

This handout was the survey on Assessment of LHDs in Illinois regarding Heart Disease and Stroke Prevention.

Introduction to the survey:

This survey is being conducted to assess the needs for the heart disease and stroke prevention program in all the LHD's in the State of Illinois. Your input will provide valuable data on the subject.

While your participation in this process is completely voluntary and your responses will be confidential, we encourage you to respond to these questions to the extent you feel comfortable. The answers are easy to complete using mostly multiple choice or scale answers. There are some open ended questions that permit you to further elaborate on your responses.

Instructions: Please follow the instruction prompts provided with each question. When you get to the end of a page, please click the "Next" or "Back" prompt, to navigate from page to page. If you would like to leave the survey at any time, just click "Exit this survey" at the top of the page. Your answers will be saved and you can resume it later, but only on the same computer. You are free to change your answers at any time before submission. When you have reached the end of the survey, please click on the "Done" prompt and your responses will be submitted to the database.

The survey should take about 35 minutes to complete. It is divided into ten sections, including a general section and sections on control high blood pressure, control high cholesterol, know signs and symptoms of heart attack and stroke improve emergency response, improve quality of care, disparities, training, data and a final section on closing questions. If there are other staff who would be helpful in completing the survey, feel free to ask them to assist you in responding to questions.

Thank you for your participation in completing this survey.

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

This survey is being conducted to assess the needs for the heart disease and stroke prevention program in all the LHD's in the State of Illinois. Your input will provide valuable data on the subject.

While your participation in this process is completely voluntary and your responses will be confidential, we encourage you to respond to these questions to the extent you feel comfortable. The answers are easy to complete using mostly multiple choice or scale answers. There are some open ended questions that permit you to further elaborate on your responses.

Instructions: Please follow the instruction prompts provided with each question. When you get to the end of a page, please click the "Next" or "Back" prompt, to navigate from page to page. If you would like to leave the survey at any time, just click "Exit this survey" at the top of the page. Your answers will be saved and you can resume it later, but only on the same computer. You are free to change your answers at any time before submission. When you have reached the end of the survey, please click on the "Done" prompt and your responses will be submitted to the database.

The survey should take about 35 minutes to complete. It is divided into ten sections, including a general section and sections on control high blood pressure, control high cholesterol, know signs and symptoms of heart attack and stroke, improve emergency response, improve quality of care, disparities, training, data and a final section on closing questions. If there are other staff who would be helpful in completing the survey, feel free to ask them to assist you in responding to questions. Thank you for your participation in completing this survey.

[Next >>](#)

**Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention** [Exit this survey >>](#)

Consent

By completing the following questionnaire I am voluntarily consenting to participate in this assessment project. I understand that my responses will be confidential and the results of the study will be reported in the aggregate.

[<< Prev](#)      [Next >>](#)

**Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention** [Exit this survey >>](#)

Section I. General Questions (Q1-13)

Please respond to the following general questions concerning the Illinois Department of Public Health, Illinois Heart Disease and Stroke Prevention Program.

**1. Please indicate the designation(s) of the person(s) completing the survey at your Local Health Department. (Please check all that apply. If none of the choices describe your designation, please type it in the box provided below)**

- Administrator
- Epidemiologist
- Evaluation Specialist
- Fiscal/Contract Manager
- Health Educator
- Director of Nursing
- Nutritionist/Dietician (non-WIC)
- Nutritionist/Dietician (WIC)
- Physical Activity Specialist
- Physician
- Program Director
- School Health Specialist
- Support Staff
- Other (If you check Other, please type in your answer in the box provided to proceed with the survey)

**\* 2. Which is your Local Health Department (LHD)? (This question needs to be answered to proceed with the survey. If the name of your LHD is not in the list, please check on 'other' and type it in the box provided)**

**3. What are the top three health concerns of the jurisdictions served by your LHD, with 1 being the top priority? (Please type in your responses in the boxes provided)**

- 1.
- 2.
- 3.

**4. In your LHD's current IPLAN, what is the priority for heart disease and stroke? (Please check one)**

- High priority
- Medium priority
- Low priority
- Not a priority at all

**5. In the past year, has your LHD provided any heart disease and stroke prevention activities or programs solely by itself or in collaboration with others? (Please check one)**

- Yes
- No

[<< Prev](#)

[Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section I. General Questions (Q1-13)

#### 6. What population groups are currently being served by the heart disease and stroke prevention program in your LHD? (Please check all that apply)

	Currently served	Not served
General public	<input type="radio"/>	<input type="radio"/>
Specific racial/ethnic groups	<input type="radio"/>	<input type="radio"/>
Medicaid recipients	<input type="radio"/>	<input type="radio"/>
Medicare recipients	<input type="radio"/>	<input type="radio"/>
Students (K-12)	<input type="radio"/>	<input type="radio"/>
Adults ages 18-44	<input type="radio"/>	<input type="radio"/>
Adults ages 45-64	<input type="radio"/>	<input type="radio"/>
Adults ages 65 and over	<input type="radio"/>	<input type="radio"/>
Only females (targeted by specific programs)	<input type="radio"/>	<input type="radio"/>
Only males (targeted by specific programs)	<input type="radio"/>	<input type="radio"/>
Migrant workers	<input type="radio"/>	<input type="radio"/>
Non-English speakers	<input type="radio"/>	<input type="radio"/>
Persons with existing chronic diseases (e.g. hypertension, diabetes)	<input type="radio"/>	<input type="radio"/>
At risk groups (e.g. obese, poor diet, high stress)	<input type="radio"/>	<input type="radio"/>
Low socioeconomic status groups	<input type="radio"/>	<input type="radio"/>
Stroke/heart attack support groups	<input type="radio"/>	<input type="radio"/>
Uninsured	<input type="radio"/>	<input type="radio"/>
Rural residents	<input type="radio"/>	<input type="radio"/>
People with disabilities	<input type="radio"/>	<input type="radio"/>
WISE WOMAN enrollees	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

[<< Prev](#)

[Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section I. General Questions (Q1-13)

**7. Please indicate if and how you collaborate with any of the following public sector groups in planning and implementing heart disease and stroke prevention programs/activities. Please indicate if that collaboration includes funds, staff, shared space, materials, media or other. (Please check all that apply)**

	Funds	Staff	Shared space	Materials	Media	Other
Schools (Primary/High Schools/Colleges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State health department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other local health departments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior health administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State employee benefits organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policymakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legislators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (not specified above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Please indicate if and how you collaborate with any of the following insurance/healthcare groups in planning and implementing heart disease and stroke prevention programs/activities. Please indicate if that collaboration includes funds, staff, shared space, materials, media or other. (Please check all that apply)**

	Funds	Staff	Shared space	Materials	Media	Other
Managed care organizations / health plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual / group health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary care: Private health centers / clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary care: Public and federally funded health centers (FQHCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health care professional organizations (such as nurses associations, medical societies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Improvement Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Medicaid entities (e.g., food stamps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third party payers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (not specified above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[<< Prev](#)      [Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section I. General Questions (Q1-13)

**9. Please indicate if and how you collaborate with any of the following community based organizations in planning and implementing heart disease and stroke prevention programs/activities. Please indicate if that collaboration includes funds, staff, shared space, materials, media or other. (Please check all that apply)**

	Funds	Staff	Shared space	Materials	Media	Other
Community organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Survivor support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minority advocacy organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (not specified above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. Please indicate if and how you collaborate with any of the following private sector groups in planning and implementing heart disease and stroke prevention programs/activities. Please indicate if that collaboration includes funds, staff, shared space, materials, media or other. (Please check all that apply)**

	Funds	Staff	Shared space	Materials	Media	Other
Pharmaceutical companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee unions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business coalitions and industry organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worksite Wellness/Health Promotion coalitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (not specified above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[<< Prev](#)

[Next >>](#)

Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

Section I. General Questions (Q1-13)

**11. Does your LHD participate in any of the following programs/coalitions? (Please check all that apply)**

- HRSA / Bureau of Preventive Health Care Health Disparities Collaborative
- Patient Management System
- Get with the Guidelines (American Heart Association)
- Guidelines Applied in Practice (American College of Cardiology)
- Brain Attack Coalition (BAC)
- NINDS Know Stroke (National Institute of Neurological Disorders and Stroke)
- Making the Business Case to Employers for Cardiovascular Health
- Heart Check
- Policy and Environmental Communication Guide(CDC)
- None of the above
- Other (If you check Other, please describe the method used in the box provided as you cannot proceed further without writing in the box)

[<< Prev](#)

[Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section I. General Questions (Q1-13)

**12. During the past 12 months, has your LHD sponsored or co-sponsored any type of media campaign through TV, radio, print, newsletters or billboards to educate the public about regular blood pressure and cholesterol screening and control for those at risk for heart disease and stroke, using any of the following methods for outreach? (Please check all that apply)**

	TV	Radio	Print	Newsletters	Billboards	Internet	Other	None
Regular BP screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol screening for at risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet and heart health (Making the connection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy weight and heart health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizing signs/symptoms of heart disease/stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. The following are examples of activities for prevention of heart disease and stroke. Which, if any, of these does your health department currently engage in, directly or through collaboration? (Please check all that apply)**

- Create or support social networks to promote heart disease/stroke prevention
- Provide the Guide to Comprehensive Risk Reduction for Patients with Coronary and other Vascular Disease
- Provide information about the signs and symptoms of a stroke or a heart attack
- Provide information to the public about calling 911 promptly in case symptoms of heart attack or stroke occur
- Increase public awareness that early treatment can prevent heart disease and stroke
- Patient management system support, e.g. case management
- Convene health plan administrators to improve HEDIS cardiovascular measures
- Promote policy/system change in hospitals/EMS to treat stroke as an emergency
- Promote policy/system change to assure hospitals follow Quality Improvement Organization/AHA/NINDS guidelines for heart disease and stroke patients
- Promote policy/system change to assure hospitals follow evidence-based guidelines and recommendations for heart disease and stroke prevention and management.
- Other (If you check Other, please type in your answer in the box provided to proceed with the survey)

[<< Prev](#)

[Next >>](#)

Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

Section II. Control High Blood Pressure (Q 14-24)

This question is about whether your LHD offers blood pressure screening.

**14. Does your LHD offer blood pressure screening? (Please check one. If you check No, the survey skips this section and jumps to the next section on screening for high cholesterol)**

- Yes  
 No

[<< Prev](#)      [Next >>](#)

**Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention** [Exit this survey >>](#)

Section II. Control High Blood Pressure (Q 14-23)

Please answer these questions which relate specifically to the programs used for blood pressure screening in the community.

**15. Which of the following methods does your LHD utilize to assure prompt referral and access to medical care and treatment for individuals with heart disease or stroke? (Please check all that apply)**

- Provide written referrals to appropriate services
- Provide a list of health centers for patients to choose from
- Ensure access to care
- Ensure follow up that the individual obtained services
- No services provided
- Other (If you check Other, please describe the method used in the box provided as you cannot proceed further without writing in the box)

**16. Does your LHD offer follow-up services/referral to individuals identified with high blood pressure during screenings? Please check one.**

- No
- Don't Know
- Yes (If you check Yes, please type in your answer in the box provided to proceed with the survey)

[<< Prev](#)      [Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section II. Control High Blood Pressure (Q 14-24)

**17. Is blood pressure screening offered to the following groups? (Please check one for each)**

	Yes	No	Don't know
General public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specific racial/ethnic groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid recipients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare recipients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students (K-12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults ages 18-44	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults ages 45-64	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults ages 65 and over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only females (targeted by specific programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Only males (targeted by specific programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Migrant workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-English speakers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persons with existing chronic diseases (e.g. hypertension, diabetes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At risk groups (e.g. obese, poor diet, high stress)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low socioeconomic status groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke/heart attack support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uninsured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rural residents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WISE WOMAN enrollees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[<< Prev](#)

[Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section II. Control High Blood Pressure (Q 14-24)

**18. With which, if any, of the following agencies/groups does your LHD collaborate to conduct blood pressure screening? (Please check all that apply)**

	Yes	No
Community centers	<input type="radio"/>	<input type="radio"/>
Managed care organizations/HMOs, insurance companies	<input type="radio"/>	<input type="radio"/>
Community health centers/clinics	<input type="radio"/>	<input type="radio"/>
Private practice physicians	<input type="radio"/>	<input type="radio"/>
Hospitals/medical centers	<input type="radio"/>	<input type="radio"/>
Faith-based communities/churches	<input type="radio"/>	<input type="radio"/>
Voluntary/non-profit organizations (not classified above)	<input type="radio"/>	<input type="radio"/>
Businesses/private corporations/employee groups	<input type="radio"/>	<input type="radio"/>
Nursing homes/hospices	<input type="radio"/>	<input type="radio"/>
Visiting Nurses Associations	<input type="radio"/>	<input type="radio"/>
Retirement communities	<input type="radio"/>	<input type="radio"/>
Fire department	<input type="radio"/>	<input type="radio"/>
EMS	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

[<< Prev](#)

[Next >>](#)

**Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention** [Exit this survey >>](#)

Section II. Control High Blood Pressure (Q 14-24)

**19. For blood pressure screening, how does your LHD provide services? (Please check one)**

- Provides the service directly
- Provides the service through contracts with others
- Provides the service both directly and through contracts
- Does not provide the service, but others in the community do
- The service is not provided at all
- Other (If you check Other, please type in your answer in the box provide to proceed with the survey)

**20. During the past 12 months, what were the components of your LHD's blood pressure screening program? (Please check all that apply)**

- Provided measurement only
- Provided measurement and education
- Provided referral to physician
- Provided follow-up screening for patients with stroke and heart disease
- Other (If you check Other, please type in your answer in the box provided to proceed with the survey)

[<< Prev](#)

[Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section II. Control High Blood Pressure (Q 14-24)

**21. Does your LHD routinely provide information to community residents on the role of the following risk factors in preventing high blood pressure, by using instructional classes, newsletters, media campaigns, etc? (Please check all that apply)**

	Classes	Newsletters	Media Campaigns	Health promotional items (e.g. magnets)	Other	None
Physical inactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor diabetes control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22. Does your LHD use national education awareness campaigns such as "Know Your Numbers" to promote awareness of high blood pressure among the following groups? (Please check all that apply)**

	Yes	No	Don't know
High risk groups in particular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Among all those screened	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**23. Does your LHD provide, or has your staff received, training on standardized blood pressure measurement according to JNV VII guidelines? (Please check all that apply)**

	Yes	No	Don't know
LHD Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others in the community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**24. Does your LHD follow up on results of blood pressure screening by issuing reminders using any of the following reminder methods? (Please check all that apply)**

- Email
- Telephone
- Letter
- Other (If you check Other, please type in your answer in the box provided to proceed with the survey)

[<< Prev](#)

[Next >>](#)

**Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention** [Exit this survey >>](#)

Section III. Control High Cholesterol (Q 25-34)

The following question concerns the provision of cholesterol screening by your LHD.

**25. Did your LHD provide cholesterol screening during the previous 12 months? (If you check No, the survey skips questions related to this topic and jumps to the next section on ' Know signs and symptoms of stroke' )**

- Yes  
 No

[<< Prev](#)      [Next >>](#)

Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

Section III. Control High Cholesterol (Q 25-34)

The following questions concern the programs and methods used for cholesterol screening in your LHD. Please answer as directed and check all that apply.

**26. To which of the following groups is cholesterol screening offered? (Please check all that apply)**

- General public
- Specific racial/ethnic groups
- Medicaid recipients
- Medicare recipients
- Students (K-12)
- Adults ages 18-44
- Adults ages 45-64
- Adults ages 65 and over
- Only females (targeted by specific programs)
- Only males (targeted by specific programs)
- Migrant workers
- Non-English speakers
- Persons with existing chronic diseases (e.g. hypertension, diabetes)
- At risk groups (e.g. obese, poor diet, high stress)
- Low socioeconomic status groups
- Stroke/heart attack support groups
- Uninsured
- Rural residents
- People with disabilities
- WISE WOMAN enrollees
- Other (If you check Other, please type in your answer in the box provided to proceed with the survey)

[<< Prev](#)

[Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section III. Control High Cholesterol (Q 25-34)

**27. Does your LHD collaborate with any of the following agencies/groups to conduct cholesterol screening? If so, please indicate the type of fee structure that is used. (Please check all that apply)**

	Free Screening	For fee	Subsidized Screening
Community centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managed care organizations/HMOs, insurance companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community health centers/clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private practice physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals/medical centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith communities/churches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary/non-profit organizations (not classified above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Businesses/private corporations/employee groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing homes/hospices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**28. Which of the following methods are used in your LHD for cholesterol screening?( Please check one)**

- Finger stick  
 Venipuncture  
 Finger stick and venipuncture

**29. Which of the following methods does your LHD use to advise patients after screening for cholesterol ? (Please check one)**

- Provided measurement only
- Provided measurement and education
- Provided measurement and physician referral
- Provided measurement, education and physician referral
- Provided follow-up screening for patients with high BP, heart disease and stroke
- Other (If you check Other, please answer in the box provided to proceed with the survey)

[<< Prev](#)

[Next >>](#)

Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

Section III. Control High Cholesterol (Q 25-34)

**30. Is your LHD staff aware of the latest evidence-based guidelines for screening for blood cholesterol, and have they received training/education on these updates? (Please check all that apply)**

	Yes	No	Don't Know
Aware of latest updates on cholesterol screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received training on these updates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 31. Does your LHD have a process for referring clients for cholesterol screening? (This is a required response. Please check one to continue with the survey)**

- No
- Don't know
- Yes (If you check Yes, please type in your answer in the box provided to proceed with the survey)

[<< Prev](#)

[Next >>](#)

**Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention** [Exit this survey >>](#)

Section III. Control High Cholesterol (Q 25-34)

**32. Does your LHD follow up on results of screening for high cholesterol by using any of the following reminder methods? (Please check all that apply)**

- Email
- Telephone
- Letter
- Other (If you check Other, please type in your answer in the box provided to proceed with the survey)

**33. In the past 12 months, please indicate how laboratory services for cholesterol screening were carried out. (Please check one)**

- The service was not provided at all
- LHD provided the service directly
- LHD provided the service both directly and through contracts
- LHD did not provide the service but others in the community did
- Had arrangements with labs/hospitals/clinics for community screenings
- Had arrangements with labs/hospitals/clinics for individual screening
- Other (If you check Other, please type in your answer in the box provided to proceed with the survey)

**34. Does your LHD use an individual card system, electronic medical record or other clinical information system for patient record keeping? (Please check one)**

- No
- Don't know
- Yes (If you check Yes, please type in your answer in the box provided to proceed with the survey)

[<< Prev](#)

[Next >>](#)

**Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention** [Exit this survey >>](#)

Section IV. Know Signs and Symptoms of Stroke (Q35-38)

Please answer questions in this section about the educational programs conducted in your LHD to increase awareness about the signs and symptoms of heart attack and stroke in the general public.

**35. Does your LHD possess any of the following tools and resources to educate the public about the signs and symptoms of heart disease and stroke? (Please check all that apply)**

- Newsletters/brochures
- Posters
- Handouts
- Video films
- Audio systems
- Health promotional items(e.g.magnets,etc)
- Other (If you check Other, please type in your answer in the box provided to proceed with the survey)

[<< Prev](#)

[Next >>](#)

**Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention** [Exit this survey >>](#)

Section IV. Know Signs and Symptoms of Stroke (Q35-38)

**36. To which of the following members of the public does your LHD provide information on the warning signs and symptoms of heart attack and stroke? (Please check all that apply)**

- General public
- Specific racial/ethnic groups
- Medicaid recipients
- Medicare recipients
- Students (K-12)
- Adults ages 18-44
- Adults ages 45-64
- Adults ages 65 and over
- Only females (targeted by specific programs)
- Only males (targeted by specific programs)
- Migrant workers
- Non-English speakers
- Persons with existing chronic diseases (e.g. hypertension, diabetes)
- At risk groups (e.g. obese, poor diet, high stress)
- Low socioeconomic status groups
- Stroke/heart attack support groups
- Uninsured
- Rural residents
- People with disabilities
- WISE WOMAN enrollees
- Other (please describe e.g. only those in specific programs, to continue with the survey)

[<< Prev](#)

[Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section IV. Know Signs and Symptoms of Stroke (Q35-38)

#### 37. Where does your LHD staff provide information about the signs and symptoms of stroke and heart attack? (Please check all that apply)

- During health education classes
- During screening
- During Outreach activities
- In the waiting rooms
- In a mailing
- Via a website
- Through health promotional items (e.g. magnets, etc)
- Other (If you check Other, please type in your answer in the box provided to proceed with the survey)

#### 38. How frequently are educational activities about heart disease and stroke prevention held in your LHD and/or community jurisdiction? (Please check all that apply)

	LHD	Community
Weekly	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>	<input type="checkbox"/>
Annually	<input type="checkbox"/>	<input type="checkbox"/>
When requested by community members	<input type="checkbox"/>	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>	<input type="checkbox"/>
Not at all	<input type="checkbox"/>	<input type="checkbox"/>

[<< Prev](#)

[Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section V. Improve Emergency Response (Q 39-43)

The following questions pertain to the awareness of, and the measures taken, to improve emergency response.

**39. Does your LHD possess an AED (Automated External Defibrillator)? If yes, are some staff trained to use it in an emergency? (Please check all that apply)**

	Yes	No
Possess an AED	<input type="radio"/>	<input type="radio"/>
If possess an AED, trained to use it	<input type="radio"/>	<input type="radio"/>

**40. Are there accredited facilities for heart attack and stroke management in your LHD's jurisdiction? (Please check one for each)**

	Yes	No	Don't know
Heart attack centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**41. Does your LHD collaborate with EMS, fire department, police department and hospitals in the county to improve emergency response? (Please check all that apply)**

- EMS
- Fire department
- Hospitals
- Police department
- Other (If you check Other, please type in your answer in the box provided to proceed with the survey)

**42. Do you know whether AED's are located in the following areas in your LHD jurisdiction? (Please check all that apply)**

	Yes	No	Don't know
Local health departments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitness centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Airports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Park districts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Schools/colleges	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workplaces	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YMCA / YWCA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Movie theatres	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Theme parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community playgrounds/centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**43. In your LHD jurisdiction, do you have Basic 911, Enhanced 911, and/or Wireless programs? (Please check all that apply)**

- Basic 9-1-1
- Enhanced 9-1-1
- Wireless Phase 1
- Wireless Phase II
- Don't know
- Other (If you check Other, please type in your answer in the box provided to proceed with the survey)

[<< Prev](#)

[Next >>](#)

**Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention** [Exit this survey >>](#)

Section VI. Improve Quality of Care (Q 44-45)

The following questions relate to improving the quality of care available for patients with heart disease and stroke in your jurisdiction.

**44. Does your LHD collaborate with any of the hospitals in its jurisdiction to improve the response and quality of care for patients with stroke/heart disease? (Please check one)**

- Yes
- No
- Don't know

**45. Does your LHD collaborate in providing long term quality care and rehabilitation services to patients with heart disease or stroke? (Please check one)**

- No
- Don't know
- Yes (If you check Yes, please describe in the box provided to proceed with the survey)

[<< Prev](#)      [Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section VII. Disparities (Q 46-49)

These questions relate to the measures available to reduce disparities in access to heart disease and stroke prevention measures provided by your LHD.

**46. Does your LHD provide any of these services/programs to reduce disparities in heart disease and stroke prevention? (Please check your response "Yes" or "No" for each question, and you can also check Inadequate Resources if resources are not adequate)**

	Yes	No	Inadequate Resources
Provide multilingual written referrals to providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist in negotiating for services (case management)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure follow up services for underserved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide multilingual education on stroke and heart disease prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inform leaders and consumers about community health disparities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inform media about community health disparities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide multilingual information /resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**47. Does your LHD target specific underserved groups to reduce health disparities in heart disease and stroke? (Please check one)**

- No  
 Don't know  
 Yes (If you check Yes, please type in your answer in the box provided to proceed with the survey)

[<< Prev](#)

[Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section VII. Disparities (Q 46-49)

**48. In which languages does your LHD provide educational materials/conduct programs on each subject? (Please check all that apply)**

	BP screening	Cholesterol screening	Health education on heart attack/stroke	Access to 911, emergency care
Educational materials in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational materials in Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational materials in other languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct programs in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct programs in Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct programs in other languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**49. If programs are conducted in other languages as checked in question 43, please specify the languages used in your program. (Please check all that apply)**

- Chinese
- Russian
- Portugese
- Japanese
- Urdu
- Vietnamese
- German
- French
- Hindi
- Other (If you check Other, please type in your answer in the box provided to proceed with the survey)

[<< Prev](#)

[Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section VIII. Training (Q 50-55)

These questions concern the existing training for implementing the heart disease and stroke prevention program.

#### 50. Does your LHD have staff trained in the following topics? (Please check one for each)

	Yes	No	Not Aware
Chart abstraction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data analysis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Descriptive epidemiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Analytic epidemiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence based public health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health communication (social marketing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partnership development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[<< Prev](#)

[Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section VIII. Training (Q 50-55)

**51. Which of the following personnel are trained in Cardio-Pulmonary Resuscitation (CPR), Automated External Defibrillator (AED) use, and education programs on signs and symptoms of heart attack/stroke in your LHD? (Please check for each choice)**

	CPR	AED use	Signs/symptoms of heart attack/stroke	Don't Know
All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritionist/dietician (non-WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritionist/dietician (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School health specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[<< Prev](#)

[Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section VIII.Training (Q 50-55)

**52. Does your LHD conduct training programs on BP and cholesterol screening, signs and symptoms of heart attack/ stroke, CPR, and/or AED to the groups listed below? (Please check all that apply)**

	BP screening education(JNC V11 guidelines)	Cholesterol screening education(ATP III guidelines)	Education on signs and symptoms	CPR Training	AED Training
Community centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managed care organizations/ HMOs, insurance companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community health centers/ clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary/non-profit organizations (not classified above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Businesses/private corporations/employee groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing homes/hospices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools/colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[<< Prev](#)

[Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section VIII.Training (Q 50-55)

**53. Given adequate resources, to which of the following groups would your LHD be willing to provide training on the topics listed below? (Please check all that apply)**

	BP Screening (JNC guidelines)	Cholesterol Screening (ATP III guidelines)	Education on Signs and Symptoms	CPR Training	AED Training
Community centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managed care organizations/HMOs, insurance companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community health centers/clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary/non-profit organizations (not classified above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Businesses/private corporations/employee groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing homes/hospices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools/colleges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[<< Prev](#)

[Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section VIII.Training (Q 50-55)

**54. Among the following topics for training, which do you think are most likely to benefit LHD staff and lead to improved heart disease and stroke prevention activities in your jurisdiction? (Please indicate the degree of benefit expected, on a scale of 1-6, where 1=least benefit and 6=most benefit. Please check Not Sure if you are not sure of your response)**

	1 Least benefit	2	3	4	5	6 Most benefit	Not Sure
Community organization/mobilization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health communication/media relations/ social marketing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American Heart Association Community programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AED use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CPR methodology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Body Mass Index measurement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol screening (ATP III guidelines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure screening (JNC VII guidelines)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resting heart rate measurement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waist to hip ratio measurement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**55. Does your LHD have adequate funding for the staff to attend trainings on the topics listed in the previous question (Q 54)? (Please check one)**

- No
- Don't Know.
- Yes (If you check Yes, please describe sources of funding e.g. federal grants, foundation grants, etc to proceed with the survey)

[<< Prev](#)      [Next >>](#)

**Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention** [Exit this survey >>](#)

Section IX. Data (Q 56)

The following question is about the use of data for the heart disease and stroke prevention program in your LHD.

**56. Which of the following data types does your LHD use to understand heart disease and stroke epidemiology in your jurisdiction? (Please check all that apply)**

- National BRFSS data (Behavioral Risk Factor Surveillance System)
- Illinois BRFSS data
- Illinois County BRFSS
- Local surveys
- NHANES survey(National Health and Nutrition Examination Survey)
- Health Interview Study (HIS)
- IPLAN data
- Cornerstone data
- Health screening records
- Clinic records
- Other data (If you check Other, please type in your answer in the box provided to proceed with the survey)

[<< Prev](#)      [Next >>](#)

## Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

### Section X. Closing Questions (Q 57-59)

Please identify the barriers in your LHD which may be restricting the reach of the program. You are requested to add any suggestions about the various needs in your LHD which you feel are necessary to increase the impact of the heart disease and stroke prevention program.

#### 57. What barriers exist in the LHD with regard to heart disease and stroke prevention program implementation? (Please check all that apply for each category)

	Knowledge	Staff	Funding	Resources	Community partners	Don't know
BP screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease/Stroke prevention education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training in CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training in AED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve emergency response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve access to underserved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve services to multicultural groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve access to people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide multilingual services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide programs to minority populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[<< Prev](#)

[Next >>](#)

**Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention** [Exit this survey >>](#)

Section X. Closing Questions (Q 57-59)

**58. If your LHD was offered \$12,000, what heart disease and stroke prevention activities would you implement, with the exception of screening (Federal funds do not allow for screening)? (Please describe in the box provided below)**

**59. Any other comments/suggestions you would like to share? (Please specify in the box provided)**

[<< Prev](#)      [Next >>](#)

Survey on Assessment of LHD's in Illinois regarding Heart Disease and Stroke Prevention [Exit this survey >>](#)

THANK YOU!

Please review the questionnaire to make sure all questions to which you were directed have been answered. Please submit your survey by 5 pm, 08/31/2005 to be eligible for the prize! Click on "Done" when you have finally completed the survey, as you cannot access it for changes after submission. If you have any questions about the survey, please send an email to:  
Sgupta1@uic.edu  
Kpeters@uic.edu  
Jharvill@idph.state.il.us

[<< Prev](#)      [Done >>](#)