


Attachment H. NPHII TA Satisfaction Screen Shots

Interview Preview

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Centers for Disease Control and Prevention

Form approved
OMB No. 0920-0879
Expiration Date 03/31/2014

Welcome! Thank you for participating in the National Public Health Improvement Initiative Technical Assistance and Services Satisfaction Data Collection Tool.

The purpose of this data collection tool is to assess satisfaction with the most recent technical assistance provided by the NPHII team (including Centers for Disease Control and Prevention (CDC) and national partners). Technical assistance includes training, skills building, and expert advice on how to accomplish a task or series of tasks. Your open and honest feedback will help the CDC gather information about your satisfaction with the most recent NPHII technical assistance you received from the NPHII team. Survey results will be used to improve the technical assistance request process and improve the technical assistance provided by the NPHII team.

The data collection tool link is unique to you and associated with a specific technical assistance request (from the technical assistance record locator). Although we recommend you complete this data collection tool in one sitting (it is estimated to take 10-15 minutes to complete the data collection tool), your responses will be saved if you need to take a break. We recommend that you access the PDF version of the data collection tool, collect data across the team as necessary, and then enter all of this information into the online data collection tool.

Public reporting burden of this collection of information is estimated to average 10-15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).



Data Collection Tool Instructions

To move from one page to the next, please use only the "Next" and "Previous" buttons found at the bottom of each screen. **Do NOT use your browser's back and next button.** If you accidentally click your browser's navigation button, you might be able to continue your data entry by pressing the F5 key or refreshing the web page.


To save your answers, you may exit this data collection tool before completing it by clicking on the "Stop" button at the bottom of the screen. When you are ready to resume data entry, please click the link you received in the data collection tool invitation email. You will be able to start where you left off answering.

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Please select which organization type(s) best represent(s) your agency or consortium (*select all that apply*)

- Local
- State
- Territorial
- Tribal

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Who provided the TA for this request? (*select all that apply*)

- APHA
- ASTHO
- NACCHO
- NNPHI
- PHF
- CDC – OSTLTS
- CDC – Other (Please specify:)
- Other (Please specify:)

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How was TA delivered? *(select all that apply)*

- Email
- Phone
- Web-based (e.g., webinar)
- On site
- Other (Please describe)

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Select the NPHII priority area(s) for which TA was received (*select all that apply*)

Accreditation Readiness

- Assistance with accreditation prerequisites
- Community/state health assessment
- Community/state health improvement plan
- Organizational strategic plan
 - Completing self-assessment against Public Health Accreditation Board (PHAB) standards
 - Addressing deficiencies or gaps associated with PHAB standards
 - Assistance with internal agency readiness for PHAB accreditation (e.g., leadership engagement, staff/agency awareness, etc.)
 - Other accreditation readiness (please specify)


Performance Management (PM)

- Expanding PM competencies in the workforce (e.g., training staff or leadership)
- Implementing aspects of a performance management system (e.g., measurement, reporting)
- Other PM (please specify)

Quality Improvement (QI) Initiatives


- Expanding the understanding and use of QI methods in the workplace (e.g., training staff and/or leadership)
- Developing quality improvement initiatives to increase efficiency/effectiveness
- Implementing quality improvement initiatives to increase efficiency/effectiveness
- Measuring the impact of quality improvement initiatives on effectiveness/efficiency (e.g., effectiveness [e.g., increased reach, improved health outcomes] and efficiency [e.g., saved money, saved time])
- Other QI initiatives (please specify)

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Please select the answer(s) that best describe(s) the nature or type of TA you received. *(select all that apply)*

- Provide workforce development/ training (i.e., train the trainer, QI training for staff, training on various PM and QI methods)
- Facilitate peer networking
- Provide content expertise in accreditation readiness
- Provide content expertise in accreditation prerequisites
- Provide content expertise in performance management/quality improvement
- Help with calculating return on investment
- Support for cross-jurisdictional activities (e.g., work with locals, tribes)
- Develop information technology capacity for performance management system
- Develop data displays/dashboards
- Support the implementation of successful strategies from the field
- Other (Please specify)

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Please rate your level of agreement with the following statements about the technical assistance and / or training that you received from the TA provider:

Timeliness and Quality of TA

	Strongly disagree	Disagree	Agree	Strongly agree
The assistance was provided in a timely manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The assistance provided met my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An adequate amount of assistance was provided	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The assistance provided was appropriate for our context	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please rate your level of agreement with the following statements about the TA and/or training that you received from the TA provider:

Timeliness and Quality of TA

	Strongly disagree	Disagree	Agree	Strongly agree	N/A
The supporting documents and materials from the TA provider met my needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


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Please rate your level of agreement with the following statements about the knowledge-base of the TA provider:

Knowledge-base of TA provider

	Strongly disagree	Disagree	Agree	Strongly agree
The TA provider demonstrated a high level of expertise in the requested TA topic area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The TA provider was knowledgeable about the relevant NPHII cooperative agreement requirements/expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please rate your level of agreement with the following statements about the knowledge-base of the TA provider:

Knowledge-base of TA provider

	Strongly disagree	Disagree	Agree	Strongly agree	N/A
The TA provider was able to share lessons learned from other NPHI grantees working in similar areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The TA provider demonstrated cultural competence and/or sensitivity during the TA process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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I would recommend these TA services to a colleague or other public health organization

- Strongly disagree
- Disagree
- Agree
- Strongly agree

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The following question asks you to assess how well the **process for requesting TA** met your needs.

The TA request process met my needs

- Strongly disagree
- Disagree
- Agree
- Strongly agree

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Please explain why the TA request process did not meet your needs.

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Please explain what worked well in the TA request process.

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Do you expect the relationship with this particular TA provider to continue into the future for additional TA/training opportunities?

- Yes
- No

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If yes, please provide a description of the proposed TA activities:

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Please provide any additional comments or suggestions for improving the TA process or services delivered (optional).

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Please provide your contact information if you are willing to be contacted by CDC to find out more about how to improve the NPHII TA processes or content (optional).

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End of Survey

Thank you for participating.

If you have any questions, please contact Sonal R. Doshi (sdoshi@cdc.gov or 404-498-0322).

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