# 

**CONSENT FORM**

You are invited to participate in a study conducted by Amber Shaver, Data Scientist at the Central California Public Health Consortium. We hope to learn how communities in Central California perceive local public health departments, including examining levels of trust and understanding. You were selected as a possible participant in this study because you are a resident of Central California. You cannot participate in this study if you live primarily outside of Central California, are under the age of 18, or have a known mental disability.

If you decide to participate, we will ask you to answer survey questions about yourself and questions related to your awareness and perceptions of your local public health department. The survey will take approximately 15-20 to complete. You may experience some discomfort related to the questions but you are able to opt out of any question you do not wish to respond to. We cannot guarantee that you will receive any benefits from this study.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. If you give us your permission by signing this document, we plan to only disclose information at a summary level (where several individual responses are combined).

If you complete the survey, you will have the opportunity to enter your name into a raffle to win one of ten $50 gift cards. If you choose not to enter your name into the raffle, your response will be entirely anonymous. If you choose to enter your name your identity will be kept confidential to everyone except the principal investigator.

Your decision whether or not to participate will not prejudice your future relations with California State University, Fresno, the Central California Public Health Consortium, or your local public health department. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. The Committee for the Protection of Human Subjects at California State University, Fresno has reviewed and approved the present research.

If you have any questions, please ask us. If you have any additional questions later, Amber Shaver ([ambershaver@csufresno.edu](mailto:ambershaver@csufresno.edu)) will be happy to answer them. Questions regarding the rights of research subjects may be directed to Dr. Constance Jones, Chair, CSU Fresno Committee on the Protection of Human Subjects, (559) 278-2448.

You will be given a copy of this form to keep.

YOU ARE MAKING A DECISION WHETHER OR NOT TO PARTICIPATE. ADVANCING TO THE NEXT PAGE OF THE SURVEY INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

YOUR SIGNATURE INDICATES THAT YOU HAVE DECIDED TO PARTICIPATE, HAVING READ THE INFORMATION PROVIDED ABOVE.

|  |  |  |
| --- | --- | --- |
| **Date** | **Signature** | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

# 

# 

# 

# **Perceptions of Public Health Survey Questions**

1. Overall, how familiar are you with the field of public health?

* 1-5 (not familiar at all - very familiar)

1. Overall, how familiar are you with your Local Public Health Department? Note that your local public health department may be called a “Department of Public Health” or a “Public Health Services”.

* 1-5 (not familiar at all - very familiar)
* If you answered “1” or “2” for question 2, please skip ahead to question 3.
* **2.1.** Based on what you know, do you have a favorable or unfavorable opinion of your local public health department?
  + 1-5 (unfavorable - favorable)

1. What are the first 3 words or phrases that come to mind when you think of "public health"?
2. Please read each statement carefully. If you believe the statement is true, mark 'True.' If you believe the statement is false, mark 'False.' If you are unsure, make your best guess.
   1. A local public health department works to prevent disease and promote health in a community.
   2. Services like restaurant inspections and immunizations are provided by state health agencies, not local ones.
   3. Local public health departments only deal with infectious diseases like flu outbreaks or STDs.
   4. Local public health departments are funded entirely by local taxes.
   5. Anyone in the community can access health services and resources at the local public health department.
   6. Local public health department roles include disaster preparedness and response.
   7. Decisions on public health measures in a community are made by elected officials, not appointed health officials.
   8. Local public health departments have the authority to close businesses or schools during a disease outbreak.
   9. Community health assessments to understand local health issues are conducted by hospitals, not health departments.
   10. The local public health department serves all residents in a county equally, regardless of insurance status or ability to pay.
3. How do you usually learn about the services offered by your local public health department?

* Local news and media
* Community events and outreach
* Social media
* Friends and family
* Provider / My Doctor
* Bulletin Board / Paper Fliers
* I am not aware of any services or activities offered by my local public health department
* Other (please specify)

1. Have you ever received services or participated in a program through your local public health department?

* Yes/No
* If you answered “No” to question 6, please skip ahead to question 7.
* **6.1**. How satisfied are you with the services and resources provided by your local public health department?
* Very Satisfied
* Somewhat Satisfied
* Neutral
* Somewhat Dissatisfied
* Very Dissatisfied
* **6.2**. How easy or difficult do you find it to access services and resources provided by your local public health department?
  + Very Easy
  + Somewhat Easy
  + Neither Easy nor Difficult
  + Somewhat Difficult
  + Very Difficult
* **6.3.** Which services or programs have you participated in?

1. In your opinion, what could your local public health department do to make it easier for community members to access their services?
2. How would you like to receive information about local public health department services and resources? [select all that apply]

* Local Public Health Department Website
* Social Media (e.g., Facebook, Twitter, Instagram)
* Websites (Internet)
* Email Newsletters
* Local Newspaper
* Community Events or Workshops
* Printed Brochures, Flyers, or Bulletin Boards
* Public Service Announcements (e.g., on TV or radio)
* Mobile Apps
* Community Meetings or Town Halls
* Text Messages or SMS
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In general, how much trust and confidence do you have in your local public health department to do what is right?

* just about always
* most of the time
* only some of the time

How much do you agree with the following statements?

[“Strongly agree”, “Agree”, “Disagree”, “Strongly disagree”]

1. I trust the information provided by my local public health department related to public health issues.
2. My local public health department is doing a good job of addressing public health issues and improving the well-being of my community.
3. My local public health department is honest about its activities and accountable for its decisions and actions.
4. My local public health department tries to involve the community in its decision-making and public health activities.
5. My local public health department does a good job of communicating with the community about its services, initiatives, and public health updates.
6. I trust the leadership of my local public health department to make smart and responsible decisions.
7. In your opinion, how much does the local public health department contribute to improving the overall health and well-being of the community?

* Major Positive Contribution
* Some Positive Contribution
* Neutral/No Contribution
* Some Negative Contribution
* Major Negative Contribution

1. Where do you typically go to get information about your health? Check all that apply.

* Doctor
* Local Public Health Department
* Social Media
* Websites (Internet)
* Family and Friends
* Television
* Radio
* Printed Material
* Social Media
* Mobile Health Apps
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following best describes your political party?

* Democratic Party
* Republican Party
* American Independent Party
* Libertarian Party
* Green Party
* Peace and Freedom Party
* No affiliation with a political party
* Choose to not disclose
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 

1. What County do you currently live in?

* Calaveras
* Fresno
* Madera
* Mariposa
* Merced
* Kern
* Kings
* San Benito
* San Joaquin
* Stanislaus
* Tulare
* Tuolumne
* Other, please specify \_\_\_\_\_\_\_\_\_\_

1. How old are you? [age ranges below]

* Less than 18
* 18-30
* 31-50
* 51-70
* 71 or older

1. What is your gender?

* Male
* Female
* Female-to-Male (FTM)/Transgender Male/Trans Man
* Male-to-Female (MTF)/Transgender Female/Trans Woman
* Genderqueer, neither exclusively male nor female
* Additional gender category or other, please specify \_\_\_\_\_\_\_\_
* Choose to not disclose

1. What is your sexual orientation?

* Straight or heterosexual
* Lesbian, gay, or homosexual
* Bisexual
* Something else, please describe \_\_\_\_\_\_\_\_
* Don’t know
* Choose to not disclose

1. What is your race or ethnicity? Select all that apply.

* American Indian or Alaska Native *(provide details below)*
  + *Print, for example, Navajo Nation, Blackfeet Tribe, Aztec* \_\_\_\_\_\_\_\_\_\_\_\_
* Asian *(provide details below)*
  + Chinese
  + Filipino
  + Asian Indian
  + Vietnamese
  + Korean
  + Japanese
  + Hmong
  + *Print, for example, Cambodian* \_\_\_\_\_\_\_\_\_\_\_\_
* Black or African-American *(provide details below)*
  + African American
  + Jamaican
  + Ethiopian
  + Haitian
  + Nigerian
  + Somali
  + *Print, for example, South African* \_\_\_\_\_\_\_\_\_\_\_\_
* Hispanic or Latino *(provide details below)*
  + Mexican or Mexican-American
  + Salvadoran
  + Puerto Rican
  + Dominican
  + Cuban
  + Columbian
  + *Print, for example, Spaniard* \_\_\_\_\_\_\_\_\_\_\_\_
* Middle Eastern or North African *(provide details below)*
  + Lebanese
  + Syrian
  + Iranian
  + Moroccan
  + Egyptian
  + Israeli
  + *Print, for example, Algerian* \_\_\_\_\_\_\_\_\_\_\_\_
* Native Hawaiian or Pacific Islander *(provide details below)*
  + Native Hawaiian
  + Tongan
  + Samoan
  + Fijan
  + Chamorro
  + Marshallese
  + *Print, for example, Palauan* \_\_\_\_\_\_\_\_\_\_\_\_
* White *(provide details below)*
  + German
  + Italian
  + Irish
  + English
  + Polish
  + French
  + *Print, for example, Scottish* \_\_\_\_\_\_\_\_\_\_\_\_
* Additional race or ethnicity category, please specify \_\_\_\_\_\_\_\_