Form Approved

Attachment E: CHPIA Additional County SUpplement

OMB No. 0920-0879

Expiration Date 03/31/2018

**CHPIA Additional County Supplement**

*Use this form to provide responses about additional counties in a multi-county health district*

Which county are you describing on this form? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Overall, how much of an impact does your health department/district have on the process for making policies related to chronic disease prevention and health promotion for the residents who live in your county/district?** **Please select one.**

O1 Large impact

O2 Moderate impact

O3 Small impact

O4 Very small impact

O5 No impact

O6 Don’t Know

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2. In the past 12 months, how often did your health department/district partner with the following *agencies or departments* for the purpose of advancing policies related to chronic disease prevention and health promotion?** | | | | | | |
|  | 1Always | 2Often | 3Sometimes | 4Rarely | 5Never | 6Don’t Know |
| * 1. Zoning | O | O | O | O | O | O |
| * 1. Comprehensive land use planning | O | O | O | O | O | O |
| * 1. Transportation | O | O | O | O | O | O |
| * 1. Public works | O | O | O | O | O | O |
| * 1. Restaurant/hospitality inspection | O | O | O | O | O | O |
| * 1. Public safety/policing | O | O | O | O | O | O |
| * 1. Education/school system | O | O | O | O | O | O |
| * 1. Parks and recreation | O | O | O | O | O | O |

CDC estimates the average public reporting burden for this collection of information as 8 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information.  An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3. In the past 12 months, how often did your health department/district partner with the following *entities or organizations* for the purpose of advancing policies related to chronic disease prevention and health promotion?** | | | | | | |
|  | 1Always | 2Often | 3Sometimes | 4Rarely | 5Never | 6Don’t Know |
| 1. State health department | O | O | O | O | O | O |
| 1. Municipalities *within* the county/district | O | O | O | O | O | O |
| 1. Municipalities in *other* counties/districts | O | O | O | O | O | O |
| 1. Nonprofit organizations (Red Cross, American Heart Association, PTAs) | O | O | O | O | O | O |
| 1. Public and private schools (K-12) | O | O | O | O | O | O |
| 1. Colleges and universities | O | O | O | O | O | O |
| 1. Hospitals, health systems, or other clinical providers | O | O | O | O | O | O |
| 1. Pharmacies | O | O | O | O | O | O |
| 1. Large employers in county/district | O | O | O | O | O | O |
| 1. Fitness or wellness centers | O | O | O | O | O | O |
| 1. Places of worship | O | O | O | O | O | O |

**4. Are there organizations that your health department/district has not been able to form a partnership with for the purpose of advancing policies related to chronic disease prevention and health promotion but would like to work with?**

O1 Yes 4a. **Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

O2 No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5. In the past 12 months, how often did your health department/district face the following barriers to partnering with other agencies?** | | | | | | |
|  | 1Always | 2Often | 3Sometimes | 4Rarely | 5Never | 6 NA-Never tried partnering |
| 1. Bureaucratic organization barrier | O | O | O | O | O | O |
| 1. Workload or time constraint | O | O | O | O | O | O |
| 1. Other agencies or organizations not interested | O | O | O | O | O | O |
| 1. Budget constraints | O | O | O | O | O | O |
| 1. Not aware of other agencies to work with | O | O | O | O | O | O |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **6. In the past 12 months, how often did your health department/district use the following communication channels to increase awareness of policies related to chronic disease prevention and health promotion?** | | | | | | |
|  | 1Always | 2Often | 3Sometimes | 4Rarely | 5Never | 6 Don’t Know |
| 1. Public service announcements | O | O | O | O | O | O |
| 1. Facebook | O | O | O | O | O | O |
| 1. Twitter | O | O | O | O | O | O |
| 1. YouTube | O | O | O | O | O | O |
| 1. Email contact lists | O | O | O | O | O | O |
| 1. Mobile apps | O | O | O | O | O | O |

**Tobacco Policy**

|  |  |  |
| --- | --- | --- |
| 1. **Using the categories below, please indicate the status of tobacco policy in your county/district.** | | |
| **Category** | **Response** | **Response Options** |
| 1. Smoke-free indoor air policies | \_\_\_\_\_\_\_ | 1 = This has not been identified as a policy priority in this county/district  2 = This has been identified as a policy priority and an agenda is being developed  3 = A policy is being formulated for adoption  4 = A policy has been adopted and is being implemented  5 = A policy is in place in some municipalities but not within the county/district as a whole  6 = A policy is implemented and is being enforced and evaluated  7 = Don’t Know |
| 1. Policies on tobacco use in public or subsidized housing | \_\_\_\_\_\_\_ |
| 1. Smoke-free outdoor air policies | \_\_\_\_\_\_\_ |
| 1. Reducing minor access to tobacco products | \_\_\_\_\_\_\_ |
| 1. Limiting locations where tobacco is sold or point of sale restrictions | \_\_\_\_\_\_\_ |
| 1. Raising the cost of tobacco products by increasing taxes, restricting use of promotional coupons, or setting minimum price floors | \_\_\_\_\_\_\_ |
| 1. Regulating emerging tobacco products, such as hookahs or e-cigarettes | \_\_\_\_\_\_\_ |

1. **If a new policy initiative related to tobacco use were to be proposed, how much of a role would your county health department/district have in the policy development process?**

O1 O2 O3 O4 O5 O6

No Role Major Role Don’t Know

1. **If a new policy initiative related to medical and/or recreational marijuana use were to be proposed, how much of a role would your county health department/district have in the policy development process?**

O1 O2 O3 O4 O5 O6

No Role Major Role Don’t Know

**Nutrition Policy**

|  |  |  |
| --- | --- | --- |
| 1. **Using the categories below, please indicate the status of nutrition policy in your county/district.** | | |
| **Category** | **Response** | **Response Options** |
| 1. Policies related to sodium-reduction/control | \_\_\_\_\_\_\_ | 1 = This has not been identified as a policy priority in this county/district  2 = This has been identified as a policy priority and an agenda is being developed  3 = A policy is being formulated for adoption  4 = A policy has been adopted and is being implemented  5 = A policy is in place in some municipalities but not within the county/district as a whole  6 = A policy is implemented and is being enforced and evaluated  7 = Don’t Know |
| 1. Policies or incentive programs that encourage the addition of new supermarkets, groceries or similar stores to the county/district | \_\_\_\_\_\_\_ |
| 1. Policies or incentive programs that improve the availability of healthy foods and beverages in existing food retail stores | \_\_\_\_\_\_\_ |
| 1. Nutrition standards or other policies related to foods served or sold in government facilities | \_\_\_\_\_\_\_ |
|  |  |
| 1. Nutrition standards or other policies related to foods served or sold in schools | \_\_\_\_\_\_\_ |
| 1. Nutrition standards or other policies related to foods served in child care settings | \_\_\_\_\_\_\_ |
| 1. Nutritional or menu labeling in restaurants or similar venues. | \_\_\_\_\_\_\_ |
| 1. Policies or incentive programs that encourage farmers markets, farm stands, and/or produce carts | \_\_\_\_\_\_\_ |
| 1. Policies that allow all breastfeeding employees in the local government time and space to pump breast milk. | \_\_\_\_\_\_\_ |

1. **If a new policy initiative related to nutrition were to be proposed, how much of a role would your county health department/district have in the policy development process?**

O1 O2 O3 O4 O5 O6

No Role Major Role Don’t Know

**Physical Activity Policy**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Using the categories below, please indicate the status of physical activity policy in your county/district.** | | | | | |
| **Category** | | | | **Response** | **Response Options** |
| 1. Policies that encourage pedestrian friendly streets and communities | | | | \_\_\_\_\_\_\_ | 1 = This has not been identified as a policy priority in this county/district  2 = This has been identified as a policy priority and an agenda is being developed  3 = A policy is being formulated for adoption  4 = A policy has been adopted and is being implemented  5 = A policy is in place in some municipalities but not within the county/district as a whole  6 = A policy is implemented and is being enforced and evaluated  7 = Don’t Know |
| 1. Policies that support accessible park and playground development near residential areas | | | | \_\_\_\_\_\_\_ |
| 1. Policies related to public transportation | | | | \_\_\_\_\_\_\_ |
| 1. Policies for physical education, recess or other opportunities for children to be physically active in schools | | | | \_\_\_\_\_\_\_ |
| 1. Policies that encourage physical activity in child care centers | | | | \_\_\_\_\_\_\_ |
| 1. Shared-use agreements with schools that allows the public to use school recreational facilities (for example, gymnasiums, athletic fields, or playgrounds) during non-school hours | | | | \_\_\_\_\_\_\_ |
| 1. Safe route to school policies to encourage walking and bicycling to school | | | | \_\_\_\_\_\_\_ |
| 1. Policies promoting sun safety and skin cancer prevention in schools (e.g., carrying and using sunscreen, hat wearing in outdoor settings) | | | | \_\_\_\_\_\_\_ |
|  | | | |  |
|  | | | |  |
|  | | | |  |  |
|  | | | |  |  |
|  | |
|  |  | |

1. **Is there a designated public health representative from your health department/district on the…**
2. **Planning and/or zoning commission?**

O1 Yes

O2 No

O3 No such commission / committee

O4 Don’t Know

1. **Pedestrian, bicycle, or alternative transportation advisory committee?**

O1 Yes

O2 No

O3 No such commission / committee

O4 Don’t Know

1. **If a new policy initiative related to physical activity were to be proposed, how much of a role would your county health department/district have in the policy development process?**

O1 O2 O3 O4 O5 O6

No Role Major Role Don’t Know

**Clinical-Community Linkages Policy**

1. **Using the categories below, please indicate the status of policy related to clinical-community linkages in your county/district.**

|  |  |  |
| --- | --- | --- |
|  | | |
| **Category** | **Response** | **Response Options** |
| 1. Policies promoting clinical and community linkages with pharmacies to control chronic diseases | \_\_\_\_\_\_\_ | 1 = This has not been identified as a policy priority in this county/district  2 = This has been identified as a policy priority and an agenda is being developed  3 = A policy is being formulated for adoption  4 = A policy has been adopted and is being implemented  5 = A policy is in place in some municipalities but not within the county/district as a whole  6 = A policy is implemented and is being enforced and evaluated  7 = Don’t Know |
| 1. Policies promoting prevention and self-management of chronic disease | \_\_\_\_\_\_\_ |
| 1. Policies promoting immunizations (e.g., vaccines) | \_\_\_\_\_\_\_ |
| 1. Policies related to screening for chronic disease (e.g., blood pressure, blood glucose) | \_\_\_\_\_\_\_ |
| 1. Policies promoting clinical linkages with community health workers | \_\_\_\_\_\_\_ |
| 1. Policies related to emergency medical services (e.g., EMS training, public access defibrillation) | \_\_\_\_\_\_\_ |

1. **If a new policy initiative related to chronic disease management were to be proposed, how much of a role would your county health department/ district have in advancing policy?**

O1 O2 O3 O4 O5 O6

No Role Major Role Don’t Know

**Policies for Reducing Excessive Alcohol Consumption**

1. **Using the categories below, please indicate the status of policy to reduce excessive alcohol consumption in your county/district.**

|  |  |  |
| --- | --- | --- |
|  | | |
| **Category** | **Response** | **Response Options** |
| 1. Increasing alcohol taxes | \_\_\_\_\_\_\_ | 1 = This has not been identified as a policy priority in this county/district  2 = This has been identified as a policy priority and an agenda is being developed  3 = A policy is being formulated for adoption  4 = A policy has been adopted and is being implemented  5 = A policy is in place in some municipalities but not within the county/district as a whole  6 = A policy is implemented and is being enforced and evaluated  7 = Don’t Know |
| 1. Regulation of alcohol outlet density | \_\_\_\_\_\_\_ |
| 1. Commercial host (dram shop liability) | \_\_\_\_\_\_\_ |
|  |  |
|  |  |
|  |  |

1. **If a new policy initiative related to reducing excessive alcohol consumption were to be proposed, how much of a role would your county health department/ district have in advancing policy?**

O1 O2 O3 O4 O5 O6

No Role Major Role Don’t Know

**CHECKPOINT: If you are part of a multicounty district, don’t forget to fill out the supplement questions about the other counties!**

1. **Your responses to this assessment are important for identifying the role of local health departments in setting policy. If you were to be asked to take this assessment again, how would you prefer to answer the questions?**

O1 Over the phone

O2 By web

O3 On paper by mail

Thank you for your responses. Please return this assessment using the self-addressed stamped envelope included in your mailing. In the event you no longer have the envelope, please return to:

RTI International – ROC

Attn: Data Capture 0214510.004.001.001

5265 Capital Blvd.

Raleigh NC 27616