

**Tribal EpiCenter Consortium  
Health Promotion/Disease Prevention Assessment Survey**

*Please return this survey as soon as possible. See the last page for details on where to send completed surveys, and who to contact if you have questions or need assistance.*

**Definitions:**

**Health promotion and disease prevention** – health activities that focus on improving the health of a community and preventing disease or other conditions (see activities described in question A1, pages 1-2)

**Direct services** – any services provided by clinical staff

**Notifiable or reportable diseases** – diseases considered to be of great public health importance, and which are required to be reported to local, state, or national agencies when diagnosed by doctors or laboratories

**A. Health Promotion and Disease Prevention Activities**

1. What specific *health promotion or disease prevention* activities and projects does your organization provide (not including the *direct services* normally offered to patients)? Indicate how much **staff effort** goes into each health activity or project by circling one answer: None, Low, Medium, High.

Activity Type	Activity or Project	Level of Staff Effort			
<b>Disease Prevention</b>	Asthma prevention	None	Low	Medium	High
	Cancer prevention	None	Low	Medium	High
	Cardiovascular prevention/risk reduction (exercise, education, etc.)	None	Low	Medium	High
	Diabetes prevention	None	Low	Medium	High
	STD/HIV prevention	None	Low	Medium	High
	Other Infectious Diseases (specify)	None	Low	Medium	High
	Other (specify)	None	Low	Medium	High
<b>Violence or Injury Prevention</b>	All Terrain Vehicle education	None	Low	Medium	High
	Child car seat education	None	Low	Medium	High
	Domestic violence prevention	None	Low	Medium	High
	Injury prevention	None	Low	Medium	High
	Suicide prevention	None	Low	Medium	High
	Other (specify)	None	Low	Medium	High
<b>Nutrition Programs and Obesity Prevention</b>	Nutrition programs	None	Low	Medium	High
	Commodity food program	None	Low	Medium	High
	Physical activity and/or obesity prevention education	None	Low	Medium	High
	WIC (Supplemental Food Program for Women, Infants and children)	None	Low	Medium	High
	Other (specify)	None	Low	Medium	High

Question continues on next page

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Activity Type	Activity or Project	Level of Staff Effort			
<b>Family Planning and Maternal and Child Health</b>	Family planning	None	Low	Medium	High
	Prenatal care	None	Low	Medium	High
	Teen pregnancy prevention	None	Low	Medium	High
	Early & Periodic Screening, Diagnosis/Treatment (EPSDT) program	None	Low	Medium	High
	Head Start	None	Low	Medium	High
	Healthy Start	None	Low	Medium	High
	Child immunization	None	Low	Medium	High
	Infant mortality prevention	None	Low	Medium	High
	Fetal alcohol syndrome education and prevention	None	Low	Medium	High
	Sudden infant death syndrome (SIDS) prevention	None	Low	Medium	High
	Well child clinics	None	Low	Medium	High
	Other (specify)	None	Low	Medium	High
<b>Substance Abuse and Mental Health</b>	Alcohol prevention and education	None	Low	Medium	High
	Tobacco prevention and education	None	Low	Medium	High
	Tobacco cessation	None	Low	Medium	High
	Methamphetamine prevention	None	Low	Medium	High
	Mental Health	None	Low	Medium	High
	Other (specify)	None	Low	Medium	High
<b>Environmental Health</b>	Food safety	None	Low	Medium	High
	Potable water	None	Low	Medium	High
	Vector control	None	Low	Medium	High
	Rabies clinics	None	Low	Medium	High
	Hazardous materials	None	Low	Medium	High
	Hazard investigation	None	Low	Medium	High
	Environmental compliance	None	Low	Medium	High
	Utility operations and maintenance	None	Low	Medium	High
	Code or policy development	None	Low	Medium	High
	Built environment or walking trails	None	Low	Medium	High
	Occupational health and safety	None	Low	Medium	High
	Industrial hygiene	None	Low	Medium	High
Other (specify)	None	Low	Medium	High	
<b>Oral Health</b>	Dental health education	None	Low	Medium	High
	Water fluoridation	None	Low	Medium	High
	Sealants	None	Low	Medium	High
	Orthodontics	None	Low	Medium	High
	Other (specify)	None	Low	Medium	High
<b>Other</b>	Youth programs	None	Low	Medium	High
	Elder support programs	None	Low	Medium	High
	Adult immunization	None	Low	Medium	High
	Traditional healing	None	Low	Medium	High
	Wellness programs	None	Low	Medium	High
	Other (specify)	None	Low	Medium	High

2. What methods does your tribe or organization use to carry out the *health promotion and disease prevention* services and activities described in question A1? (mark all that apply)

- Direct services* to individual patients
- Direct services* to groups of patients or families
- Classes at the clinic
- Classes at community locations
- Community presentations
- Tool-kits for communities
- Community health fairs
- Development of health education materials (brochures, flyers, posters, etc.)
- Other (specify) \_\_\_\_\_

3. What kinds of publications do you have which describe your *health promotion and disease prevention* services and activities? (mark all that apply, and **provide a website address**, if available online)

- Annual report \_\_\_\_\_
- Newsletter \_\_\_\_\_
- Brochures \_\_\_\_\_
- Other (specify) \_\_\_\_\_

4. What is the approximate size of the population you serve through your *health promotion and disease prevention* activities, as described in question A1? (mark one)

- Very small (Less than 500)
- Small (500-2,500)
- Medium (2,500-5,000)
- Large (5,000-10,000)
- Very Large (10,000 +)

5. Approximately how much does your organization spend each year on all *health promotion and disease prevention* activities and staffing described in question A1?

- Very small amount (less than \$25,000)
- Small amount (\$25,000-\$100,000)
- Moderate amount (\$100,000-\$500,000)
- Large amount (\$500,000-\$1M)
- Very large amount (\$1M+)

Approximate total *health promotion and disease prevention* budget, if known: \$\_\_\_\_\_

6. What are your funding sources for *health promotion and disease prevention* staff and activities as described in question A1? Give an approximate breakdown, indicating the percentage for each of the following funding sources, totaling 100%.

- \_\_\_\_ % Tribe
- \_\_\_\_ % Indian Health Service (IHS)
- \_\_\_\_ % Centers for Disease Control and Prevention (CDC)
- \_\_\_\_ % SAMHSA
- \_\_\_\_ % HRSA
- \_\_\_\_ % Other Federal grants (NIH, EPA, AOA, CMS, ACS, etc.)
- \_\_\_\_ % State
- \_\_\_\_ % County
- \_\_\_\_ % Private grants
- \_\_\_\_ % In-kind (internal/organizational funding)
- \_\_\_\_ % Other (specify) \_\_\_\_\_

**100%**

7. Where does your organization report *notifiable or reportable diseases*, such as chlamydia, salmonellosis, tuberculosis, rabies, etc.? (mark all that apply)

- State health department
- County health department
- Centers for Disease Control and Prevention (CDC)
- Indian Health Service (IHS)
- Other (specify) \_\_\_\_\_
- We rely on labs to report positive test results
- We don't know where we report

8. Indicate which types of health or vital records data your organization uses to monitor health among the population you serve. Indicate how much **staff effort** goes into monitoring each data source by circling one answer: None, Low, Medium, or High.

Data Source	Level of Staff Effort			
Chronic disease registries (such as cancer, diabetes, etc.)	None	Low	Medium	High
<i>Notifiable or reportable diseases</i> (such as chlamydia, TB, etc.)	None	Low	Medium	High
Immunization registries	None	Low	Medium	High
Births	None	Low	Medium	High
Deaths	None	Low	Medium	High
Fetal deaths	None	Low	Medium	High
Marriages	None	Low	Medium	High
US Census data	None	Low	Medium	High
Other (specify) _____	None	Low	Medium	High

9. Has your Tribe or organization completed a *community health assessment* within the last three years?  
 (*Community health assessment* – a process that determines or describes the health needs of a community)

- Yes                                      Who should we contact to learn more?  
 No    Name: \_\_\_\_\_  
 Don't know                                      Phone/Email: \_\_\_\_\_

10. Which of the following emergency preparedness activities has your organization participated in within the last two years? (circle one answer for each)

Activity	Participated?		
	Yes	No	Don't know
Developed or updated a written emergency or disaster response plan	Yes	No	Don't know
Participated in Tribal or Urban community emergency planning drills	Yes	No	Don't know
Participated in county or state emergency planning drills	Yes	No	Don't know
Assessed staff emergency preparedness capacities	Yes	No	Don't know
Provided emergency preparedness training to staff	Yes	No	Don't know
Reviewed or developed Tribal or Urban ordinances or codes	Yes	No	Don't know
Federal Emergency Management Agency (FEMA) training	Yes	No	Don't know
Other emergency preparedness activities (specify)	Yes	No	Don't know

11. Does your organization receive funding for any of the following emergency preparedness issues? (circle one or more funding source(s)).

Issue	Funding Type			
	State	County	Other funding	No funding
Pandemic influenza	State	County	Other funding	No funding
Disaster/emergency planning or response	State	County	Other funding	No funding
Other (specify)	State	County	Other funding	No funding

**B. Staffing**

1. How many full and part time staff do you employ in the following positions? (write in the numbers of full and part time staff; if none, enter 0)

<b>Positions</b>	<b># of full time staff</b>	<b># of part time staff</b>
Administrative support staff		
Administrators		
Community health aides (CHAs)		
Community health representatives (CHRs)		
Contract Health Services		
Dental Assistant		
Dental Hygienists		
Dentists		
Epidemiologists		
Health educators		
Laboratory technicians		
Legal counsel		
Medical Assistants		
Nurses (Clinical)		
Nurses (Public health)		
Nurse Midwives		
Nurse Practitioners		
Nurses		
Nursing Assistants		
Pharmacists		
Physician Assistants		
Physicians		
Registered Dietitians		
Sanitarians		
Social Workers		
Statisticians		
Other (specify)		

2. Do you have designated staff members who perform any of the following roles? (mark all that apply)

- Data Analyst
- Diabetes Coordinator
- HIV/STD Coordinator
- Immunization Coordinator
- Infection Control Specialist
- Injury Prevention Coordinator
- Maternal and Child Health Coordinator
- Mental Health Specialist
- Substance Abuse Coordinator
- Tobacco Cessation Coordinator
- Wellness Coordinator
- Other (specify) \_\_\_\_\_

3. How many of the staff members in your organization have regular access to the following technologies? (circle one answer for each)

Technology	Level of staff access				
Personal Computer (desktop or laptop)	None	Few	Some	Most	All
High-speed Internet Access (not dial up)	None	Few	Some	Most	All
Internet Access (dial-up)	None	Few	Some	Most	All
Email (individual account, business use only)	None	Few	Some	Most	All
Email via PDA or Blackberry	None	Few	Some	Most	All
Cell Phones	None	Few	Some	Most	All
Satellite Phones	None	Few	Some	Most	All
Telephone Conferencing (Teleconferencing)	None	Few	Some	Most	All
Video Conferencing	None	Few	Some	Most	All
Satellite Downlink Teleconferencing	None	Few	Some	Most	All
Podcasting	None	Few	Some	Most	All

### C. Feedback

1. Please let us know how the Tribal EpiCenters could help your organization strengthen its capacity for health promotion or disease prevention (comments will not be attributed to you – attach another sheet if necessary).

2. Was this survey method a good way to collect this information?

- Yes  
 No  
 Don't know

Comments:

3. What survey delivery method(s) would you prefer we use in the future? (mark all that apply)

- Telephone  
 Regular mail  
 Email  
 Web-based survey  
 Other (specify): \_\_\_\_\_  
 No preference

Comments:

**For Office Use**

Respondent Code: \_\_\_\_\_

**IMPORTANT:** Please provide complete contact information for the person(s) who completed this survey. The Tribal EpiCenter Consortium will use this information to follow up with you should we have any questions or need more information, and to share important public health information with you and your tribe/organization. We respect your privacy, and your responses will be kept anonymous. The information collected in this survey will be reported and/or published in summary form only, and will not contain any information that could identify you, any individual or your health program or community.

Indian Health Program/Organization \_\_\_\_\_  
Tribe(s)/Community \_\_\_\_\_  
Website \_\_\_\_\_

**Your Contact Information (main person completing the survey)**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**Contact Information (person helping to complete the survey, if any)**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail \_\_\_\_\_

**Please return your completed survey to:**

**Virginia Myers, Program Coordinator  
California Tribal Epidemiology Center  
California Rural Indian Health Board  
4400 Auburn Blvd, 2<sup>nd</sup> Floor  
Sacramento CA 95841**

**Fax: (916) 929-7246  
E-mail: [virginia.myers@crihb.net](mailto:virginia.myers@crihb.net)  
Phone: (916) 929-9761, ext. 1042**

If you have questions about this survey, or if there is someone else at your organization that we should follow up with, or provide a **telephone survey**, please contact **Virginia Myers** at [virginia.myers@crihb.net](mailto:virginia.myers@crihb.net) , (916) 929-9761, Ext. 1042.

**Thank You!**