

# PREVENTION FORWARD QUARTERLY SCOPE OF WORK (SOW) QUALITATIVE REPORT

## INTRODUCTION

The California Department of Public Health (CDPH) is distributing this survey in an effort to assess the quarterly progress report regarding the Local Health Department (LHD) activities performed under the Prevention Forward (1815) program for implementing core measures in promoting the program's objectives for the management and treatment of patients with prediabetes, diabetes, cardiovascular disease, hypertension, and high blood cholesterol. LHD participation in completing this survey will help CDPH identify and create local and statewide resources that will support LHD capability to improve the quality of life of patients with pre diabetes, diabetes, cardiovascular disease, hypertension, and high blood cholesterol.

This survey has 15 narrative questions and it will take approximately 30 minutes to complete. Please plan to complete the survey in one sitting, as responses may not be saved if you exit the survey before completion. Survey responses will be compiled into a state-level report to describe the Prevention Forward progress and challenges. No identifiable information will be shared in this report or any future publication using this survey. Your responses will inform and guide CDPH's work on chronic disease management, control, prevention, and treatment. If you are interested in this progress report result, resources regarding the implementation approaches of the Prevention Forward program, and/or have any further questions or feedback, please contact Ndukaku Omelu at [Ndukaku.Omelu@cdph.ca.gov](mailto:Ndukaku.Omelu@cdph.ca.gov) or at (916) 552-9033.

## SECTION I. PREVENTION FORWARD SOW QUALITATIVE SURVEY REPORT GOAL

*This survey will be administered to the clinic partners quarterly. The Scope of Work (SOW) Qualitative Survey (SOWQS) is a data collection tool that will be used to gather narrative information from Local Health Departments (LHD) about Prevention Forward performance measures and strategies. The survey results will be analyzed the evaluation team and the program staff. The data analysis will provide information on programmatic progress including success stories, challenges/barriers, and technical assistance received or needed by the partners. Information obtained will help Prevention Forward efforts to prevent and manage chronic conditions, increase monitoring of and reporting on chronic conditions, and increase referrals to and participation in lifestyle change programs.*

## SECTION II. ORGANIZATIONAL INFORMATION

**Local Health Department Name:** [click here to enter the organization Name](#)

**Local Health Department Address or Zip Code:** [click here to enter the clinics address](#)

**Local Health Department contact Person:** [click to enter the program or clinic contact person](#)

**Data/Evaluation Contact Person:** Ndukaku Omelu; Renato Littaua; & David Dauphine

**Progress Reporting Period:** [click here to enter reporting period](#)

**Date Progress Report Completed (MM/DD/YYYY):** [click here to enter date completed](#)

### **SECTION III. EVALUATION OF PREVENTION FORWARD OBJECTIVES**

#### **Prevention Forward Objective 1: Assess use of health care reporting system to identify, report standard clinical quality measures, and/or refer patients with chronic conditions to nationally recognized lifestyle change programs.**

1. Briefly describe the progress made on the objective 1 activities during this reporting period.  
➤ [Click here to enter text](#)
2. Briefly describe accomplishments/successes in the implementation and/or execution of the objective 1 activities. If none, state "Not Applicable".  
➤ [Click here to enter text](#)
3. Briefly describe any challenges/barriers to achieving activities/progress made on the objective 1 activities. If none, state "Not Applicable".  
➤ [Click here to enter text](#)
4. Briefly describe the type of technical assistance received or needed to address the barriers or challenges for the objective 1 activities. If none, state "Not Applicable".  
➤ [Click here to enter text](#)
5. Any Additional Information:  
➤ [Click here to enter text](#)

#### **Prevention Forward Objective 2: Identify policies and procedures within organizations to identify, manage, and prevent chronic conditions.**

6. Briefly describe the progress made on the objective 2 activities during this reporting period.  
➤ [Click here to enter text](#)
7. Briefly describe accomplishments/successes in the implementation and/or execution of the objective 2 activities. If none, state "Not Applicable".  
➤ [Click here to enter text](#)
8. Briefly describe any challenges/barriers to achieving activities/progress made on the objective 2 activities. If none, state "Not Applicable".  
➤ [Click here to enter text](#)
9. Briefly describe the type of technical assistance received or needed to address the barriers or challenges for objective 2 activities. If none, state "Not Applicable".  
➤ [Click here to enter text](#)

10. Any Additional Information:

- [Click here to enter text](#)

**Prevention Forward Objective 3: Assess use of team based models to manage, monitor, and refer patients with chronic conditions to nationally recognized lifestyle change programs.**

11. Briefly describe the progress made on the objective 3 activities during this reporting period.

- [Click here to enter text](#)

12. Briefly describe accomplishments/successes in the implementation and/or execution of the objective 3 activities. If none, state "Not Applicable".

- [Click here to enter text](#)

13. Briefly describe any challenges/barriers to achieving activities/progress made on the objective 3 activities. If none, state "Not Applicable".

- [Click here to enter text](#)

14. Briefly describe the type of technical assistance received or needed to address the barriers or challenges for objective 3 activities. If none, state "Not Applicable".

- [Click here to enter text](#)

15. Any Additional Information:

- [Click here to enter text](#)