

Form Approved  
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## Public Health Improvement Training (PHIT) End-of-Training Evaluation

### Introduction

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Thank you for attending PHIT! Your feedback will help us improve future conferences. This survey should take no longer than 4 minutes. Responses will remain anonymous and be kept secure. If you have any questions or technical difficulties, please reach out to Nicole Waller at [nwaller@nnphi.org](mailto:nwaller@nnphi.org).

The public reporting burden of this collection of information is estimated to average 4 minutes per response, including 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 OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to **CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-1050)**

### Survey Questions

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1. Which of the following statements, if any, are **true** about the **conference logistics**? (Select **all** that apply.)

a. It was <b>easy to navigate the conference hotel</b> to find my sessions of interest.
b. The meeting space provided an <b>effective learning environment</b> .
c. I had enough <b>guidance from conference leaders</b> to help me decide which sessions to attend.
d. The session descriptions had <b>enough information</b> .
e. The session descriptions were <b>accurate</b> .
f. The <b>exhibitors</b> gave me useful information about resources, products, or activities I can use in my work.
g. <b>None of these options</b> are true for me.

2. Did you use the **PHIT mobile app**?
- Yes (Skip pattern: If YES, display #2a)
  - No (Skip pattern: If NO, display #2b)

2a. Which of the following statements, if any, are **true** about your *experience with the PHIT mobile app*? (Select **all** that apply.)

a. The PHIT mobile app was <b>easy to use</b> .
b. I <b>connected with peers</b> through the PHIT mobile app.
c. I <b>viewed the agenda</b> using the PHIT mobile app.
d. I <b>created my schedule</b> using the PHIT mobile app.
e. I <b>accessed session materials</b> using the PHIT mobile app.
f. <b>None of these options</b> are true for me.

2b. What, if anything, **prevented you from using** the PHIT mobile app?

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3. Did you complete any part of the **My PHIT Action Plan template**?

- a. Yes (Skip pattern: If YES, display #3a)
- b. No

3a. In what way(s), if any, was the My PHIT Action Plan template helpful? (Select **all** that apply.)

a. It helped me to make <b>professional connections</b> with other attendees.
b. It helped me think about the <b>skills or information I need</b> to be successful in my job.
c. It helped me <b>prioritize my time</b> at PHIT.
d. It helped me <b>select relevant sessions</b> to attend.
e. It helped me think about <b>ways to apply</b> PHIT content in my work.
f. It was helpful in <b>another way</b> . (Skip pattern: If selected, display #3b)
g. It <b>was not helpful</b> to me.

3b. In what **other way(s)** did you find the My PHIT Action Plan template helpful?

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4. Which of the following statements, if any, are **true** about your *peer interaction at PHIT*? (Select **all** that apply.)

a. I <b>shared insights from my job</b> with a peer at PHIT.
b. I offered to <b>share a resource</b> with a peer at PHIT.
c. I used <b>social media</b> to share or connect with peers at PHIT.
d. I joined a “ <b>dine around</b> ” with peers I had not met before PHIT.
e. I attended a <b>networking lunch</b> during PHIT.
f. I made a <b>plan to connect</b> with at least one peer after PHIT.
g. I experienced meaningful peer interaction in <b>another way</b> . (Skip pattern: If selected, display #4a)
h. I <b>did not have</b> meaningful peer interaction at PHIT.

4a. In what **other way(s)** did you experience meaningful peer interaction?

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5. Which of the following statements, if any, are **true** about the *training you received at PHIT*? (Select **all** that apply.)

a. I practiced the skills taught using <b>realistic, work-related exercises</b> .
b. I had an <b>adequate amount of time</b> to practice the skills taught.
c. I received <b>helpful feedback</b> after practicing the skills taught.
d. I received <b>useful resources</b> , such as checklists, examples, or templates, to take with me.
e. I am leaving with a <b>specific plan</b> to apply new knowledge or skills in my work.
f. <b>None of these options</b> are true for me.

6. Consider the **topics of greatest interest to you**. Was there **enough time** devoted to these topics at PHIT?

- a. Yes
- b. No (Skip pattern: If NO, display #6a)

6a. Which topic(s) deserved more time?

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Questions 7–9 will help us understand your perception of the **overall value** of your attendance at PHIT.

7. Overall, to what extent did you **gain new skills** that you can use in your work? (Select the **one** best option.)

a. I gained a <b>significant set of new skills</b> that I can use in my work.
b. I gained a <b>few new skills</b> that I can use in my work.
c. I gained <b>no new skills</b> that I can use in my work.
d. The skills taught at PHIT <b>were not relevant</b> to my work.

8. Overall, to what extent was PHIT 2019 a **valuable use of your time**?

a. It was a <b>very valuable</b> use of my time.
b. It was a valuable use of time <b>to some extent</b> .
c. It was <b>not</b> a valuable use of my time.

9. Please describe your PHIT experience in three sentences or less.

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Questions 10–13 will tell us about you so that we can use your feedback in more specific ways.

10. Are you a member of the Public Health Performance Improvement Network (phPIN)?

- a. Yes
- b. No
- c. I'm not sure

11. Are you a 2019 Strategic Scholar?

- a. Yes
- b. No
- c. I'm not sure

12. What type of organization do you represent? (Select the **one** best option.)

- a. Local health department
- b. State health department
- c. Territorial health department
- d. Tribal health department or organization
- e. Board of health
- f. Academic institution, public health institute, or training center
- g. State or regional public health association
- h. National organization
- i. Federal government agency
- j. Other (Please specify) \_\_\_\_\_

13. Which of the following best describes your position within your organization? (Select the **one** best option.)

- a. **Front-Line Staff (non-managerial)** [*Hover text:* Public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.]
- b. **Program Manager or Supervisor** [*Hover text:* Public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.]
- c. **Senior Manager or Executive** [*Hover text:* Public health professionals at a senior management level and leaders of public health organizations. These professionals may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.]

14. Please provide any additional comments or suggestions to improve PHIT.

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Thank you for your feedback!