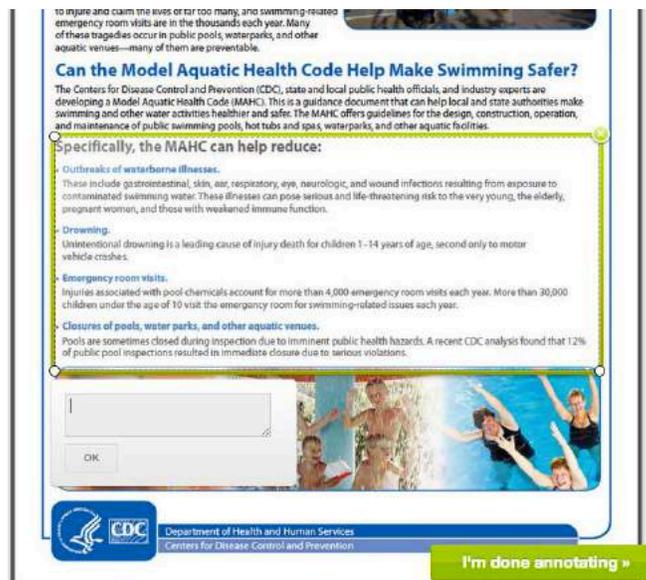
Screen 2

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].

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.

Can the Model Aquatic Health Code Help Make Swimming Safer?

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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.

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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- **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 of public pool inspections resulted in immediate closure due to serious violations.

I'm done annotating »

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

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 million people are hospitalized each year for swimming-related injuries.

OK

to swimming-related injuries that continue to occur at swimming pools, hot tubs and spas, water parks, and other aquatic venues.



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.

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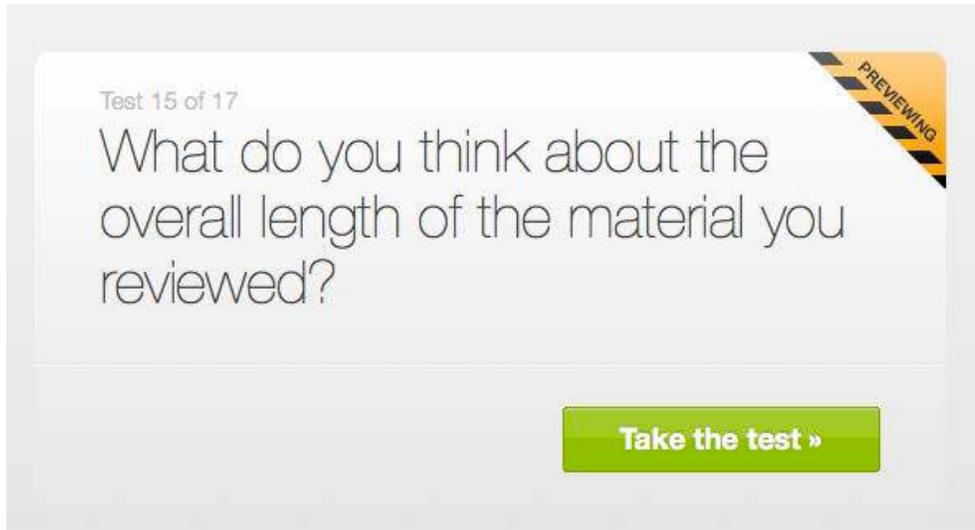
- **Outbreaks of waterborne illnesses.** These include gastrointestinal, skin, ear, respiratory, eye, neurologic, and wound infections resulting from exposure to contaminated swimming water. These illnesses can pose serious and life-threatening risk to the very young, the elderly, pregnant women, and those with weakened immune function.
- **Drowning.** 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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- **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.

I'm done annotating »

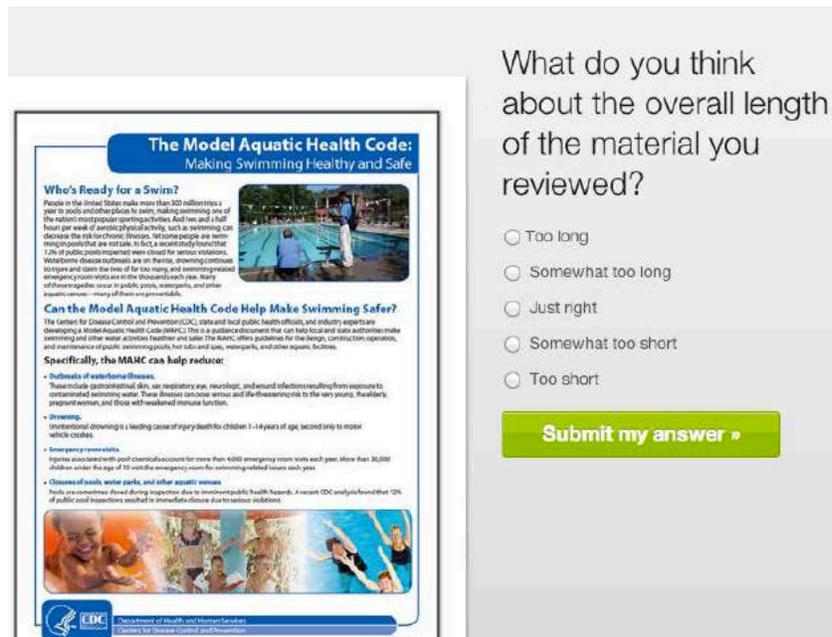
Screen 2

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



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

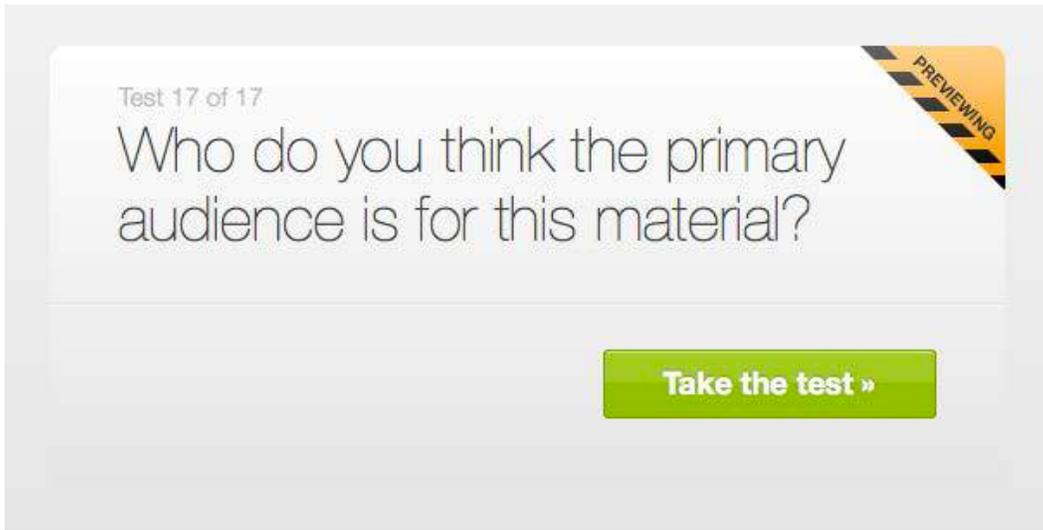
Enter your answer here...

Submit my answer »

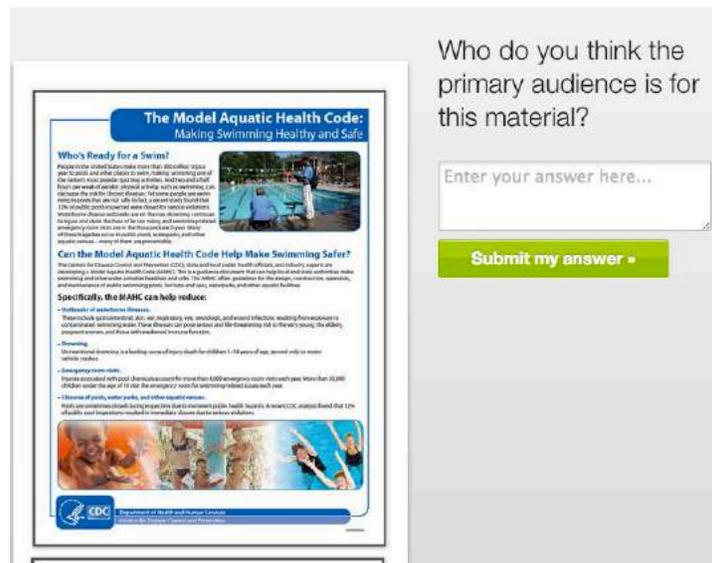
Screen 2

Attachment 2: Click Testing Screen Shots

Task 17



Screen 1

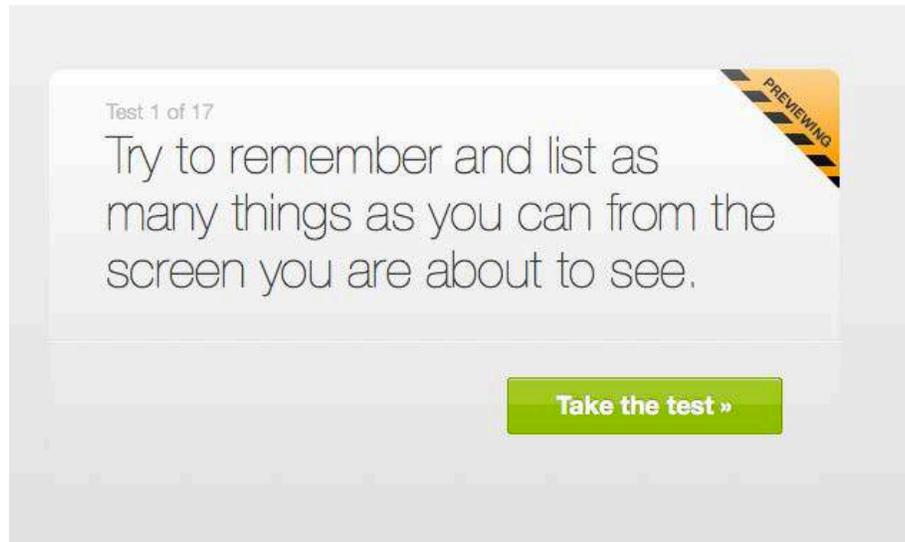


Screen 2

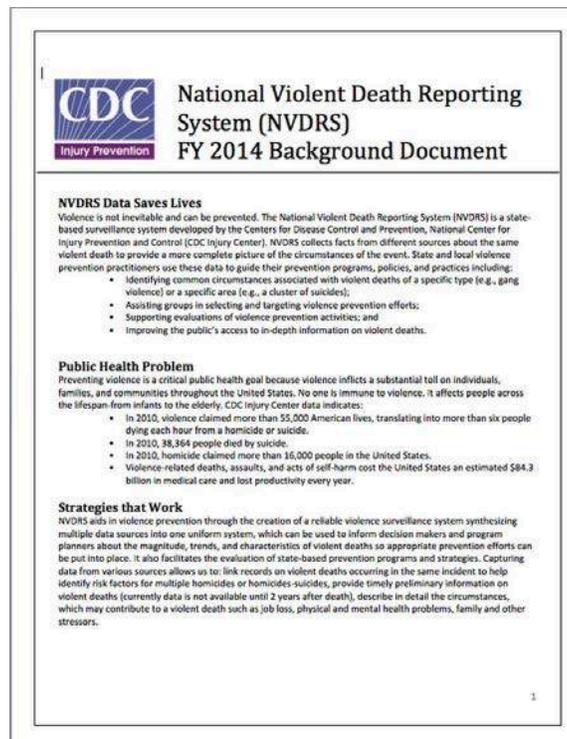
Attachment 2: Click Testing Screen Shots

Material: National Violent Death Reporting System

Task 1



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

What can you remember?

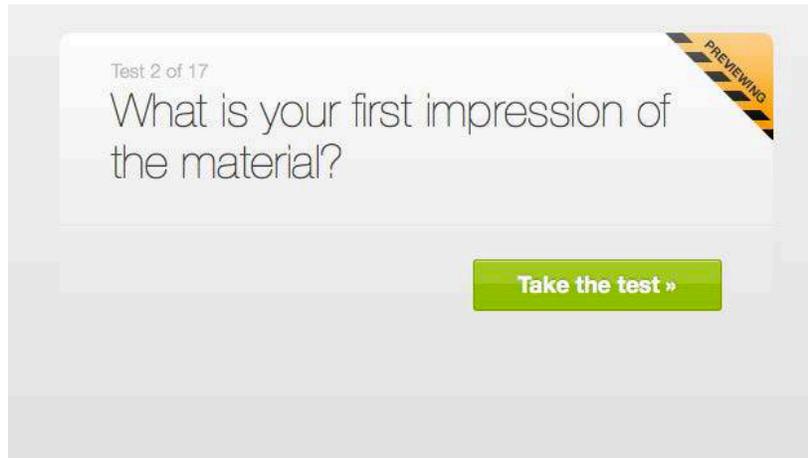
1.
2.
3.
4.
5.

[Submit my answers »](#)

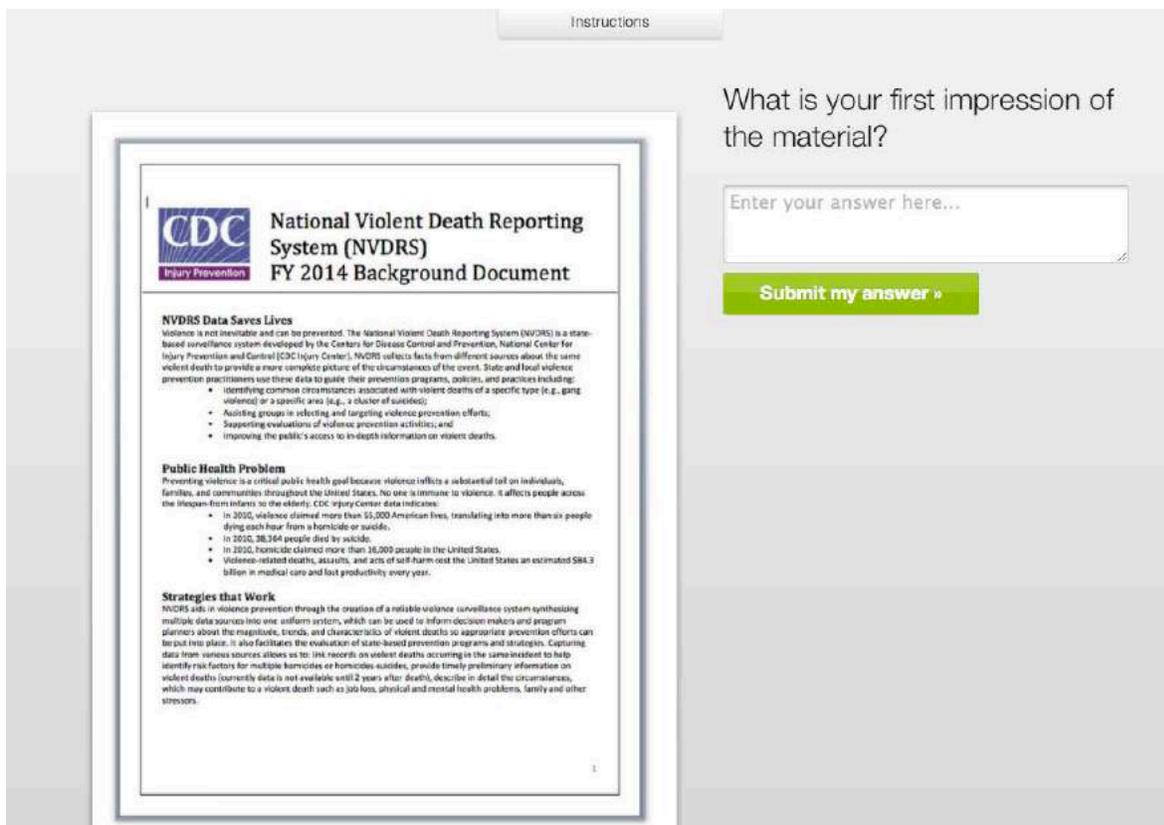
Screen 3

Attachment 2: Click Testing Screen Shots

Task 2



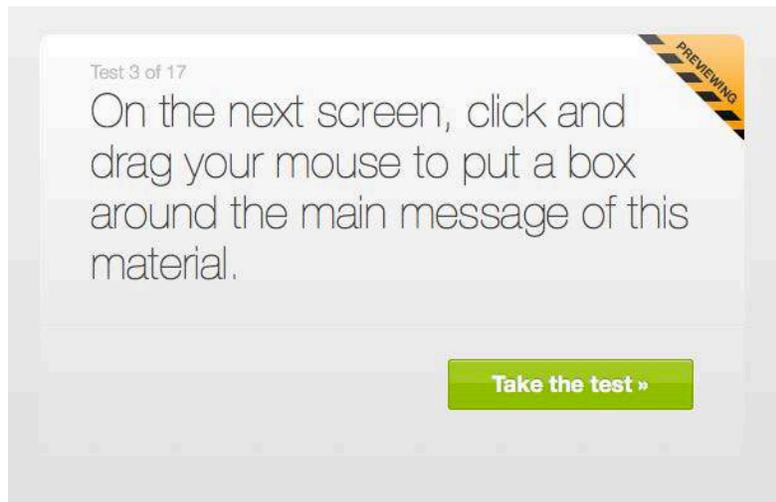
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 3



Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots



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.

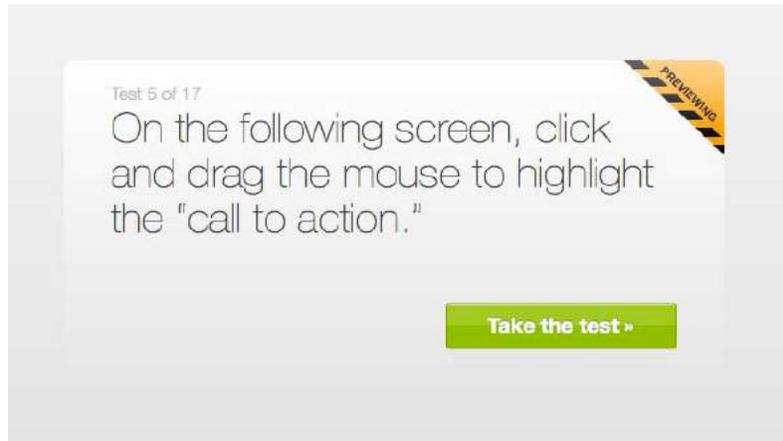
the creation of a reliable violence surveillance system synthesizing information, which can be used to inform decision makers and program characteristics of violent deaths so appropriate prevention efforts can be implemented. Capturing information on state-based prevention programs and strategies. Capturing records on violent deaths occurring in the same incident to help identify common circumstances. For 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

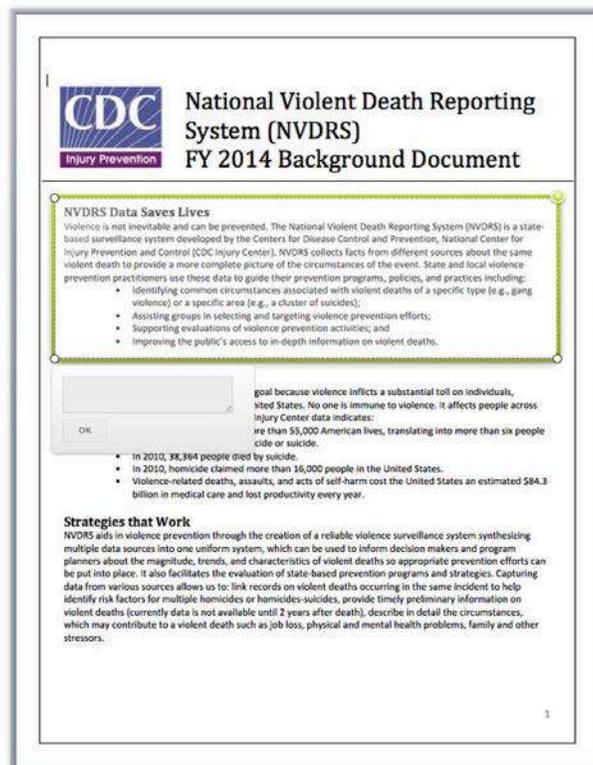
Screen 3

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
Injury Prevention

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

NVDRS Data Saves Lives
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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:

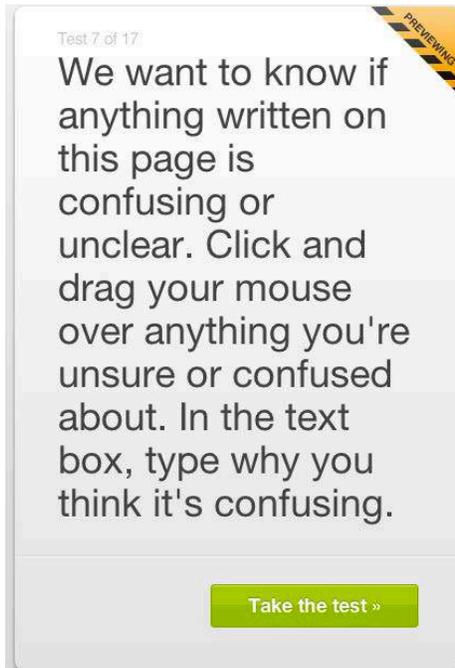
- In 2010, violence claimed more than 53,000 American lives, translating into more than six people dying each hour from a homicide or suicide.
- In 2010, 38,364 people died by suicide.
- In 2010, homicide claimed more than 16,000 people in the United States.
- Violence-related deaths, assaults, and acts of self-harm cost the United States an estimated \$84.3 billion in medical care and lost productivity every year.

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.

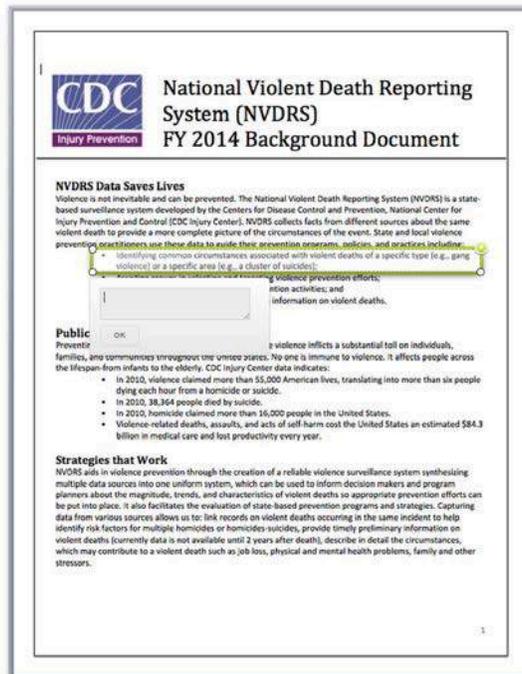
Screen 2

Attachment 2: Click Testing Screen Shots

Task 7



Screen 1



Screen 2

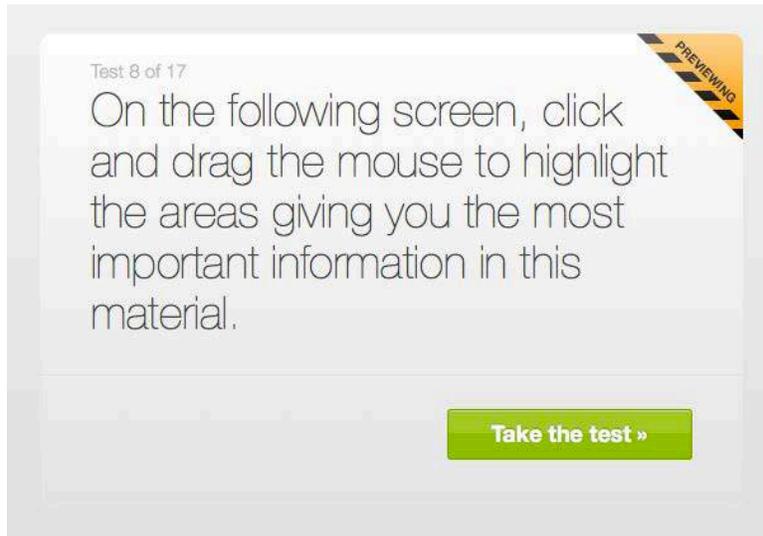
Attachment 2: Click Testing Screen Shots

Task 8

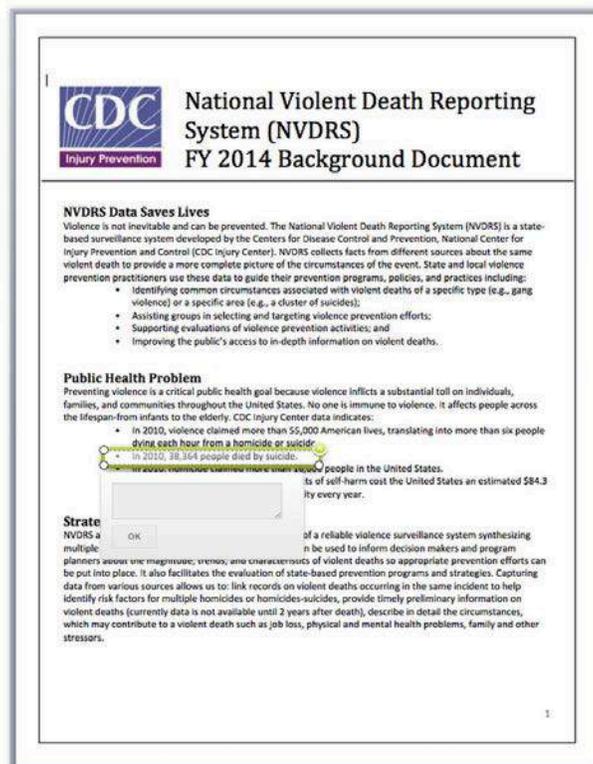
Test 8 of 17

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

Take the test »



Screen 1



CDC
Injury Prevention

National Violent Death Reporting System (NVDRS) 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);
- 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.
- Self-harm cost the United States an estimated \$84.3 billion every year.

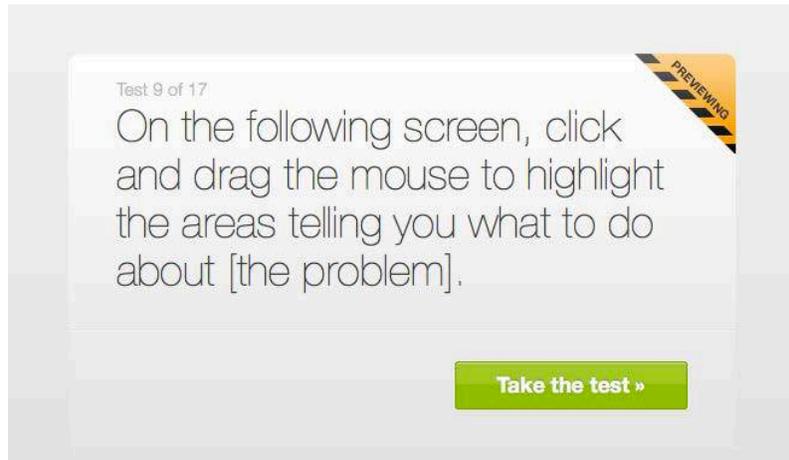
State NVDRS a multiple of a reliable violence surveillance system synthesizing information from various sources to be used to inform decision makers and program planners across the magnitude, timing, and circumstances of violent deaths so appropriate prevention efforts can be put into place. It also 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.

OK

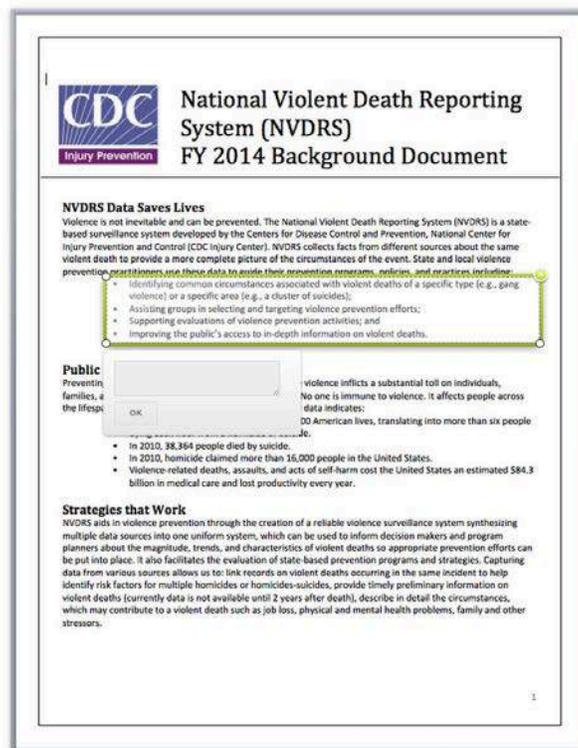
Screen 2

Attachment 2: Click Testing Screen Shots

Task 9



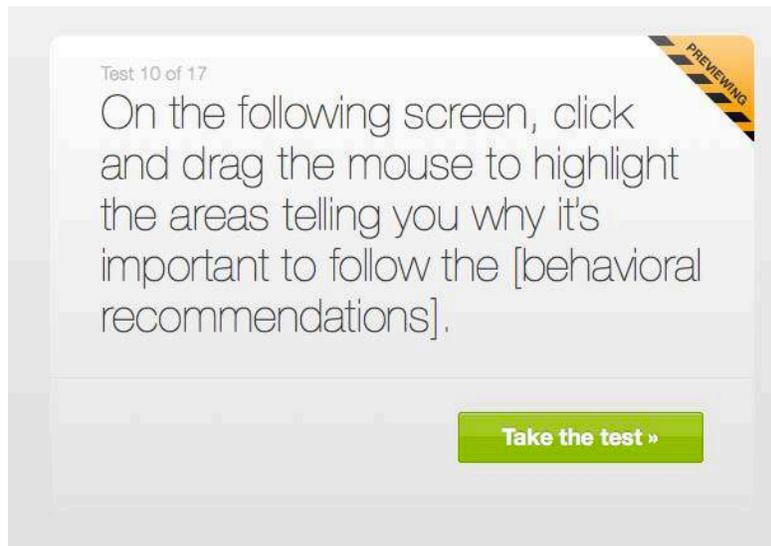
Screen 1



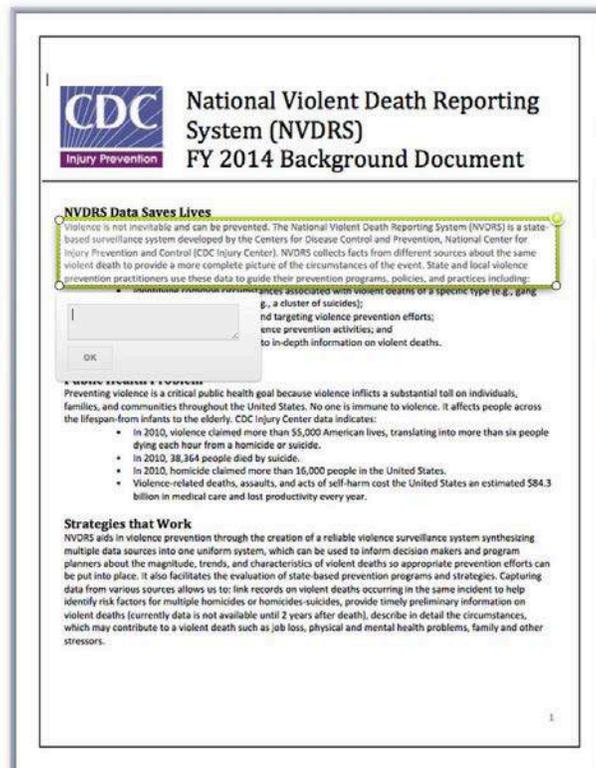
Screen 2

Attachment 2: Click Testing Screen Shots

Task 10



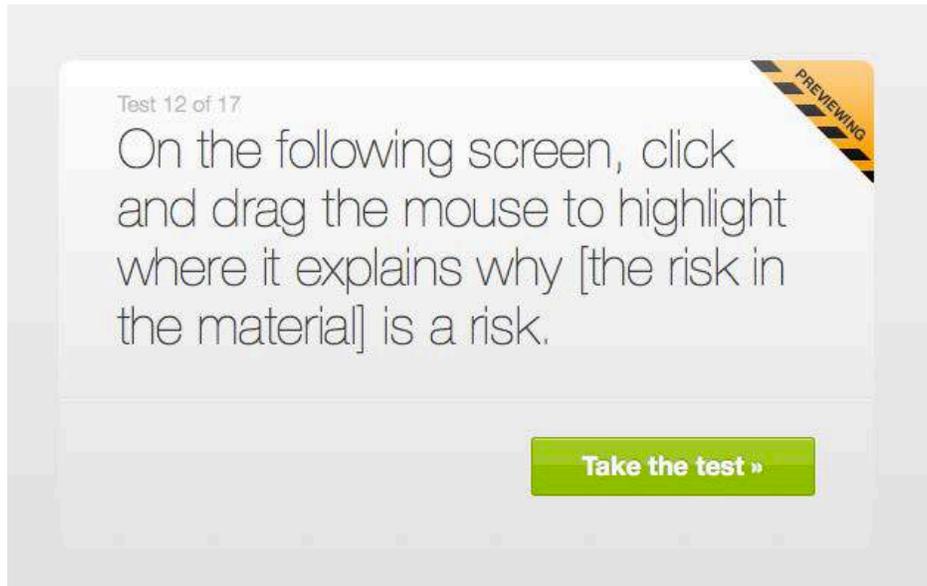
Screen 1



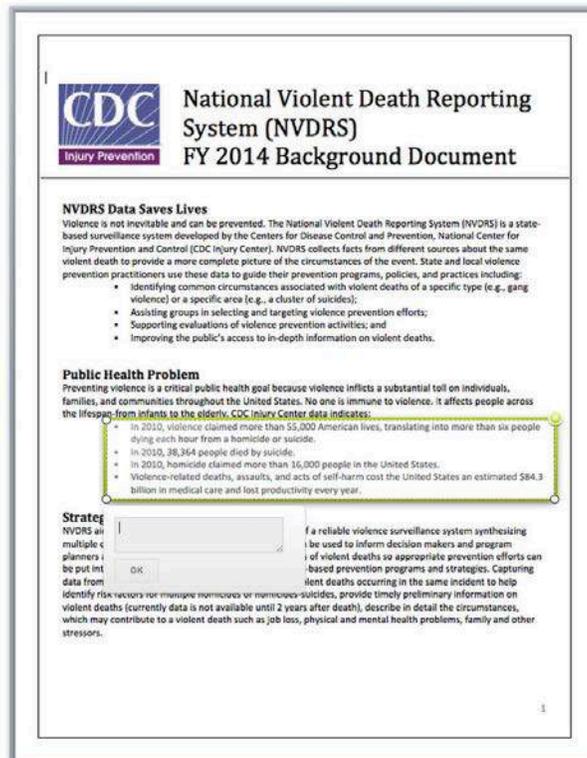
Screen 2

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

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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.
- Suicides, and acts of self-harm cost the United States an estimated \$84.3 billion in 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 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

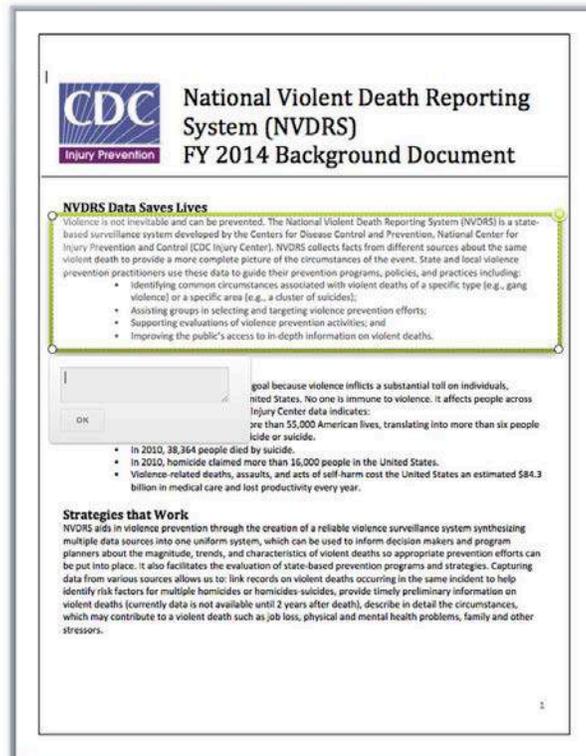
Test 14 of 17

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

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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:

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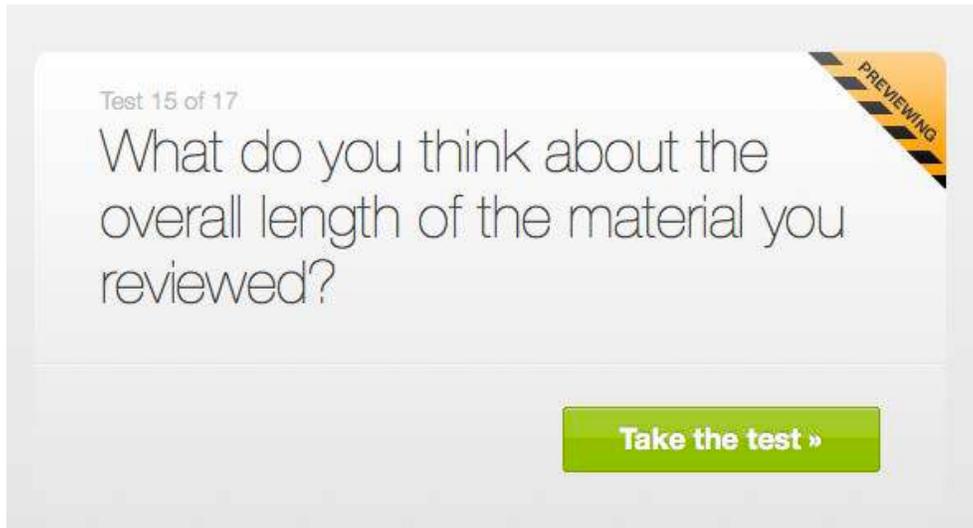
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Screen 2

Attachment 2: Click Testing Screen Shots

Task 15



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 »

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

NVDRS Data Saves Lives

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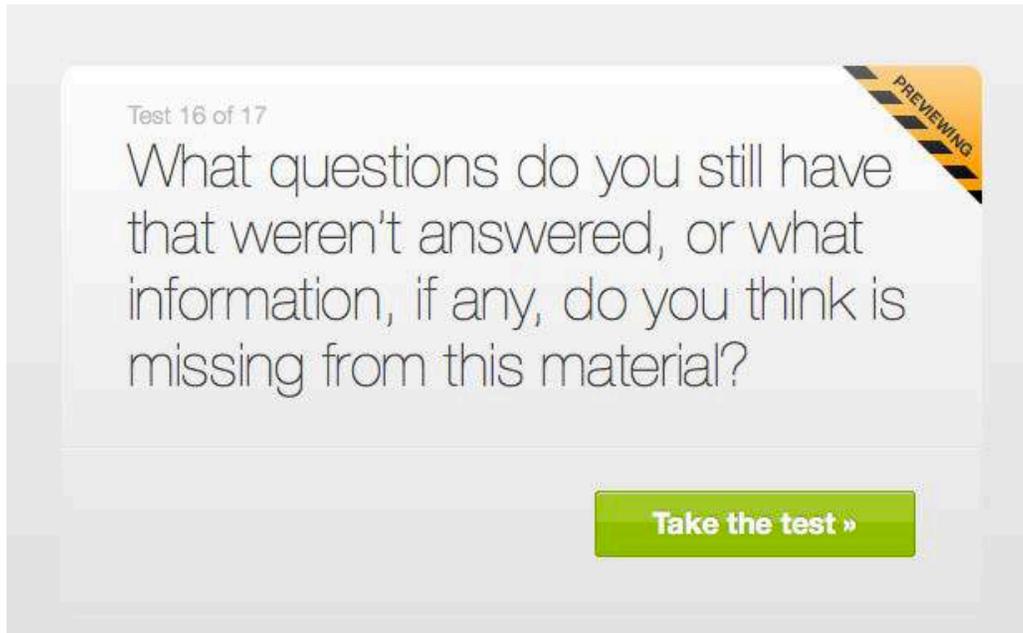
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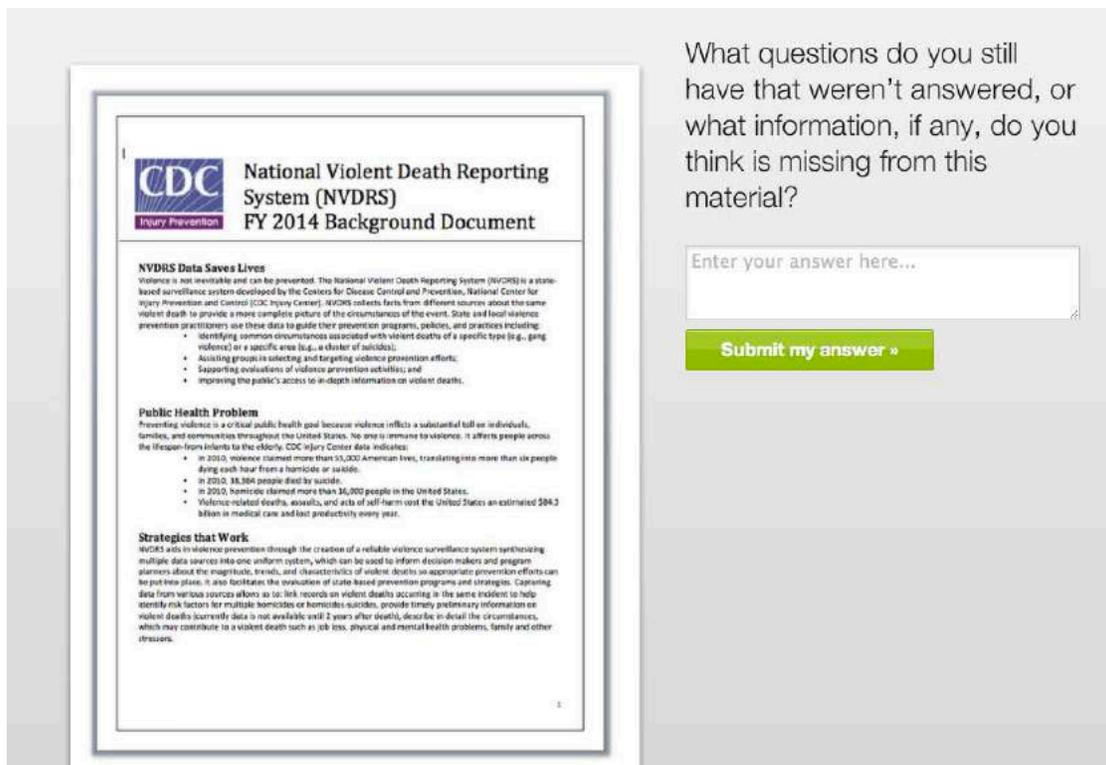
Screen 2

Attachment 2: Click Testing Screen Shots

Task 16



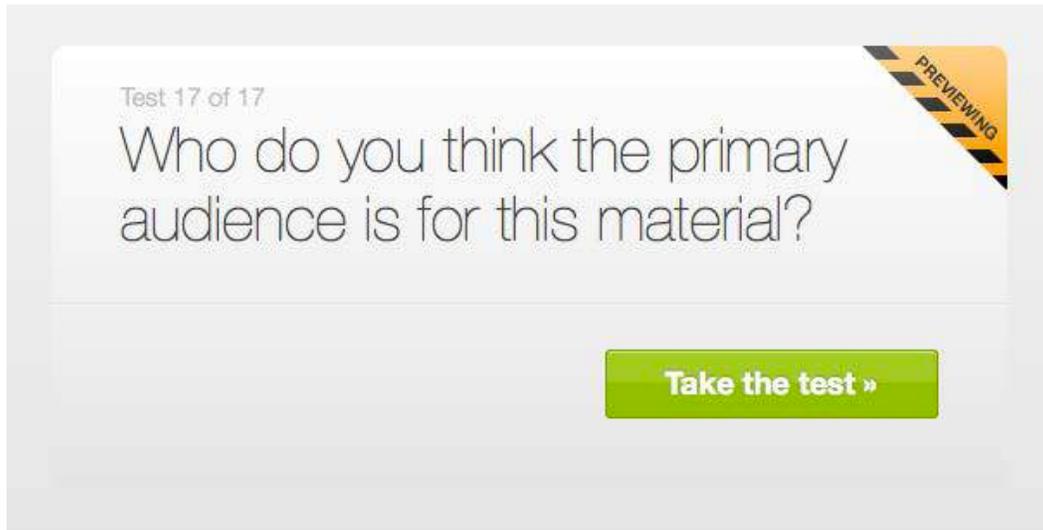
Screen 1



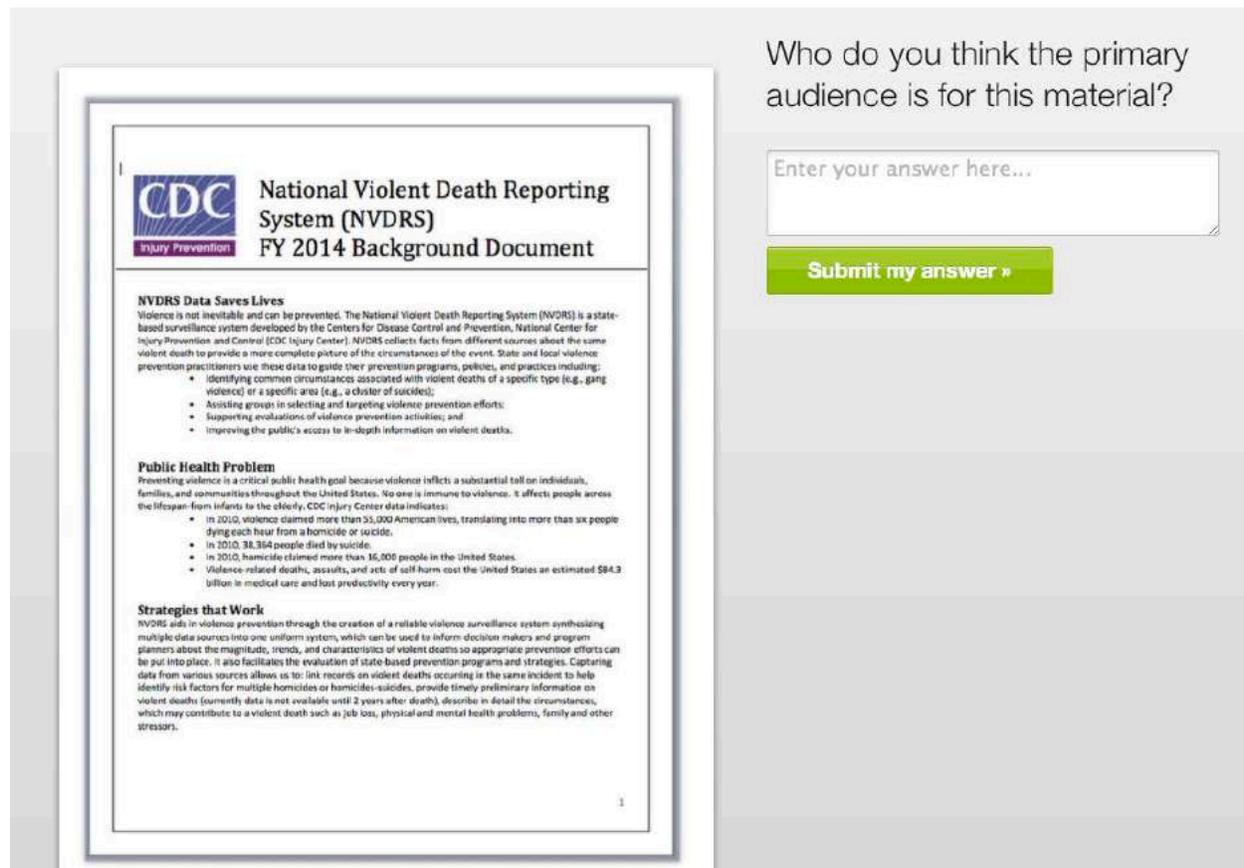
Screen 2

Attachment 2: Click Testing Screen Shots

Task 17



Screen 1

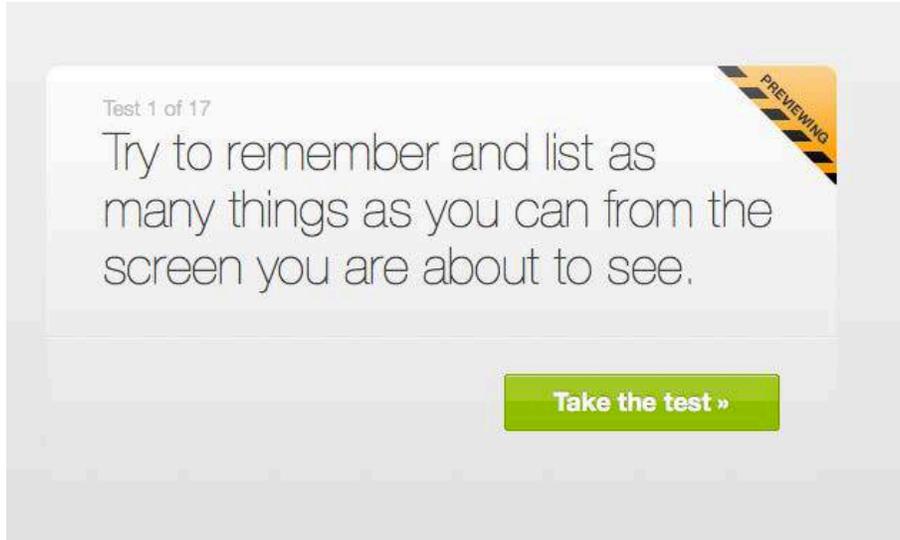


Screen 2

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?

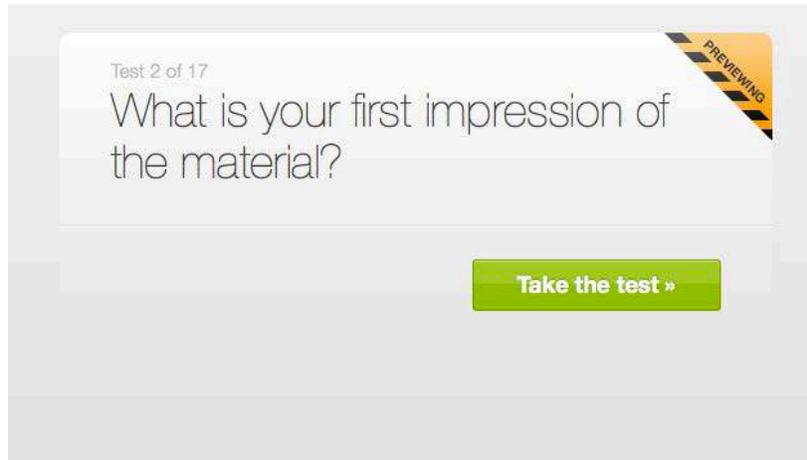
1.
2.
3.
4.
5.

[Submit my answers »](#)

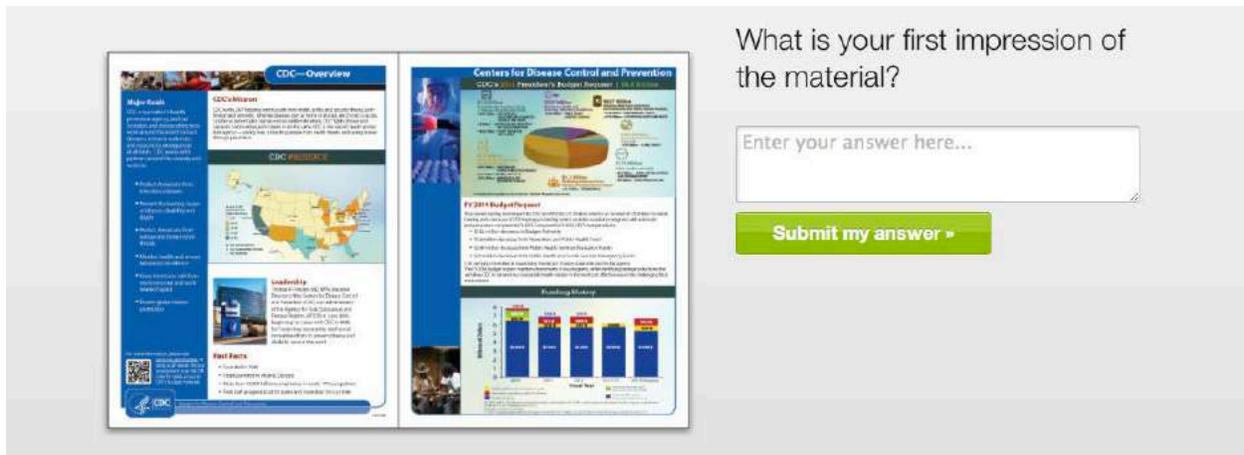
Screen 3

Attachment 2: Click Testing Screen Shots

Task 2



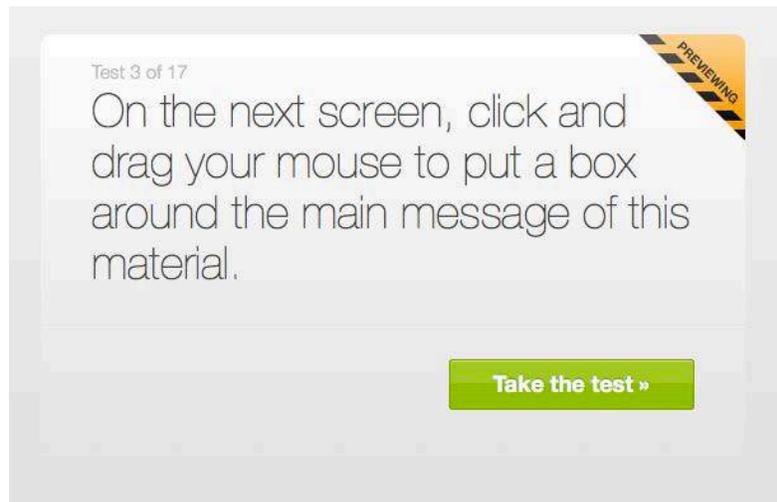
Screen 1



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.

Map Legend:
■ CDC HEADQUARTERS
■ CDC CHALLENGE CENTERS
■ CDC 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.

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 Disability, Disability and Death

- \$400 Million - PREVENTIVE SERVICES
- \$100 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
- \$100 Million - LABORATORY EXCELLENCE
- \$100 Million - PUBLIC HEALTH SCIENCE SERVICES

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

- \$100 Million - ENVIRONMENTAL HEALTH
- \$100 Million - OCCUPATIONAL SAFETY AND HEALTH
- \$100 Million - PUBLIC HEALTH SCIENCE SERVICES
- \$127 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:

- \$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.

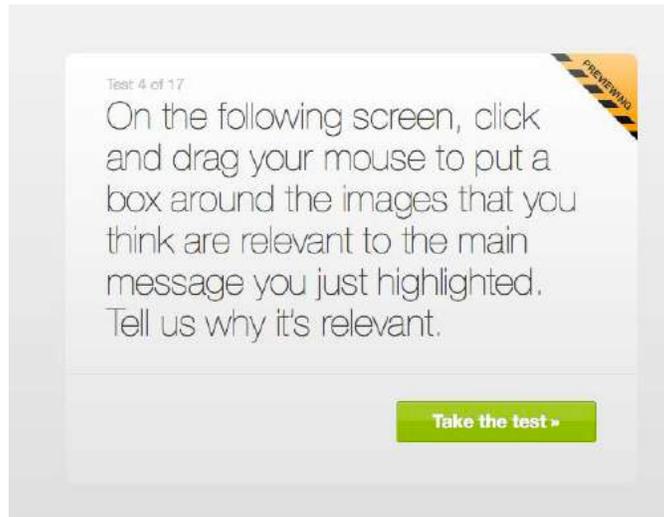
Funding History

Fiscal Year	Total Funding (Billions of Dollars)
2010	\$6.466B
2011	\$6.759B
2012	\$6.722B
2013 CR	\$6.769B
2014 Requested	\$6.293B

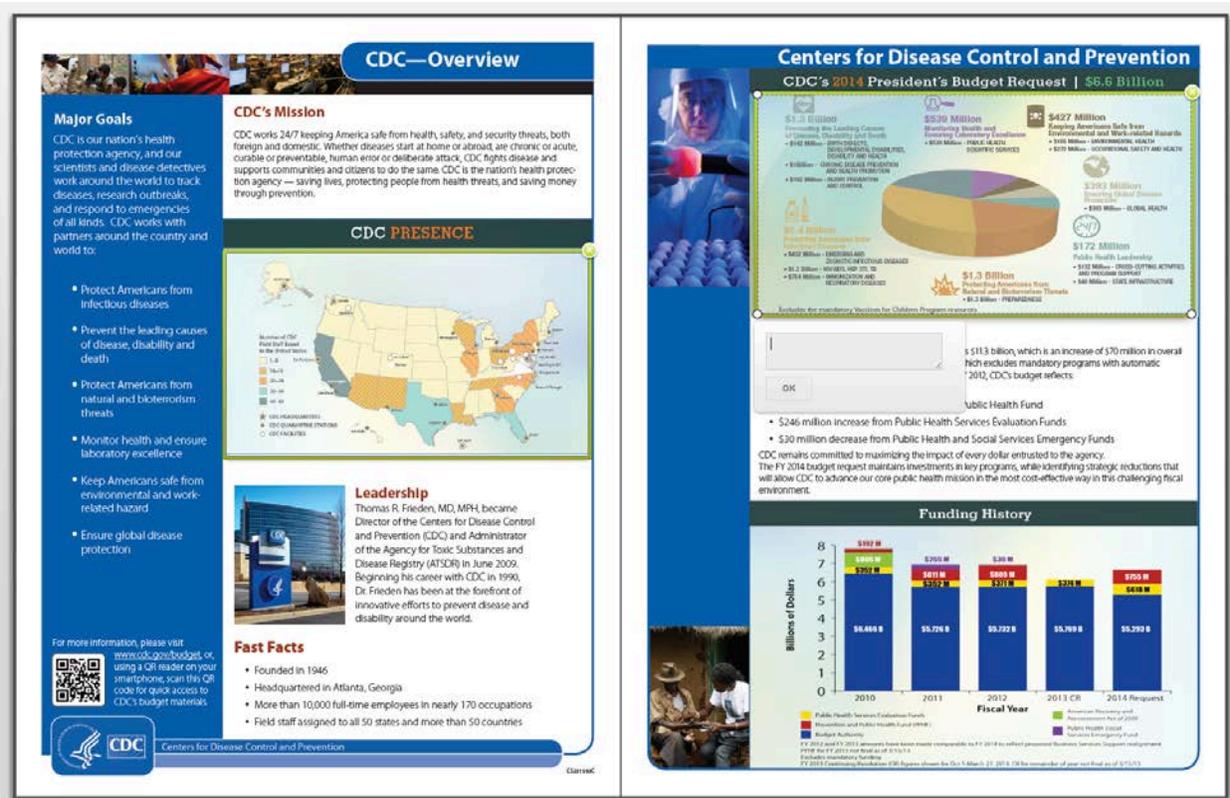
Screen 3

Attachment 2: Click Testing Screen Shots

Task 4



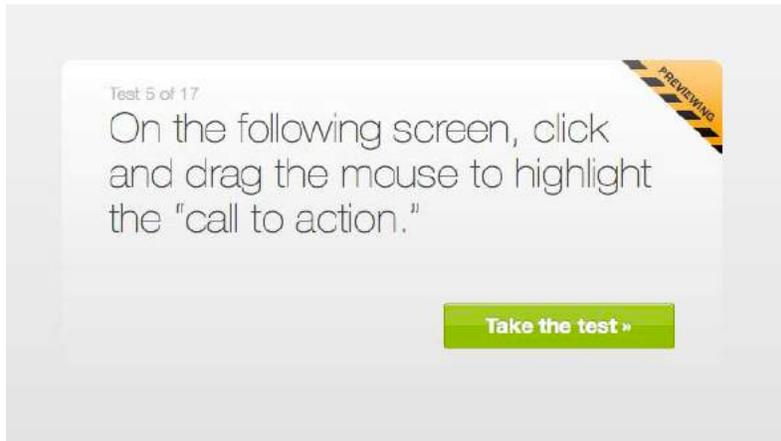
Screen 1



Screen 2

Attachment 2: Click Testing Screen Shots

Task 5



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.

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

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 | \$8.6 Billion

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

- \$100 Million - PREVENTION AND HEALTH PROMOTION
- \$100 Million - PREVENTION AND HEALTH PROMOTION
- \$100 Million - PREVENTION AND HEALTH PROMOTION

\$330 Million
Monitoring Health and Emerging Laboratory Conditions

- \$100 Million - PUBLIC HEALTH SCIENTIFIC SERVICES
- \$100 Million - PUBLIC HEALTH SCIENTIFIC SERVICES
- \$100 Million - PUBLIC HEALTH SCIENTIFIC SERVICES

\$427 Million
Engaging Americans Into Environmental and Work-related Hazards

- \$100 Million - ENVIRONMENTAL HEALTH
- \$100 Million - ENVIRONMENTAL HEALTH
- \$100 Million - ENVIRONMENTAL HEALTH

\$2.4 Billion
Protecting Americans from Infectious Diseases

- \$200 Million - EMERGING AND ZOOLOGICALLY TRANSMITTED DISEASES
- \$100 Million - INFECTIOUS AND IMMUNOPREVENTABLE DISEASES
- \$100 Million - INFECTIOUS AND IMMUNOPREVENTABLE DISEASES

\$1.3 Billion
Preventing Disease from Natural and Bioterrorism Threats

- \$100 Million - PREVENTION AND HEALTH PROMOTION
- \$100 Million - PREVENTION AND HEALTH PROMOTION
- \$100 Million - PREVENTION AND HEALTH PROMOTION

Excludes the Respiratory 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 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
- \$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.

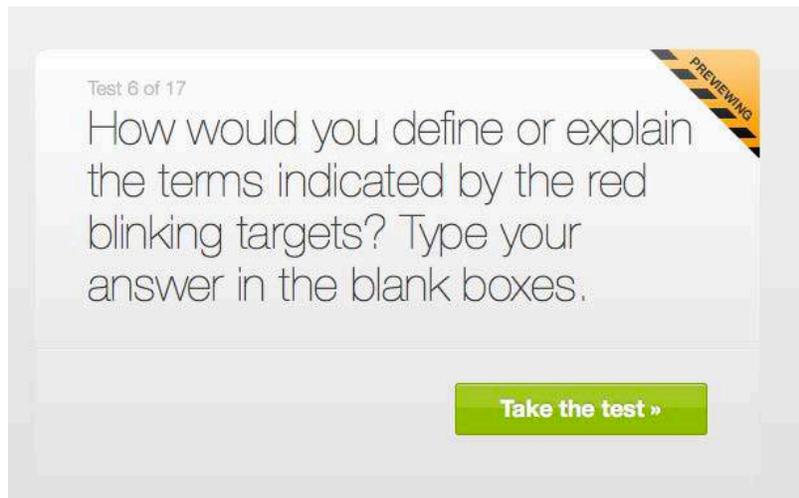
Funding History

Fiscal Year	Funding (Billions of Dollars)
2010	\$8.668 B
2011	\$8.778 B
2012	\$9.732 B
2013 CR	\$9.908 B
2014 Request	\$10.203 B

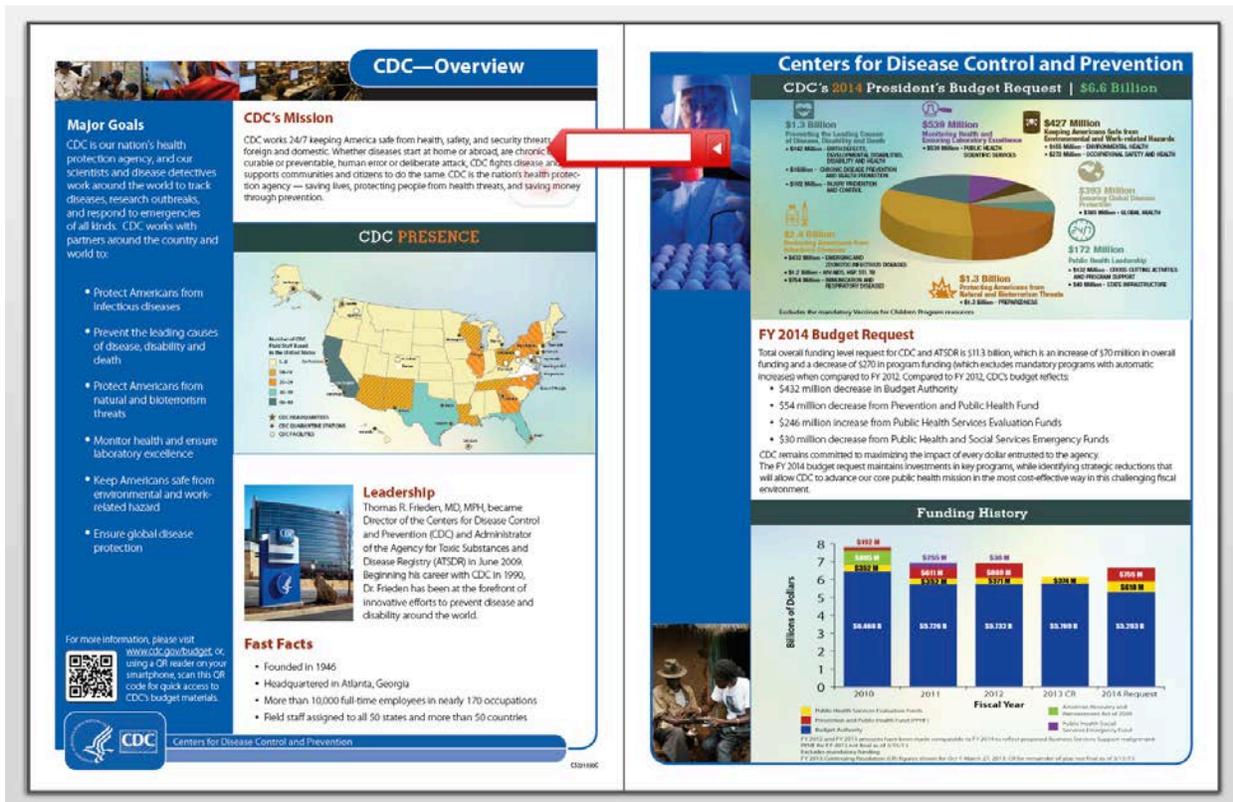
Screen 2

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

- 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

Map showing the number of CDC Public Health Centers in the United States by state.

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

FY 2014 Budget

Total overall funding level: **\$6,592 M** (increase of \$70 million in overall programs with automatic increases when compared to FY 2013)

- \$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	\$6,866.8
2011	\$6,296.8
2012	\$6,722.8
2013 CR	\$6,792.8
2014 Requested	\$6,592.8

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

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

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
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- 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

Program Area	Amount
Preventing the Leading Causes of Disease, Disability and Death	\$1.3 Billion
Ensuring American Safe from Environmental and Work-related Hazards	\$427 Million
Ensuring Global Disease Protection	\$539 Million
Public Health Leadership	\$172 Million
Preventing Bioterrorism from Chemical, Biological, Radiological and Nuclear Threats	\$1.3 Billion
Preventing Bioterrorism from Infectious Diseases	\$2.4 Billion
Preventing Bioterrorism from Infectious Diseases	\$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 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 Service 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

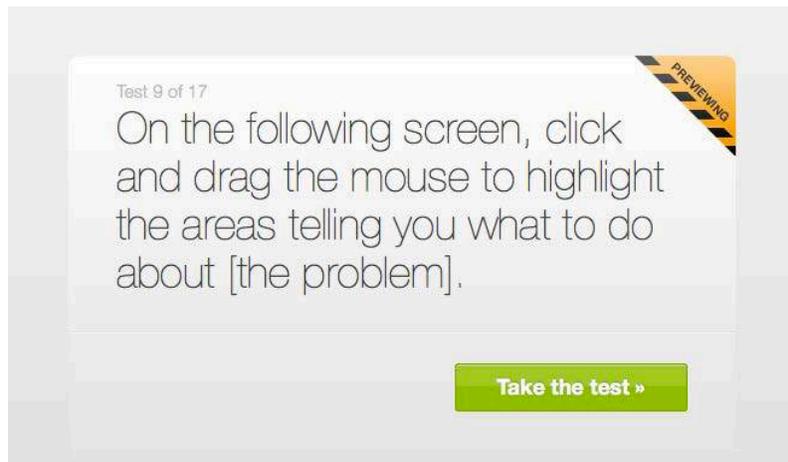
Fiscal Year	Total Funding (Billions \$)
2010	\$6,468 B
2011	\$6,726 B
2012	\$6,722 B
2013 CR	\$6,769 B
2014 Request	\$6,735 B

FY 2010 and FY 2011 funding levels include both CDC and ATSDR. FY 2012 and FY 2013 CR funding levels include both CDC and ATSDR. FY 2014 Request includes both CDC and ATSDR. FY 2010 Continuing Resolution. CDC program account for 2011-2013. CR for remainder of year for 2013 and 2014.

Screen 2

Attachment 2: Click Testing Screen Shots

Task 9



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.

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 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 Budget Request | \$6.6 Billion

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

- \$400 Million - SAFETY, SECURITY, DISABILITY AND HEALTH
- \$180 Million - Disease, Injury Prevention and Health Promotion and Control

\$2.0 Billion
Strengthening Laboratory Systems Globally

- \$400 Million - LABORATORY AND ZOOLOGICAL INFECTIOUS DISEASES
- \$1.2 Billion - RESEARCH AND RESEARCH SUPPORT

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

- \$165 Million - ENVIRONMENTAL HEALTH
- \$270 Million - OCCUPATIONAL SAFETY AND HEALTH

\$2.4 Billion
Protecting Americans from Natural and Bioterrorism Threats

- \$1.2 Billion - PREPAREDNESS AND RESPONSE
- \$1.2 Billion - RESEARCH AND RESEARCH SUPPORT

\$1.3 Billion
Protecting Americans from Environmental and Work-related Hazards

- \$172 Million - PUBLIC HEALTH LABORATORY
- \$120 Million - CROSS-CUTTING ACTIVITIES AND RESEARCH SUPPORT
- \$408 Million - TOXIC SUBSTANCES AND HAZARDOUS WASTE

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 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

CDC's overall budget is constrained by the impact of sequestration cuts and the Agency's key programs, while identifying strategic reductions that are in the most cost-effective way in this challenging fiscal environment.

Funding History

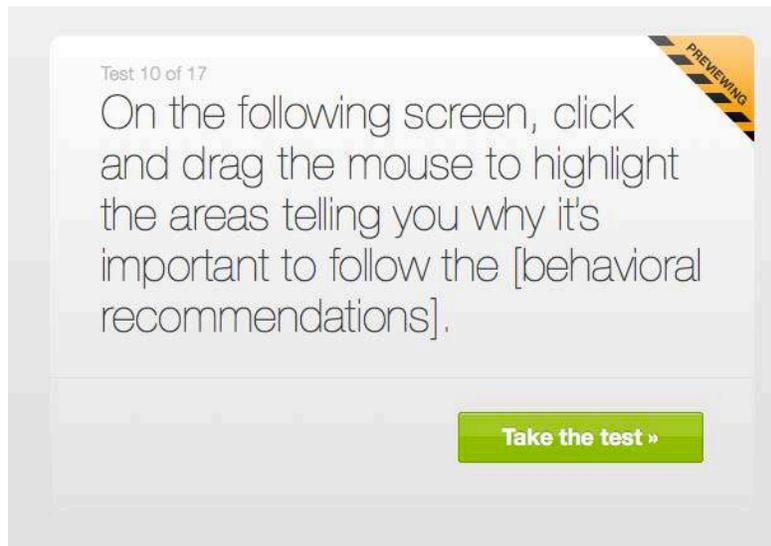
Fiscal Year	2010	2011	2012	2013 CR	2014 Request
Public Health Services Evaluation Funds	\$0.668 B	\$0.726 B	\$0.732 B	\$0.769 B	\$0.769 B
Prevention and Public Health Fund (PPHF)	\$0.000 B				
Budget Authority	\$0.668 B	\$0.726 B	\$0.732 B	\$0.769 B	\$0.769 B
Achievement Recovery and Innovation Fund of 2010	\$0.000 B				
Public Health Social Services Emergency Fund	\$0.000 B				

FY 2012 and FY 2013 amounts have been revised comparable to FY 2014 to reflect proposed Revenue Sharing Agreement. Budget request for FY 2014 is based on the FY 2014 Public Health Social Services Emergency Fund. FY 2013 Authority Available - CDC Request shown for Oct 1, March 27, 2013. Other amounts for your list total as of 10/1/13. FY 2013 Authority Available - CDC Request shown for Oct 1, March 27, 2013. Other amounts for your list total as of 10/1/13.

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

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 Centers for Disease Control and Prevention

Centers for Disease Control and Prevention

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

Legend: Public Health Services Evaluation Funds, Prevention and Public Health Fund (PHEF), Budget Authority, American Recovery and Reinvestment Act of 2009, Public Health Social, Social Services Emergency Fund, Mandatory Programs

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

Map showing the number of CDC Field Offices by state.

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

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 funding when Congress is in session, compared to FY 2013). CDC's budget reflects:

- \$427 Million: Keeping Americans Safe from Environmental and Bio-Related Hazards
- \$359 Million: Ensuring Health and Learning Laboratory Excellence
- \$293 Million: Ensuring Global Disease Prevention
- \$172 Million: Public Health Leadership
- \$132 Million: Cross-Cutting Activities and Program Support
- \$88 Million: Core Infrastructure
- \$1.3 Billion: Protecting Americans from Natural and Environmental Threats
- \$1.2 Billion: Preventing Infectious Diseases
- \$1.2 Billion: Preventing Zoonotic Infectious Diseases
- \$1.2 Billion: Preventing Respiratory Diseases

Funding History

Fiscal Year	Total Funding (Billions of Dollars)
2010	\$6,469.8
2011	\$7,719.8
2012	\$9,322.8
FY 2013 CR	\$9,300.8
2014 Request	\$11,300.8

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

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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

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- Field staff assigned to all 50 states and more than 50 countries

CDC Centers for Disease Control and Prevention

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 programs included 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	\$6.800 B
2011	\$6.730 B
2012	\$6.760 B
2013 CH	\$6.790 B
2014 Request	\$6.720 B

FY 2014 overall funding request includes the \$1.3 billion request for the National Institutes of Health (NIH) for FY 2014 (total request of \$1.3 B). Excludes: Information and Public Health Fund (IPHF) for FY 2014 (total request of \$1.3 B). Excludes: Information and Public Health Fund (IPHF) for FY 2014 (total request of \$1.3 B). Excludes: Information and Public Health Fund (IPHF) for FY 2014 (total request of \$1.3 B).

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—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

CDC's 2014 President's Budget Request | \$6.6 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 increases) when compared to FY 2013. 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 Emergency 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 missions in the most cost-effective way in this challenging fiscal environment.

Budget History

Fiscal Year	Total Budget (Billions of \$)
2010	\$6,868.8
2011	\$5,796.8
2012	\$5,722.8
2013 CR	\$5,769.8
2014 Request	\$5,730.8

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

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.



Centers for Disease Control and Prevention

Centers for Disease Control and Prevention

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
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

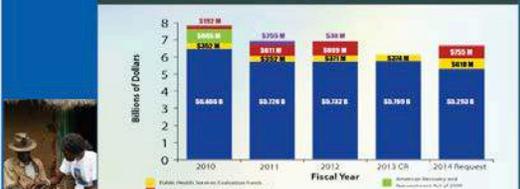
- Founded in 1946
- Headquartered in Atlanta, Georgia
- More than 10,000 full-time employees in nearly 170 occupations
- Field staff assigned to all 50 states and more than 50 countries

Centers for Disease Control and Prevention

CDC's 2014 Budget Request | \$6.6 Billion



Funding History



Fiscal Year	Total Funding
2010	\$6,650 B
2011	\$6,270 B
2012	\$6,782 B
2013 CR	\$6,760 B
2014 Request	\$6,210 B

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

- \$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.

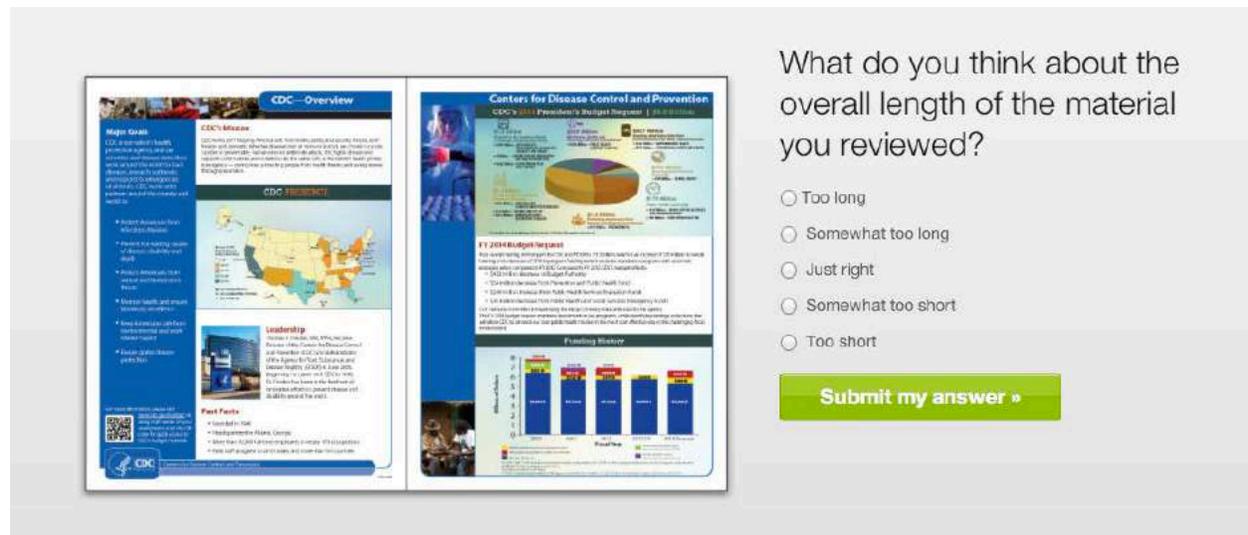
Screen 2

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?

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?

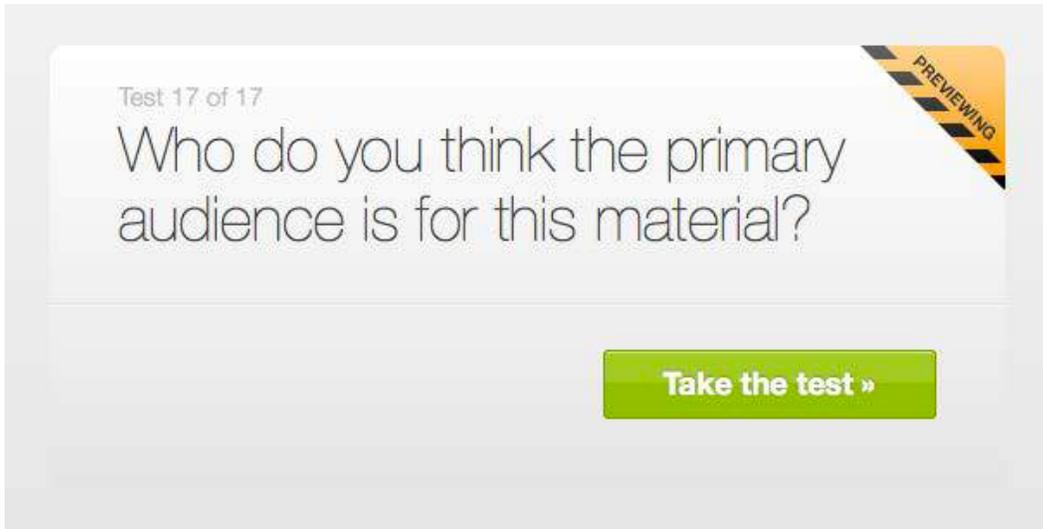
Enter your answer here...

Submit my answer »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 17



Screen 1

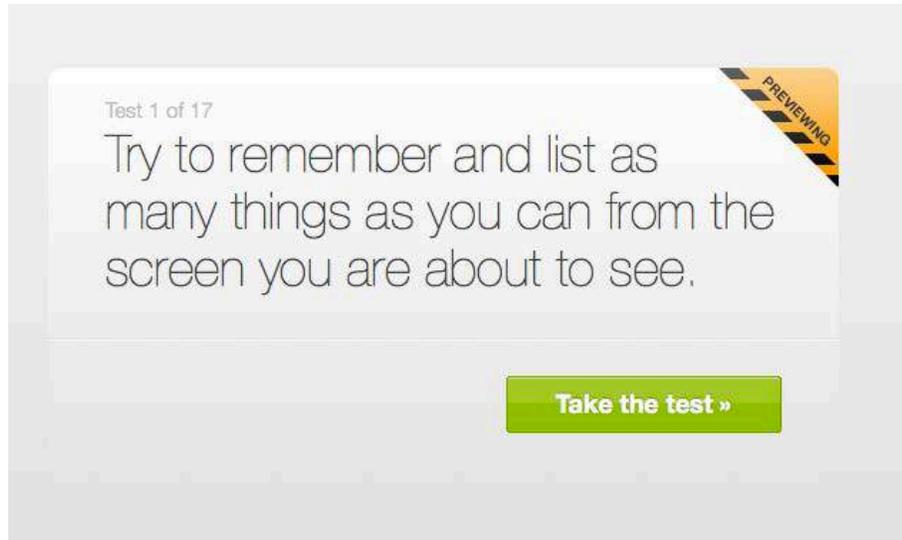


Screen 2

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

Test 2 of 17

What is your first impression of the material?

PREVIEWING

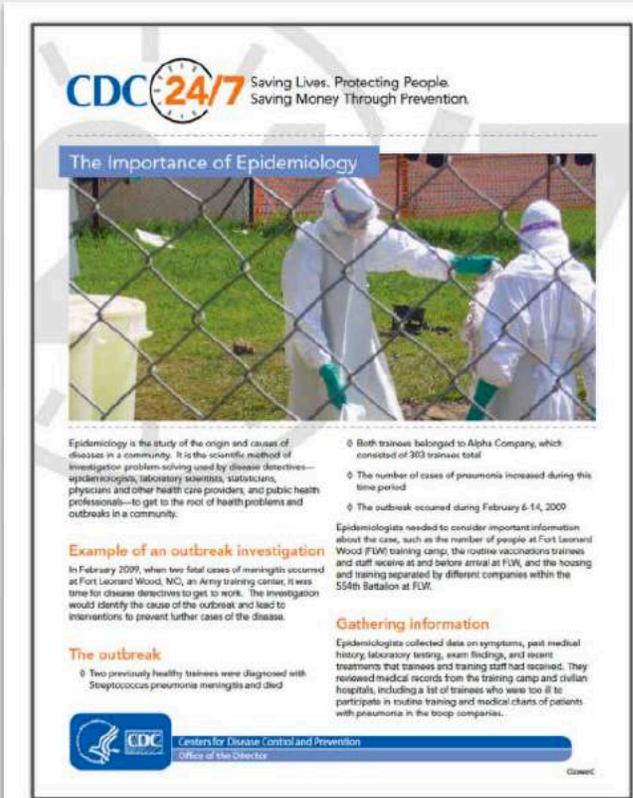
Take the test »

Screen 1

What is your first impression of the material?

Enter your answer here...

Submit my answer »



The screenshot shows a CDC 24/7 webpage. At the top left is the CDC 24/7 logo with the tagline 'Saving Lives. Protecting People. Saving Money Through Prevention.' Below the logo is a blue header 'The Importance of Epidemiology' and a photograph of two people in white protective suits and masks standing behind a chain-link fence. The main content area is divided into several sections: 'Epidemiology is the study of the origin and causes of disease 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.' To the right of this text are three bullet points: 'Both trainees belonged to Alpha Company, which consisted of 303 trainees total', 'The number of cases of pneumonia increased during this time period', and 'The outbreak occurred during February 6-14, 2009'. Below this is a section titled 'Example of an outbreak investigation' which describes a meningitis outbreak at Fort Leonard Wood, MO, in February 2009. To the right of this is a section titled 'Gathering information' which describes how epidemiologists collected data on symptoms, past medical history, laboratory testing, exam findings, and recent treatments that trainees and training staff had received. At the bottom left is the CDC logo and the text 'Centers for Disease Control and Prevention Office of the Director'. At the bottom right is the text 'G4MCC'.

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.

- 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, 200

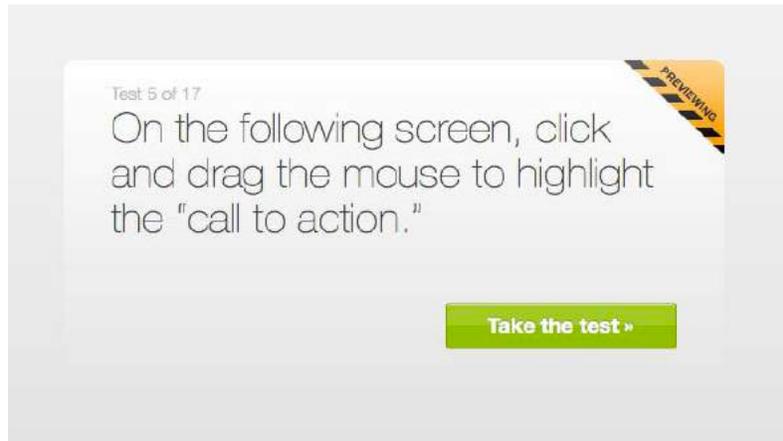
ok

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

防控禽流感

I'm done annotating »

This screenshot shows a document page with several sections. The top section is titled "Treatment with antibiotics during the investigation period" and contains a paragraph of text. Below this is a section titled "Results" which contains a paragraph of text. The next section is titled "Conclusions" and contains a paragraph of text. At the bottom left, there is a small box with the text "OK" and a citation: "of Pneumonia in the Setting of Fatal Pneumo-US Army Trainees: Potential Role of Chlamyd-IMC Infectious Diseases 2011 11:157". On the right side, there are two photographs. The top photograph shows a group of people in a classroom or training room. The bottom photograph shows a person in a white lab coat and mask, possibly a healthcare worker, in a large room with many people. A red banner with Chinese characters "防控禽流感" (Prevention and Control of Avian Influenza) is visible in the background of the bottom photograph. At the bottom right, there is a green button with the text "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.

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

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

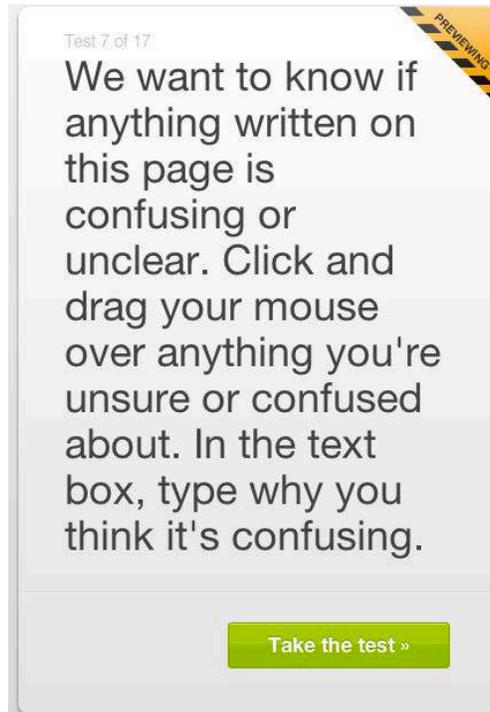
CS26601C

I'm done labeling »

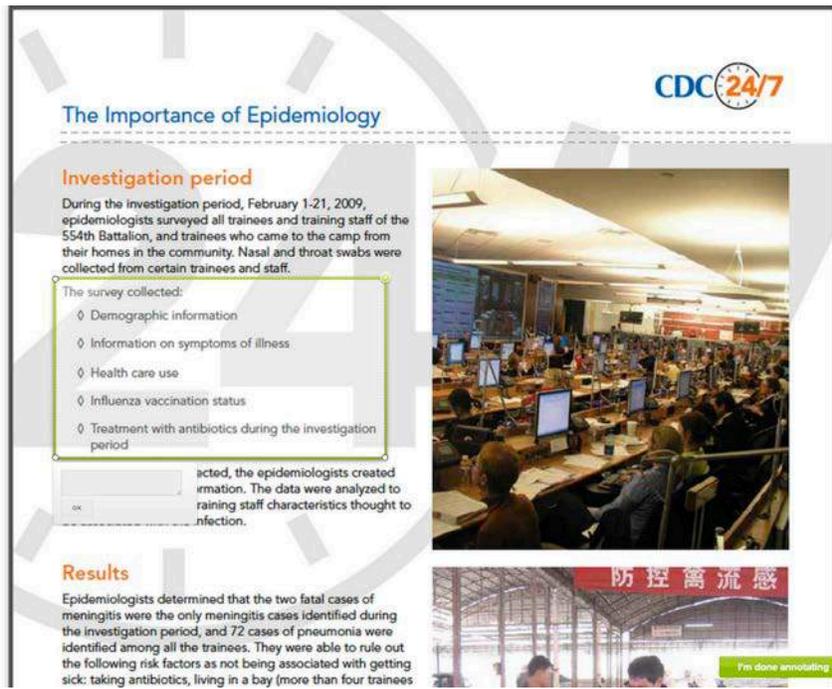
Screen 2

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

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

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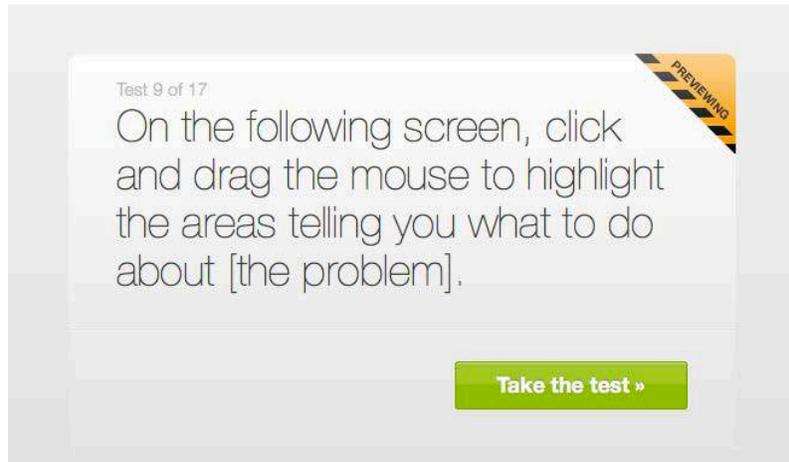
 Centers for Disease Control and Prevention
Office of the Director

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 9



Screen 1

CDC 24/7

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

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.

...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.

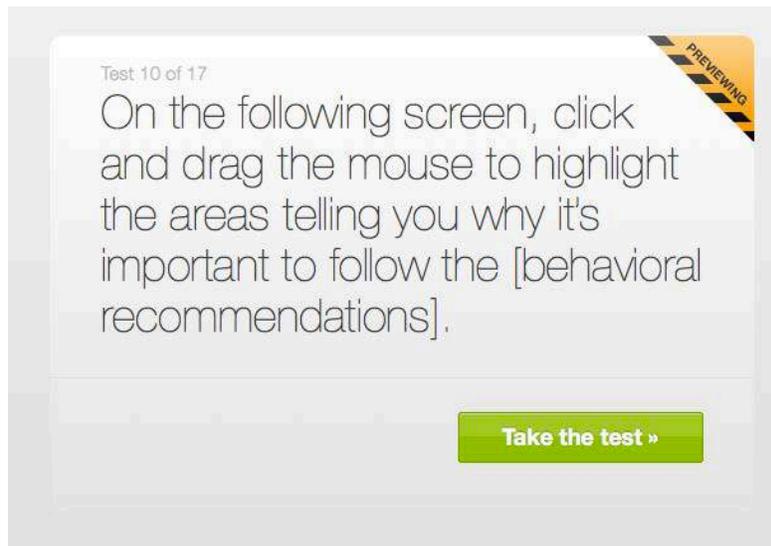
防控禽流感

I'm done annotating »

Screen 2

Attachment 2: Click Testing Screen Shots

Task 10



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.

...ed 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

ok. 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

<http://www.mheducation.com>

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
- 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

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
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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
Office of the Director

ESTIMote
I'm done annotating »

Screen 2

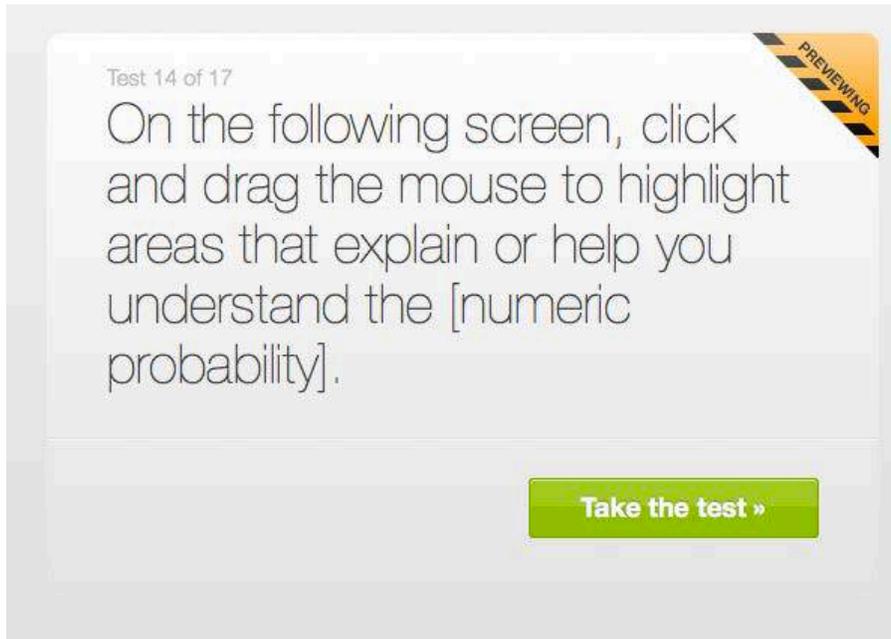
Attachment 2: Click Testing Screen Shots

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:

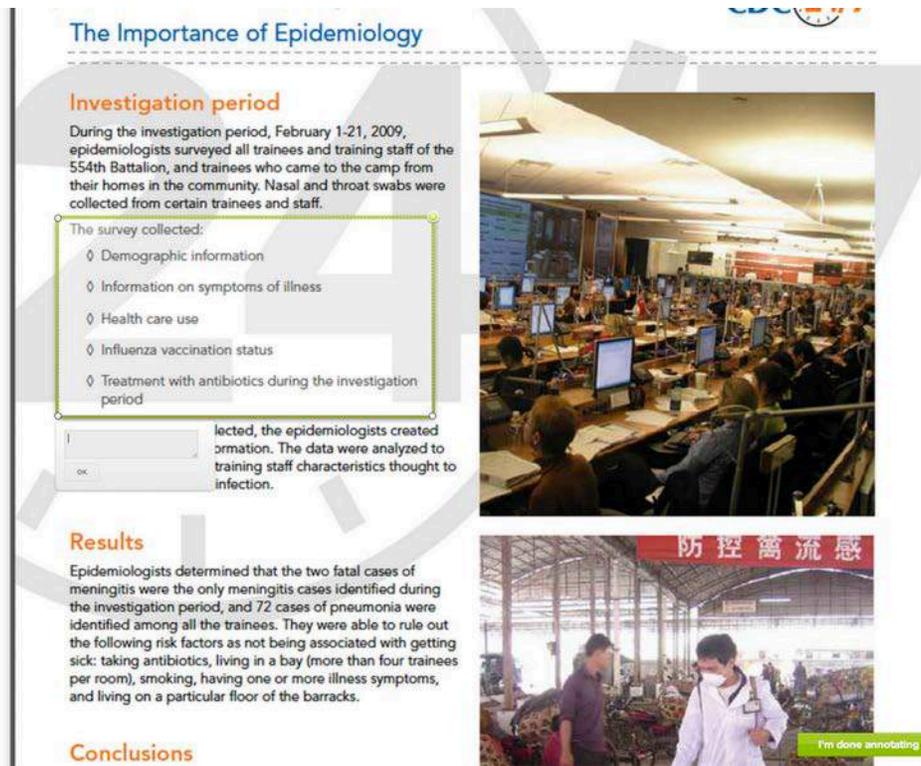
- Demographic information
- Information on symptoms of illness
- Health care use
- Influenza vaccination status
- Treatment with antibiotics during the investigation period

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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

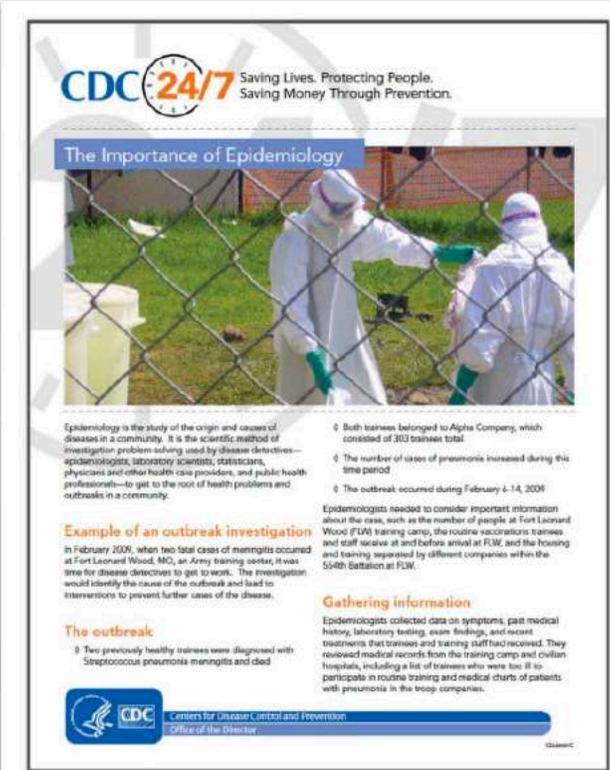
Somewhat too long

Just right

Somewhat too short

Too short

Submit my answer »



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 »



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 disease in a community. It is the scientific method of investigator 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 investigators 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 200 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.

CDC Centers for Disease Control and Prevention
Office of the Director

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 »

The screenshot shows a CDC 24/7 document titled "The Importance of Epidemiology". The document includes the CDC logo and tagline "Saving Lives. Protecting People. Saving Money Through Prevention." It features a photograph of two individuals in white protective suits and masks standing behind a chain-link fence. The text discusses the scientific method of epidemiology, provides an example of an outbreak investigation at Fort Leonard Wood, MO, in February 2009, and details the gathering of information for the outbreak. The CDC logo and name are visible at the bottom of the document.

Screen 2