Measuring Customer Satisfaction
Nine Steps to Success

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Measuring Customer Satisfaction

Introduction

Measuring satisfaction is a valuable way to obtain feedback from a range of customers and stakeholders to improve services. To underscore its importance, the Public Health Accreditation Board included capturing and analyzing customer feedback as a measure among its standards. To become accredited:

> *[H]ealth departments must document how customer/stakeholder feedback was collected, analyzed, and conclusions drawn from two different types of customers (e.g., vital statistics customers; food establishment operators; individuals receiving immunizations, screenings or other services; partners and contractors; elected officials, etc.) [Standard 9.1.4A]*

This toolkit was developed to help public health agencies prepare their own surveys and apply results. It offers measurement options to address local needs within local resource constraints.

The toolkit builds on work undertaken by several states, including Oregon, Washington, New York, New Jersey, Florida, Minnesota, and Michigan. Many individuals interviewed for this project repeated the same lesson learned—think carefully about *why* you are doing this work and what you want to learn before preparing and distributing surveys. For this reason, although we include several sample surveys in the appendix, we encourage readers to follow the steps we lay out, think critically and creatively about what you want to learn about your services, activities, and customers, and then create the most appropriate survey(s) for your needs.

How to Use This Guide

This toolkit was developed to help public health agencies think through the nine steps to preparing their own surveys and applying results. It offers measurement options to address local needs within local resource constraints. For state and territorial health agencies interested in applying for PHAB accreditation, this toolkit is intended to address the documentation requirement for PHAB measure 9.1.4 A ("Implemented systematic process for assessing customer satisfaction with health department services"). As identified in PHAB's *Standards and Measures Version 1.5*, "customer focus is a key part of an organization's perfor-mance management system." Identifying customers and stakeholders and identifying a process of capturing and analyzing customer feedback are essential components to evaluating the effectiveness and efficiency of a health department's work and addressing the expectations of various public health customers.

Survey Planning and Administrative Checklist

Because survey design is an iterative process, the toolkit takes you through the following steps:

Task Checklist
Identify the purpose of the survey.
Select a program (or set of programs) to measure and then identify customers to be surveyed.
Determine how the results will be used.
Determine your budget and plan within it.
Identify people to include in planning and administrative tasks.
Design a survey: Prepare questions and select survey scales and survey format.
Select survey administration methods (mail, telephone, web, etc.), as well as samples, frequency of administration, and response rates you want to achieve.
Pilot the survey and modify the instrument before full-scale rollout.
Analyze data, report findings, and follow up.

Planning and Administration

Step 1: Identify the Purpose of the Survey

It is essential to take time up front to decide why you are surveying your customers. You do not want to go through the effort and expense of conducting a survey and not get the information you need. The following chart lists several existing surveys and their purposes:

Purpose	Surveys
Monitoring customer satisfaction with services and activities at an overview level that can be applied to a range of activities. This enables states to compare performance across programs or aggregate program performance across programs or jurisdictions. It is sometimes done to fulfill reporting requirements.	Michigan's Customer Survey Template Florida's Customer Satisfaction Survey
Assessing specific programs using targeted prompts to facilitate making changes to specific program features.	New Jersey (Morris Regional Partnership), Retail Food Owner/Operator Satisfaction Survey Washington County, MN: Septic Survey Washington County, MN: Hazardous Waste
Monitoring and following up with specific customer complaints.	See Step 6 on pages 6-8: Tracking and Following Up on Complaints
Asking stakeholders (including local health departments) to provide feedback on collaborative activities or state services.	New York's Process for Obtaining Stakeholder Input Michigan's Online Early Hearing Detection and Intervention Program Satisfaction Survey Michigan's Online Public Health Dental Prevention Program Satisfaction Survey
Comparing feedback from client/stakeholder subgroups.	Michigan's Customer Survey Template Michigan's Online Early Hearing Detection and Intervention Program Satisfaction Survey
Comparing results over time.	Select an appropriate survey and periodically administer it to track performance.

Being clear about the "whys" before you create the survey will help you determine the questions you ask and how you ask them. Your goal may also drive later steps, such as survey administration and determining the size and representativeness of your survey sample. For instance, if your primary goal is to learn how to improve your services, you will want to collect a large and representative sample before going to the effort and expense of changing policies and practices. If, however, you are collecting customer feedback to track and address individual complaints, a large and statistically representative sample is less important.

Try to include upper management in the initial survey decisionmaking process. At a minimum, run your statement of purpose by agency leadership before it is final. You will need their buy-in and support throughout survey implementation and application of findings.

Monitoring Programs at an Overview Level

Rather than designing individual surveys for different programs, Florida officials wanted to use standard questions across public health activities and jurisdictions with a standard response scale. This survey system allows them to compare performance and report agencywide results. Programs or jurisdictions that have low scores on any attribute are strongly encouraged to follow up with a group of clients to determine what is driving the low score and address the problem.

Step 2: Select a Program (or Set of Programs) and Identify "Customers" to Be Surveyed

Once you have determined your goals for measuring customer satisfaction, select a program or group of programs for your survey. Consider selecting one or two programs to serve as learning opportunities to measure and apply results. In King County, Washington, agencies are encouraged to use the following criteria to select programs to measure:

- The largest number of people served.

- Clear opportunities available to improve (programs with known complaints or issues).

- The highest strategic priority (including stakeholder groups).

- The largest program in terms of budget or staff.

- High-profile programs or programs with known controversy.

Once the program is selected, identify its customers. Customers are people who directly receive or use the products and services you provide (e.g., health clinic patients, restaurant owners and managers, license applicants, training attendees, service recipients, or local stakeholders and community partners). Your target customers will determine the type of survey you administer, the size of the sample you survey, and the questions you ask. Important demographic factors for survey development include customer education levels, their access to and comfort with technology, and their willingness to identify themselves in a survey. To prepare for its own statewide measurement work, Florida prepared a spreadsheet that identified all customers for its major public health activities.

Step 3: Determine How Results Will Be Used

Once you have narrowed your survey's focus, think strategically about exactly how you would like to use the information you gather. Are you looking for general information for public reporting or more specific and concrete information to modify programs? Are you looking for information specific enough to use in staff reviews or information to maintain or strengthen relationships with community stakeholders? Common uses of customer satisfaction data include:

- Public reporting in annual reports, performance reports, websites, and newsletters to stakeholders, partners, and customers.

- Internal reporting to program staff, management, and organizational partners.

- Strategic and business planning analyses and documents.

- Information for grant applications.

- Posting survey results in office waiting areas and linking the results to a specific change the clinic has made. One state reports posting signs in its WIC offices with the heading "You Told Us and We Listened" noting changes made as a result of customer feedback.

Whatever your aim, think about the best questions to ask (or most valuable data to gather) for your specific purpose.

Step 4: Determine Your Budget and Plan Within It

The cost of conducting customer satisfaction research is driven by several factors, primarily:

- Survey administration method.
- Sample size.
- Proportion of open-ended versus closed-ended questions.
- Use of an external evaluator to assist with survey planning or data analysis.

To reduce costs, consider using web-based surveys or survey packages that both collect and tabulate results for you (e.g., SurveyMonkey at http://www.surveymonkey.com/ [see text box], Epi-Info at http://wwwn.cdc.gov/epiinfo/, etc.).

SurveyMonkey

Many public health offices report using SurveyMonkey to administer surveys. Amanda Hollis, a management analyst for Washington County, Minnesota, says that she has been using and teaching SurveyMonkey for several years and recommends it as an easy, basic survey tool that can be learned quickly and set up intuitively. The county uses the "Select" membership level that, for around $200 annually, allows the county to generate as many surveys as it needs. This membership level offers a range of standardized customer satisfaction questions to choose from, but also allows users to create their own program-specific questions. The program tabulates all scaled questions and generates a list of all responses to the open-ended questions for users' own analysis.

Hollis cautions that the system will *not* help you write the best questions for your programmatic needs and strongly encourages agencies to have a professional researcher assist with survey design.

Step 5: Identify People to Include in Survey Planning and Implementation

Assign and supervise trained staff to be responsible for every step of the survey process. Some tasks are best conducted by staff with statistical or survey research training; others are administrative duties that clerical staff can complete under routine supervision. If there is no in-house expertise, consider using a professional evaluator to walk you through the planning process, ensure survey questions are *valid* and *reliable,*[1] or help you analyze data. Although it is an additional expense, calling in a professional can reduce costs in the long run by better ensuring that you get useful results. The following tasks typically require the most expertise:

- Convening focus groups or interviews to provide input.
- Designing surveys (question wording, scales, question order).
- Designing and implementing a web-based survey.
- Analyzing results and generating reports. This is particularly important to address sample bias.

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[1] *Valid* questions measure what you intend them to measure. *Reliable* questions are those that every respondent will interpret or understand in the same way. For instance, an example of an invalid, but possibly reliable question is when customers are asked if they received "services of consistent quality." If 90 percent of your customers answer "yes" to this question, you do not know whether the customers believed you had offered them consistently good or consistently poor-quality services.

Step 6: Design the Survey

There are several basic principles to remember when drafting questions for a customer satisfaction survey:

- *Surveys should be as short as possible.* The length of the survey directly impacts the number of complete responses you will receive. The longer the survey, the more daunting it looks to customers.

- *Write clear questions and response options in the appropriate literacy level and language.*

- *Limit each question to one idea or concept, avoiding double-barreled questions* (e.g., asking customers to rate both the courtesy and efficiency of your staff).

- *Use conventional language.* Avoid jargon, abbreviations, and technical language.

- *Make questions easy to answer.* Scaled and yes/no questions are the easiest to answer.

- *Survey customers soon after they have received services or interacted with your staff, when memories are fresh.* Questionnaires should include clear time periods for which the customers can rate services or products (e.g., "within last year" or "last visit").

- *Keep survey questions standard if you want to compare results over time.* Any changes in a question's wording will make it difficult to compare results from year to year.

- *Target questions on the factors that most influence customer satisfaction for a particular service or product.*

If you are creating surveys for individual programs, consider interviewing clients or conducting focus groups prior to drafting the survey to gather detailed information about customer concerns and priorities. You can also receive guidance from existing advisory boards, committees, or commissions. You are looking for the key qualities that most influence satisfaction for a particular service or product. These qualities should be the focus for your questions (see examples below). Additionally, the detailed information you gathered from client interviews and focus groups can add depth and more detailed examples to any report prepared on the eventual high-level survey results.

King County, Washington, lists the following service attributes as key topics in customer satisfaction surveys:

- Timeliness – Speed of service delivery.

- Information – Quality and completeness of the provided material.

- Staff competence – Professionalism and expertise.

- Reliability – Performance of service facilities, goods, and staff.

- Staff attitude – Courtesy, politeness, and friendliness.

- Fairness – Honesty, justice, and fairness of the system/organization.

- Access – Availability of staff, services, and products.

- Look and feel – Comfort and appearance of environment, facilities, and staff.

- Safety and security – Customer care and confidentiality.

- Convenience – Ease of obtaining the product or service.

- End result – Product or service quality.

Examples of questions for specific public health functions can be found on the National Network of Public Health Institutes' website at http://nnphi.org/CMSuploads/NJ-Survey.Design.Checklist.pdf.

Many surveys include a question about overall satisfaction with the program or service received. However, there is professional debate about the value of this question. Although some argue that it allows you to have an overall standard to compare over time, others argue that the information gained does not yield much that agencies can use to improve services and therefore is a wasted question.

Value of Anonymity: Typically, respondents are more likely to answer survey questions honestly if they believe their identities are protected. Therefore, try to keep the entire survey process anonymous. Customers should be able to complete their surveys in private and return them without fear of being identified.

Selecting Survey Scales: Keeping survey response options short and clear helps customers complete the surveys and facilitates the work of those tabulating and interpreting results. Likert scales are typically used for this reason. To avoid biasing results, consistently begin scales with the lowest rating and end with the highest rating.

This is the typical format of a scaled satisfaction question:

How satisfied were you with the quality of materials?				
1	2	3	4	5
Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied

This is the format for an item measuring agreement:

The inspector took time to clarify information.				
1	2	3	4	5
Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree

Questions can also include a "not applicable" option. "Not applicable" allows survey respondents to indicate the question does not apply to them. These responses are not included in the calculation of ratings.

Typically, short surveys include one or two open-ended questions at the end of the survey asking:

• Is there anything else you would like to tell us? [or]

• What is the most important thing can we do to improve our service? [or more simply]

• Suggestions/comments?

If you are looking for more specific information to help you interpret answers to specific scaled questions or survey items, consider inserting a "comments" line after questions.

Tracking and Following Up on Complaints: Perhaps you want your customers or stakeholders to discuss specific complaints so that you can follow up with them as part of your customer service initiative. Systems for monitoring and responding to customer complaints can capture a range of useful information and yield further benefits in positive customer and public perceptions. Some research has shown that customers who had complaints that were resolved were more satisfied than customers who did not have problems in the first place.

The Florida Department of Health is focusing on this issue with their customer service efforts. For more information about their efforts and to view their complaint tracking form, along with directions for use, visit http://www.floridahealth.gov/licensing-and-regulation/survey/index.html.

Tracking and Comparing Responses from Subsets of Clients: Perhaps you want to know how different groups of clients or customers experience your services or activities. Maybe you want to know their ages, income levels, professional affiliations, where they live in your state, or how or when they accessed your services (e.g., online, in person, over the telephone). As you prepare your surveys, you should be aware that you may see different types of responses from different groups and decide whether you want to be able to identify those groups in your data analysis. This is particularly important for general surveys that are used across multiple programs. For a good example of this, see Michigan's surveys in **Appendices B and D**.

Questions requesting demographic or other categorical information should be included toward the end of the survey to allow time to build rapport with the respondent. Furthermore, respondents should be asked to identify a particular age or income range they fall within instead of a specific number.

Cover Letter, Introduction, and Acknowledgement: Surveys should include a cover letter or other introduction that briefly describes the survey's purpose and explains why the questionnaire is necessary. These introductions will help establish the survey's legitimacy to customers. Ideally, surveys should provide a contact person, address, and telephone number. At the end of the survey, remember to thank the respondent for participating.

Motivating Clients to Respond: Typically, people with the strongest opinions are more likely to respond. You will need to motivate customers with more neutral feelings to participate in the survey through some form of followup or even incentives. A personal appeal to customers is helpful. Notify customers that a questionnaire is forthcoming and that their participation is valuable, but not officially required. Again, customers may need to be assured that their identity is stripped from the responses.

Step 7: Select Survey Administration Methods[2]

In *Customer Surveying: A Guidebook for Service Managers*, author Frederick Van Bennekom, an information systems consultant, notes that choosing an administrative method for your survey is challenging. Because there is rarely a perfect choice, trade-offs among competitive choices are most common. You will probably choose one administrative method, but some states, such as Florida, use multiple methods and merge the data into one administrative file. The following provides you with a snapshot of some of the pros and cons of each approach.

Mail Surveys: Mailing surveys gives your clients a great deal of anonymity and can be done at a moderate cost (relative to that of telephone surveys). However, to ensure that people open the envelope and return the survey, you are strongly encouraged to both prepare your customers for this letter and encourage them to fill it out. A major drawback to this approach is that the response rate is relatively low, depending on how well you motivate your respondents. Self-mailers are highly recommended because they require less paper and postage. Next best is including an addressed, pre-stamped envelope.

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[2] The discussion about survey administration methods and response rates is adapted from *Customer Surveying: A Guidebook for Service Managers* by Frederick Van Bennekom. See full citation within Appendix A.

Comparison of Survey Administrative Methods				
	MAIL SURVEYS	E-MAIL OR WEB-BASED SURVEYS	TELEPHONE SURVEYS	IN-OFFICE PAPER SURVEYS
Response rate	Low	Moderate	High	Moderate
Speed	Slow	Very fast	Fast	Very fast
Cost per completed survey	Low	Lowest	High	Low
Anonymity	High	Questionable	None	Questionable
Ability to clarify survey questions and responses	None	None	High	High
Administrative bias	Limited	Sample bias	Interview bias	Sample bias

Electronic Mail or Web-Based Surveys: There are software packages (e.g., SurveyMonkey, Epi-Info) or people to help create surveys that are available on your website. Web-based surveys are very efficient because responses can be immediately tabulated. Plus, once the system is set up and the distribution list assembled, there is relatively little (or no) cost to sending out reminder emails. Online surveys—through pop-up windows, links, or email invitations—have become popular. One of the big drawbacks is administrative bias. Ideally, you will have an email address for every single client/customer (or know that they can access your online survey) because you do not want to ignore a block of customers. Anonymity may be an issue. There are methods for stripping off identification numbers, but your clients may need to be assured that you have done so.

Telephone Surveys: Although more expensive, telephone surveys will generate higher response rates and generally provide more detailed responses. Before the call, you will need to prepare a careful script for the interviewer that describes the survey, identifies the language spoken by the client, and how the responses will be used. Announcement letters should be sent out before the call—a task that can be done by people on staff at your agency. Aside from cost, the biggest drawback to this method is that anonymity is not possible.

In-Office Surveys Using Drop Boxes or Kiosks: Some public health offices hand out a hard copy of the customer satisfaction survey to clients at check-out, encourage clients to complete the survey before leaving, and have a drop box in the office for completed surveys. Other offices have kiosks with old computers in the waiting area so that patients who do not have computers at home can quickly complete an electronic survey. Short, onsite interviews at check-out are another data collection method.

Although in-office surveys are relatively inexpensive, many researchers recommend using mail surveys (or other means) rather than asking clients to fill out surveys while they are still in the office. Some say that clients will not complete the survey honestly if staff are nearby, and others believe that customers will ignore the drop box. Some suggest that staff will be reluctant to hand a survey to an upset client, which will bias results.

Selecting Survey Samples: While you are reviewing the pros and cons of survey administration methods, decide whether you will be surveying the entire population served, a random sample (e.g., every fifth patient), or a sample of convenience (a group of clients that is easy to reach, but not necessarily representative of your entire population served). Sampling is especially important when you are considering mail or telephone surveys, because the cost of administering the survey is strongly driven by the number of people surveyed.

Frequency of Survey Administration: Some public health divisions are reporting that they are using these surveys to "spot check" customer satisfaction from time to time. Other states and jurisdictions survey their clients continuously, which is the easiest way to help ensure a representative sample of an adequate size. If your service population is very large, you could also distribute surveys for a certain period each month, each quarter, or each year. Remember, you want to use standard questions each time (or survey cycle) to be able to compare results over time.

Response Rates: The more responses you can get, the more confident you can be about survey results. But what's the minimum? Different experts draw the line in different places. Furthermore, if your goal is to conduct a scientific survey, you must always ask yourself whether the survey respondents are likely to be representative of the entire population served or if your method has introduced survey bias (e.g., only posting a survey on a website when you know that not all clients are accessing the site). The science of statistics allows you to take a subset of the customers and develop a profile of them (or a statistical inference) about the population served. The value of statistics is that they can tell you the degree of faith you can have in the survey data as an accurate portrayal of the population served. They tell you how large the response rate needs to be to give you the desired level of confidence.

> ### Improving Response Rates
> The Michigan Public Health Institute developed a customer satisfaction survey distribution process for both manual and online survey distribution. The new policies were based on a best practice in survey administration and have helped to more than double the percentage of surveys returned.

To learn more about this topic and draw a representative sample that falls within a given confidence level, visit the HRSA "Calculating Sample Size" web page, which provides additional background material and a sample size calculator, at https://bphc.hrsa.gov/datareporting/research/hcpsurvey/dashboardmanual/datafilevariables.html.

Step 8: Pilot the Survey and Modify Before Full-Scale Rollout

Make sure to pilot the survey with a small group of customers before finalizing it. You may be surprised by how people interpret your questions, or you may find that you have difficulty interpreting the results. Invite questions and comments from the pilot participants and make all necessary modifications before full-scale distribution. To ensure that the system works, try to pilot the survey using the same administrative method that you plan to use for the full distribution.

Step 9: Analyze the Data, Report, and Follow Up

Once you have the surveys back, it's time to analyze and use the data. If you have used a web-based survey system, the results of the scaled questions may be summarized for you. Even then, all answers to open-ended questions come to you as raw data. Often this is some of the most valuable information because it provides specific criticisms and compliments, as well as recommendations for improvement. Be sure to dedicate resources so someone with data management skills can review and summarize this information. Without appropriate resource allocation, you may end up with a stack of surveys that were never adequately analyzed.

Applying Your Findings

After completing its 2008-2012 Prevention Agenda Toward the Healthiest State, New York obtained input from approximately 750 stakeholders involved with the planning process, seeking their input on priorities for the next planning cycle and how best to ensure their continued involvement in designing and implementing reforms.

Clear themes emerged from stakeholder comments. In response, the state has made the following reforms to its planning process for the 2013-2017 prevention agenda:

• Creating six technical support groups to support planning and identify content experts when necessary.

• Highlighting best practice and evidence-based examples of the local role in state planning efforts.

• Incorporating both long-term and intermediate measures into the planning process.

Obtaining stakeholder feedback will be folded into future planning efforts as part of the state's ongoing decisionmaking process.

Once the data is analyzed, share the results with all staff. Remember, the goal is quality, not placing blame. Act on key items that are causing dissatisfaction. Prioritize and develop an action plan and celebrate areas of success. Step 3 on pages 4-5 laid out several potential uses for the data that should be thought through prior to drafting the survey questions. New York provides an example of how stakeholder feedback is being used for continuous quality improvement (see sidebar above).

Conclusion

Listening to, understanding, and responding to customer input are key features of continuous quality improvement. Identifying customers and stakeholders and identifying a process of capturing and analyzing customer feedback are essential components to evaluating the effectiveness and efficiency of a health department's work and addressing the expectations of various public health customers. Utilizing customer satisfaction surveys is a good way to measure customer satisfaction from a range of customers and stakeholders and improve services. This toolkit, used in conjunction with the PHAB standards and measures, is intended to help guide health agencies planning to seek accreditation or undertake quality improvement initiatives.

APPENDIX A

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APPENDIX B

Multi-Purpose Surveys

1. **Michigan's Customer Survey Template developed by Michigan Public Health Institute (MPHI) in partnership with the Michigan Department of Community Health (MDCH) that can be modified for use by Local Health Departments.**

Local Health Department Name
Customer Satisfaction Survey

Thank you for choosing the *Local Health Department Name.* In order to continuously improve the services we provide our clients, we kindly ask that you complete the following survey. The survey will only take a few minutes of your time. The responses you provide will be confidential. No identifying information about you will be collected.

If you have any questions about the survey, please contact:

Contact Name

Phone Number

Email Address

We thank you in advance for your valuable feedback.

Instructions for Completing the Survey

For each question please select the answer that best represents your response. When you are finished completing the survey, please return your survey to one of the drop boxes located at each reception area within the health department.

Please tell us about your experience with the *Local Health Department Name*.

1. During your most recent visit with the *Local Health Department Name*, what program(s)/service(s) did you receive? (please check all that apply)

☐ Dental Health Visit

☐ Women, Infants, and Children (WIC)

☐ Child or Adolescent Immunization

☐ Adult Immunization

☐ Travel Immunization/Clinic

☐ Well Child/Adolescent Visit

☐ Family Planning Services

☐ Breast and Cervical Cancer Control Program (BCCCP) Services

☐ Mental Health Visit

☐ STD/HIV

☐ Birth/Death Records

☐ Environmental Health Permit

☐ Environmental Health Inspection

☐ Car Seat Inspection

☐ Other, please specify: _____

2. Where did you learn about our available services?

☐ From a friend or family member

☐ From a Health Department staff member

☐ From a Health Department brochure or flyer

☐ Other, please specify: _____

3. Where did you receive your service(s)?

☐ Health Department Office

☐ Home Visit

☐ By Phone

☐ Other, please specify: _____

The following questions pertain to your experience scheduling the service(s) you received today.

4. Please respond to each of the following questions by checking the box under 'yes' or 'no' as appropriate.

	Yes	No
Was the phone system easy to use?	☐	☐
Did the staff answer the phone promptly?	☐	☐
Were the staff courteous on the phone?	☐	☐

The following statements pertain to the service(s) you received today.

5. Please indicate if you agree or disagree with each of the following statements by circling the number under your response. If you disagree with any of the statements below, please help us understand how we can improve by providing a comment under question 9.

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
Health Department staff were friendly.	1	2	3	4	5	6
The service(s) I received were delivered promptly.	1	2	3	4	5	6
Health Department staff were respectful.	1	2	3	4	5	6
The wait time for the service(s) I received was appropriate.	1	2	3	4	5	6
Health Department staff were helpful.	1	2	3	4	5	6
The services I received met my social, cultural, and/or special needs.	1	2	3	4	5	6
Health Department staff took the time to listen to my concerns.	1	2	3	4	5	6
Health Department staff understood my needs.	1	2	3	4	5	6
The office hours met my needs.	1	2	3	4	5	6
Overall, I am satisfied with the service(s) I received today.	1	2	3	4	5	6
I was able to get what I needed from *Local Health Department Name* today.	1	2	3	4	5	6
I would recommend the *Local Health Department Name* to my friends and family.	1	2	3	4	5	6

6. Did Health Department staff give you information during today's visit about other services for which you might be eligible?

☐ Yes

☐ No

7. Did anyone provide outstanding service? If so, whom?

_____

_____

_____

_____

8. What did we do well during your visit today?

_____

_____

_____

_____

9. What can we improve? (Please be specific.)

_____

_____

_____

_____

The following questions ask for basic demographic information. Your answers to these questions will not affect the services you receive in any way.

10. What is your gender?

☐ Male

☐ Female

11. What is your current age?

☐ 18-24 years old

☐ 25-39 years old

☐ 40-64 years old

☐ 65 + years old

12. What is your race?

☐ White, Non-Hispanic

☐ Black

☐ Hispanic or Latino

☐ American Indian or Alaska Native

☐ Asian

☐ Native Hawaiian or Other Pacific Islander

☐ Two or more races

☐ Other

13. What is the highest level of education you completed?

☐   Less than High School

☐   High School graduate

☐   Some College

☐   Associate's Degree

☐   Bachelor's Degree

☐   Graduate or Professional Degree

14. What is your total household income?

☐   Less than $19,000

☐ $20,000 to $34,000

☐ $35,000 to $49,000

☐ $50,000 to $64,000

☐ $65,000 to $79,000

☐ $80,000 or greater

15. How many children under the age of 18 live in your household?

☐   0

☐   1

☐   2

☐   3

☐   4 or more

2. Florida's Customer Satisfaction Survey

Customer Satisfaction Survey Tool

Location: _____

Program: _____

Statement	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I got the information or service that I needed. (Accessibility)	☐	☐	☐	☐	☐
The service or information was clear and understandable. (Clarity)	☐	☐	☐	☐	☐
The staff was friendly and polite. (Courtesy)	☐	☐	☐	☐	☐
The staff was well informed. (Knowledge)	☐	☐	☐	☐	☐
The staff was helpful. (Helpfulness)	☐	☐	☐	☐	☐
I was served in a timely manner. (Timeliness)	☐	☐	☐	☐	☐

Overall: How would you rate your satisfaction with the information or services you received?	Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
	☐	☐	☐	☐	☐

Additional Comments:

_____

_____

_____

May we contact you? Please leave your name, address, phone nuber or e-mail address if you want us to respond to your comments.

_____

_____

_____

APPENDIX C

Program-Specific Surveys

1. New Jersey (Morris Regional Partnership), Retail Food Owner/Operator Satisfaction Survey

1. Inspections are conducted at an appropriate time and/or day.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Comments: _____

_____

2. The routine inspection schedule at your establishment is:

Too often	Often enough	Not enough
☐	☐	☐

Comments: _____

_____

3. The inspector communicated in a way that was clear and easy to understand.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Comments: _____

_____

4. The information provided to you by the inspector helped you to better understand safe food handling practices.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Comments: _____

_____

5. Violations, if any, were clearly explained.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Comments: _____

_____

6. Enough time was given to correct violations.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Comments: _____

_____

7. The penalties for failure to correct violations were clearly explained.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Comments: _____

_____

8. In your opinion, the inspector took an acceptable amount of time to complete the inspection.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Comments: _____

_____

9. The inspector was: (Please check all that apply)

Professional	Polite	Matter-of-Fact	Rude	Other
☐	☐	☐	☐	☐

Comments: _____

_____

10. The inspector conducted a complete/thorough inspection.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Comments: _____

_____

11. The inspector answered all of my questions.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
☐	☐	☐	☐	☐

Comments: _____

_____

12. I would like the health department to offer a food safety class for my employees.

Yes	Already Offered	No
☐	☐	☐

13. Do you have any comments or suggestions on how we could improve our service?

_____

_____

_____

_____

Please mail completed survey to:

Pequannock Twp. Health Department
530 Newark Pompton Turnpike
Pompton Plains, New Jersey 07444

2. Washington County, MN: Septic Survey (SurveyMonkey Format)

Customer Satisfaction Survey - Septic

Customer Satisfaction Survey

The Washington County Department of Public Health and Environment is continually working to improve our services. Please complete this brief eight question survey. Your feedback is important and will help us improve future inspections. All responses are anonymous unless you choose to provide your contact information at the end of the survey. Thank you for your input!

1. Have you had a septic inspection within the last 12 months?

◯ Yes

◯ No

2. Please rate the following statements regarding your inspector.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
The inspector was knowledgeable	◯	◯	◯	◯	◯	◯
The inspector was patient and took time to clarify information	◯	◯	◯	◯	◯	◯
The inspector was polite and friendly	◯	◯	◯	◯	◯	◯
The inspector was helpful	◯	◯	◯	◯	◯	◯

3. Please rate the following statements regarding information and services.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
Services were provided at a convenient time	◯	◯	◯	◯	◯	◯
Applications, forms, and other materials were clear and easy to understand	◯	◯	◯	◯	◯	◯
I received the information and resources I needed	◯	◯	◯	◯	◯	◯
I understand the code requirements that were identified by the inspector	◯	◯	◯	◯	◯	◯

Customer Satisfaction Survey - Septic

4. Overall, how satisfied were you with the inspection process?

- ◯ Very Satisfied
- ◯ Satisfied
- ◯ Neutral
- ◯ Unsatisfied
- ◯ Very Unsatisfied

5. Please share one thing we could do to improve our inspection process.

[text box]

6. What is your preferred method of receiving communication from our department?

- ☐ Mail
- ☐ Email
- ☐ Phone
- ☐ Text Message
- ☐ Website
- ☐ Facebook
- ☐ Twitter
- ☐ Blog

7. Additional comments or suggestions:

[text box]

Customer Satisfaction Survey - Septic

8. Would you like us to contact you?

◯ Yes

◯ No

9. Please enter your contact information below.

Name:

Company:

Address:

Address 2:

City/Town:

State:

ZIP:

Email Address:

Phone Number:

Thank you for participating in the survey. We appreciate your input. Feel free to contact your inspector if you have questions at 651-430-6655.

3. Washington County, MN: Hazardous Waste (Mail Format)

Hazardous Waste Program Satisfaction Survey

The Washington County Department of Public Health and Environment is continually working to improve our services. Please complete this brief five question survey. Your feedback is important to us. Please circle your answer to each question. Feel free to contact your inspector if you have any questions at 651-430-6655. If you prefer to take the survey online, go to http://www.surveymonkey.com/s/MQ3BQW8. Thank you!

1. **Have you had a hazardous waste inspection in the last 12 months?**

   ☐ Yes ☐ No

2. **Please rate these statements regarding the inspector or person who worked with you on the inspection.**

The inspector was knowledgeable.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
☐	☐	☐	☐	☐	

The inspector was patient and took time to clarify information.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
☐	☐	☐	☐	☐	

The inspector was polite and friendly.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
☐	☐	☐	☐	☐	

The inspector was helpful.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
☐	☐	☐	☐	☐	

3. Rate the following statements regarding information and services.

Services were provided at a convenient time.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
☐	☐	☐	☐	☐	

Applications, forms and other materials were clear and easy to understand.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
☐	☐	☐	☐	☐	

I received the information and resources I needed.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
☐	☐	☐	☐	☐	

I understand the code requirements that were identified by the inspector.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
☐	☐	☐	☐	☐	

4. Overall, how satisfied were you with the inspection process?

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
☐	☐	☐	☐	☐	

5. Please share one thing we could do to improve our inspection process.

_____

_____

_____

_____

You may return this survey to Washington County Public Health and Environment Office (room #4600) or mail to:

Washington County Department of Public Health and Environment
Room #4600 14949
62nd Street, N.
Stillwater, MN 55082

APPENDIX D

Stakeholder Surveys and Other Means for Input

1. **New York's Process for Obtaining Stakeholder Input**

The Process for Obtaining Input from Stakeholders

The Ad Hoc Committee to Lead New York's State Health Improvement Plan, under the direction of the Public Health and Health Planning Council's Committee for Public Health, coordinated the process used to obtain input from stakeholders. Committee members conducted sessions with stakeholders to obtain feedback on the *2008-2012 Prevention Agenda* and how the process could be improved for the *2013-2017 Prevention Agenda.* Input was sought on the proposed priorities for the next planning cycle and how best to ensure continuing involvement of stakeholders in designing and implementing interventions.

A "Vision and Proposed Priorities" slide set was developed for committee members to use during these sessions. In addition, slide sets describing the priorities for the previous *Prevention Agenda,* including progress to date, were posted on the NYSDOH website so they could be accessed by stakeholders. Members organized meetings with stakeholders and used the slide sets and a process to obtain answers to the questions shown in Figure 1. Answers could also be submitted via the website. If committee members preferred to give stakeholder the option to complete the survey, they were asked to review key points and encourage a discussion beforehand.

The members coordinating these meetings knew that they needed to clearly understand the questions and reasons for asking them. Their role was to facilitate a discussion on what worked in the previous *Prevention Agenda*, the challenges, the strategies used to address the challenges, and how lessons learned can be used to shape new priorities. Progress reports on all the existing priorities were used to facilitate these discussions.

Figure 1.   Questions for Stakeholders

1. **What did communities view as strengths in their experiences working with *the 2008-2012 Prevention Agenda*?**

2. **What were some challenges working with the *2008-2012 Prevention Agenda*?**

3. **How can these strengths and challenges be addressed through the next version in the *2013-2017 Prevention Agenda*?**

4. **What are key issues that need to be addressed in the *2013-2017 Prevention Agenda*?**

Five additional questions were given to the coordinators to be considered in these sessions:

1. What went well or not so well with the *2008-2012 Prevention Agenda* from the perspective of your organizations? For any specific priority area that your organization may have participated in, what went well or not so well?
2. How do we achieve greater participation from stakeholder organizations (including yours) in the local community health planning and implementation process?
3. How can we assure that our new plan addresses disparities in each of the priority areas?
4. Does the proposed set of five priority areas for *2013-2017 Prevention Agenda* address the priorities or concerns in your community or for your organizations?
   - If so, how might your community organization be most effective in addressing one or more of the priorities?
   - If not, how would you change them or what different priorities would you suggest?
5. Would a member of your organization be willing to serve on a committee to address an identified issue?

The information obtained from these sessions was used to help the Ad Hoc Committee finalize priorities and to inform Phase 2 of the planning process, in which workgroups identified measures, strategies, interventions and partner organizations for each priority.

Findings

Recommendations were obtained from 50 groups, varying in size from 5 to 25 people. More than 750 individuals provided feedback in this process. The feedback was organized into three theme areas:
- Inputs related to infrastructure (communication and coordination, partners and sectors, data and measures, financial and policy supports, and workforce).
- Outputs related to specific priorities and strategies to consider for each priority. Comments on the new priorities are summarized in a separate report.
- Cross-cutting issues, such as disparities, social determinants of health, the overall framework (vision, goals, principles, etc.), and any gaps or concerns.

What did communities view as strengths in their experiences working with the *2008-2012 Prevention Agenda*?
- Overall, the encouragement by NYSDOH for hospitals and local health departments to collaborate on community needs assessments and planning did result in the desired collaboration in most counties.
- Identifying the 10 priorities in the *2008-2012 Prevention Agenda* allowed groups to focus on common themes.
- Having specific priorities enabled groups to leverage resources.
- Collaboration and action were easier if the partners understood and believed in the benefits of addressing the priorities, and had access to content experts.
- It was easy to work on broad priority areas, such as access to care.
- Communication about the *2008-2012 Prevention Agenda* was much more intense in the beginning and, overall, seemed adequate.

What were some challenges working with the *2008-2012 Prevention Agenda*?
- Some organizations found it harder to collaborate than others, possibly because they were smaller, had fewer resources, were on the geographic fringes of their more powerful partners, or the partners were not clear about their roles. Sometimes, hospitals and local health departments did not collaborate, but when asked whether it was important to do so, they said it was.
- Not having access to content experts made it difficult to work on some issues.
- Lack of funding was a challenge for some, although few elaborated on specific funding needs.
- Priority issues such as access to care and mental health were too broad. It was difficult to identify actions that could be taken at the local level to have an impact on the priority.
- There was a lack of access to data at the ZIP code level to identify disparities.
- Some groups did not see any challenges with respect to the *2008-2012 Prevention Agenda*.

How can these strengths and challenges be addressed through the next version, the *2013-2017 Prevention Agenda*?
- Ensure that priorities and implementation of activities are connected with the "voice of the customer." Include "voice of community" at every stage and every level.
- Collaborate within and across sectors, while continuing to encourage collaboration between the various partners – especially local health departments and hospitals.
- Focus on reducing disparities and addressing social determinants of health.
- Present data at the sub-county level.
- Include long-term indicators and intermediate measures.

What should the specific priorities be in the State Health Improvement Plan, and what should the 2013-2017 Prevention Agenda include?
- Prevent chronic diseases.
- Promote a healthy and safe environment.
- Promote healthy women, infants and children.
- Promote mental health and prevent substance abuse.
- Prevent HIV, STDs, vaccine-preventable diseases and health care-associated infections.

A detailed summary of the responses to these questions from stakeholder groups is posted on the Department of Health website at:
http://www.health.ny.gov/prevention/prevention_agenda/2013-2017/establishing_priorities.htm.

2. **Michigan's Online Early Hearing Detection and Intervention Program Satisfaction Survey**
developed by Michigan Public Health Institute (MPHI) in partnership with the Michigan Department
of Community Health (MDCH) for partner agencies.

Michigan Department of Community Health – Public Health Administration

Early Hearing Detection and Intervention (EHDI) Program

Customer Satisfaction Survey

The Michigan Department of Community Health (MDCH) strives to provide high quality services and programs that are responsive to customer needs. To maintain or improve customer satisfaction, efficiency, and service quality, we encourage you to share your thoughts, ideas, and feedback.

Survey Introduction
The Early Hearing Detection and Intervention (EHDI) program is interested in assessing knowledge and receiving feedback on the program from professionals, so improvements can be identified and made in order to better serve you. We encourage you to take time to complete this survey and sincerely appreciate your time and feedback. The survey will take approximately 10-15 minutes to complete. Your responses will be fully confidential, results will only be reported in aggregate, and you will not be identifiable by your answers. Your participation in this survey is completely voluntary and you are free to decline to answer any question.

We would appreciate your response by [enter date by which you would like to receive responses].

If you have any questions about this survey, please contact:
[Insert Name]
[Insert Email Address]
[Insert Telephone Number]

Thank you!

Survey

Date Survey Completed: _____ (MM/DD/YYYY)

Demographic Information
1. What is your professional affiliation with EHDI? (Please check all that apply)
   ☐ Birth Hospital Staff
   ☐ Audiologist
   ☐ Physician/ENT
   ☐ Physician/Pediatrician
   ☐ Physician/Family Practice
   ☐ Early On Coordinator
   ☐ Local Health Department
   ☐ Other Professional (please specify):_____

2. In what county or counties do you provide services?
   _____

1 | *Michigan Department of Community Health*
EHDI Customer Satisfaction Survey 2012

Knowledge of State Law, Goals, and Guidelines

3. Please indicate your level of agreement with the following statements regarding the State newborn screening law and EHDI National 1-3-6 goals:

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
I am aware of the State newborn screening law.	☐	☐	☐	☐	☐	☐
I understand the State newborn screening law.	☐	☐	☐	☐	☐	☐
Newborn hearing screening is mandatory in Michigan.	☐	☐	☐	☐	☐	☐
I am aware of the 1-3-6 goals.	☐	☐	☐	☐	☐	☐
I understand the 1-3-6 goals.	☐	☐	☐	☐	☐	☐

4. What challenges do you face in meeting the EHDI 1-3-6 goals?

5. What do you feel are the barriers to early hearing detection for infants?

6. When an infant does not pass the hearing screen, how effective are the methods used by the state EHDI program to ensure the infant receives necessary follow-up services?

☐ Very Effective
☐ Effective
☐ Somewhat Effective
☐ Somewhat Not Effective
☐ Not Effective
☐ Not At All Effective

7. What suggestions do you have for improving the system for follow-up when additional services are needed after the initial screen and prior to the re-screen?

8. What suggestions do you have for improving the system for follow-up when additional services are needed after screening and prior to diagnostic testing?

9. What suggestions do you have for improving the system for follow-up when additional services are needed after the infant is diagnosed and prior to enrollment into early intervention?

2 | *Michigan Department of Community Health*
EHDI Customer Satisfaction Survey 2012

10. What methods could be utilized to address Loss to Follow-up (infants that don't pass the screening and further follow up does not occur)?

11. What methods could be utilized to address Loss to Documentation (infants whose screening and/or diagnostic test results are not reported to EHDI)?

State EHDI Program

12. How do you currently submit hearing screening/testing results (initial, rescreens, diagnostic) to EHDI? (Please check all that apply.)
    ☐ Fax
    ☐ Electronically (by email)
    ☐ Mail
    ☐ Other (please specify):_____

13. How satisfied are you with the process for submitting hearing screening results?
    ☐ Very Satisfied
    ☐ Satisfied
    ☐ Somewhat Satisfied
    ☐ Somewhat unsatisfied
    ☐ Unsatisfied
    ☐ Very unsatisfied

14. Is there anything EHDI can do to improve the process of submitting hearing screening results?

15. What types of technical assistance would you like to see the EHDI program provide that is currently not provided, if any?

16. How often do you access the EHDI website (www.michigan.gov/ehdi)?
    ☐ Have never accessed the website [skip to question 19]
    ☐ Less than once a month
    ☐ Once a month
    ☐ Two to three times a month
    ☐ Four to five times a month
    ☐ More than five times a month

17. Do you find the EHDI website user-friendly?
    ☐ Yes   ☐ No

    [If no] How could the user-friendliness of the website be improved?

3 | *Michigan Department of Community Health*
EHDI Customer Satisfaction Survey 2012

18. Is there information you'd like to see added to the EHDI website?

☐ Yes ☐ No

[If yes] What information would you like to see added to the website?

19. Please indicate which newsletters you receive from EHDI, and for those you do receive, how useful you find them.

	Do Not Receive	Not at all Useful	Somewhat Not Useful	Not Useful	Somewhat Useful	Useful	Very Useful
EHDI Quarterly Birth Hospital Newsletter	☐	☐	☐	☐	☐	☐	☐
The Audio-Gram: EHDI News for Audiologists	☐	☐	☐	☐	☐	☐	☐

20. What information would you like to see in the newsletters you receive that is not currently included?

21. Please indicate which materials and resources you utilize from EHDI, and for those you do receive, how useful you find them.

	Do Not Receive/Use	Not at all Useful	Somewhat Not Useful	Not Useful	Somewhat Useful	Useful	Very Useful
Michigan's Newborn Hearing Screening Program Brochure	☐	☐	☐	☐	☐	☐	☐
EHDI Online Training Module	☐	☐	☐	☐	☐	☐	☐
Guidelines for Newborn Hearing Services	☐	☐	☐	☐	☐	☐	☐
Hearing Screening Results Crib Card	☐	☐	☐	☐	☐	☐	☐
Screener Script	☐	☐	☐	☐	☐	☐	☐
Monthly Missing/Incomplete Report	☐	☐	☐	☐	☐	☐	☐

Communicating Refer Results	☐	☐	☐	☐	☐	☐	☐
Hands and Voices Loss and Found DVD	☐	☐	☐	☐	☐	☐	☐
Services for Children Who are Deaf or Hard of Hearing: A Guide for Families and Providers	☐	☐	☐	☐	☐	☐	☐
Guide By Your Side Brochure	☐	☐	☐	☐	☐	☐	☐
Sample Letters	☐	☐	☐	☐	☐	☐	☐
Viewing Hearing Results in the Michigan Care Improvement Registry (MCIR)	☐	☐	☐	☐	☐	☐	☐

22. What other materials or resources would you like to see made available?

23. Are you aware of the parent support programs provided by EHDI?
☐ Yes   ☐ No [Skip to question 25]

24. [If yes] Do you feel the parent support programs offered by EHDI are adequate?
☐ Yes   ☐ No

[If no] What improvements would you suggest for the parent support programs?

25. Please indicate your level of agreement with the following statements about State EHDI staff and the MDCH:

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
EHDI program staff are courteous/respectful.	☐	☐	☐	☐	☐	☐
EHDI program staff are accessible.	☐	☐	☐	☐	☐	☐
EHDI program staff are knowledgeable.	☐	☐	☐	☐	☐	☐

5 *Michigan Department of Community Health*
EHDI Customer Satisfaction Survey 2012

EHDI program staff are helpful.	☐	☐	☐	☐	☐	☐
EHDI program staff are responsive.	☐	☐	☐	☐	☐	☐
EHDI program staff provide adequate technical assistance.	☐	☐	☐	☐	☐	☐
Overall, I am satisfied with the EHDI program.	☐	☐	☐	☐	☐	☐
This MDCH program meets my service needs.	☐	☐	☐	☐	☐	☐
Overall, I am satisfied with my experience with this MDCH program.	☐	☐	☐	☐	☐	☐

26. If you are not satisfied with your experience with this MDCH program, please specify why you are unsatisfied:

27. What could the EHDI program do to better serve you?

28. Is there anything else you would like to tell us?

Thank you for completing this survey!

Again, if you have any questions or comments regarding this survey, please contact:
[Insert Name]
[Insert Email Address]
[Insert Telephone Number]

3. **Michigan's Online Public Health Dental Prevention Program Satisfaction Survey** developed by Michigan Public Health Institute (MPHI) in partnership with the Michigan Department of Community Health (MDCH) for partner agencies.

MPHI   MDCH
                                                    Rick Snyder, Governor
                                                    James K. Haveman, Director

Michigan Department of Community Health – Public Health Administration

Michigan's PA 161: Public Health Dental Prevention Program

Program Support Survey

The Michigan Department of Community Health (MDCH) strives to provide high quality services and programs that are responsive to customer needs. To maintain or improve customer satisfaction, efficiency, and service quality, we encourage you to share your thoughts, ideas, and feedback.

Survey Introduction
Michigan's PA 161: Public Health Dental Prevention Program is interested in receiving feedback on the program and its processes from agencies enrolled in PA 161, to identify and make improvements in order to better serve you. We encourage you to take time to complete this survey and sincerely appreciate your time and feedback. The survey will take approximately 10 minutes to complete. Your responses will be fully confidential, results will only be reported in aggregate, and you will not be identifiable by your answers. Your participation in this survey is completely voluntary and you are free to decline to answer any question without any risk to you.

We would appreciate your response by [enter date by which you would like to receive responses].

If you have any questions about this survey, please contact:
[Insert Name]
[Insert Email Address]
[Insert Telephone Number]

Thank you!

Survey

Date Survey Completed: _____ (MM/DD/YYYY)

Demographic Information
1. Please indicate the type of agency you represent.
    ☐ Community Dental Clinic
    ☐ FQHC (Federally Qualified Health Center)
    ☐ Long-Term Care Facility/Nursing Home
    ☐ Non-Profit Agency
    ☐ Prison System or Juvenile Detention Center
    ☐ Public Health Agency
    ☐ School of Dentistry or Dental Hygiene
    ☐ School-based or School-linked Health Center
    ☐ Other, please specify: _____

---

1 | *Michigan Department of Community Health*
    PA 161 Program Support Survey 2012

---

2. In what county or counties do you provide services?

Program Application

3. Please indicate your level of agreement with the following statements regarding the PA 161 application process:

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
The application and step-by-step application instructions are easy to obtain.	☐	☐	☐	☐	☐	☐
The step-by-step application instructions are comprehensive.	☐	☐	☐	☐	☐	☐
The step-by-step application instructions are easy to follow.	☐	☐	☐	☐	☐	☐
The application is easy to complete.	☐	☐	☐	☐	☐	☐
The process for submitting an application is user-friendly.	☐	☐	☐	☐	☐	☐
PA 161 program staff are available to answer questions regarding the application process.	☐	☐	☐	☐	☐	☐
Overall, I am satisfied with the PA 161 application process.	☐	☐	☐	☐	☐	☐

4. Reminders regarding the need for application renewal are helpful.
   ☐ Strongly Agree
   ☐ Agree
   ☐ Somewhat Agree
   ☐ Somewhat Disagree
   ☐ Disagree
   ☐ Strongly Disagree
   ☐ Not Applicable

5. What can the PA 161 program do to improve the application process?

2 | *Michigan Department of Community Health*
PA 161 Program Support Survey 2012

6. Is there anything else you'd like to share with the PA 161 program regarding the application process?

Quarterly Report

7. Please indicate your level of agreement with the following statements regarding the PA 161 quarterly report process:

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
The quarterly report instructions are easy to follow.	☐	☐	☐	☐	☐	☐
The quarterly report is easy to complete.	☐	☐	☐	☐	☐	☐
The process for submitting a quarterly report is user-friendly.	☐	☐	☐	☐	☐	☐
Distribution of the quarterly report template is adequate.	☐	☐	☐	☐	☐	☐
Quarterly report reminders are helpful.	☐	☐	☐	☐	☐	☐
PA 161 program staff are available to answer questions regarding the quarterly report process.	☐	☐	☐	☐	☐	☐
Overall, I am satisfied with the PA 161 quarterly report process.	☐	☐	☐	☐	☐	☐

8. Do you have any barriers to providing the information requested by the quarterly report? If so, what are the barriers to providing complete information on the quarterly report?

9. Is there anything else you'd like to share with the PA 161 program regarding the quarterly report process?

PA 161 Program Overall

10. How often do you access the PA 161 page on the oral health website?
   ☐ Less than once a month
   ☐ Once a month
   ☐ Two to three times a month
   ☐ Four to five times a month
   ☐ More than five times a month

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11. Do you find the PA 161 page user-friendly?

☐ Yes ☐ No

[If no] How could the user-friendliness of the page be improved?

12. Is there information you'd like to see added to the PA 161 page?

☐ Yes ☐ No

[If yes] What information would you like to see added to the page?

13. What types of the technical assistance would you like to see the PA 161 program provide that is currently not provided, if any?

14. What types of materials would you like to see the PA 161 program provide that are currently not provided, if any?

15. Please indicate your level of agreement with the following statements about State PA 161 Staff and the MDCH:

	Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree
PA 161 program staff are courteous/respectful.	☐	☐	☐	☐	☐	☐
PA 161 program staff are accessible.	☐	☐	☐	☐	☐	☐
PA 161 program staff are knowledgeable.	☐	☐	☐	☐	☐	☐
PA 161 program staff are helpful.	☐	☐	☐	☐	☐	☐
PA 161 program staff are responsive.	☐	☐	☐	☐	☐	☐
PA 161 program staff provide adequate technical assistance.	☐	☐	☐	☐	☐	☐
Overall, I am satisfied with the PA 161 program.	☐	☐	☐	☐	☐	☐
This MDCH program meets my service needs.	☐	☐	☐	☐	☐	☐
Overall, I am satisfied with my experience with this MDCH program.	☐	☐	☐	☐	☐	☐

16. If you are not satisfied with your experience with this MDCH program, please specify why you are unsatisfied:

17. What could the PA 161 program do to better serve you?

18. Is there anything else you would like to tell us?

Thank you for completing this survey!

Again, if you have any questions or comments regarding this survey, please contact:
[Insert Name]
[Insert Email Address]
[Insert Telephone Number]