



Assessment of the Uses of *HealthierUS* and *Healthy People 2010*

Informed Consent Statement

The Assistant Secretary for Planning and Evaluation (ASPE) and the Office of Disease Prevention and Health Promotion (ODPHP) at the U.S. Department of Health and Human Services (HHS) are conducting an evaluation of the *HealthierUS* and *Healthy People 2010* programs. These initiatives are intended to improve the health of Americans through the promotion of disease control and prevention activities.

You are being asked to participate in the evaluation by completing this survey on behalf of your agency. Completing the survey should take no longer than 15 minutes.

There are no foreseeable risks by completing the survey. You may choose not to participate. If you should refuse, you will not be penalized. There are no immediate benefits due to your participation. However, by completing the survey you will provide HHS with important information on ways to improve the initiatives and promote specific strategies to prevent disease and improve health at the state, tribal, and local levels.

The information you provide on this survey will be held strictly confidential. Your organization's identity will be separated from the responses to the survey. The information gathered will be used solely by ASPE and ODPHP, or its representatives for research, and will not be disclosed or released to other persons for any purpose.

If you have questions about completing the survey, please contact NORC toll-free at 866-242-4364, or by email at Assessment_Survey@norc.org.

If you have questions about your rights as a participant in this research project, please call the NORC Institutional Review Board Administrator, Kathleen Parks, at (866) 309-0542.

Thank you in advance for your participation. Your responses to the survey, on behalf of your organization, will provide HHS with important information on ways to improve the initiatives and promote specific strategies to prevent disease and improve health at the state, tribal, and local levels.

Sponsored by the:
U.S. Department of Health and Human Services

OMB No.: 0990-0276
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Conducted by:
NORC
*A national organization for research
at the University of Chicago*

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Section I. Background Information

1. What is the name of your organization?

2. Which of the following best describes your organization?

- 1 State
2 Local
3 Tribal

3. Which of the following best describes your job title?

- 1 Director of Health Department
2 Deputy Director
3 Program/Research Director
4 Program/Research Manager
5 Commissioner
6 Manager
7 Supervisor
8 Clinic Administrator/Director
9 Other (*specify*)

4. What is the size of your organization's staff?

Number of full-time equivalent employees

5. What is the size of the population served by your organization?

, ,

6. What are your organization's priority areas? (*check all that apply*)

- 1 Access to Care
2 Child Health
3 Childhood Diseases
4 Chronic Disease
5 Dental Care
6 Disabilities
7 Disease Prevention
8 Environmental Health
9 Health Disparities
10 Health Statistics
11 Healthcare Workforce
12 Immunization
13 Long Term Care
14 Mental Health
15 Nutrition
16 Public Health Preparedness
17 Primary Care
18 Sex/Reproductive Health
19 Substance Abuse (illicit drugs, alcohol, tobacco)
20 Unintentional Injury
21 Women's Health
22 Other (*specify*)

Section II. Use of HealthierUS

The following questions refer to your organization's knowledge, use, and perceptions of HealthierUS. HealthierUS is a Federal initiative that promotes better health and fitness in four areas: improving physical activity, improving nutrition and diet, use of preventive health, and encouraging healthy choices.

1. Are you aware of HealthierUS?

- 1 Yes
 2 No → IF NO, GO TO SECTION IV ON PAGE 8

2. Does your organization use HealthierUS?

- 1 Yes
 2 No → IF NO, GO TO SECTION III ON PAGE 6

3. How does your organization use the HealthierUS initiative?

For setting internal priorities:

- | | Yes | No | Don't know |
|------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| a. As a guide to set spending priorities in the organization | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. As a framework for planning, goal-setting, or decision making | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. Other (<i>specify</i>) | | | |

For collaboration/outreach:

- | | Yes | No | Don't know |
|--------------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| a. To guide priorities for the organization | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b. As a mechanism for building community partnerships for promoting health | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. As a learning tool for staff new to the public health field | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. To raise public awareness | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e. To improve the quality of medical care by educating and informing the medical community | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f. As a tool for promoting the utilization of preventive services | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

4. How relevant is the HealthierUS initiative to the work of your organization?
(circle appropriate number)

Not relevant					Extremely relevant
1	2	3	4	5	

5. To what degree has the HealthierUS initiative affected your organization's progress toward its own health promotion and disease prevention goals and objectives?

Not affected					Significantly affected
1	2	3	4	5	

6. Has HealthierUS resulted in the development of new programs or the expansion of existing ones?

- | | Yes | No | Don't know |
|------------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| a. Developed new programs
<i>If yes, please specify</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

- | | | | |
|----------------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| b. Expanded existing programs
<i>If yes, please specify</i> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
|----------------------------------------------------------------|----------------------------|----------------------------|----------------------------|

7. Has your organization planned programs intentionally around one or more HealthierUS areas?

1 Yes → *If yes, describe a specific instance in the space below.*

2 No

8. What aspect of HealthierUS is most useful to your organization? (select one)

- 1 Media campaigns
- 2 Promotion of physical activity
- 3 Promotion of good nutritional habits
- 4 Promotion of healthy choices
- 5 Promotion of preventive health
- 6 Other (*specify*)

9. Does your organization measure changes in behavior or outcomes related to HealthierUS activities?

- 1 Yes
- 2 No → **GO TO Q.11**

10. If your organization does measure changes in behavior or outcomes related to the use of HealthierUS, how does it do so? (check all that apply)

- 1 Collection and evaluation of new data on health outcomes
- 2 Collection and assessment of qualitative data (e.g. case studies, focus groups)
- 3 Evaluation of trends using existing data on health outcomes
- 4 Other (*specify*)

11. How does your organization access information about HealthierUS? (check all that apply)

- 1 HealthierUS website (www.HealthierUS.gov)
- 2 U. S. Department of Health and Human Services (HHS)
- 3 State Health Department
- 4 Office of Regional Health Administrators
- 5 Informal sources
- 6 Other (*specify*)

12. Through what form of communication does your organization prefer to receive information about HealthierUS activities? (check all that apply)

- | | Yes | No |
|------------------------------------------------------------------|----------------------------|----------------------------|
| a. National Steps to a HealthierUS summit or similar conferences | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Reports/Publications | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Website (www.healthierUS.gov) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Organization does not wish to receive HealthierUS information | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

13. If HHS were to provide technical assistance to help increase your organization's use of HealthierUS, in which areas would technical assistance be most helpful? (check all that apply)

- 1 Translating HealthierUS into action
- 2 Providing prevention guidelines
- 3 Providing examples of how other states and/or organizations use HealthierUS
- 4 Naming individuals at HHS who can provide assistance with HealthierUS
- 5 Providing curriculum materials
- 6 Providing data collection tools
- 7 Providing data evaluation tools
- 8 Using HealthierUS for partnering/coalition building
- 9 Programs demonstrating progress toward HealthierUS areas
- 10 Other (specify)

14. Do any of the following prevent your organization from using HealthierUS more:

Issues related to the HealthierUS program:

- | | Yes | No |
|---------------------------------------------------|----------------------------|----------------------------|
| a. Don't agree with <i>HealthierUS</i> priorities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Lack of guidance on how to implement | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Too much material | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Too little material | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Other (specify) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

Issues related to your organization:

- | | Yes | No |
|--------------------------------------------------------------------------|----------------------------|----------------------------|
| f. Insufficient financial resources available for programming/activities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. Insufficient staff resources | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h. Lack of buy-in from primary decision-makers | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| i. Competing priorities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| j. Other (specify) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

15. What could HHS do to encourage more progress toward the objectives of the HealthierUS initiative?



16. Use the space below to share with us any additional comments you may have about HealthierUS:



**Thank you for your comments regarding HealthierUS. Your responses are valuable.
Please continue with Section IV on Page 8.**

Section III. For Non Users of HealthierUS

1. We are interested in learning more about why some organizations do not use HealthierUS. Select the reasons below that best describe why your organization does not use HealthierUS.

Issues related to the HealthierUS program:

- | | Yes | No |
|--------------------------------------------|----------------------------|----------------------------|
| a. Don't agree with HealthierUS priorities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Lack of guidance on how to implement | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Too much material | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Too little material | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Other (<i>specify</i>) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

Issues related to your organization:

- | | Yes | No |
|--------------------------------------------------------------------------|----------------------------|----------------------------|
| f. Insufficient financial resources available for programming/activities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. Insufficient staff resources | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h. Lack of buy-in from primary decision-makers | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| i. Competing priorities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| j. Other (<i>specify</i>) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

2. What is your opinion of the four areas of HealthierUS?

- 1 Too broad
- 2 Too narrow
- 3 Appropriate focus
- 4 No opinion

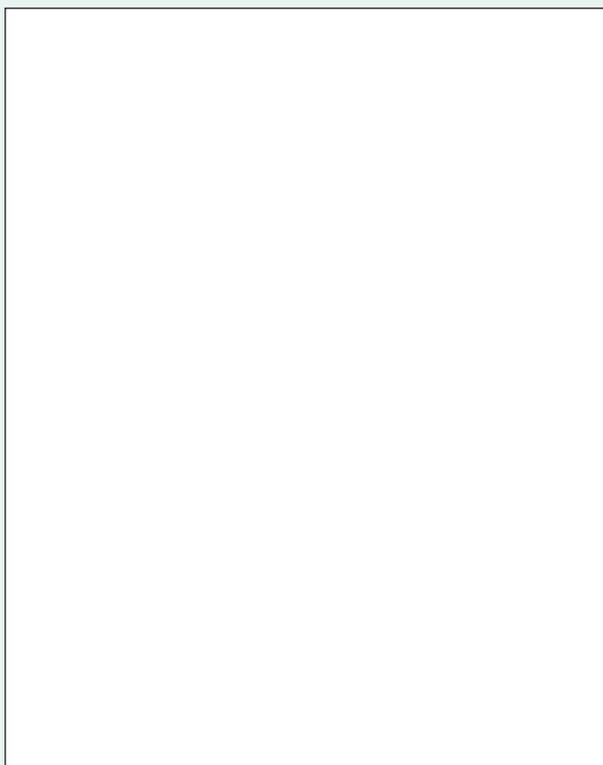
3. What could HHS do to encourage more progress toward the objectives of the HealthierUS initiative?

4. Do you think the HealthierUS initiative is lacking in some way?

- 1 Yes → *If yes, please describe how in the space below.*

- 2 No
- 3 Don't Know

5. Use the space below to share with us any additional comments you may have about HealthierUS:



**Thank you for your comments regarding HealthierUS.
Your responses are valuable.**

Please continue with Section IV of the survey.

Section IV. Use of Healthy People 2010 (HP2010)

Healthy People 2010 is a national health promotion and disease prevention initiative. Its overarching goals are to increase the quality and years of healthy life and eliminate health disparities. Healthy People 2010 consists of 28 primary focus areas and 467 measurable health objectives designed to identify the most significant preventable threats to health and to establish public health priorities.

1. Are you aware of Healthy People 2010 (HP2010)?

- 1 Yes
 2 No → IF NO, GO TO END ON PAGE 13

2. Does your organization use HP2010?

- 1 Yes
 2 No → IF NO, GO TO SECTION V ON PAGE 12

3. How does your organization use the HP2010 initiative?

For research:

- | | Yes | No | Don't know |
|---------------------|----------------------------|----------------------------|----------------------------|
| a. As a data source | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

For collaboration/outreach:

- | | Yes | No | Don't know |
|----------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| b. To guide priorities for the organization | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c. As a mechanism for building community partnerships for promoting health | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d. As a learning tool for staff new to the public health field | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

For setting internal priorities:

- | | Yes | No | Don't know |
|--------------------------------------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| e. As a resource for comparison with organizational data | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f. As a guide to set spending priorities in the organization | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| g. As a framework for planning, goal-setting, or decision making | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| h. As a model for participatory setting in building organization's own health agenda | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

i. Other (specify)

4. Based on the HP2010 objectives you are familiar with, how relevant are these objectives to the work of your organization? (circle appropriate number)

- | | | | | |
|--------------|---|---|---|--------------------|
| Not relevant | | | | Extremely relevant |
| 1 | 2 | 3 | 4 | 5 |

5. To what degree has HP2010 affected your organization's progress toward its own health promotion goals and objectives?

- | | | | | |
|--------------|---|---|---|------------------------|
| Not affected | | | | Significantly affected |
| 1 | 2 | 3 | 4 | 5 |

6. Has HP2010 resulted in the development of new programs or the expansion of existing ones?

- | | Yes | No | Don't know |
|----------------------------------------------------|----------------------------|----------------------------|----------------------------|
| a. Developed new programs (If yes, please specify) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

- | | | | |
|--------------------------------------------------------|----------------------------|----------------------------|----------------------------|
| b. Expanded existing programs (If yes, please specify) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
|--------------------------------------------------------|----------------------------|----------------------------|----------------------------|

7. Has your organization planned programs intentionally around one or more HP2010 focus areas or objectives?

- 1 Yes → *If yes, describe a specific instance in the space below.*

- 2 No

8. What aspect of HP2010 is the most useful to your organization? (select one)

- 1 Overarching goals (eliminating health disparities and increasing quality and years of healthy life)
- 2 Specific health objectives
- 3 Data resources (including the separation of data by sub-population and identification of data sources for tracking)
- 4 Participatory goal-setting process
- 5 Other (*specify*)

9. Does your organization measure changes in behavior or outcomes related to use of HP2010?

- 1 Yes
- 2 No → **IF NO, GO TO Q.11**

10. If your organization does measure changes in behavior or outcomes related to the use of HP2010, how does it do so? (check all that apply)

- 1 Collection and evaluation of new data on health outcomes
- 2 Collection and assessment of qualitative data (e.g. case studies, focus groups)
- 3 Evaluation of trends using existing data on health outcomes
- 4 Other (*specify*)

11. How does your organization access HP2010 information? (check all that apply)

- 1 The document (i.e., Healthy People 2010: Volumes I & II)
- 2 Healthy People website (i.e., www.healthypeople.gov)
- 3 Healthy People CD-ROM
- 4 Federal contacts
- 5 State Health Department
- 6 Informal sources
- 7 Other (*specify*)

12. Through what form of communication does your organization prefer to receive information about HP2010 activities?

(check all that apply)

- | | Yes | No |
|-------------------------------------------------------------|----------------------------|----------------------------|
| a. Listserve | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Prevention Report | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Healthy People quarterly newsletter | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Regional meetings | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Presentations at conferences | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. Workshops | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. Website | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h. Organization does not wish to receive HP2010 information | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

13. Do any of the following prevent your organization from using HP2010 more:

Issues related to the Healthy People program:

- | | Yes | No |
|--------------------------------------------------|----------------------------|----------------------------|
| a. 10-yr timeframes for objectives are too long | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. 10-yr timeframes for objectives are too short | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Don't agree with HP2010's priorities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Lack of guidance on how to implement | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Too much material | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. Too little material | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. Program not presented as a work tool | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h. Cost of the documents | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| i. Other <i>(specify)</i> | | |

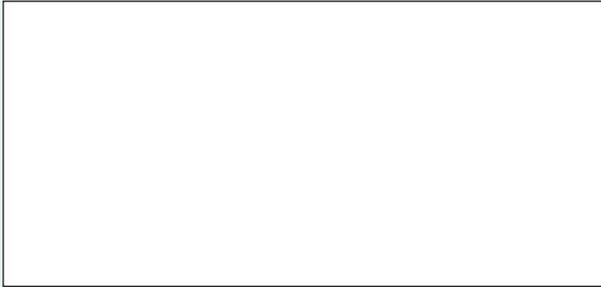
Issues related to your organization:

- | | Yes | No |
|--------------------------------------------------------------------------|----------------------------|----------------------------|
| j. Insufficient financial resources available for programming/activities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| k. Insufficient staff resources | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| l. Lack of buy-in from primary decision-makers | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| m. Competing priorities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| n. Other <i>(specify)</i> | | |

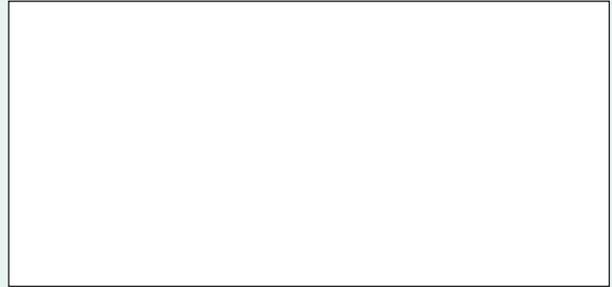
14. If HHS were to provide technical assistance to help increase your organization's use of HP2010, in which areas would technical assistance be most helpful? *(check all that apply)*

- 1 Translating HP2010 into action
- 2 Guidance on collecting data to track progress toward HP2010 objectives
- 3 Providing examples of how other states and/or organizations use HP2010
- 4 Naming individuals at HHS who can provide assistance with HP2010
- 5 Providing curriculum materials
- 6 Providing data collection tools
- 7 Providing data evaluation tools
- 8 Using HP2010 for partnering/coalition building
- 9 Programs demonstrating progress toward HP2010's goals
- 10 Other *(specify)*

15. What could HHS do to encourage more progress toward the goals and objectives of HP2010?



16. Use the space below to share with us any additional comments you may have about HP2010:



**Thank you for completing this survey. Your responses are valuable.
Please return your questionnaire in the postage-paid envelope to:**

**HealthierUS/Healthy People Project # 6093
C/O NORC
1 North State Street, Suite 1600
Chicago, Illinois 60602**

Section V. For Non Users of Healthy People 2010 (HP2010)

1. We are interested in learning more about why some organizations do not use HP2010. Select the reasons below that best describe why your organization does not use HP2010.

Issues related to the Healthy

People program:

- | | Yes | No |
|--------------------------------------------------|----------------------------|----------------------------|
| a. 10-yr timeframes for objectives are too long | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. 10-yr timeframes for objectives are too short | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Don't agree with HP2010's priorities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Lack of guidance on how to implement | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Too much material | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f. Too little material | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| g. Cost of the documents | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

h. Other (*specify*)

Issues related to your organization:

- | | Yes | No |
|--------------------------------------------------------------------------|----------------------------|----------------------------|
| i. Insufficient financial resources available for programming/activities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| j. Insufficient staff resources | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| k. Lack of buy-in from primary decision-makers | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| l. Competing priorities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| m. Other (<i>specify</i>) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

2. What is your opinion of the number of focus areas (28) in HP2010?

- 1 Too many
 2 Too few
 3 Appropriate number
 4 No opinion

3. What is your opinion of the number of objectives in HP2010

- 1 Too many
 2 Too few
 3 Appropriate number
 4 No opinion

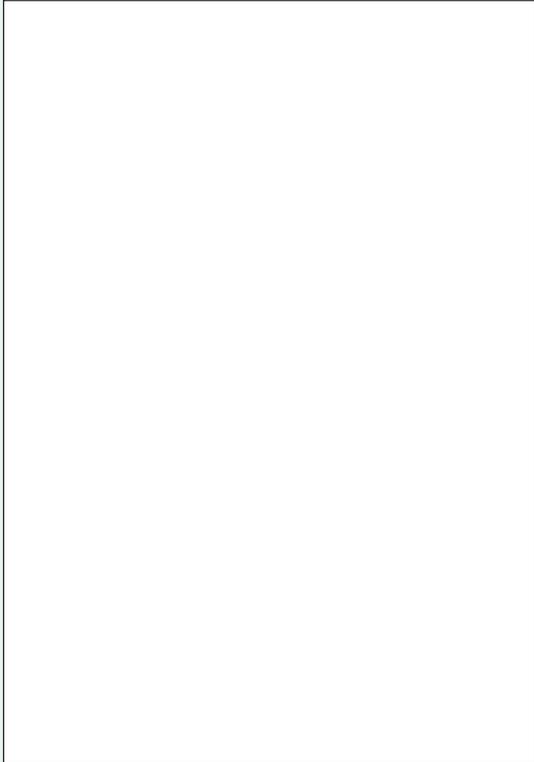
4. What could HHS do to encourage more progress toward HP2010's goals?

5. Do you think the HP2010 initiative is lacking in some way?

- 1 Yes → *If yes, please describe how in the space below.*

- 2 No
 3 Don't Know

6. Use the space below to share with us any additional comments you may have about HP2010:



END

**Thank you for completing this survey.
Your responses are valuable.**

Please return your questionnaire in the postage-paid envelope to:

**HealthierUS/Healthy People Project # 6093
C/O NORC
1 North State Street, Suite 1600
Chicago, Illinois 60602**

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Case ID				Main Disp:			
PROCESSING							
Receipt		Editing			CADE		
Initials	Date	Initials	Date	Initials	Date	Initials	Date
Ver. Adjust		Retrieval			Updates		
Initials	Date	Initials	Date	Initials	Date	Initials	Date