Overview of Health Center

Siouxland Community Health Center (SCHC) is a federally qualified health center (FQHC) and nonprofit organization that has a mission to be a patient-centered medical home that improves the physical, dental, and behavioral health of the Siouxland community while eliminating access barriers. The health center serves a tri-state community where Iowa, Nebraska, and South Dakota meet and is largely comprised of the Sioux City metropolitan statistical area (MSA); however a number of rural communities outlying this region also make up the service area. The health center is accredited by the Joint Commission and is recognized as level three patient-centered medical home (PCMH) by the National Committee for Quality Assurance (NCQA).

In 2011, SCHC served 22,137 total patients and delivered 79,964 total encounters. Of this consumer population, 78% of those for whom poverty status was known were below the 100% federal poverty level and 35% were uninsured. Diversity in respect to race and ethnicity was also characteristic of the population served as 18% were a race other than white; 39% were Hispanic ethnicity, and 21% were best served in a language other than English.

Responsive to the organizational mission and needs of the community, SCHC offers a number of programs and services. This includes primary and preventative medical care with laboratory, radiology, and pharmacy services. The health center also offers dental care, behavioral health services, and language interpretation services to ensure culturally competent care for a diverse community. In addition to these services, SCHC also engages in special programs and initiatives that are matched to strategic priorities and enhance patient care and health outcomes. The Family Health History program is a model program of these special initiatives.

Prior to the funded program, methods to collect family health history included administering an adolescent and adult health questionnaire to all new patients. This questionnaire captured basic personal and family health history information and included an assessment of medical, dental, behavioral, and social history; prior hospitalizations; medications; allergies; and immunizations. A brief family health history was also collected for selected health conditions. As patients completed this questionnaire, it was integrated into their personal medical record utilizing an electronic health record system. During patient visits, this information was made easily accessible to the medical provider and offered an opportunity to review and update individual and family health history.

The primary objective for applying for the program award and expanding family health history activities was to increase patient-centered care based on measures that were an integrated effort for quality improvement. These measures included an assessment of patient health status, health literacy, and the patient and provider relationship. In addition, the project supported efforts to incorporate a preventative approach to chronic conditions. The project also served as a mechanism to strengthen the patient and provider relationship. As a result, integrating family health history education into preventative healthcare was one strategy to increase dialogue between the patient and provider.
Implementation

The Siouxland Community Health Center medical clinic was the primary care setting for the project. The project featured the *Does it Run in the Family?* toolkit as a primary education tool and focal point for engaging patients and providers in family health history. The toolkit was given to patients during primary care visits and was also distributed in other settings such as the Winnebago Health Fair, which was an event that reached the Native American population. At the conclusion of the project, 577 toolkits were distributed at SCHC with 172 patients returning to complete the survey and update their family health history. Seventy toolkits were also distributed during Winnebago outreach.

To facilitate the program a number of key staff were involved. These positions and their roles are described as follows:

Traci March, Patient Support Manager:
- Provided oversight of project implementation
- Facilitated training for new employees and orientation to the project

Emily Garcia, Quality Support Manager:
- Participated in technical assistance activities
- Participated in monthly conference calls

Jennifer Petersen, Case Manager:
- Participated in technical assistance activities
- Participated in monthly conference calls
- Developed presentation materials
- Provided project oversight during periods of staff turnover and leave
- Distributed the toolkit onsite and at outreach settings
- Collected data for evaluation and reporting
- Created informational posters and promotional materials
- Facilitated nursing meetings and program updates

Tony John, Case Manager:
- Distributed the toolkit during specialty provider visits
- Collected data for evaluation and reporting

Mary Paeper, Case Manager:
- Distributed the toolkit to patients during primary care visits
- Collected data for evaluation and reporting

Additional Case Managers:
- Distributed the toolkit during primary care visits
- Collected data for evaluation and reporting
In addition to these duties, key staff facilitated other program activities which included developing evaluation tools, facilitating a learning luncheon with medical providers and clinical staff, and marketing and public awareness activities.

Some adaptations of the original implementation plan were necessary to achieve adequate participation of patients. In the original work plan, 3,000 patients were targeted for family health history education and toolkit distribution during annual physical exams. As the project was implemented, it became apparent that factors such as high no call/no show rates and appointment cancellations were significant barriers to achieve this number and required modifications of this goal. The first modification included expanding the toolkit distribution to any patient receiving services in the medical clinic who wished to participate regardless of appointment type. The second modification was an increase in the gift card incentive from $5.00 to $10.00 for participants who completed their family health history. Following the Culminating Event, additional adjustments included revising the adolescent and adult health questionnaire, which is currently in the process of being reviewed.

The toolkit included *A Guide to Family Health History* and *A Guide to Genetics and Health* booklets. *A Guide to Family Health History* provided an introduction to collecting family health history information and its importance to disease prevention and healthy living. *The Guide to Genetics and Health* was customized to include disease specific information such as heart disease, asthma, diabetes, cancer and mental illness. As written in the proposal, the toolkit was a focal point of the project and was utilized to engage patients and providers in family health history discussions and education.

Project buy-in was promoted among health center providers and staff through a train-the-trainer model. The Patient Support Manager educated both medical providers and nursing staff about the project’s goals, objectives, and how family health history education would be an integrated part of disease prevention and health promotion among patients receiving services at SCHC. One learning luncheon was held to reach clinical staff to engage their input and encourage participation. Additional learning luncheons were planned; however time restraints and provider schedules were a barrier. Consequently, obtaining a strong level of buy-in with providers and staff was challenging. Integrating the project within the organization’s quality improvement program was an additional strategy aimed at gaining staff buy-in. During the first quarter of the project period, the Quality Support Manager began a period of leave, which in turn created a lapse in promoting the project within the quality improvement program.

An additional method for engaging staff and providers included regular updates in monthly meetings among clinical staff. The lead case manager for the project attended these meetings to re-educate staff on the process for disseminating the family health history booklets to patients. This also included scheduling a two week follow-up appointment with the patient’s assigned case manager to complete and update the patient’s electronic health record. Collectively, these methods, as proposed in the original implementation plan, did achieve increased awareness about the importance of family health history as it relates to patient-centered care. Unfortunately, barriers as identified did limit the degree of buy-in that was anticipated.
Collaboration was also an important part of program implementation and success. Partnership with the Genetic Alliance was a key part of facilitating the goals and objectives of the program. Highlights of this partnership included monthly conference calls to discuss project updates, quarterly conference calls with the other health centers to discuss other projects and their implementation process, and a Culminating Event to discuss the entirety of the project and next steps for moving forward. An additional partnership included the Winnebago Tribe of Nebraska. The lead case manager attended their health fair in May 2012. This is an annual event that is held to educate the community about healthy lifestyles and behaviors. This year, focus included providing education regarding the importance of family health history. In this setting, attendees were given the Does it Run in the Family? toolkit and were asked to complete a short survey that was integrated with overall evaluation.

As referenced in the program work plan, anticipated outcomes included:

- Increased awareness among health center staff and providers about family health history education and their role in delivering this education to patients.
- Utility of the toolkit for family health history education.
- Enhanced record of family health history for all patients participating in the program.
- Increased understanding among health center staff and providers regarding the importance of family health history education and integration into clinical practice.
- Baseline data to identify challenges and success factors that contribute to family health history integration.
- Partnership with the Genetic Alliance for technical assistance and evaluation for ongoing program development and sustainability.
- Increased patient awareness about family health history and its role in health care decision making and adopting healthy lifestyles to reduce health risks.
- Increased public awareness about family health history.

While several of these outcomes were achieved, some barriers as aforementioned did pose some limitations to progress. For example, case managers were key staff responsible for delivering family health history education to patients. While this allowed the implementation to move forward, the original goal was to increase patient and provider interaction about family health history. As a result, case managers had a larger role than initially planned.

A number of factors contributed to unanticipated outcomes. Such factors included:

- Staff turnover
- Cancelled appointments for physical exams which resulted in a revision of targeted number of patients to complete the program
- Lack of provider time and resources available to meet program expectations

Overall, promotion of family health history education has become an asset to clinical practice and is aligned with the health center’s adaptation of patient-centered care. Specifically,
integrating family health history into clinical care transforms from a treatment focus to a preventative approach. Furthermore, patient-centered care that emphasizes prevention supports goals to improve health outcomes for the population served.

Currently, program outcomes are being evaluated to determine program sustainability and continued planning. Part of this evaluation includes assessing the time demands for key staff involved, resources required, and utilizing the data made available through pre and post surveys.

**Evaluation**

Project evaluation was designed to capture data from patient and provider audiences regarding attitudes and knowledge of family health history. Data collection included survey administration at the beginning of the project period to gather baseline information, as well as a follow-up survey later in the project period to assess changes in perceived attitudes and knowledge.

Specific data collected in the patient survey examined items such as:

- Frequency of visiting a health care provider
- Perception of health status
- Knowledge and collection of family health history information
- Discussions and sharing of written materials about family health history with a health care provider or family members
- Perceptions of family health history as it relates to its importance to personal health and influence on lifestyle choices
- Utility of the *Does it Run in the Family?* toolkit

Overall, survey results did suggest an impact. Most notable results included a 10% increase in program participants who actively collected family health history information at the conclusion of the project period. In addition, a 7% decrease in the number of participants who stated that they rarely or never read anything about family health history in the last year was observed. This result suggests an increased exposure to family health history materials among participants. A positive impact of these materials and family health history was also suggested as an 8% increase was observed among participants who stated that knowing their family health history would influence their health and lifestyle choices such as diet, exercise, habits, and work environment.

Final survey results also depicted an overall positive perception of the booklets. Key findings are as follows:

- 68% of respondents rated the booklets as extremely understandable
- 60% of respondents found the booklets extremely useful
- 52% of respondents rated “extremely” regarding applicability to their specific family situation
- 42% of respondents rated “extremely” regarding helping family talk about health problems
• 47% of respondents regarded the ideas in the booklet as “extremely relevant” to the ways their family talks about health problems
• 60% of respondents gave an “extremely liked” rating of the booklets

While these results support positive outcomes, results in some areas did reveal little change in attitudes or behaviors regarding family health history. For example, little change was observed among participants talking about family health history with a health care provider or reading written materials about family health history from a health care provider. In addition, comfort with discussing family health history with a health care provider did not significantly increase. In reference to discussions and sharing information with family members, there was no change in respondents who reported that they usually/always or often talked about health problems with a family member over the last 12 months, and only a slight increase was observed among those who shared written materials with another family member. In addition, increased comfort with discussing family health history with relatives was not significant. Opinions regarding the importance of family health history to personal health also did not result in significant improvement as those rating it as “extremely important” decreased five percent.

Complete patient and provider/clinical staff survey results may be referenced in the graphs and charts illustrated in Appendix 1.

The second component of local evaluation included a separate survey that was targeted for health center providers and clinical staff. This survey, which was also administered at the beginning and end of the project period, gathered an assessment of items which included:

• Confidence of identifying benefits of family health history in clinical practice; discussing family health history and risk factors with patients; interpreting family health history; identifying genetic red flags; and making appropriate referrals and identifying other resources in the health system
• Understanding genetic terminology; genetic and family health history risk assessment; basic inheritance patterns; initiating family health history discussions with patients; recognizing indications for referrals to genetics professionals; use of the Does it Run in the Family? toolkit; and other family health history questionnaires
• Usefulness of family health history in assessing risk; informing diagnosis; preventing, detecting, and managing disease; and building rapport with patients

Other data collected included an assessment of the roles of medical providers and clinical staff at the health center; status of collecting family health history; and continuing education in genetics. While assessing aggregate survey data, some positive changes were also observed among provider and clinical staff. Such changes included increases in confidence of identifying benefits of taking family health history in medical practice; locating genetics professionals and making a referral; and identifying other resources in the health system. In addition, an increased understanding of the Does it Run in the Family? toolkit and its intention in the project was achieved as 75% reported that they understood the intended use “very well” at the end of the project period. This compares to a baseline of 0%. Consequently, provider and staff education was an important success factor. At the conclusion of the project, 91% of respondents indicated
that they actively collect family health history from patients. This is a 6% increase from the baseline gathered at the beginning of the project.

Additional observations included increases in opinions of using family health history to assess risk; prevent, detect, and manage disease; and building rapport with patients. One component that did decrease was the perception of family health history and its usefulness in informing diagnosis.

In addition to survey data, other components of evaluation included gathering patient stories and experiences. As program staff interviewed patients and collected family health histories, several told of experiences of families reconnecting after many years apart and generations collaborating and sharing stories of family health history. In addition, several individuals who were adopted found value in passing family health information to their children and grandchildren. To further reiterate patient experiences, the following quotes were recorded:

“It’s been difficult to gather any information on my grandparents and great grandparents. They just didn’t talk about illness back then. They felt it was nobody’s business.”

“I wish I knew more about my dad’s side of the family. He left when I was young and nobody talked about them.”

“I have been asked several times in the past if this or that runs in the family. I never thought to write any of it down, or thought that it mattered. I think this will help my doctor better take care of me and I am going to share this with my family, too.”

Other evaluative components at the conclusion of the project period including an assessment of increased collection and use of family health history information at the health center, increased genetic knowledge among providers and staff, and changes in relationships among providers in staff. As aforementioned, survey data revealed a 6% increase in active collection of family health history among patients. Furthermore, the project resulted in more complete family health histories for those that participated in the program. Outcomes included better screening to determine need for preventative tests such as colonoscopies and mammograms, and making referrals when appropriate.

When assessing genetic knowledge among providers and staff, there was a slight increase in understanding genetic terminology and genetic and family health history risk assessment; however understanding of inheritance patterns did not illustrate an overall increase. The number of clinical staff that have completed continuing education in genetics remained unchanged at 18% during baseline and project ending survey periods. One medical provider did attend a genetics conference as a project activity and thus has provided an opportunity for sharing information and data with other providers.

One outcome that did not change was relationships among providers and staff. Perceptions have remained constant regarding collecting patient family health history. Processes established prior to the project period, which included completing the adolescent and adult health questionnaire and integrating this information into the patient’s electronic health record has served as the
primary method for family health history collection. Overall, this process has been favored by provider and clinical staff.

Patient interaction is additional component that also had little change throughout the project period although some patients did contact their medical provider team to update their family health history following their appointment. Despite this, few patients fully embraced the project and contacted family members to complete their family health history.

**Sustainability**

Currently, plans for continued program sustainability are being assessed among clinical and executive leadership. Part of this assessment includes examining current processes and roles of program staff to determine resources that are necessary for program continuation and to maximize efficiency. Resources such as staffing and funding for project activities are two key inputs that are critical for successful continuation and ongoing program development. Specifically, current work load of case managers is one concern for maintaining adequate staffing to facilitate the scope of work that was performed during the project. In addition, funding to support activities such as printing costs for educational materials and patient incentives are additional challenges to sustainability and requires further discussion regarding alternatives to achieve patient buy-in and engagement.

Additional considerations include quantifying the target population, possible modifications or adaptations to integrate the project into prior family health history collection processes, and ensuring that the program design is aligned with objectives of patient-centered care.

As these items are assessed, program staff will continue to distribute the remaining supply of the *Does it Run in the Family?* toolkit. While formal evaluation and data collection processes implemented in the project will not be utilized during this time, program staff will have the continued opportunity to enhance family health history education and gain patient insights regarding knowledge, attitudes, and practices of collecting family health history.

**Lessons Learned**

The structures and supports that need to be in place for the program to be successful are training and education for health center medical staff. One critical factor realized during program implementation was the need for nursing staff to have a solid foundation built around the importance of having a thorough family health history on record. Without this solid base, it was challenging to achieve buy-in among these staff to recognize need for a more comprehensive health history. In addition to this project, the health center was also involved in a number of other process changes that were part of earning level three PCMH recognition. Consequently, this work was priority among nursing staff with the family health history project being a secondary concern.

Buy-in among medical provider staff was also a key challenge. While provider staff have acknowledged the importance of a comprehensive family health history, there was a lack of understanding for the goals and objectives of the project as processes for collecting family health
history were in place prior to the project. In reflection to these challenges, stronger engagement among these key staff members would have yielded more positive outcomes and a stronger dynamic to the family health history project. To achieve necessary buy-in, a more gradual implementation including multiple education sessions for both nurses and providers, as well as including a medical provider on the project team may have led to a smoother project that was better received.

Another lesson learned was that it would have also been beneficial to the project team to evaluate existing ways that family history was collected, more specifically, the adolescent and adult health questionnaire that is given to new patients and annually to exiting patients. This form contains only a small section asking about family history. By making family history a more prominent part of this form, the importance of a family health history would have been overt to both patients and staff. Since the Culminating Event, this form has been revised and does contain a more complete family health history section.

Patient response to the project was varied. As the toolkit and project was implemented within the health center it was discovered that there were more individuals who refused to participate in the project than originally anticipated. This began to emerge within the Hispanic population and initially, program staff could not identify factors contributing to this barrier. After speaking with many patients and changing the presentation approach, it was determined that many of the potential participants were reluctant to take part in the project because they, themselves or their family members were undocumented immigrants. Program staff reviewed family health history forms and recognized that personal questions such as age, date of birth, and mother’s maiden name were collected. To change this approach, program staff, while explaining the project to patients, asked them to only include the first names of family members and relationships with no other identifying data. These patients, who originally declined to participate, became more willing to participate in the program.

Program staff continued to assess reasons for refusals to participate and determined that frequently, family members of participants do not live nearby therefore communication with them is very limited. For those who were in contact with their families, many had difficulty in obtaining the information about family health because the information was not readily shared; often the family only knew that someone had a problem with their stomach or heart, but could not elaborate. It was also discovered that sometimes speaking of family history was a more delicate subject than realized due to many individuals had family members who were victims of homicide and did not like to speak of them.

Program staff also experienced refusals to participate among other populations. The elderly and younger adults had difficulty finding the benefit in the program and some of the lower income patients did not want anyone to know anything about their families. With the elderly, explaining how this is beneficial to their grandchildren helped to increase participation. Those who were younger often did only the first part of the project, but did not take time to come back into the clinic for follow-up. For those who did not want to discuss their families, it was difficult to increase participation despite incentives that were offered for complete participation.
For those who readily participated in the project, many began to use the computer to collect and keep track of their family information. The Surgeon General’s website for the collection of family history was a useful resource for these individuals and was often presented at the visits.

**Recommendations**

In summary, a key barrier that is perceived for integrating the *Does it Run in the Family?* toolkit in federally-funded health centers is achieving overall buy-in among medical providers, other clinical staff, and patients. Factors such as staff time constraints and funding are important considerations for achieving buy-in necessary for program success and long-term sustainability.

To address these barriers, active participation among clinical leadership with program planning and evaluating existing family health history education and collection processes is one strategy to achieve early engagement in provider staff prior to implementation. Examining current processes is an important part of identifying possible modifications that may be necessary for successful integration, enhancing family health history education, and ensuring a comprehensive family health history with each patient’s health record.

Providing learning opportunities for medical providers and other clinical staff are additional recommendations for increasing engagement at the staff level.

Possible barriers among the patient population must also be considered early in program planning. Cultural or demographic factors are common barriers to achieving patient buy-in. While offering an incentive to encourage participation was one strategy, additional methods must also be employed to emphasize the importance of family health history in disease prevention and personal health, as well as increase patient understanding. To achieve stronger engagement among patients, one recommendation is to condense the toolkit into one booklet which can be utilized as a workbook containing both education information and areas for completing family health history information, questions to ask their health care providers, or other interactive components.

Other recommendations for successful implementation is including a component for increasing public awareness and increasing visibility to promote the program among, patients, providers, and the community. Such strategies have included developing informational posters for display throughout the health center, articles in health center newsletters, and promotion through social media outlets.
Appendix 1 – Graphs and Charts

Patient Survey Results

1. How often have you seen a health care provider in the last two years?

![Frequency of Visiting Health Care Provider](image)

2. In general, would you say your health is (Excellent, Very Good, Good, Fair, Poor):

![Perception of Health Status](image)

3. How much do you know about your family health history?

![Knowledge of Family Health History](image)
4. Have you ever actively collected health information from your relatives for the purpose of creating a family health history?

Collection of Family Health History

<table>
<thead>
<tr>
<th></th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Yes, I have</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>B. No, I never have</td>
<td>80%</td>
<td>20%</td>
</tr>
</tbody>
</table>

5. Do you have a family member that keeps track of family health history?

Designated Family Member to Track FHH

<table>
<thead>
<tr>
<th></th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Yes</td>
<td>26%</td>
<td>28%</td>
</tr>
<tr>
<td>B. No</td>
<td>74%</td>
<td>72%</td>
</tr>
</tbody>
</table>

6. How much do you think behaviors/lifestyles are shared in your family?

Sharing of Behaviors/Lifestyles in Family

<table>
<thead>
<tr>
<th></th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Not shared at all</td>
<td>1%</td>
<td>11%</td>
</tr>
<tr>
<td>B. Somewhat shared</td>
<td>11%</td>
<td>47%</td>
</tr>
<tr>
<td>C. Mostly shared</td>
<td>2%</td>
<td>58%</td>
</tr>
<tr>
<td>D. Extremely shared</td>
<td>4%</td>
<td>50%</td>
</tr>
</tbody>
</table>
7a. In the past year, how often did you read anything about family health history?

<table>
<thead>
<tr>
<th></th>
<th>A. Usually or always</th>
<th>B. Often</th>
<th>C. Sometimes</th>
<th>D. Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Survey</td>
<td>2% 5%</td>
<td>5% 12%</td>
<td>33% 47%</td>
<td>61% 41%</td>
</tr>
<tr>
<td>Post-Survey</td>
<td>3% 10%</td>
<td>9% 12%</td>
<td>38% 42%</td>
<td>54% 35%</td>
</tr>
</tbody>
</table>

7b. In the past year, how often did you see materials encouraging you to think about family history?

<table>
<thead>
<tr>
<th></th>
<th>A. Usually or always</th>
<th>B. Often</th>
<th>C. Sometimes</th>
<th>D. Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Survey</td>
<td>2% 10%</td>
<td>5% 12%</td>
<td>47% 51%</td>
<td>41% 38%</td>
</tr>
<tr>
<td>Post-Survey</td>
<td>5% 12%</td>
<td>12% 10%</td>
<td>42% 51%</td>
<td>40% 35%</td>
</tr>
</tbody>
</table>

7c. In the past year, how often did you talk about family history with a health care provider?

<table>
<thead>
<tr>
<th></th>
<th>A. Usually or always</th>
<th>B. Often</th>
<th>C. Sometimes</th>
<th>D. Rarely or never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Survey</td>
<td>4% 10%</td>
<td>4% 10%</td>
<td>48% 51%</td>
<td>38% 35%</td>
</tr>
<tr>
<td>Post-Survey</td>
<td>4% 10%</td>
<td>10% 10%</td>
<td>51% 35%</td>
<td>35% 35%</td>
</tr>
</tbody>
</table>
7d. In the last year, how often did you read any of the written materials about family history that may have come from a health care provider?

How Often Read Materials about FHH from Provider in Last 12 Months

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Usually or always</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>B. Often</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>C. Sometimes</td>
<td>51%</td>
<td>51%</td>
</tr>
<tr>
<td>D. Rarely or never</td>
<td>38%</td>
<td>35%</td>
</tr>
</tbody>
</table>

7e. In the last year, how often did you talk to another family member about your family's history of health problems.

How Often Talked About Health Problems with Family Member in Last 12 Months

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Usually or always</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>B. Often</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>C. Sometimes</td>
<td>53%</td>
<td>46%</td>
</tr>
<tr>
<td>D. Rarely or never</td>
<td>27%</td>
<td>35%</td>
</tr>
</tbody>
</table>

7f. In the last year, how often did you share any written materials about family history with another family member?

How Often Shared Materials about FHH with Family Member in Last 12 Months

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Usually or always</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>B. Often</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>C. Sometimes</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>D. Rarely or never</td>
<td>61%</td>
<td>59%</td>
</tr>
</tbody>
</table>
7g. In the last year, how often did you hear anyone in your family encourage you to talk about family history?

![How Often Anyone in Family Encouraged You to Talk About FHH](image)

8. How comfortable are you discussing family health history with your relatives?

![Comfort Discussing FHH with Relatives](image)

9. How comfortable are you discussing family health history with your health care provider?

![Comfort Discussing FHH with Health Care Provider](image)
10. How important do you think knowledge of your family health history of disease is to your personal health?

![Diagram: Importance of Knowledge of FHH of Disease to Personal Health]

- A. Not important at all
- B. Somewhat important
- C. Mostly important
- D. Extremely important

11. How much do you think knowing your family health history will influence your health and lifestyle choices (diet, exercise, work environment)?

![Diagram: Influence of Knowing FHH on Health and Lifestyle Choices]

- A. Not at all
- B. Somewhat/Increased awareness
- C. A lot/Will make lifestyle changes
Booklet Evaluation

1. Overall, how understandable were the booklets you received?

Understanding the Booklets

- A. Not at all understandable: 13%
- B. Somewhat understandable: 18%
- C. Very understandable: 68%

2. Overall, how useful were the booklets you received?

Usefulness of Booklets

- A. Not at all useful: 15%
- B. Somewhat useful: 3%
- C. Very useful: 23%
- D. Extremely useful: 52%

3. Overall, how much did the booklets seem like they applied to your specific family situation?

Applicability of Booklets

- A. Not at all: 6%
- B. Somewhat: 38%
- C. Very much: 52%
- D. Extremely: 5%
4. How much did the booklets help your family talk about the health problems in your family?

![How Booklets Helped Family Talk About Health Problems](image)

5. How relevant were the ideas in the booklets to the ways that your family talks about its health problems?

![Relevance of Booklets to How Health Problems are Discussed in Family](image)

6. Overall, how much did you like the booklets?

![How Much Booklets Were Liked](image)
Provider and Staff Results

<table>
<thead>
<tr>
<th>1. How confident do you feel:</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1- Not</td>
<td>2</td>
<td>3</td>
<td>4- Very</td>
</tr>
<tr>
<td>a. Listing three benefits of taking FHH in medical practice</td>
<td>3%</td>
<td>5%</td>
<td>55%</td>
<td>38%</td>
</tr>
<tr>
<td>b. Discussing with patients FHH risk factors</td>
<td>0%</td>
<td>18%</td>
<td>48%</td>
<td>33%</td>
</tr>
<tr>
<td>c. Interpreting family history</td>
<td>8%</td>
<td>10%</td>
<td>63%</td>
<td>18%</td>
</tr>
<tr>
<td>d. Identifying any genetic red flags</td>
<td>8%</td>
<td>43%</td>
<td>35%</td>
<td>15%</td>
</tr>
<tr>
<td>e. Locating a genetics professional and making a referral</td>
<td>30%</td>
<td>38%</td>
<td>25%</td>
<td>5%</td>
</tr>
<tr>
<td>f. Identifying other resources in health care system</td>
<td>3%</td>
<td>48%</td>
<td>28%</td>
<td>15%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. How well do you understand:</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1- Not Well</td>
<td>2</td>
</tr>
<tr>
<td>a. Genetic terminology</td>
<td>8%</td>
<td>53%</td>
</tr>
<tr>
<td>b. Genetic and family health history risk assessment</td>
<td>3%</td>
<td>33%</td>
</tr>
<tr>
<td>c. Basic inheritance patterns</td>
<td>8%</td>
<td>40%</td>
</tr>
<tr>
<td>d. How to initiate discussions with patients about FHH</td>
<td>0%</td>
<td>18%</td>
</tr>
<tr>
<td>e. Indications for referral to genetics professionals</td>
<td>20%</td>
<td>48%</td>
</tr>
<tr>
<td>f. Content of the Does it Run in the Family toolkit</td>
<td>50%</td>
<td>30%</td>
</tr>
<tr>
<td>g. Intended use of the Does it Run in the Family toolkit</td>
<td>43%</td>
<td>35%</td>
</tr>
<tr>
<td>h. Other family history tools and questionnaires</td>
<td>35%</td>
<td>33%</td>
</tr>
</tbody>
</table>

| 3. How useful do you think family history is in:                    | Pre-Survey | Post-Survey |
|                                                                     | 1- Not useful| 2           | 3          | 4- Very Useful|
| a. Assessing risk                                                  | 3%         | 8%          | 45%        | 45%         |
| b. Informing diagnosis                                             | 3%         | 10%         | 58%        | 28%         |
| c. Preventing, detecting, and managing disease                     | 0%         | 5%          | 48%        | 48%         |
| d. Building rapport with patients                                  | 0%         | 10%         | 43%        | 48%         |
### 4. What is your role at the health center?

<table>
<thead>
<tr>
<th>Role</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physician</td>
<td>2 (5%)</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>2. Physician Assistant</td>
<td>7 (18%)</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>3. Nurse Practitioner</td>
<td>2 (5%)</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>4. Registered Nurse (RN)</td>
<td>16 (41%)</td>
<td>13 (59%)</td>
</tr>
<tr>
<td>5. Licensed Practical Nurse (LPN)</td>
<td>5 (13%)</td>
<td>2 (9%)</td>
</tr>
<tr>
<td>6. Medical Assistant</td>
<td>5 (13%)</td>
<td>2 (9%)</td>
</tr>
<tr>
<td>7. Other</td>
<td>2 (5%)</td>
<td>2 (9%)</td>
</tr>
</tbody>
</table>

### 5. Do you actively collect family health history from patients?

<table>
<thead>
<tr>
<th>Response</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
<td>34 (85%)</td>
<td>20 (91%)</td>
</tr>
<tr>
<td>2. No</td>
<td>6 (15%)</td>
<td>2 (9%)</td>
</tr>
</tbody>
</table>

### 6. Have you ever obtained CME/CEU credits in genetics?

<table>
<thead>
<tr>
<th>Response</th>
<th>Pre-Survey</th>
<th>Post-Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
<td>7 (18%)</td>
<td>4 (18%)</td>
</tr>
<tr>
<td>2. No</td>
<td>33 (83%)</td>
<td>18 (82%)</td>
</tr>
</tbody>
</table>

*Data for questions 7-11 not available*
Attachments

1. Information Flyers and Posters- Displayed throughout the health center to promote the family health history program to patients.

2. Surveys- Patient and provider surveys that were administered at the beginning and end of the project period to assess knowledge and attitudes about family health history and the program.
¿Cuánto sabe sobre su Historial Familiar de Salud?

Complete el paquete de Historial Familiar de Salud.

Reciba una tarjeta de regalo de Walmart gratis!

Y

Poder ganarse una tarjeta de $50.00

Para Más Información:
Hable con el equipo de su proveedor
Ó
Llame: 712-252-2477
How much do you know about your Family Health History?

Complete your Family Health History Toolkit.

Receive a Free Walmart Gift Card!
&
Be Entered into a Drawing for a $50.00 Gift Card

For More Information:
Speak with your provider’s team
Or
Call: 712-252-2477
What is family health history?

Family health history is information about diseases that run in your family, as well as the eating habits, activities, and environments that your family shares. Knowing about diseases that run in your family can help you make healthy choices.

1. How often have you seen a health care provider in the last two years?
   a. 0 times       b. 1-2 times       c. More than 2 times

2. In general, would you say your health is:
   a. Excellent  b. Very good  c. Good   d. Fair  e. Poor

3. How much do you know about your family health history?
   a. Nothing at all  b. A little (parents, brothers, sisters)  c. A lot (immediate and extended family)

4. Have you ever actively collected health information from your relatives for the purpose of creating a family health history?
   a. Yes, I have  b. No, I never have

5. Do you have a family member who keeps track of family health history?
   a. Yes  b. No

6. How much do you think behaviors/lifestyles are shared in your family?
   a. Not shared at all  b. Somewhat shared  c. Mostly shared d. Extremely shared
Siouxland Community Health Center  
Family Health History Project  
Pre-Survey

7. In the past year, how often did you:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read anything about family health history?</td>
<td>a. Usually or always b. Often c. Sometimes d. Rarely or never</td>
</tr>
<tr>
<td>See materials encouraging you to think about family history?</td>
<td>a. Usually or always b. Often c. Sometimes d. Rarely or never</td>
</tr>
<tr>
<td>Talk about family history with a health care provider?</td>
<td>a. Usually or always b. Often c. Sometimes d. Rarely or never</td>
</tr>
<tr>
<td>Read any of the written materials about family history that may have come from a health care provider?</td>
<td>a. Usually or always b. Often c. Sometimes d. Rarely or never</td>
</tr>
<tr>
<td>Talk to another family member about your family’s history of health problems?</td>
<td>a. Usually or always b. Often c. Sometimes d. Rarely or never</td>
</tr>
<tr>
<td>Share any written materials about family history with another family member?</td>
<td>a. Usually or always b. Often c. Sometimes d. Rarely or never</td>
</tr>
<tr>
<td>Hear anyone in your family encourage you to talk about family history?</td>
<td>a. Usually or always b. Often c. Sometimes d. Rarely or never</td>
</tr>
</tbody>
</table>
8. How comfortable are you discussing family health history with your relatives?

9. How comfortable are you discussing family health history with your health care provider?

10. How important do you think knowledge of your family health history of disease is to your personal health?
    a. Not important at all   b. Somewhat important   c. Mostly important   d. Extremely important

11. How much do you think knowing your family health history will influence your health and lifestyle choices (diet, exercise, habits, work environment).
    a. Not at all   b. Some/increased awareness   c. A lot/will make lifestyle changes
1. How often have you seen a health care provider in the last two years?
   a. 0 times       b. 1-2 times       c. More than 2 times

2. In general, would you say your health is:
   a. Excellent     b. Very good      c. Good        d. Fair        e. Poor

3. How much do you know about your family health history?
   a. Nothing at all   b. A little (parents, brothers, sisters)   c. A lot (immediate and extended family)

4. Have you ever actively collected health information from your relatives for the purpose of creating a family health history?
   a. Yes, I have b. No, I never have

5. Do you have a family member who keeps track of family health history?
   a. Yes                    b. No

6. How much do you think behaviors/lifestyles are shared in your family?
   a. Not shared at all     b. Somewhat shared   c. Mostly shared   d. Extremely shared

7. In the past year, how often did you:
   Read anything about family health history?
   a. Usually or always  b. Often            c. Sometimes        d. Rarely or never
   See materials encouraging you to think about family history?
   a. Usually or always  b. Often            c. Sometimes        d. Rarely or never
Talk about family history with a health care provider?

a. Usually or always  
   b. Often  
   c. Sometimes  
   d. Rarely or never

Read any of the written materials about family history that may have come from a health care provider?

a. Usually or always  
   b. Often  
   c. Sometimes  
   d. Rarely or never

Talk to another family member about your family’s history of health problems?

a. Usually or always  
   b. Often  
   c. Sometimes  
   d. Rarely or never

Share any written materials about family history with another family member?

a. Usually or always  
   b. Often  
   c. Sometimes  
   d. Rarely or never

Hear anyone in your family encourage you to talk about family history?

a. Usually or always  
   b. Often  
   c. Sometimes  
   d. Rarely or never

8. How comfortable are you discussing family health history with your relatives?

a. Not comfortable  
   b. Somewhat comfortable  
   c. Very comfortable  
   d. Extremely comfortable

9. How comfortable are you discussing family health history with your health care provider?

a. Not comfortable  
   b. Somewhat comfortable  
   c. Very comfortable  
   d. Extremely comfortable

10. How important do you think knowledge of your family health history of disease is to your personal health?

a. Not important at all  
   b. Somewhat important  
   c. Mostly important  
   d. Extremely important
11. How much do you think knowing your family health history will influence your health and lifestyle choices (diet, exercise, habits, work environment).
   a. Not at all  b. Some/increased awareness  c. A lot/will make lifestyle changes

As part of this project, you received some written materials about how to discuss family history with your family members. They were called A Guide to Family Health History and A Guide to Understanding Genetics and Health. The next questions are about those two booklets.

1. Overall, how understandable were the booklets you received?

2. Overall, how useful were the booklets you received?
   a. Not at all useful  b. Somewhat useful  c. Very useful  d. Extremely useful

3. Overall, how much did the booklets seem like they applied to your specific family situation?

4. How much did the booklets help your family talk about the health problems in your family?

5. How relevant were the ideas in the booklets to the ways that your family talks about its health problems?
   a. Not at all relevant  b. Somewhat relevant  c. Very relevant  d. Extremely relevant

6. Overall, how much did you like the booklets?
   a. Did not like at all  b. Liked somewhat  c. Liked very much  d. Liked extremely
¿Qué es el historial de salud de la familia?

Historial de salud de la familia es información acerca de enfermedades que vienen de la familia, así como también los hábitos de comer, actividades, y el ambiente que la familia comparte. Saber acerca de las enfermedades que vienen de la familia puede ayudarle a hacer mejores decisiones saludables.

1. ¿Cuántas veces ha visto a su proveedor de salud en los últimos 2 años?
   a. 0 veces  b. 1-2 veces  c. más de 2 veces

2. En general, como diría que salud está:
   a. Excelente  b. Muy bien  c. Bien  d. Regular  e. Pobre

3. ¿Cuánto sabe acerca de la historia de salud de su familia?
   a. Nada  b. Un poco (padres, hermanos(as))  c. Mucho (familia inmediata y familia lejana)

4. ¿Alguna vez ha obtenido información de salud de sus parientes con el propósito de crear un historial familiar de salud?
   a. Si lo he hecho  b. No, nunca lo he hecho

5. ¿Tiene un miembro de la familia que está al tanto del historial de la salud de la familia?
   a. Sí  b. No

6. ¿Cuánto cree usted que los comportamientos / estilo de vida se comparten en su familia?
7. En el último año cuantas veces:

<table>
<thead>
<tr>
<th>¿Leyó algo acerca del historial de salud familiar?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Usualmente ó siempre</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>¿Vio información animándolo a pensar acerca del historial familiar?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Usualmente ó siempre</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>¿Habló acerca del historial familiar con su proveedor de salud?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Usualmente ó siempre</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>¿Leyó cualquier información escrita acerca del historial familiar escrita por un doctor?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Usualmente ó siempre</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>¿Ha hablado con algún miembro de su familia sobre el historial familiar de problemas de salud?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Usualmente ó siempre</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>¿Compartió información escrita acerca del historial familiar con otro miembro de su familia?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Usualmente ó siempre</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>¿Ha escuchado a algún familiar animándolo a hablar acerca del historial familiar?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Usualmente ó siempre</td>
</tr>
</tbody>
</table>
8. ¿Que tan cómodo se siente teniendo discusiones con sus familiares acerca del historial de salud familiar?
   a. No cómodo       b. Algo cómodo       c. Muy cómodo       d. Extremadamente cómodo

9. ¿Que tan cómodo se siente teniendo discusiones con su doctor familiar acerca del historial de salud familiar?

10. ¿Que tan importante cree que saber el historial de salud familiar acerca de enfermedades es para su salud personal?
    a. No importante       b. Algo importante       c. Muy importante       d. Extremadamente importante

11. Cuanto cree que saber el historial de salud de su familia le influye acerca de su estilo de vida (dieta, ejercicio, hábitos y el ambiente en el trabajo).
    a. No del todo       b. Algo de estar al tanto       c. Mucho para hacer cambios de estilo de vida
**¿Qué es el historial de salud de la familia?**

Historial de salud de la familia es información acerca de enfermedades que vienen de la familia, así como también los hábitos de comer, actividades, y el ambiente que la familia comparte. Saber acerca de las enfermedades que vienen de la familia puede ayudarle a hacer mejores decisiones saludables.

1. ¿Cuántas veces ha visto a su proveedor de salud en los últimos 2 años?
   a. 0 veces 
   b. 1-2 veces 
   c. más de 2 veces

2. En general, como diría que salud está:
   a. Excelente 
   b. Muy bien 
   c. Bien 
   d. Regular 
   e. Pobre

3. ¿Cuánto sabe acerca de la historia de salud de su familia?
   a. Nada 
   b. Un poco (padres, hermanos(as) 
   c. Mucho (familia inmediata y familia lejana)

4. ¿Alguna vez ha obtenido información de salud de sus parientes con el propósito de crear un historial familiar de salud?
   a. Sí lo he hecho 
   b. No, nunca lo he hecho

5. ¿Tiene un miembro de la familia que esta al tanto del historial de la salud de la familia?
   a. Sí 
   b. No

6. ¿Cuánto cree usted que los comportamientos / estilo de vida se comparten en su familia?
   a. No del todo 
   b. Algo 
   c. Casi todo 
   d. Extremadamente
7. En el último año cuantas veces:

¿Leyó algo acerca del historial de salud familiar?
- Usualmente ó siempre
- Con frecuencia
- Algunas veces
- Muy rara vez ó nunca

¿Vio información animándolo a pensar acerca del historial familiar?
- Usualmente ó siempre
- Con frecuencia
- Algunas veces
- Muy rara vez ó nunca

¿Habló acerca del historial familiar con su proveedor de salud?
- Usualmente ó siempre
- Con frecuencia
- Algunas veces
- Muy rara vez ó nunca

¿Leyó cualquier información escrita acerca del historial familiar escrita por un doctor?
- Usualmente ó siempre
- Con frecuencia
- Algunas veces
- Muy rara vez ó nunca

¿Ha hablado con algún miembro de su familia sobre el historial familiar de problemas de salud?
- Usualmente ó siempre
- Con frecuencia
- Algunas veces
- Muy rara vez ó nunca

¿Compartió información escrita acerca del historial familiar con otro miembro de su familia?
- Usualmente ó siempre
- Con frecuencia
- Algunas veces
- Muy rara vez ó nunca

¿Ha escuchado a algún familiar animándolo a hablar acerca del historial familiar?
- Usualmente ó siempre
- Con frecuencia
- Algunas veces
- Muy rara vez ó nunca
8. ¿Qué tan cómodo se siente teniendo discusiones con sus familiares acerca del historial de salud familiar?
   a. No cómodo      b. Algo cómodo      c. Muy cómodo      d. Extremadamente cómodo

9. ¿Qué tan cómodo se siente teniendo discusiones con su doctor familiar acerca del historial de salud familiar?
   a. No cómodo      b. Algo cómodo      c. Muy cómodo      d. Extremadamente cómodo

10. ¿Qué tan importante cree que saber el historial de salud familiar acerca de enfermedades es para su salud personal?
    a. No importante b. Algo importante c. Muy importante d. Extremadamente importante

11. Cuánto cree que saber el historial de salud de su familia le influye acerca de su estilo de vida (dieta, ejercicio, hábitos y el ambiente en el trabajo).
    a. No del todo    b. Algo de estar al tanto c. Mucho para hacer cambios de estilo de vida

Como parte de este programa usted recibió información acerca de cómo hablar con su familia acerca del historial de salud familiar, se titulan. Una Guía al Historial de Salud Familiar y Una Guía Para Entender la Genética de la Familia. Las siguientes preguntas son acerca de estos dos folletos.

1. ¿Qué tan comprensibles fueron los folletos que recibió?

2. ¿En general, que tan útil le fueron los folletos que recibió?

3. ¿En general, cuanto le pareció que los folletos aplicaban específicamente a la situación de su familia?
4. ¿Cuánto le ayudaron los folletos a la familia a hablar acerca de problemas de salud familiares?

5. ¿Qué tan pertinente fueron las ideas en los folletos en las maneras en que la familia habla acerca de los problemas de salud?
   a. No del todo pertinente   b. Algo pertinente   c. Muy pertinente   d. Extremadamente pertinente

6. ¿En general, cuánto le gustaron los folletos?
   a. No me gustaron   b. Me gustaron un poco   c. Me gustaron mucho   d. Me gustaron muchísimo
As a direct provider of patient care at Siouxland Community Health Center, you have an important role in the family health history program. Your anonymous responses will be used to evaluate program outcomes at the health center, as well as support evaluation at the national level with the Genetic Alliance.

<table>
<thead>
<tr>
<th>1. How confident do you feel to do the following? (Check one box per line)</th>
<th>Not at all confident</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. List the benefits of taking family health history in medical practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Discuss with patients family health history risk factors, including genetic, lifestyle, social, cultural, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Interpret family history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Identify any genetic red flags</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Locate a genetics professional and/or genetic support services and make appropriate referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Identify other resources in health care system such as disease-specific specialists</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. How well do you understand the following? (Check one box per line)</th>
<th>Not at all well</th>
<th>Very well</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Genetic terminology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Genetic and family health history risk assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Basic inheritance patterns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. How to initiate discussions with patients about family health history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Indications for referral to genetic professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Content of the <em>Does it Run in the Family</em> toolkit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Intended use of the <em>Does it Run in the Family</em> toolkit</td>
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<td></td>
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<tr>
<td>h. Other family history tools and questionnaires</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. How useful do you think family history is in: (Check one box per line)  
<table>
<thead>
<tr>
<th>Not at all useful</th>
<th>Very useful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

a. Assessing risk
b. Informing diagnosis
c. Preventing, detecting, and managing disease
d. Building rapport with patients

4. What is your role at the health center? (Check one)

- [ ] Physician
- [ ] Licensed Practical Nurse (LPN)
- [ ] Physician Assistant
- [ ] Medical Assistant
- [ ] Nurse Practitioner
- [ ] Medical Assistant
- [ ] Other (Specify): _______________________
- [ ] Registered Nurse (RN)
- [ ] Other (Specify): _______________________

5. Do you actively collect family health history from patients?

- [ ] Yes  
- [ ] No

6. Have you ever obtained continuing medical/nursing education (CME/CEU) credits in genetics?

- [ ] Yes  
- [ ] No

Thank you for your participation and support of the Siouxland Community Health Center family health history program.
As a direct provider of patient care at Siouxland Community Health Center, you have an important role in the family health history program. Your anonymous responses will be used to evaluate program outcomes at the health center, as well as support evaluation at the national level with the Genetic Alliance.

### 1. How confident do you feel to do the following? (Check one box per line)

<table>
<thead>
<tr>
<th></th>
<th>Not at all confident</th>
<th>Very Confident</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How confident do you feel to do the following? (Check one box per line)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>a. List the benefits of taking family health history in medical practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Discuss with patients family health history risk factors, including genetic, lifestyle, social, cultural, etc.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Interpret family history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Identify any genetic red flags</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Locate a genetics professional and/or genetic support services and make appropriate referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Identify other resources in health care system such as disease-specific specialists</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2. How well do you understand the following? (Check one box per line)

<table>
<thead>
<tr>
<th></th>
<th>Not at all well</th>
<th>Very well</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How well do you understand the following? (Check one box per line)</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>a. Genetic terminology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Genetic and family health history risk assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Basic inheritance patterns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. How to initiate discussions with patients about family health history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Indications for referral to genetic professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Content of the <em>Does it Run in the Family</em> toolkit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Intended use of the <em>Does it Run in the Family</em> toolkit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Other family history tools and questionnaires</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. How useful do you think family history is in:
   (Check one box per line)  | Not at all useful | Very useful
   | 1 | 2 | 3 | 4 |
   a. Assessing risk          |
   b. Informing diagnosis    |
   c. Preventing, detecting, and managing disease |
   d. Building rapport with patients |

4. What is your role at the health center? (Check one)
   - [ ] Physician
   - [ ] Licensed Practical Nurse (LPN)
   - [ ] Physician Assistant
   - [ ] Medical Assistant
   - [ ] Nurse Practitioner
   - [ ] Medical Assistant
   - [ ] Other (Specify): _______________________
   - [ ] Medical Assistant
   - [ ] Registered Nurse (RN)

5. Do you actively collect family health history from patients?
   - [ ] Yes
   - [ ] No

6. Have you ever obtained continuing medical/nursing education (CME/CEU) credits in genetics?
   - [ ] Yes
   - [ ] No

7. Have your views about family health history changed since the beginning of this program?
   - [ ] Yes
   - [ ] No
   - [ ] Unsure

8. How beneficial was the involvement of case managers in the success of the family health history program?
   - [ ] Not at all beneficial
   - [ ] Somewhat beneficial
   - [ ] Very beneficial
   - [ ] Extremely beneficial

9. Did you notice a change in the completeness of family health history information in patients since the beginning of this program?
   - [ ] Yes
   - [ ] No
   - [ ] Unsure
10. At what level do you feel patients have an increased understanding/awareness of their family health history?

- [ ] No change
- [ ] Somewhat aware
- [ ] Very aware
- [ ] Extremely aware

11. Will you change your practice resulting from this program (For example, more integration of family health history in patient care)?

- [ ] Yes
- [ ] No
- [ ] Unsure

Thank you for your participation and support of the Siouxland Community Health Center family health history program.