

Attachment E: State Survey

State Survey

Introduction: Welcome to the survey being conducted by Community Science on behalf of the Office of Minority Health in the U.S. Department of Health and Human Services. This survey is designed to collect information on your involvement with efforts to end health disparities, including the National Partnership for Action to End Health Disparities. Your participation is voluntary. You can decline to participate. You can also stop your participation at any time by choosing not to submit your responses.

Your name and organization will not be attached to specific comments that you share today. Your response may be included with those of other respondents in aggregate form in reports or journal articles. In addition, participants' names will not be included in any information viewed by officials at the Office of Minority Health or any other HHS agency.

Methods will also be taken to protect study data. Data from the survey and interviews will not identify any person. Data from the surveys and interviews will be stored in a password-protected database. Only authorized Community Science staff working on the evaluation will have access to the database. The briefs and reports produced for the evaluation will not identify specific individuals. All potentially identifying information will be destroyed at the study's conclusion.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-XXXX. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 537-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Please select which region your organization is located in:

- ☐ Region 1 (CT, MA, ME, NH, RI, VT)
- ☐ Region 2 (NJ, NY, PR, USVI)
- ☐ Region 3 (DC, MD, PA, VA, WV)
- ☐ Region 4 (AL, FL, GA, KY, MS, NC, SC, TN)
- ☐ Region 5 (IL, IN, MI, MN, OH, WI)
- ☐ Region 6 (AR, LA, NM, OK, TX)
- ☐ Region 7 (IA, KS, MO, NE)
- ☐ Region 8 (CO, MT, ND, SD, UT, WY)
- ☐ Region 9 (AZ, CA, GU, HI, NV)
- ☐ Region 10 (AK, ID, OR, WA)

What is the State you work in?

Dropdown of 50 states and 3 territories

1. For each item below, please indicate how much activity is occurring in your State around the issue.
When answering the question, please consider activities occurring at the community level as well as any occurring at the State level or within the State government:

	A Great Deal	A Fair Amount	Some	Little or None	Don't know enough to judge
a. Efforts to increase awareness of the significance of health disparities and their impact on communities	1	2	3	4	5
b. Efforts to ensure that ending health disparities is a priority on State and local health care agendas	1	2	3	4	5
c. The development of partnerships among public, private, nonprofit, and private entities to increase awareness, drive action, and ensure accountability in efforts to end health disparities and achieve health equity across the lifespan	1	2	3	4	5
d. Efforts to use the media, via traditional and new media approaches, as well as information technology, to reach a multi-tier audience and to	1	2	3	4	5

	A Great Deal	A Fair Amount	Some	Little or None	Don't know enough to judge
encourage action and accountability around ending health disparities					
e. The creation of messages and use of communication mechanisms tailored for specific audiences that present varied views on the consequences of health disparities. These messages are designed to encourage individuals and organizations to act and to reinvest in public health.	1	2	3	4	5
f. Efforts to strengthen and broaden leadership for addressing health disparities at all levels	1	2	3	4	5
g. Efforts to build capacity at all levels of decisionmaking to promote community solutions for ending health disparities	1	2	3	4	5
h. Improvements in coordination, collaboration, and opportunities for soliciting community input on funding priorities and involvement in research and services related to health disparities	1	2	3	4	5
i. Investments in young people to prepare them to be future leaders and practitioners by actively engaging and including them in the planning and execution of health, wellness, and safety initiatives	1	2	3	4	5
j. Efforts to improve health and health care outcomes for all racial, ethnic, and underserved populations	1	2	3	4	5
k. Efforts to ensure access to quality health care for all, including increasing awareness about the Affordable Care Act	1	2	3	4	5
l. Efforts to ensure the provision of needed services (e.g., mental, oral, vision, hearing, and	1	2	3	4	5

	A Great Deal	A Fair Amount	Some	Little or None	Don't know enough to judge
physical health services; nutrition services; and those related to social and physical environments) for at-risk children, including children in out-of-home care					
m. Efforts to enable the provision of needed services and programs to foster healthy aging	1	2	3	4	5
n. Enhancements and improvements in health service experience through improved health literacy, communications, and interactions	1	2	3	4	5
o. Efforts to work toward a goal of 100% high school graduation rates by working with schools, early childhood programs, community organizations, public health agencies, health plan providers, and businesses to promote the connection between educational attainment and long-term health benefits	1	2	3	4	5
p. Efforts to support and implement policies that create the social, environmental, and economic conditions required to realize healthy outcomes	1	2	3	4	5
q. Efforts to improve cultural and linguistic competency and the diversity of the health-related workforce (e.g., through the use of the Cultural and Linguistically Appropriate Services [CLAS] standards)	1	2	3	4	5
r. Efforts to develop and support the health workforce and related industry workforces to promote the availability of cultural and linguistic competency training that is sensitive to the cultural and language variations of diverse communities	1	2	3	4	5
s. Efforts to increase diversity and competency of the health workforce and related industry workforces through recruitment, retention, and	1	2	3	4	5

	A Great Deal	A Fair Amount	Some	Little or None	Don't know enough to judge
training of racially, ethnically, and culturally diverse individuals and through leadership action by health care organizations and systems					
t. Efforts to encourage interpreters, translators, and bilingual staff providing services in languages other than English to follow codes of ethics and standards of practice for interpreting and translation	1	2	3	4	5
u. Efforts to encourage financing and reimbursement for health interpretation services	1	2	3	4	5
v. Efforts to improve data availability, coordination, utilization, and diffusion of research and evaluation outcomes related to health disparities	1	2	3	4	5
w. Efforts to ensure the availability of health data on all racial, ethnic, and underserved populations	1	2	3	4	5
x. Investments in community-based participatory research and evaluation of community-originated intervention strategies in order to build capacity at the local level for ending health disparities	1	2	3	4	5
y. Support and improved coordination of research that enhances understanding about, and proposes methodology for, ending health and health care disparities	1	2	3	4	5
z. Expanded and enhanced transfer of knowledge generated by research and evaluation for decisionmaking about policies, programs, and grantmaking related to health disparities and health equity	1	2	3	4	5

2. How knowledgeable are you about activities to end health disparities that are occurring at the community level?
- € Very knowledgeable
 - € Somewhat knowledgeable
 - € Most of my knowledge relates to the State level.
3. How much do you know about the National Partnership for Action to End Health Disparities (NPA) and the *National Stakeholder Strategy for Achieving Health Equity*?
- € I know a great deal.
 - € I know some.
 - € I have heard of them, but do not know very much about them.
 - € I have never heard of them (skip to question 5).
4. Overall, how influential would you say the NPA and the *National Stakeholder Strategy for Achieving Health Equity* have been in shaping how states and communities in your State address health disparities?
- € Very influential
 - € Influential
 - € Somewhat influential
 - € Not influential
5. Have you had contact with the Regional Health Equity Council that operates in your region?
- € No
 - € Yes
6. Please identify representatives from State and/or local community agencies and organizations who are active and/or innovative in addressing health disparities and whom we might contact for more information about their health disparities work.

Organization/Group: _____

Contact Person: _____

Phone Number and/or Email: _____

Organization/Group: _____

Contact Person: _____

Phone Number and/or Email: _____

Organization/Group: _____

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