**Attachment A: Instrument – Post-Event Survey for In-Person Attendees (Word and Web Versions)**

**Post-Event Survey for In-Person Attendees**

Thank you for participating in this year’s Public Health Improvement Training (PHIT)! Please take a few moments to tell us about your experience at PHIT. We rely on your feedback to help plan and improve future training events. This survey is voluntary and should take about 4 minutes. Your response will not be linked to your name or other identifying information.

For help, please contact Cassandra Frazier at bkx9@cdc.gov.

CDC estimates the average public reporting burden for this collection of information as 4minutes 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 H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-1050).

**About You**

The following questions will tell us about you so we can better use your feedback.

1. What **type of organization** do you represent? (Select the ONE best answer)
	1. State health department
	2. Tribal health department or organization
	3. Local health department
	4. Territorial health department
	5. Nongovernmental organization or academic institution
	6. Federal agency
	7. Other (please specify)
2. Which of the following describe your **role in performance improvement** at your agency? (Select ALL that apply)
	1. Cross-cutting performance improvement staff or manager
	2. Program staff or manager engaged in performance improvement activities
	3. Senior leader with influence on the agency’s performance improvement culture
	4. Provider of support to other organizations
	5. No current role
	6. Other (please specify)
3. How long have you worked as a public health professional?
	1. Less than 1 year
	2. 1–4 years
	3. 5–9 years
	4. 10 years or more
	5. Not applicable
4. Have you attended PHIT **before**? (Select ALL that apply)
	1. No
	2. Yes, virtual PHIT (2023, 2022, or 2021)
	3. Yes, in-person PHIT (2023)
	4. Yes, in-person PHIT (2019 or earlier)

**Your Overall Experience During In-Person PHIT**

We would like to know more about your overall experience during the in-person Mini PHIT on May 20 - 21, 2024.

1. Overall, to what extent was the in-person Mini PHIT event a **valuable use of your time**?
	1. Not at all valuable
	2. Minimally valuable
	3. Moderately valuable
	4. Very valuable
	5. Extremely valuable
2. To what extent do you **disagree** or **agree** with the following statements about your in-person Mini PHIT experience?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly disagree** | **Somewhat disagree** | **Unsure** | **Somewhat agree** | **Strongly agree** |
| I plan to **apply new knowledge or skills** from in-person PHIT in my work. | ( ) | ( ) | ( ) | ( ) | ( ) |
| I plan to **use or adapt specific tools and examples** from in-person PHIT in my work. | ( ) | ( ) | ( ) | ( ) | ( ) |
| My **professional network has grown** as a result of attending in-person PHIT this year. | ( ) | ( ) | ( ) | ( ) | ( ) |
| Based on my experience this year, I would **encourage someone in my role** to attend a future in-person PHIT event. | ( ) | ( ) | ( ) | ( ) | ( ) |

1. As an in-person attendee, how **difficult** or **easy** was it to do the following things?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Very difficult** | **Somewhat difficult** | **Neither difficult nor easy**  | **Somewhat easy** | **Very****easy** | **N/A –** **Did not try** |
| View the agenda | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Join sessions of interest | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Access session materials | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |
| Connect with other attendees | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) |

7a.If answered somewhat or very difficult, please describe in what ways was this difficult.

**Performance Improvement Topics and Content at In-Person PHIT**

PHIT content covers a wide range of performance improvement topics. The following questions will help us know which topics brought you to PHIT and whether your expectations for learning were met.

1. When you registered for in-person Mini PHIT, which of the following topics were **priorities** for you? (Select ALL that apply)
	1. Change management
	2. Communications, engagement, or partnership building
	3. Community health assessment or improvement planning
	4. Health equity
	5. Performance management
	6. PHAB accreditation or reaccreditation
	7. Quality improvement
	8. Strategic planning
	9. Workforce development or resource management
	10. Other (please specify)
	11. I did not register with priority topics in mind [*Skip to Q10*]

1. [*Carry forward responses A-J from Q8*] For each of the following priority topics you identified, how satisfied are you with the **quality of the content available** at the in-person Mini PHIT?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very dissatisfied** | **Somewhat dissatisfied** | **Neither dissatisfied nor satisfied** | **Somewhat satisfied** | **Very satisfied** |
| Topic 1 |  |  |  |  |  |
| … |  |  |  |  |  |

# **Other Feedback**

1. Please provide any additional comments or suggestions to improve future PHIT events.

This completes our survey. Thank you for your feedback!











