

Parish Health Profile Evaluation

Today's date: ____/____/____

Your input is important. Please complete both sides of this evaluation and return to:

DHH/OPH P.O. Box 3214, Bin #4, Baton Rouge, LA 70821

For questions call 225-342-8093 or email polweb@dhh.la.gov

1. Demographics:

Parish you live in: _____

For which parish(es) do you have Profiles ?

_____ ☐ all 64 parishes

Are you using the profiles for work? ☐ Yes ☐ No

Job Title: _____

Parish(es) you work in: _____

What do you do? _____

2. Which format of the Parish Health Profile did you use? (check all that apply)

☐ Published Book

☐ Printed Copy

☐ Compact Disk

☐ Website

3. How did you get your Profile(s)?

☐ I requested it.

☐ It was given to me as part of a group or committee in which I participate.

☐ It was sent or given to me unsolicited.

☐ I searched and found it myself.

☐ I don't remember.

4. From whom did you get your copy ?

☐ DHH/Office of Public Health – State Office

☐ DHH/Office of Public Health – Regional Office

☐ Other Agency _____

☐ Community Based or Not-for-Profit Organization

☐ Public Access (library, school, internet)

☐ Other _____

5. How are you going to use the Profiles? (Rank using 1 as the most important, 2 second most important, etc.)

_____ Write grants

_____ Get ideas for community/parish planning

_____ Set local/parish priorities

_____ Educate or inform others about the parish

_____ Regional Planning

_____ State Planning

_____ Class Project

_____ Other _____

6. Using the data and information from the Profiles, what actions do you intend to take?

☐ In the next 3 months:

☐ In the next 6 months:

☐ In the next year:

☐ No actions planned.

☐ I'm going to do something, but I don't know what or when.

7. Which chapters were MOST useful to you?

1. _____

2. _____

3. _____

8. Which chapters were the LEAST useful?

1. _____

2. _____

3. _____

9. Considering the Parish Health Profile overall, please rate the following characteristics by circling the number that reflects your level of agreement with each of following statements:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Topics/subject areas were easy to find	1	2	3	4	5
Data was clear and easy to understand	1	2	3	4	5
Data was useful	1	2	3	4	5
Information was clear and easy to understand.....	1	2	3	4	5
Information was useful.....	1	2	3	4	5
Sources & references provided were useful	1	2	3	4	5
Resources listed were useful	1	2	3	4	5

Office of Public Health
Policy, Planning and Evaluation
201 Capitol Access, Bin # 4
P.O. Box 3214
Baton Rouge, LA 70821

Tape Here

**First Class
Stamp
Needed**

Office of Public Health
Policy, Planning and Evaluation
1201 Capitol Access, Bin # 4
P.O. Box 3214
Baton Rouge, LA 70821

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10. How much did the PHP contribute to your understanding of the Parish? (circle the number)

1 Added greatly to my understanding	2 Added a little to my understanding	3 Confirmed my understanding	4 Confused me	5 No opinion
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11. What additional topic would you MOST like to see added to the next Parish Health Profile?

12. We are always in the process of redesigning the Parish Health Profiles to make them as effective as possible. Please list any changes you would like to see made in the next edition.

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13. We would like to call a random selection of the people who answered this questionnaire to ask a few more questions about the Parish Health Profiles. May we call you to ask your opinion of the profiles and how you used them? ☐ Yes ☐ No, **If yes, please provide us with a way to contact you:**

Name: _____

Address: _____

Telephone: _____ Best time to call: _____

Email: _____