

# CHA/CHIP PROCESS FEEDBACK

CHA/CHIP STEERING COMMITTEE MEMBERS—In order for me to complete the final project report, I'd like to ask everyone for some thoughtful feedback about the process we've gone through over the past year as well as your thoughts about proceeding forward. Your responses will be anonymous and will be instrumental in determining how we proceed as well as how we initiate and complete this process again in 5 years. Thank you and please complete the survey by Friday November 30, 2012 at Noon.

## **\*1. How would you rate your involvement in the Community Health Improvement Process?**

- Very involved (attended almost all meetings, participated in subcommittees)
- Somewhat involved (attended at least half of the meetings, possible participation in subcommittees)
- A little involved (attended a couple of meetings)
- Not very involved (attended less than two meetings)

**\*2. What were your primary reasons for being somewhat or very involved in the Community Health Improvement Process?**

**\*3. What prevented you from being more involved in the Community Health Improvement Process?**

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## \*4. Please give your opinion for the following questions.

	Yes!	Yes	Somewhat	No	No!	I don't know OR Not Applicable
Were the goals clear for the Community Health Improvement Process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel the right people were involved in the Community Health Improvement Process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the facilitation of the process (from Kittitas County Public Health Department staff) effective?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel your contributions were meaningful to the Community Health Improvement Process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that your participation in the Community Health Improvement Process was worth your time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel the Community Health Assessment reflects an accurate picture of health in our community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel the Community Health Improvement Plan priorities are appropriate given what we learned from the Community Health Assessment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you (or your organization) committed to participating in the implementation of the Community Health Improvement Plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

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**\*5. What do you think went well during the Community Health Improvement Process?**

**\*6. What do you think should be done differently during the next Community Health Improvement Process?**

**\*7. What overall benefits or outcomes do you think our community has experienced or achieved through the Community Health Improvement Process, if any?**

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**\*8. What factors, assets, or attributes of our community and/or of the local public health system do you believe will support implementation of the Community Health Improvement Plan?**

**\*9. What challenges do you think we will have in implementing the Community Health Improvement Plan?**

**\*10. What ideas do you have for sustaining the efforts in implementing the Community Health Improvement Plan and repeating the process in another 5 years?**

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Thank you very much for taking the time to provide your feedback!