

ATTACHMENT D1
NETWORK SURVEY

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Well-integrated Screening and Evaluation
for Women Across the Nation

Welcome to the WISEWOMAN Network Survey!

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing 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 Office of Management and Budget control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Next



Well-integrated Screening and Evaluation
for Women Across the Nation

Thank you for taking the time to complete this survey! You were selected to complete this survey because [ORG NAME] was identified as an important stakeholder in cardiovascular health in its community. As part of the evaluation of the WISEWOMAN program, we want to learn about your organization's experience working with other organizations in the community that support cardiovascular health. The information you provide will help us understand the most effective ways that communities work together to improve the cardiovascular health of their residents.

This survey should take approximately 30 minutes to complete. The questions in this survey will ask about:

- Background information about [ORG NAME]
- Your organization's experience collaborating with [WISEWOMAN PROG] and other organizations in the community
- Your perceptions of the community in which [ORG NAME] operates.

The evaluation is funded by the Centers for Disease Control and Prevention (CDC). The information you provide will be used for research purposes only. Your answers to these questions will be kept private. The evaluation will not identify individuals or organizations in its reports to CDC.

To complete the survey:

- Select the response that best describes your answer.
- After you have answered the questions on a page, click the **next** button to continue. To go back to a previous page, click the **back** button.
- If you have to stop, you can log out of the survey by closing your browser. You can return to the survey later by clicking on the link in your email.
- **When you return, all of your previous answers will be saved.** You also will be able to change your answers, if necessary.

Please complete the survey by [DATE]. If you have any questions about the survey, please contact Katie Morrison via email at KMorrison@mathematica-mpr.com or at (202) 264-3450.

Next

INTRODUCTION

The Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) evaluation is funded by the Centers for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Division for Heart Disease and Stroke Prevention (DHDSP). The evaluation is documenting and evaluating the effectiveness of approaches taken by WISEWOMAN grantees to improve cardiovascular health for low-income women. Mathematica Policy Research and SRA International are conducting this evaluation on behalf of CDC. You were selected to complete this survey because [ORG NAME] was identified as an important stakeholder in cardiovascular health in its community. Your participation in this survey is important and will help us understand more about how different health and community organizations work together to support cardiovascular health. The length of this survey varies for different people, but on average it should take no more than 30 minutes.

Participation in the survey is completely voluntary and you may choose to skip any question. Your responses will be kept private. They will be combined with the responses of others and written up in a report to CDC. The information from this study may be used in journals, books, or presentations. However, nothing will be said about you as an individual and no individual names will be reported. Your answers will not have any impact on the funding or any other support that your organization may receive. While there are no direct benefits to participants, your participation will help the CDC learn how to better provide cardiovascular health and community services to women. There is minimal risk related to taking part in this study. In the unlikely event of a data breach, your participation in the demonstration could become known.

If you have any questions about the survey, please do not hesitate to contact Katie Morrison at 202-264-3450 or KMorrison@mathematica-mpr.com. If you have questions about the research, contact So O'Neil at Mathematica Policy Research. You can reach So by calling 617-301-8975 or emailing SOneil@mathematica-mpr.com. If you have questions about your rights as a research participant, you should contact the Kate Marchand at the IRB Office by calling 617-243-3924 or kate.marchand@neirb.com.

Thank you for participating in this survey. By completing the survey and submitting your responses, you are confirming that you understand the information you provide will be kept private, used only for research purposes, and that your answers will be combined with the responses of others in reports.

Next

ORGANIZATIONAL INFORMATION

The first set of questions collects general information about [ORG NAME].

1. Which of the following best describes [ORG NAME]?

If you work in a state health department, please choose the specific program or office that you work in within the state health department.

Select one only

- American Heart Association
- Breast and Cervical Cancer Early Detection Program (BCCEDP)
- Clinical provider organization
- Community-based smoking cessation program
- Diabetes prevention program
- Faith based organizations
- Heart disease and stroke prevention program
- Lifestyle program (e.g., YMCA, Community Extension, Parks & Recreation department, Weight Watchers)
- Quitline
- WISEWOMAN program
- Other community organization (specify)

2. Of the topic areas listed below, in which areas does [ORG NAME] conduct activities or provide services?

Select one per row.

Yes, we conduct activities in this area No, we do not conduct activities in this area

Heart disease prevention	<input type="radio"/>	<input type="radio"/>
Stroke prevention	<input type="radio"/>	<input type="radio"/>
Diabetes prevention and control	<input type="radio"/>	<input type="radio"/>
Nutrition	<input type="radio"/>	<input type="radio"/>
Physical activity	<input type="radio"/>	<input type="radio"/>
Weight management	<input type="radio"/>	<input type="radio"/>
Primary care	<input type="radio"/>	<input type="radio"/>
Tobacco cessation	<input type="radio"/>	<input type="radio"/>
Medication adherence	<input type="radio"/>	<input type="radio"/>
Enter another option	<input type="radio"/>	<input type="radio"/>
Enter another option	<input type="radio"/>	<input type="radio"/>

3. Does [ORG NAME] provide any direct services in the community?

Direct services are any type of support that staff from [ORG NAME] provide through one-on-one interactions (most likely in person or over the telephone), such as classes, health care, food, and shelter.

Select one only.

- Yes
- No- GO TO Q7

4. Which of the following direct services does [ORG NAME] provide to people in the community? Please include services that [ORG NAME] provides directly or contracts out to other organizations.

Select one per row.

	Yes	No
a. Health Coaching (HC)	<input type="radio"/>	<input type="radio"/>
b. Health education/outreach	<input type="radio"/>	<input type="radio"/>
c. Lifestyle Programs (LSPs) (nutrition and physical activity)	<input type="radio"/>	<input type="radio"/>
d. Primary care/cardiovascular screening	<input type="radio"/>	<input type="radio"/>
e. Risk-reduction counseling	<input type="radio"/>	<input type="radio"/>
f. Social services (transportation, child care, translation services, and so on)	<input type="radio"/>	<input type="radio"/>
g. Tobacco cessation	<input type="radio"/>	<input type="radio"/>
Enter another option	<input type="radio"/>	<input type="radio"/>

5. How many total adult clients or patients did [ORG NAME] serve in the past year?

Select one only

- 0 clients/patients - GO TO Q7
- 1-50 clients/patients
- 51-100 clients/patients
- 101-250 clients/patients
- 251-500 clients/patients
- 501-1,000 clients/patients
- 1,001-2,500 clients/patients
- More than 2,500 clients/patients

6. Of the total clients or patients served, what percentage are low-income females ages 40-64? Your best estimate is fine.

For purposes of these questions, women with an income of 250% or less of the federal poverty guidelines are considered low income.

Select one only

- 0%
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100%

7. Does [ORG NAME] provide any indirect services?

Indirect services are types of support do not require interaction between staff at [ORG NAME] and people in the community, such as advocacy, systems and policy development, and data management and analysis.

Select one only

- Yes
- No - GO TO NEXT SECTION (AREAS OF COLLABORATION)

8. What indirect services does [ORG NAME] provide?*Select one per row only*

	Yes	No
a. Advocacy	<input type="radio"/>	<input type="radio"/>
b. Data management	<input type="radio"/>	<input type="radio"/>
c. Curriculum development	<input type="radio"/>	<input type="radio"/>
d. Mass media	<input type="radio"/>	<input type="radio"/>
e. Program evaluation/data collection	<input type="radio"/>	<input type="radio"/>
f. Reduced-price medication programs	<input type="radio"/>	<input type="radio"/>
g. Systems and policy development	<input type="radio"/>	<input type="radio"/>
Enter another option	<input type="radio"/>	<input type="radio"/>

[Back](#)[Next](#)

AREAS OF COLLABORATION

The next questions are about ways that [ORG NAME] worked with other organizations in the community during the past year.

[NOTE: Q9 AND Q10 WILL ONLY BE ASKED OF PARTNER ORGANIZATIONS. WISEWOMAN PROGRAM RESPONDENTS WILL SKIP TO Q11. ALTHOUGH ALL RESPONDENTS WILL RECEIVE Q11 AND Q12, THE QUESTION TEXT FOR THESE ITEMS WILL VARY SLIGHTLY FOR PARTNER ORGANIZATIONS AND WISEWOMAN PROGRAMS.]

9. In the past year, in which of the following areas did [ORG NAME] collaborate with [WISEWOMAN PROG NAME]?

Collaboration can be defined as any joint planning, service coordination, cost-sharing initiatives, or other activities in which your organizations worked together toward a common goal.

Select one per row.

Yes, we collaborarted in this area No, we do not collaborate in this area

a. Heart disease prevention	<input type="radio"/>	<input type="radio"/>
b. Stroke prevention	<input type="radio"/>	<input type="radio"/>
c. Diabetes prevention and control	<input type="radio"/>	<input type="radio"/>
d. Nutrition	<input type="radio"/>	<input type="radio"/>
e. Physical activity	<input type="radio"/>	<input type="radio"/>
f. Weight management	<input type="radio"/>	<input type="radio"/>
g. Primary care	<input type="radio"/>	<input type="radio"/>
h. Tobacco cessation	<input type="radio"/>	<input type="radio"/>
i. Medication adherence	<input type="radio"/>	<input type="radio"/>
Enter another option	<input type="radio"/>	<input type="radio"/>
Enter another option	<input type="radio"/>	<input type="radio"/>

10. For each area that [ORG NAME] collaborated with [WISEWOMAN PROG], was one of the purposes for the collaboration to reduce disparities?*Select one per row.*

Yes, we collaborated to reduce disparities in this area No, we did not collaborate to reduce disparities in this area

a. Heart disease prevention	<input type="radio"/>	<input type="radio"/>
b. Stroke prevention	<input type="radio"/>	<input type="radio"/>
c. Diabetes prevention and control	<input type="radio"/>	<input type="radio"/>
d. Nutrition	<input type="radio"/>	<input type="radio"/>
e. Physical activity	<input type="radio"/>	<input type="radio"/>
f. Weight management	<input type="radio"/>	<input type="radio"/>
g. Primary care	<input type="radio"/>	<input type="radio"/>
h. Tobacco cessation	<input type="radio"/>	<input type="radio"/>
i. Medication adherence	<input type="radio"/>	<input type="radio"/>
Enter another option	<input type="radio"/>	<input type="radio"/>
Enter another option	<input type="radio"/>	<input type="radio"/>

11. In the past year, on which of the following topics did [ORG NAME] collaborate with other organizations in the community [IF RESPONDENT TYPE ≠WISEWOMAN PROG: (excluding [WISEWOMAN PROG])] to promote cardiovascular health?*Collaboration can be defined as any joint planning, service coordination, cost-sharing initiatives, or other activities in which your organizations worked together toward a common goal.**Select one per row.*

Yes, we collaborated in this area No, we did not collaborate in this area

a. Heart disease prevention	<input type="radio"/>	<input type="radio"/>
b. Stroke prevention	<input type="radio"/>	<input type="radio"/>
c. Diabetes prevention and control	<input type="radio"/>	<input type="radio"/>
d. Nutrition	<input type="radio"/>	<input type="radio"/>
e. Physical activity	<input type="radio"/>	<input type="radio"/>
f. Weight management	<input type="radio"/>	<input type="radio"/>
g. Primary care	<input type="radio"/>	<input type="radio"/>
h. Tobacco cessation	<input type="radio"/>	<input type="radio"/>
i. Medication adherence	<input type="radio"/>	<input type="radio"/>
Enter another option	<input type="radio"/>	<input type="radio"/>
Enter another option	<input type="radio"/>	<input type="radio"/>

12. For each area that [ORG NAME] collaborated with other organizations in the community [IF RESPONDENT TYPE ≠ WISEWOMAN PROG: (excluding [WISEWOMAN PROG])], was one of the purposes for the collaboration to reduce disparities?

Select one per row.

Yes, we collaborated to reduce disparities in this area No, we did not collaborate to reduce disparities in this area

a. Heart disease prevention	<input type="radio"/>	<input type="radio"/>
b. Stroke prevention	<input type="radio"/>	<input type="radio"/>
c. Diabetes prevention and control	<input type="radio"/>	<input type="radio"/>
d. Nutrition	<input type="radio"/>	<input type="radio"/>
e. Physical activity	<input type="radio"/>	<input type="radio"/>
f. Weight management	<input type="radio"/>	<input type="radio"/>
g. Primary care	<input type="radio"/>	<input type="radio"/>
h. Tobacco cessation	<input type="radio"/>	<input type="radio"/>
i. Medication adherence	<input type="radio"/>	<input type="radio"/>
Enter another option	<input type="radio"/>	<input type="radio"/>
Enter another option	<input type="radio"/>	<input type="radio"/>

13. In the spaces below, list up to 10 organizations with which [ORG NAME] collaborated on cardiovascular health in the past year. If [ORG NAME] collaborated with more than 10 organizations, select the 10 with which [ORG NAME] collaborated most closely.

Collaboration can be defined as any joint planning, service coordination, cost-sharing initiatives, or other activities in which your organizations worked together toward a common goal.

Provide up to 10 organizations. Do not list more than 5 clinical providers.

[NOTE: QUESTION TEXT FOR Q14, Q15, Q16, Q18, Q19, Q20 WILL BE PROGRAMMED TO PRE-FILL THE RESPONDENTS' ANSWERS TO Q13. IF A RESPONDENT DOES NOT ENTER ANY INFORMATION AT Q13, THE RESPONDENT WILL SKIP ALL SUBSEQUENT QUESTIONS THAT USE THESE FILLS.]

Organization #1	<input type="text"/>
Organization #2	<input type="text"/>
Organization #3	<input type="text"/>
Organization #4	<input type="text"/>
Organization #5	<input type="text"/>
Organization #6	<input type="text"/>
Organization #7	<input type="text"/>
Organization #8	<input type="text"/>
Organization #9	<input type="text"/>
Organization #10	<input type="text"/>

14. In the past year, in which of the following ways did [ORG NAME] formally and/or informally partner with organizations in the community?*Select all that apply per row*

	Signed formal memorandum of understanding with organization	Met with organization for joint planning	Participated in collaborative group or working group with organization	Submitted joint proposal for funding
[FILL ORG #1]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #2]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #4]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #5]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #6]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #7]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #8]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #9]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #10]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. In the past year, which of the following activities did [ORG NAME] engage in with organizations in the community?

Select all that apply per row

	Organized/ implemented grassroots activities (for example, health fair or other community events)	Participated in joint training with organization	Developed joint program materials	Met with policymaker or attended public meeting or hearing with the organization	Developed media messages/ organized media events	Assessed or mapped community needs using shared data	Worked together to increase access to health insurance or affordable medication
[FILL ORG #1]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #2]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #4]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #5]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #6]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #7]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #8]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #9]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #10]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. In the past year, in which of the following ways did [ORG NAME] collaborate with organizations in the community regarding cardiovascular health?

Select all that apply per row

[NOTE: Q16 SHOULD ONLY BE ASKED OF ORGANIZATIONS THAT PROVIDE DIRECT SERVICES (Q3 = YES).]

[ORG NAME] made referrals to organization [ORG NAME] received referrals from organization [ORG NAME] shared/used the same data system

[FILL ORG #1]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #2]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #3]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #4]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #5]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #6]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #7]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #8]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #9]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[FILL ORG #10]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Back](#) [Next](#)

Quality of Collaborations

17. Thinking about [ORG NAME]'s collaborative efforts with organizations in the community that support cardiovascular health, select the response that shows how much you agree or disagree with each of the following statements

Please think about [ORG NAME]'s partnerships with organizations that support cardiovascular health.

Select one per row.

	Strongly disagree	Disagree	Neutral/ no opinion	Agree	Strongly agree
Collaboration in the community					
a. Agencies/organizations in our community have a history of working together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources					
c. [ORG NAME]'s partnerships with community organizations that support cardiovascular health are able to adapt to changing conditions, such as fewer funds than expected or changing political climate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment					
d. The organizations that partner with [ORG NAME] invest the right amount of time in collaborative efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication					
e. [ORG NAME]'s partner organizations communicate openly with one another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Communication among [ORG NAME]'s partners happens both at formal meetings and in informal ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mutual respect, understanding, and trust					
g. I have a lot of respect for the other organizations with which [ORG NAME] partners.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. [ORG NAME] benefits from partnering with other organizations in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. In the past year, how closely did [ORG NAME] work with each of the organizations listed?

We define closely as a range between not working together at all to working closely with another organization on joint activities (from 1 to 5). Examples of such activities might include joint planning, service coordination, cost-sharing initiatives, or other activities that work toward a common goal.

Select one per row

	We do not work together at all 1	2	3	4	We work closely 5
[FILL ORG #1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #5]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #6]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #7]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Thinking about the frequency of and the level of effort dedicated to collaborative activities, how has [ORG NAME]'s level of collaboration changed with each organization listed below?

For each organization listed, has the level of collaboration increased in the past year, decreased in the past year, or remained the same in the past year?

Select one per row.

	Increased	Decreased	Remained the same
[FILL ORG #1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #5]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #6]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #7]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Overall, how productive is [ORG NAME]'s current working relationship with each of the organizations listed below?

A productive working relationship is one in which you feel you are making progress toward a goal.

Select one per row.

	Not productive	Somewhat productive	Very productive	Can't assess
[FILL ORG #1]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #2]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #3]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #4]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #5]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #6]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #7]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #8]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #9]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[FILL ORG #10]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. In your opinion, what are the top barriers to communitywide collaboration to promote cardiovascular health? Select up to five barriers from the list below.

Select up to five

- Insufficient resources in the state or community
- Insufficient staff time dedicated to collaborative efforts
- Lack of collaboration/cooperation from necessary partners and stakeholders
- Lack of history of collaborative effort among health and service providers in our community
- Lack of buy-in from community members
- Lack of strong leadership
- Unsupportive political climate
- Other (specify)
- No barriers

[Back](#) [Next](#)

CARDIOVASCULAR HEALTH-RELATED GOALS AND PROGRESS

The next questions are about [ORG NAME]'s goals [IF RESPONDENT TYPE ≠ WISEWOMAN PROG: in partnering with [WISEWOMAN PROG]].

[NOTE: Q22 AND Q23 WILL ONLY BE ASKED OF PARTNER ORGANIZATIONS. WISEWOMAN PROGRAM RESPONDENTS WILL SKIP TO Q24.]

22. What are the top three goals that [ORG NAME] hopes to achieve by partnering with [WISEWOMAN PROG]?

Enter the goals in the spaces provided below.

Then, select one button per row to indicate how effective the partnership has been in working towards each goal.

If there are more than three goals, please list the top three.

Not effective Somewhat effective Very effective Do not know

Enter another option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enter another option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enter another option	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Since partnering with [WISEWOMAN PROG], what have been the biggest barriers to achieving these goals?

Select all that apply.

- Insufficient resources in the state or community
- Insufficient staff time dedicated to collaborative efforts
- Lack of collaboration/cooperation from necessary partners and stakeholders
- Lack of history of collaborative effort among health and service providers in our community
- Lack of buy-in from community members
- Lack of strong leadership
- Unsupportive political climate
- No barriers
- Barrier not listed above (specify)

24. To what extent has [ORG NAME] focused on improving the following community outcomes:

Select one per row.

	Do not focus on this	Focus on this to some extent	Focus on this to a great extent	Do not know
a. Increasing physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Increasing healthy food access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Increasing tobacco cessation/smoke-free environments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Building on existing chronic disease efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Providing access to affordable medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Providing clinical services to members of the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Linking community members to affordable health services and/or enrolling community members in health insurance programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Providing or linking community members to other social services to help them live healthier lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Back](#) [Next](#)

ABOUT THE COMMUNITY

The next questions are about the [STATE] community(s) in which [ORG NAME] operates. Your answers to these questions will provide context to the previous questions about [ORG NAME]'s operations and collaborative efforts with other organizations.

25. In the past year, have the following factors increased, decreased, or remained unchanged in the [STATE] community(s) in which [ORG NAME] operates?
Your best estimate is fine.

Select one per row.

	Increased	Decreased	Remained unchanged
a. Availability of clinical providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Availability of funding within the community to support cardiovascular health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Availability of lifestyle programs and community-based resources (e.g., quit lines, YMCA programs, Weight Watchers, community gardens, walking paths)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Community awareness of cardiovascular disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Number of individuals needing services for cardiovascular health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Thinking about issues (such as job and housing availability, safety and security, and the environment) in the [STATE] community(s) in which [ORG NAME] operates, how has the overall quality of life changed in the past three years? Would you say quality of life has...

Select one only:

- Improved
- Worsened
- Remained the same

27. Overall, how much impact do you think [ORG NAME] has in making the community a better place to live?

Select one only:

- No impact
- Small impact
- Moderate impact
- Big impact

[Back](#)

[Next](#)

ADDITIONAL FEEDBACK

28. Please share anything else about your interactions and experiences working with other community organizations to improve cardiovascular health outcomes in the community.

[Back](#)

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Thank You!

Thank you for taking the time to complete the survey! If you have any questions, contact Katie Morrison at (202) 264-3450 or KMorrison@mathematica-mpr.com.