

2013 Tobacco Survey – MDH Staff

Please complete this brief seven-question survey. The purpose of the survey is to identify opportunities to improve coordination of MDH tobacco outreach efforts among various divisions/offices within MDH, primarily: Community and Family Health (CFH), Office of Statewide Health Improvement (OSHI), Health Promotion and Chronic Disease (HPCD), Environmental Health (EH), and the Communications Office.

Your input is highly valued and appreciated. Thank you!

Coordination: Coordination is defined as interacting/communicating with MDH staff outside of your division/office to effectively execute tobacco outreach efforts and to avoid duplication of services and activities. It can entail working side-by-side as separate divisions/offices to achieve common program goals (e.g., efforts are coordinated to prevent overlap but tasks are performed separately).

Tobacco Outreach: Tobacco outreach efforts include: providing technical assistance, information, training, or referrals; distributing/managing money (grants); assuring compliance; promoting events; developing materials; collecting and analyzing data; convening partners; and setting strategies/identifying gaps.

1. Indicate to what extent you agree with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
I know what resources and materials are available (within MDH) to use in tobacco outreach efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[space for answer]
I can identify individuals with tobacco expertise within my division/office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[space for answer]
I can identify individuals at MDH with tobacco expertise outside of my division/office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[space for answer]
There is a process or system in place to coordinate with others outside of my division/office on tobacco efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[space for answer]
I have the authority to coordinate with others outside of my division/office on tobacco efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[space for answer]
Within the past year, I have and/or my program has coordinated with another division/office around tobacco efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[space for answer]
I am satisfied with the level of cross-divisional/office coordination of tobacco outreach activities within MDH.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[space for answer]

2. Please offer one suggestion to improve cross-divisional/office coordination of tobacco outreach efforts:

[space for answer]

3. Additional comments:

[space for answer]

4. Choose your division:

- Community and Family Health
- Office of Statewide Health Improvement Initiatives
- Health Promotion and Chronic Disease
- Environmental Health
- Communications Office
- Other (please specify) _____

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Tobacco outreach efforts include: providing technical assistance, information, training, or referrals; distributing/managing money (grants); assuring compliance; promoting events; developing materials; collecting and analyzing data; convening partners; and setting strategies/identifying gaps.

Indicate to what extent you agree with the following statements:

1. I know what resources and materials are available (within MDH) to use in tobacco outreach efforts.

Strongly agree Agree Neutral Disagree Strongly disagree Comments: [space for answer]

2. I can identify individuals with tobacco expertise within my division/office.

Strongly agree Agree Neutral Disagree Strongly disagree Comments: [space for answer]

3. I can identify individuals at MDH with tobacco expertise outside of my division/office.

Strongly agree Agree Neutral Disagree Strongly disagree Comments: [space for answer]

4. There is a process or system in place to coordinate with others outside of my division/office on tobacco efforts.

Strongly agree Agree Neutral Disagree Strongly disagree

If you agree or strongly agree, please describe: [space for answer]

5. I have the authority to coordinate with others outside of my division/office on tobacco efforts.

Strongly agree Agree Neutral Disagree Strongly disagree **Comments:** [space for answer]

6. Within the past year, I have and/or my program has coordinated with another division/office around tobacco efforts.

Strongly agree Agree Neutral Disagree Strongly disagree

If you agree or strongly agree, please describe: [space for answer]

7. I am satisfied with the level of cross-divisional/office coordination of tobacco outreach activities within MDH.

Strongly agree Agree Neutral Disagree Strongly disagree Comments: [space for answer]

8. Please offer one suggestion to improve cross-divisional/office coordination of tobacco outreach efforts:

[space for answer]

9. Additional Comments:

[space for answer]

10. Indicate the Division you work in:

- Community and Family Health (CFH)
- Office of Statewide Health Improvement Initiatives (OSHI)
- Health Promotion and Chronic Disease (HPCD)
- Environmental Health (EH)
- Communications Office
- Other (please specify) _____

2012 Tobacco Survey – Advocacy Groups

Please complete the 4 questions below. Your feedback will help us to identify opportunities to improve MDH tobacco outreach for our customers, such as yourself. **Thank you for your feedback!**

1. Indicate if you have accessed or received any of the following tobacco-related services or resources from MDH in the past year:

	Yes	No	Not sure
Technical assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information on the website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information (printed materials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds/grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attended events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convened as a partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate to what extent you agree with the following statements

2. I know what resources and materials are available from MDH to use in tobacco outreach efforts.

- Strongly agree Agree Neutral Disagree Strongly disagree

3. Comments: [space for answer]

4. I know who to contact at MDH for tobacco-related expertise.

- Strongly agree Agree Neutral Disagree Strongly disagree

5. Comments: [space for answer]

6. I am satisfied with MDH's tobacco outreach efforts.

- Strongly agree Agree Neutral Disagree Strongly disagree

7. Comments: [space for answer]

8. Please offer one suggestion to improve MDH's tobacco outreach efforts:

[space for answer]

9. Additional comments:

[space for answer]

11. Type of Organization (choose one):

- Local Public Health
 Tobacco Advocacy
 Other (please specify) _____

10. Please identify your position:

- Director
 Manager/supervisor
 Staff
 Other (please specify) _____