

Attachment E -Screenshots of Interviewee Request Form

[SURVEY PREVIEW MODE] National Public Health Improvement Initiative (NPHII): Worksheet for Iden - Internet Explorer
http://www.surveymonkey.com/s.aspx?PREVIEW_MODE=DO_NOT_USE_THIS_LINK_FOR_COLLECTION&sm=wYYhEDToFf%2bgCuh2vzQFqyxEBCsakOnvi7C61VjLbmo%3d

National Public Health Improvement Initiative (NPHII): Worksheet for Identifying Agency-Level and Program-Level Leader Interviewees

25%

Form Approved
OMB No.: 0920-0879
Exp. Date: 04/30/2017

The purpose of this form is to determine key leaders at your agency to participate in telephone interviews as part of an assessment of the National Public Health Improvement Initiative (NPHII). We will be interviewing a total of two leaders from your agency. Please use this form to identify **one suggested and one alternate leader** in the following roles:

- (1) **Agency-level leaders** who have leadership roles over multiple units and/or have a position providing high-level, cross-cutting view of the agency and are familiar with the implementation of NPHII.
- (2) **Program-level leaders** who have leadership roles in a program or unit and were involved in some aspect(s) of NPHII work (e.g., quality improvement and/or performance management activities, and/or accreditation readiness).

Please complete this form by [insert date]. After you have submitted this information, an ICF team member may contact you to confirm suggested interviewees and clarify any necessary information. We will use the confirmed list to contact the individuals directly for participation in a 45 - 60 minute telephone interview.

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Rd, NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0920-0879).

Next

100% 2:17 PM 6/17/2014

National Public Health Improvement Initiative (NPHI): Worksheet for Identifying Agency-Level and Program-Level Leader Interviewees

AGENCY-LEVEL LEADER

Progress bar showing 50% completion.

Please enter the following information for **one suggested AGENCY-LEVEL LEADER**. An agency-level leader is a key leader, at the organizational level, who can provide a cross-cutting perspective on the impact of NPHI-funded activities.

1. Full name. *Example: Jane Smith*

2. Title/position. *Example: Director, Public Health Division*

3. Contact information. *Example: email: Jane.Smith@healthdept.gov; office phone: 1-555-123-1234*

4. Brief description of involvement/engagement with NPHI. *Example: Engaged in agency-wide performance management activities; sponsored accreditation preparation activities.*

Please enter the following information for **one alternate AGENCY-LEVEL LEADER**.

5. Full name. *Example: Jane Smith*

6. Title/position. *Example: Director, Public Health Division*

7. Contact information. *Example: email: Jane.Smith@healthdept.gov; office phone: 1-555-123-1234*

8. Brief description of involvement/engagement with NPHI. *Example: Engaged in agency-wide performance management activities; sponsored accreditation preparation activities.*

Prev Next

National Public Health Improvement Initiative (NPHII): Worksheet for Identifying Agency-Level and Program-Level Leader Interviewees

PROGRAM-LEVEL LEADER

Progress bar showing 75% completion.

Please enter the following information for **one suggested PROGRAM-LEVEL LEADER**. A program-level leader is a key leader in charge of a programmatic or administrative unit within the larger organization (e.g., head of the chronic disease unit or director of human resources) whose unit was involved in one of more NPHII-supported activities.

9. Full name. *Example: John Doe*

10. Title/position. *Example: HIV Program Director*

11. Contact information. *Example: email: John.Doe@healthdept.gov; office phone: 1-444-321-4321*

12. Brief description of involvement/engagement with NPHII. *Example: Worked with PIM to implement a QI initiative; participated in the identification of performance standards and measures for an agency-wide performance management system.*

Please enter the following information for **one alternate PROGRAM-LEVEL LEADER**.

13. Full name. *Example: John Doe*

14. Title/position. *Example: HIV Program Director*

15. Contact information. *Example: email: John.Doe@healthdept.gov; office phone: 1-444-321-4321*

16. Brief description of involvement/engagement with NPHII. *Example: Worked with PIM to implement a QI initiative; participated in the identification of performance standards and measures for an agency-wide performance management system.*



Thank you for providing suggested interviewees for the NPHII assessment!

Prev Done