**NACCHO MAPP Training Participant Survey (Will be posted online)**

This survey has been designed to help the National Association of County and City Health Officials (NACCHO) better understand the quality of the NACCHO Mobilizing for Action through Planning and Partnerships (MAPP) training in August 2012, in which you participated. Your responses are used only for quality program improvement and to inform program planning. Results are looked at in aggregate for identifying trends. Should you have any questions about this evaluation, please contact [Deya](mailto:Deya) Greer at dgreer@naccho.org. Your participation is greatly appreciated.

1. Please use the scale provided to indicate the extent to which you agree with each statement about the NACCHO training.

|  |  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | The NACCHO staff presentations were clear and engaging. | □ | □ | □ | □ | □ |
| 2 | The NACCHO staff presentations were relevant to me. | □ | □ | □ | □ | □ |
| 3 | The interactive exercises were relevant and applicable to me. | □ | □ | □ | □ | □ |
| 4 | There was sufficient time to interact with peer training participants during the training. | □ | □ | □ | □ | □ |
| 5 | The other training participants had ideas for engaging partners in MAPP that were relevant and applicable to me. | □ | □ | □ | □ | □ |
| 6 | The other training participants had ideas on health assessments that were relevant and applicable to me. | □ | □ | □ | □ | □ |
| 7 | The stories from the field speaker (Erin Read, Together! Healthy Knox) were relevant and applicable to me. | □ | □ | □ | □ | □ |
| 8 | As a result of the training I have more specific ideas about conducting community health assessments | □ | □ | □ | □ | □ |
| 9 | Overall, the training motivated/energized me to start implementing MAPP. | □ | □ | □ | □ | □ |
| 10 | I have interacted with other training participants since the training to discuss MAPP experiences. | □ | □ | □ | □ | □ |
| 11 | I was very clear about what my next steps were upon leaving the training. | □ | □ | □ | □ | □ |
| 12 | I have the skills I need to engage partners in a MAPP process. | □ | □ | □ | □ | □ |
| 13 | I have the skills I need to conduct community health assessments. | □ | □ | □ | □ | □ |
| 14 | I have a high level of knowledge about how to conduct the entire MAPP process. | □ | □ | □ | □ | □ |
| 15 | As a result of the training, I have a high level of knowledge about how to engage partners in a MAPP process. | □ | □ | □ | □ | □ |
| 16 | As a result of the training, I have a high level of knowledge about conducting community health assessments. | □ | □ | □ | □ | □ |
| 17 | I am highly motivated to conduct MAPP activities in my community. | □ | □ | □ | □ | □ |
| 18 | The training exceeded my expectations. | □ | □ | □ | □ | □ |

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| --- | --- | --- | --- |
| Yes | □ | No | □ |

1. Has your community begun a MAPP process?

If yes, please describe what you have done. If No, please describe any barriers that you faced when trying to implement MAPP.

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1. Please indicate the type of organization that best represent you using the categories below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| □Local Health Dept | □Hospital | □Community Health Center | □Primary Care Organization | □University | □Other (please specify): |

1. Which of the following best describes the geographic area in which you are implementing/considering MAPP? (check more than one if they apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| □Rural-single town/community | □Rural—multiple towns (e.g. county-wide) | □Suburban/Peri-urban | □Urban—single neighborhood | □Urban—full city |

1. Please indicate the size of the population your local health department (LHD) (or equivalent) serves. (Check one.)

|  |  |
| --- | --- |
| □ | Under 100,000 |
| □ | 100,000 – 249,000 |
| □ | 250,000 – 499,999 |
| □ | 500,000 – 999,999 |
| □ | More than 1,000,000 |

1. Which of the following BEST describes the reasons why you pursued information about MAPP, in general (not specific to NACCHO MAPP training)? (Select only one)

|  |  |
| --- | --- |
| □ | My organization plans to use the results of the MAPP process to fulfill an assessment requirement (e.g. health department accreditation, IRS community health needs assessment, Federally Qualified Health Center community health assessment, state assessment and planning requirement) |
| □ | Independent from any assessment requirements, organizations in my community identified MAPP as the preferred approach for addressing community health issues. |
| □ | My supervisor, CEO, or health officer strongly endorses the use of MAPP, independent of any other potential requirement for use of MAPP. |
| □ | Other (please specify): |

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | □ | No | □ |

1. My organization receives grant funding from the Health Resources and Services Administration (HRSA).
2. Please describe any other feedback related to the MAPP training that might be helpful for improving the training or additional support that you feel you might benefit from.

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1. What types of technical assistance would you like to receive to help your community implement the MAPP process?

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