Attachment D

CDC Prevention Status Report

Advancing evidence-based policy and practice

ASSESSMENT SUMMARY

November 2011

Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support
Division of Public Health Performance Improvement
Applied Systems Research and Evaluation Branch

CDC Prevention Status Report: Assessment Summary

Survey of Health Official Perceptions of the CDC Prevention Status Report (PSR Survey)

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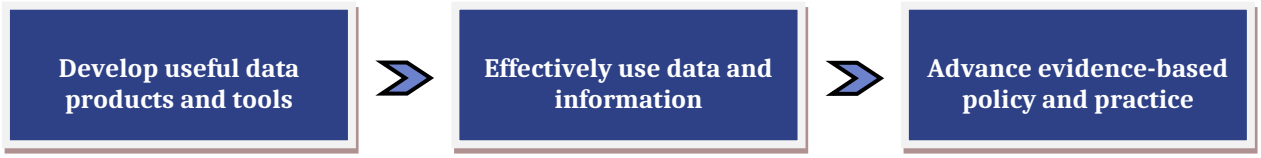
TABLE OF CONTENTS

Background 1
Assessment Approach and Methodology 1
Respondent Characteristics 2
Summary of Key Findings 2
Recommendations 7
Limitations 8
Appendix A – Data Tables 9

Background

The Applied Systems Research and Evaluation Branch, Division of Public Health Performance Improvement conducted a survey of Health Officials in all 50 states and the District of Columbia to evaluate the CDC Prevention Status Report (PSR). The PSR is a direct communication sent to Health Officials by CDC Director, Dr. Thomas R. Frieden and CDC Deputy Director and Office for State, Tribal, Local and Territorial Support Director Dr. Judith A. Monroe. The PSR provides data on key public health, policy and practice indicators for tobacco control; nutrition, physical activity and obesity; food safety; teen pregnancy; HIV; healthcare-associated infection; and motor vehicle injury. Ratings are provided for state performance on policy and practice indicators. The PSR also identifies areas for improvement along with effective strategies.

The purpose of the PSR is to ***help advance evidence-based public health policy and practice*** in states and the District of Columbia. It was developed with input from subject matter experts at CDC and several state health departments. The basic program theory of the PSR is represented in the simple model below.



The assessment results will be used for two purposes. First, they will be used to assess the degree to which the PSR fulfilled its goal of providing support for efforts to advance evidence-based public health policy and practice in states and the District of Columbia. Second, the information will be used formatively to shape the next iteration of the PSR and/or similar products that may be developed.

Assessment Approach and Methodology

The purpose of the assessment is to determine the quality and utility of the PSR and early indications of its success in achieving its purpose. A survey instrument was designed to provide summative data (i.e., data to determine whether or not the PSR did what it was designed to do) and formative data (i.e., data to determine how the PSR can be modified to better meet its goal). Survey questions were designed to yield both quantitative and qualitative data.

There are four overall assessment questions:

1. What do Health Officials think of the PSR?
2. What did Health Officials do with the PSR?

3. What influence did the PSR have on department decisions and activities or external partners?

4. What changes should be made to improve the PSR?

The survey was administered through a web-based questionnaire. Eligible respondents included the Health Official or Senior Deputy Health Official in all 50 states and the District of Columbia (N=51). Only one survey response per state/district was allowed.

Respondent Characteristics

There were 51 eligible respondents for the survey. Survey instructions limited eligible respondents to the State Health Official or the Senior Deputy Health Official ("Health Officials"). A total of 38 Health Officials submitted a survey for a response rate of 75% (38/51). About half (47%) of respondents were State Health Officials. Half of respondents reported being in their current position for a year or less and about a quarter reported being either in position for more than a year, but less than four years (26%) or four years or longer (24%). Of the 38 respondents, two (State Health Officials) reported not receiving the PSR. Of the 36 respondents who received the PSR, four reported not reading it.

Summary of Key Findings

The PSR represents an initial effort by OSTLTS to help support efforts to advance evidence-based public health policy and practice in the field. Early in the development process, some states and other CDC partners expressed concern about potential negative unintended consequences associated with disseminating a report that documents and rates state performance. The survey results suggest that while the PSR was somewhat helpful to most Health Officials, changes could be made that would increase its utility. There were no unintended negative consequences reported. Key findings from the survey are shown below for each of the four overall assessment questions. Actual quotes from survey respondents are used for relevant findings.

What do Health Officials think of the PSR?

Most Health Officials reported the PSR content to be "somewhat helpful" or "very helpful"

Across all PSR topics and for all three content sections of the PSR (i.e., public health and policy indicator data, policy and practice indicator ratings, and recommendations about what can be done) the majority of Health Officials reported the content to be "somewhat helpful" or "very helpful" (range = 69% to 100%). When data were combined across all PSR content sections (i.e., public health/policy indicator data, policy indicator ratings, and recommendations) and all topics only for Health Officials expressing a strong opinion (i.e., "very helpful" or "not helpful at all") 62% of the responses were "very helpful" compared to 38% for "not helpful at all."

The was no difference among Health Officials based on tenure

When data were analyzed by tenure, there was no difference in the percentage of Health Officials that reported the PSR content to be “very helpful” vs. “not helpful at all.”

PSR topics largely address current public health priorities within health departments
Each PSR topic was reported to be a current health department priority by more than half of respondents. The topic of nutrition, physical activity, and obesity was reported to be a current priority by the most respondents (97%) and motor vehicle injury by the least (61%).

What did Health Officials do with the PSR?

The PSR was most broadly disseminated within health departments
The majority of Health Officials (61%) indicated that the PSR was utilized within their health department. The most commonly reported use of the PSR was sharing with department leadership and program leadership/staff. Some respondents specifically mentioned discussing the PSR in meetings for planning purposes and several respondents mentioned that the PSR validated their own data and understanding of the issues.

Newer Health Officials were more likely to report utilizing the PSR within their health department
Of the Health Officials that reported utilizing the PSR, 17 (77%) had less than four years of tenure in their position compared with 5 (23%) with four or more years of tenure.

The PSR was not widely shared outside the health department
Only 12 Health Officials (33%) reported sharing the PSR outside of the health department and only 4 (11%) reported sharing it with their Governor. Three of the four Health Officials that shared the PSR with their Governor had one year or less of tenure in their position.

What influence did the PSR have on department decisions and activities or on external partners?

Few Health Officials reported that the PSR had an influence on department decision-making and activities or on external partners
Ten Health Officials (28%) reported that the PSR had an influence on health department decision-making or activities. For Health Officials that did report some influence by the PSR, most of their comments concerned the PSR validating the existing department focus and efforts related to PSR topics. One state mentioned that the PSR helped strengthen some of their efforts.

> *"It helped strengthen our work with motor vehicle safety (particularly pushing for a primary seat belt law) and with healthcare-associated infections…"*

Another state explained why the PSR was not influential.

> *"[We] already monitor the variables included in the PSR along with more detailed analysis. As a result, the PSR alone is not detailed enough to influence [our] policy and programmatic efforts."*

What changes should be made to improve the PSR?

Respondent comments were coded and grouped according to themes. The following five recommendations to improve the PSR represent the themes identified:

1. **Clarify the purpose –** the overall purpose of the PSR including audience and intended impact
2. **Improve the development process –** the process of producing the PSR
3. **Enhance the content –** the data and information contained in the PSR
4. **Maintain the basic format –** how the data and information was presented in the PSR
5. **Improve dissemination –** how the PSR was disseminated including related communications

Some comments were coded to more than one theme. Below are complete or partial responses for each recommendation. The number of respondents that had a response coded for each theme is included in parentheses.

Clarify the purpose (9 of 31 respondents commented about the purpose of the PSR)
Respondents made few specific recommendations for regarding the purpose of the PSR.

> *"Clarify the intended audience and how these are expected to be used."*
>
> *"Somehow encouraging the use of the PSR in a variety of venues would help us think about and use this useful tool."*

One respondent recommended taking a more customized approach.

> *"Rather than a one-size fits all report, target the indicators in the report to individual states. The indicators could report on progress towards meeting priority areas in the state. Every state has different priorities."*

Other respondents expressed positive or negative views about the purpose of the PSR. Negative comments about the purpose of the PSR generally focused on the lack of additional knowledge or understanding derived by the data and information provided. One respondent challenged the entire notion of the PSR.

"The report was a great validation tool."

"The real value to us was to have one document with all things together and coming from an external source."

"This is a potentially helpful way for states to assess their progress in various public health areas.

"…the resources to do this could have been better spent on another project. Do you honestly think we don't know what policies need to be changed and what should be done? The CDC coming in and rating or grading us is not helpful and I would not consider showing this to my governor because it would be seen as very elementary and quite frankly he would say 'duh.' Everyone knows where our weak points are-advocates and stakeholders tell us every day. This report does nothing more than point out the weak points we work on fixing or minimizing because we know we will (likely) never change due to political will or citizens who will not allow elected officials to do so (cigarette tax, family planning, Medicaid expansion)."

"We are a relatively "data knowledgeable" state so while the PSR reinforced much of what we already knew it did not add much to our current understanding of the issues."

Improve the development process (3 of 31 respondents commented about the development of the PSR) Respondents made very few recommendations about the development process for the PSR.

"The PSR could be improved by soliciting input from the specific programs at state health departments regarding content areas, share with state health departments first, then disseminate widely online."

Enhance the content (18 of 31 respondents commented about the content of the PSR) Respondents made far more recommendations regarding the content of the PSR than for any other theme. Respondents made the most recommendations about additions to the PSR.

"Provide a toolkit to support how the PSR can be used to advance policy."

"Perhaps more highlighting of positive efforts."

"Expand content to include additional measures (e.g. teen pregnancy rates, tobacco use during pregnancy, racial/ethnic disparities), OR incorporate links to other resources with this expanded information."

"Where appropriate, incorporate data and indicators related to health disparities."

"Over time, reflecting changes in health status and/or improvement will be useful to help demonstrate results."

"Although this is a good snapshot, the report may not always accurately reflect the progress made in each indicator."

"The 'What can be done' section could be more specific and detailed, providing connection to the indicators."

"More 'outside the box' initiatives needed in the "What can be done" category. Current items are standard ideas and projects that are already in progress or under discussion."

Some respondents made negative assessments of the PSR content. Most of the negative comments relate to PSR data not being new to states and therefore not being helpful.

"Not all indicators were useful for our state."

"The base information is not new to most program staff and in some cases conflicts with state data."

"…because the information was not new and we had actually been reviewing and discussing the same data, it didn't have a direct impact."

"The data is not current; we have more current information at the state level."

"The recommendations were not that helpful because in many instances they were outside our ability to implement. For example, increasing the tobacco tax is not something for which the Bureau for Public Health can advocate."

One respondent made a general positive statement about the PSR content.

"The report is concise and includes valuable information."

Two other respondents made observations and recommendations about PSR content.

"The discussion on why an indicator is important is not really necessary. It is interesting that the PSR shows public health outcomes but rates states on their policies, so states can be doing better than average in terms of outcomes but have less than perfect scores on the policy variables."

"We appreciated the focus on policy; however, policy can be difficult to influence and an immediate outcome is not likely. We appreciated the fact that there was not a "score" for each state. Avoid referencing politics ("the White House" is mentioned in HIV); instead, stay with scientific sources such as the IOM and Community Guide."

Maintain the basic format (5 of 31 respondents commented about the format of the PSR)
Respondents made two specific recommendations to improve the format of the PSR.

"Policy discussions are currently very contentious. The ability to separate those components would be helpful."

"It needs to stand out in some way that it catches the attention of the SHO so it can be used to communicate."

Respondents made a few positive statements and one negative statement about the format of the PSR.

"The format was very user friendly."

"The icons are great!"

"The report is concise and includes valuable information."

"The 'dashboard' style is a bit simplistic and makes the information less useful."

Improve dissemination (6 of 31 respondents commented about the dissemination of the PSR) Respondents made recommendations regarding who the PSR should be sent to, when it should be sent and how it should be disseminated more broadly.

"It would be helpful if CDC could disseminate the report to the Governor's office, and state elected officials."

"Try to release the report prior to our budget hearings, which are in March. This will allow the DOH to incorporate the findings into the budget discussions."

"You may want to consider addressing leadership changes as part of your dissemination plan.

"…disseminate widely online."

"Getting access to electronic versions was not easy…was a challenge for our programs and limited their ability to share and discuss with external partners."

Recommendations

The results of the assessment are mixed. Some respondents viewed the PSR favorably and made recommendations for how it can be improved. Other respondents did not see benefits. Some of the negative views may be due to inadequate communication regarding the intended purpose and use of the PSR. Another explanation is that states vary significantly in the type of support they need in order to advance evidence-based public health policy and practice. Some states reported being very adept at utilizing available data and viewed the PSR as a repackaging of data and information they already have available. This suggests that a more customized product developed collaboratively with states could be more beneficial. A disadvantage to this approach would be the resources required to work individually with states particularly if working with all states.

These recommendations are presented individually for consideration, not as a set. One or more of the recommendations may be deemed appropriate for adoption.

Recommendation 1 – Purpose:

- **Clarify the intended purpose** of the PSR and ways Health Officials can utilize it to achieve that purpose.
- **Narrow the purpose** to orienting new Health Officials as part of the CDC Orientation for New Health Officials.

Recommendation 2 – Development:

- **Develop a more customized PSR** in collaboration with a few interested states.
- **Pilot the customized version of the PSR** to demonstrate its potential as a tool for advancing evidence-based policy and practice.
- **Engage states in review of draft PSR** before final dissemination.

Recommendation 3 – Content:

- **Develop a toolkit and other support materials** for the PSR that provide guidance for using the PSR to advance evidence-based public health policy and practice.
- **Include trend data** to reflect changes in status and efforts over time.
- **Highlight positive** efforts and outcomes.
- **Provide more detail** in "What Can be Done" section.

Recommendation 4 – Format:

- **Consider making components separable** (e.g., policy components separable from main report).

Recommendation 5 – Dissemination:

- **Communicate better** prior to the release of the PSR about purpose, audience, and intended uses.
- **Make PSRs available online**.

Limitations

The purpose of the assessment was to determine the quality and utility of the PSR and early indications of its success in achieving its purpose. The approach was to survey Health Officials regarding their perceptions and use of the PSR. Although the instructions indicated that eligible respondents included only the State Health Official or Senior Deputy Health Official, the actual respondent to each survey cannot be verified. The actual respondents may not have had full knowledge of the how the PSR was utilized within their agency. The degree to which the respondents thoroughly and accurately collected information needed to respond to survey questions may vary and cannot be determined. The survey data is relevant for a limited timeframe making it possible that Health Official perceptions might change

over time. In addition, the survey did not allow for assessing views of other health department staff about the value of the PSR.

Appendix A – Data Tables

Table 1a – Survey respondent tenure by position (N=38)

Position	<= 1 yr	> 1 yr - < 4 yrs	>= 4 yrs	Total
State Health Official	9 (47.4%)	4 (40.0%)	5 (55.6%)	**18** (47.4%)
Senior Deputy	10 (52.6%)	6 (60.0%)	4 (44.4%)	**20** (52.6%)
Total	**19 (100%)**	**10 (100%)**	**9 (100%)**	**38 (100%)**

Table 1b – Survey respondent position by tenure (N=38) (Same data in Table 1a transposed)

Tenure	State Health Official	Senior Deputy Health Official	Total
<= 1 yr	9 (50.0%)	10 (50.0%)	**19 (50.0%)**
> 1 yr - < 4 yrs	4 (22.2%)	6 (30.0%)	**10 (26.3%)**
>= 4 yrs	5 (27.8%)	4 (20.0%)	**9 (23.7%)**
Total	**18 (100%)**	**20 (100%)**	**38 (100%)**

Table 2 – Respondents reporting whether or not they read the PSR (N=36*)

Read the PSR	State Health Official	Senior Deputy Health Official	Total
YES			
<= 1 yr	8	8	**16**
> 1 yr - < 4 yrs	2	6	**8**
>= 4 yrs	5	3	**8**
Sub-total	**15 (93.8%)**	**17 (85.0%)**	**32 (88.9%)**
NO			
<= 1 yr	0	2	**2**
> 1 yr - < 4 yrs	1	0	**1**
>= 4 yrs	0	1	**1**
Sub-total	**1 (6.2%)**	**3 (15.0%)**	**4 (11.1%)**
Total	**16* (100%)**	**20 (100%)**	**36 (100%)**

*Two respondents (State Health Officials) that reported not receiving the PSR were excluded.

Table 3 – Respondents reporting that PSR topics were current priorities for their health department (N=36*)

Prevention Status Report Topic	No.	Percent
Tobacco control	34	94.4
Nutrition, physical activity, obesity	35	97.2
Food safety	24	66.7
Teen pregnancy prevention	26	72.2
HIV prevention	26	72.2
Healthcare-associated infection prevention	27	75.0
Motor vehicle injury prevention	22	61.1
Total Respondents	**36**	**100.0**

*Two respondents (State Health Officials) that reported not receiving the PSR were excluded.

Table 4a – The degree to which the PSR public health and policy indicator data helped respondents better recognize the status of public health issues in their state (N=32*)

Prevention Status Report Topic	Not helpful at all	Somewhat helpful	Very helpful	Total
Tobacco control	3 (9.4%)	22 (68.8%)	7 (21.9%)	**32 (100%)**
Nutrition, physical activity, obesity	0 (0.0%)	25 (78.1%)	7 (21.9%)	**32 (100%)**
Food safety	3 (9.4%)	23 (71.9%)	6 (18.8%)	**32 (100%)**
Teen pregnancy prevention	3 (9.4%)	24 (75.0%)	5 (15.6%)	**32 (100%)**
HIV prevention	2 (6.3%)	25 (78.1%)	5 (15.6%)	**32 (100%)**
Healthcare-associated infection prevention	5 (15.6%)	20 (62.5%)	7 (21.9%)	**32 (100%)**
Motor vehicle injury prevention	1 (3.1%)	25 (78.1%)	6 (18.8%)	**32 (100%)**
Total	**0 (7.6%)**	**0 (73.2%)**	**0 (19.2%)**	**0 (100%)**

*Two respondents (State Health Officials) that reported not receiving the PSR and four respondents that reported not reading the PSR were excluded.

Table 4b – Respondents that reported the PSR public health and policy indicator data to be **"Very helpful"** at helping them better recognize the status of public health issues in their state by respondent tenure (N=32*)

	Tobacco		NPAO		Food safety		Teen pregnancy		HIV		HAI		Motor vehicle injury	
Tenure	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
<= 1 yr	3	42.9	2	28.6	1	16.7	1	20.0	1	20.0	2	28.6	0	0.0
> 1 yr - < 4 yrs	3	42.9	4	57.1	3	50.0	3	60.0	3	60.0	2	28.6	4	66.7
4+ yrs	1	14.3	1	14.3	2	33.3	1	20.0	1	20.0	3	42.9	2	33.3
Total	**7**	**100.0**	**7**	**100.0**	**6**	**100.0**	**5**	**100.0**	**5**	**100.0**	**7**	**100.0**	**6**	**100.0**

Table 4c – Respondents that reported the PSR public health and policy indicator data to be **"Not helpful"** at

helping them better recognize the status of public health issues in their state by respondent tenure (N=32*)

	Tobacco		NPAO		Food safety		Teen pregnancy		HIV		HAI		Motor vehicle injury	
Tenure	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
<= 1 yr	2	66.7	0	-	2	66.7	2	66.7	2	100.0	3	60.0	1	100.0
> 1 yr - < 4 yrs	1	33.3	0	-	1	33.3	1	33.3	0	0.0	2	40.0	0	0.0
4+ yrs	0	0.0	0	-	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	**3**	**100.0**	**0**	**-**	**3**	**100.0**	**3**	**100.0**	**2**	**100.0**	**5**	**100.0**	**1**	**100.0**

Table 5a – The degree to which the PSR policy indicator ratings helped respondents better recognize areas where public health policy or practice in their state can be improved (N=32*)

Prevention Status Report Topic	Not helpful at all	Somewhat helpful	Very helpful	Total
Tobacco control	8 (25.0%)	16 (50.0%)	8 (25.0%)	**32 (100%)**
Nutrition, physical activity, obesity	1 (3.1%)	20 (62.5%)	11 (34.4%)	**32 (100%)**
Food safety	4 (12.5%)	21 (65.6%)	7 (21.9%)	**32 (100%)**
Teen pregnancy prevention	7 (21.9%)	17 (53.1%)	8 (25.0%)	**32 (100%)**
HIV prevention	4 (12.5%)	20 (62.5%)	8 (25.0%)	**32 (100%)**
Healthcare-associated infection prevention	6 (18.8%)	17 (53.1%)	9 (28.1%)	**32 (100%)**
Motor vehicle injury prevention	4 (12.5%)	20 (62.5%)	8 (25.0%)	**32 (100%)**
Total	**34 (15.2%)**	**131 (58.5%)**	**59 (26.3%)**	**224 (100%)**

*Two respondents (State Health Officials) that reported not receiving the PSR and four respondents that reported not reading the PSR were excluded.

Table 5b – Respondents that reported the PSR policy indicator ratings to be **"Very helpful"** at helping them better recognize areas where public health policy or practice in their state can be improved by respondent tenure (N=32*)

	Tobacco		NPAO		Food safety		Teen pregnancy		HIV		HAI		Motor vehicle injury	
Tenure	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
<= 1 yr	6	75.0	6	54.5	5	71.4	6	75.0	5	62.5	5	55.6	3	37.5
> 1 yr - < 4 yrs	1	12.5	4	36.4	1	14.3	1	12.5	2	25.0	1	11.1	2	25.0
4+ yrs	1	12.5	1	9.1	1	14.3	1	12.5	1	12.5	3	33.3	3	37.5
Total	**8**	**100.0**	**11**	**100.0**	**7**	**100.0**	**8**	**100.0**	**8**	**100.0**	**9**	**100.0**	**8**	**100.0**

Table 5c – Respondents that reported the PSR policy indicator ratings to be **"Not helpful"** at helping them better recognize areas where public health policy or practice in their state can be improved by respondent tenure (N=32*)

	Tobacco		NPAO		Food safety		Teen pregnancy		HIV		HAI		Motor vehicle injury	
Tenure	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
<= 1 yr	4	50.0	0	0.0	1	25.0	3	42.9	3	75.0	4	66.7	2	50.0
> 1 yr - < 4 yrs	2	25.5	0	0.0	1	25.0	3	42.9	0	0.0	1	16.7	0	0.0
4+ yrs	2	25.5	1	100.0	2	50.0	1	14.3	1	25.0	1	16.7	2	50.0
Total	**8**	**100.0**	**1**	**100.0**	**4**	**100.0**	**7**	**100.0**	**4**	**100.0**	**6**	**100.0**	**4**	**100.0**

Table 6a – The degree to which the PSR recommendations about what could be done to further progress helped respondents identify potential strategies for making progress (N=32*)

Prevention Status Report Topic	Not helpful at all	Somewhat helpful	Very helpful	Total
Tobacco control	10 (31.3%)	16 (50.0%)	6 (18.8%)	**32 (100%)**
Nutrition, physical activity, obesity	3 (9.4%)	19 (59.4%)	10 (31.3%)	**32 (100%)**
Food safety	6 (18.8%)	19 (59.4%)	7 (21.9%)	**32 (100%)**
Teen pregnancy prevention	8 (25.0%)	16 (50.0%)	8 (25.0%)	**32 (100%)**
HIV prevention	6 (18.8%)	18 (56.3%)	8 (25.0%)	**32 (100%)**
Healthcare-associated infection prevention	7 (21.9%)	17 (53.1%)	8 (25.0%)	**32 (100%)**
Motor vehicle injury prevention	5 (15.6%)	21 (65.6%)	6 (18.8%)	**32 (100%)**
Total	**45 (20.0%)**	**126 (56.3%)**	**53 (23.7%)**	**224 (100%)**

*Two respondents (State Health Officials) that reported not receiving the PSR and four respondents that reported not reading the PSR were excluded.

Table 6b – Respondents that reported the PSR recommendations about what could be done to further progress to be **"Very helpful"** at helping them identify potential strategies for making progress by respondent tenure (N=32*)

	Tobacco		NPAO		Food safety		Teen pregnancy		HIV		HAI		Motor vehicle injury	
Tenure	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
<= 1 yr	4	66.7	4	40.0	4	57.1	5	62.5	5	62.5	3	37.5	3	50.0
> 1 yr - < 4 yrs	1	16.7	4	40.0	2	28.6	2	25.0	2	25.0	2	25.0	1	16.7
4+ yrs	1	16.7	2	20.0	1	14.3	1	12.5	1	12.5	3	37.5	2	33.3
Total	**6**	**100.0**	**10**	**100.0**	**7**	**100.0**	**8**	**100.0**	**8**	**100.0**	**8**	**100.0**	**6**	**100.0**

Table 6c – Respondents that reported the PSR recommendations about what could be done to further progress to be **"Not helpful"** at helping them identify potential strategies for making progress by respondent tenure (N=32*)

	Tobacco		NPAO		Food safety		Teen pregnancy		HIV		HAI		Motor vehicle injury	
Tenure	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
<= 1 yr	4	40.0	2	66.7	3	50.0	4	50.0	4	66.7	4	57.1	3	60.0
> 1 yr - < 4 yrs	4	40.0	0	0.0	1	16.7	3	37.5	1	16.7	1	14.3	0	0.0
4+ yrs	2	20.0	1	33.3	2	33.3	1	12.5	1	16.7	2	28.6	2	40.0
Total	**10**	**100.0**	**3**	**100.0**	**6**	**100.0**	**8**	**100.0**	**6**	**100.0**	**7**	**100.0**	**5**	**100.0**

Table 7 – Utilization and influence of the PSR (N=36*)

Survey Question	Yes	No	Total
Was the PSR utilized within the health department?	22 (61.1%)	14 (38.9%)	**36 (100%)**
Did the PSR have any influence on health department decision-making/activities?	10 (27.8%)	26 (72.2%)	**36 (100%)**
Was the PSR shared with the Governor?	4 (11.1%)	32 (88.9%)	**36 (100%)**
Has the PSR been disseminated to other partners outside the health department?	12 (33.3%)	24 (66.7%)	**36 (100%)**
Has the PSR been actively used to engage external partners in efforts to advance evidence-based policy/practice?	8 (22.2%)	28 (77.8%)	**36 (100%)**

*Two respondents (State Health Officials) that reported not receiving the PSR were excluded.

Table 8 – Respondent rating of the overall usefulness of the PSR (N=36*)

Response	No.	Percent
1 = Not useful	3	8.3
2	2	5.6
3	18	50.0
4	11	30.5
5 = Very useful	2	5.6
Total Respondents	**0**	**100.0**

*Two respondents (State Health Officials) that reported not receiving the PSR were excluded.