

Form Approved

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State and Community Awardee Staff Needs Assessment

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Staff Needs Assessment

The purpose of this assessment is to help your organization identify strengths and areas of potential growth regarding your ability to support the implementation of this project. This assessment is aligned with the key components of this project and requests information on your organizational background, partnerships, community mobilization, evidence-based programs, training and technical assistance for program implementation, contraceptive services for youth, educating stakeholders, and cultural competence and diversity.

Please respond to only those sections that apply to your project role. Please answer as honestly as possible. Results from this assessment will be used by CDC and the five funded National Organizations to develop a targeted training and technical assistance plan for your organization.

Thank you for your candor in completing this important assessment.

Section I. Individual Information

1. Please select your organization.

<input type="checkbox"/>	Alabama Department of Public Health
<input type="checkbox"/>	Adolescent Pregnancy Prevention Campaign of North Carolina
<input type="checkbox"/>	Family Planning Council
<input type="checkbox"/>	Fund for Public Health New York
<input type="checkbox"/>	Georgia Campaign for Adolescent Pregnancy Prevention Campaign
<input type="checkbox"/>	City of Hartford
<input type="checkbox"/>	Massachusetts Alliance on Teen Pregnancy
<input type="checkbox"/>	SC Campaign
<input type="checkbox"/>	University of Texas Health Science Center at San Antonio

2. Which of the following describes your role/title? (select all that apply)

<input type="checkbox"/>	Clinical technical assistance provider
<input type="checkbox"/>	Program technical assistance provider
<input type="checkbox"/>	Youth leadership team coordinator
<input type="checkbox"/>	Evaluator
<input type="checkbox"/>	Other (please specify) _____

3. For how many years have you held your position?

<input type="checkbox"/>	< 2 years
<input type="checkbox"/>	3-5 years
<input type="checkbox"/>	> 5 years

4. For how many years have you worked in teen pregnancy prevention?

<input type="checkbox"/>	< 2 years
<input type="checkbox"/>	3-5 years
<input type="checkbox"/>	> 5 years

Section II. Community Mobilization

5. Do you lead organizational efforts to work with community partners (e.g., core partner leadership team) in developing action plans and implementing community-wide initiatives?

<input type="checkbox"/>	Yes, please continue to question 6
<input type="checkbox"/>	No, please skip to question 8, page 4

6. Please indicate whether you have received formal training and the time frame in which the formal training on leading/facilitating collaborative community-wide efforts was received. Formal training refers to planned teaching of standard knowledge and/or skills related to specific capacities.

Skill set	Never	< 2 years	3-5 years	> 5 years
Conducting a comprehensive community needs and asset assessment in support of TPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A theoretical justification for community mobilization in support of TPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing a long-range community mobilization plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying and recruiting participants for a Core Partner Leadership Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying and recruiting participants for a Community Action Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying and recruiting participants for a Youth Leadership Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting community participants to develop TPP goals and identify strategies to address them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing for possible opposition to TPP within communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying strategies for long-term sustainability of TPP activities within communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting community team members to evaluate their mobilization efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How confident are you in your ability to lead a community group through the following activities?

Skill set	Not at all Confident 1	2	Somewhat Confident 3	4	Extremely Confident 5
Conducting a comprehensive community needs and asset assessment in support of TPP	<input type="checkbox"/>				
A theoretical justification for community mobilization in support of TPP	<input type="checkbox"/>				
Developing a long-range community mobilization plan	<input type="checkbox"/>				
Identifying and recruiting participants for a Core Partner Leadership Team	<input type="checkbox"/>				
Identifying and recruiting participants for a Community Action Team	<input type="checkbox"/>				
Identifying and recruiting participants for a Youth Leadership Team	<input type="checkbox"/>				
Supporting community participants to develop TPP goals and identify strategies to address them	<input type="checkbox"/>				
Preparing for possible opposition to TPP within	<input type="checkbox"/>				

communities					
Identifying strategies for long-term sustainability of TPP activities within communities	<input type="checkbox"/>				
Supporting community team members to evaluate their mobilization efforts	<input type="checkbox"/>				

Section III. Community Mobilization

8. Do you lead organizational efforts to facilitate one or more of the 3 partnership groups (i.e., Core Partner Leadership Team, Community Action Team, or Youth Leadership Team)?

<input type="checkbox"/>	Yes, please continue to question 9
<input type="checkbox"/>	No, please skip to question 11, page 5

9. With which of the three groups you are involved as a facilitator/group leader? (please select all that apply)

<input type="checkbox"/>	Core partner leadership team
<input type="checkbox"/>	Community action team
<input type="checkbox"/>	Youth leadership team

10. How confident are you in your ability to do the following activities?

Skill set	Not at all Confident 1	2	Somewhat Confident 3	4	Extremely Confident 5
Facilitate the goal setting process within your project team to achieve community mobilization in support of TPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work within your project team to identify, recruit and retain the best "mix" of persons for your community teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work within your project team to help community teams establish their legitimacy as spokespersons for TPP within their communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work within your project team to help community teams rally support for TPP within their communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work within your project team to evaluate the functioning of the community teams to achieve their goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section IV. Contraceptive Services for Youth

11. Do you lead organizational efforts to provide training and technical assistance to clinic partners as part of the Teen Pregnancy Prevention project?

<input type="checkbox"/>	Yes, please continue to question 12
<input type="checkbox"/>	No, please skip to question 14, page 7

12. Please indicate whether you have received formal training and the time frame in which the formal training on certain topics related to reproductive health services was received. Formal training refers to planned teaching of standard knowledge and/or skills related to specific capacities.

Skill set	Never	< 2 years	3-5 years	> 5 years
The use of the Quick Start Method for dispensing hormonal contraception to adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The use of the Quick Start Methods for dispensing IUDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap smear guidelines for adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare delivery system budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business planning including maximizing coding, billing, and reimbursement strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coding confidentiality in billing for adolescent reproductive health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work flow processes for patient visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care delivery systems productivity standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment scheduling practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive methods for adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance improvement or quality improvement methodologies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies for supporting time-alone between a provider and an adolescent client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies for supporting confidentiality in the delivery of contraceptive and reproductive services for adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing social determinants of health in the clinical setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male sexual and reproductive health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How knowledgeable are you about each of the following?

Skill set	Not at all 1	2	Somewha t 3	4	Extremel y 5
Intrauterine devices (IUDs)	<input type="checkbox"/>				
a. Efficacy	<input type="checkbox"/>				
b. Costs	<input type="checkbox"/>				
c. Side effects	<input type="checkbox"/>				
d. Dispensing procedures	<input type="checkbox"/>				
Contraceptive implant (Implanon)	<input type="checkbox"/>				
a. Efficacy	<input type="checkbox"/>				
b. Costs	<input type="checkbox"/>				
c. Side effects	<input type="checkbox"/>				
d. Dispensing procedures	<input type="checkbox"/>				
Injectable contraception (Depo-provera)	<input type="checkbox"/>				
a. Efficacy	<input type="checkbox"/>				

Skill set	Not at all 1	2	Somewha t 3	4	Extremel y 5
b. Costs	<input type="checkbox"/>				
c. Side effects	<input type="checkbox"/>				
d. Dispensing procedures	<input type="checkbox"/>				
Birth control pills	<input type="checkbox"/>				
a. Efficacy	<input type="checkbox"/>				
b. Costs	<input type="checkbox"/>				
c. Side effects	<input type="checkbox"/>				
d. Dispensing procedures	<input type="checkbox"/>				
Emergency contraception	<input type="checkbox"/>				
a. Efficacy	<input type="checkbox"/>				
b. Costs	<input type="checkbox"/>				
c. Side effects	<input type="checkbox"/>				
d. Dispensing procedures	<input type="checkbox"/>				
Male condoms	<input type="checkbox"/>				
a. Efficacy	<input type="checkbox"/>				
b. Costs	<input type="checkbox"/>				
c. Side effects	<input type="checkbox"/>				
d. Dispensing procedures	<input type="checkbox"/>				
Female condoms	<input type="checkbox"/>				
a. Efficacy	<input type="checkbox"/>				
b. Costs	<input type="checkbox"/>				
c. Side effects	<input type="checkbox"/>				
d. Dispensing procedures	<input type="checkbox"/>				
Other methods (please list)	<input type="checkbox"/>				
a. Efficacy	<input type="checkbox"/>				
b. Costs	<input type="checkbox"/>				
c. Side effects	<input type="checkbox"/>				
d. Dispensing procedures	<input type="checkbox"/>				

Section V. Educating Stakeholders

14. Do you lead/co-lead organizational efforts to educate stakeholders in your community?

<input type="checkbox"/>	Yes, please continue to question 15
<input type="checkbox"/>	No, please skip to question 18, page 8

15. How knowledgeable are you about each of the following?

Skill set	Not at all 1	2	Somewhat 3	4	Extremely 5
How to identify important stakeholders in your community	<input type="checkbox"/>				
How to determine your target audiences for stakeholder education	<input type="checkbox"/>				
How to determine goals and objectives and an action plan for stakeholder education using data from your community needs assessment	<input type="checkbox"/>				
Methods for raising awareness of your community-wide initiative	<input type="checkbox"/>				
How to educate on statistics and trends in teen pregnancy, by age and race/ethnicity and for special populations	<input type="checkbox"/>				
Methods for educating on evidence-based and/or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities	<input type="checkbox"/>				
Methods for crisis communication and managing controversy	<input type="checkbox"/>				

16. How confident are you in your ability to conduct the following activities?

Skill set	Not at all Confident 1	2	Somewhat Confident 3	4	Extremely Confident 5
Identify important stakeholders in your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine your target audiences for stakeholder education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine goals and objectives and an action plan for stakeholder education using data from your community needs assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raise awareness of your community-wide initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educate on evidence-based and/or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in target communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage controversy through communication techniques/strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. What resources or tools would increase your capacity to work with stakeholders in your community?

<input type="checkbox"/>	Specific talking points
<input type="checkbox"/>	Additional training
<input type="checkbox"/>	Resources and fact sheets

<input type="checkbox"/>	Individual technical assistance
<input type="checkbox"/>	Other (please specify)

SECTION VI – Working with Diverse Communities – Project Lead/Co-lead

18. Do you lead/co-lead organizational efforts for working with diverse communities?

<input type="checkbox"/>	Yes, please continue to question 19
<input type="checkbox"/>	No, please skip to question 21, page 9

19. How knowledgeable are you regarding each of the following topics?

Skill set	Not at all 1	2	Somewhat 3	4	Extremely 5
Health equity	<input type="checkbox"/>				
Health disparities	<input type="checkbox"/>				
Social determinants of health	<input type="checkbox"/>				
Frameworks for examining and addressing social determinants of health	<input type="checkbox"/>				
Cultural competency	<input type="checkbox"/>				
Strategies for engaging marginalized youth (i.e. foster care, homeless, GLBTQ) in teen pregnancy prevention efforts	<input type="checkbox"/>				

20. How confident do you feel about providing technical assistance or training to individuals in your community?

Skill set	Not at all Confident 1	2	Somewhat Confident 3	4	Extremely Confident 5
Increase awareness around the impact of social determinants of teen pregnancy with community partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively engage informal community leaders and other influential community stakeholders (i.e. business leaders) around the significance of addressing social determinants of teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess attitudes and beliefs around social determinants among different audiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate a process to identify key social determinants of teen pregnancy with community partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify feasible strategies to address key social determinants of teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enhance levels of cultural competence for clinical providers and program facilitators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilize community-based participatory approaches to evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess and evaluate progress on strategies to address social determinants of teen pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section VII. Evidence-based Programs

21. Do you provide training on evidence-based teen pregnancy prevention programs?

<input type="checkbox"/>	Yes, please continue to question 22
<input type="checkbox"/>	No, please skip to question 25, page 11

22. Please list any evidence-based or evidence-informed programs on which you are able to provide a training of facilitators.

Program: _____ a. Have you received formal training as a trainer of this program? _____ b. What organization provided the training? _____ c. Number of Trainings you conducted in the past 2 yrs? _____
Program: _____ a. Have you received formal training as a trainer of this program? _____ b. What organization provided the training? _____ c. Number of Trainings you conducted in the past 2 yrs? _____
Program: _____ a. Have you received formal training as a trainer of this program? _____ b. What organization provided the training? _____ c. Number of Trainings you conducted in the past 2 yrs? _____
Program: _____ a. Have you received formal training as a trainer of this program? _____ b. What organization provided the training? _____ c. Number of Trainings you conducted in the past 2 yrs? _____
Program: _____ a. Have you received formal training as a trainer of this program? _____ b. What organization provided the training? _____ c. Number of Trainings you conducted in the past 2 yrs? _____
Program: _____ a. Have you received formal training as a trainer of this program? _____ b. What organization provided the training? _____ c. Number of Trainings you conducted in the past 2 yrs? _____

23. Do you have partners who can provide training of facilitators on evidence-based or evidence-informed programs?

<input type="checkbox"/>	Yes, please answer the following questions. a. Which partner? _____ b. Which programs? _____ c. Where were the trainers trained? _____
<input type="checkbox"/>	No, please skip to question 24

24. Please list any evidence-based or evidence informed programs that will likely be implemented in your community that you have not received training on.

<input type="checkbox"/>	Program _____

Section VII. Evidence-Based Programs - Training and Technical Assistance for Implementation

25. Do you provide training and technical assistance to support program implementation as part of the Teen Pregnancy Prevention project?

<input type="checkbox"/>	Yes, please continue to question 26
<input type="checkbox"/>	No, please skip to question 30, page 15

26. Please indicate whether you have received formal training and the time frame in which the formal training on certain topics related to evidence-based approaches to planning, selection, implementation, and evaluation of evidence-based programs and practices was received. Formal training refers to planned teaching of standard knowledge and/or skills related to specific capacities.

Skill set	Never	< 2 years	3-5 years	> 5 years
Understanding the benefits of using evidence-based approaches such as the Getting To Outcomes (GTO) approach to prevent teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing which evidence-based programs and/or practices have reduced sexual behaviors leading to teen pregnancy, STI, and/or HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using logic models to plan general organizational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using logic models that link risk and protective factors to intervention activities for the purpose of selecting an appropriate TPP program/curriculum or practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing how to plan and conduct effective trainings on evidence-based or evidence-informed programs to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing how to assess an evidence-based program for fit with one's priority population and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing how to conduct process evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing how to conduct outcome evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. We are interested in the amount of experience you have providing technical assistance and training on the topics listed in question 26. Experience providing training and TA refers to working with one or more client organizations on a particular topic. Please indicate if you have at least 6 months of experience providing technical assistance and training on the following.

Skill set	Yes	No
The benefits of using evidence-based approaches such as the GTO approach to prevent teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Which programs, practices, or policies related to promoting adolescent sexual health have evidence of effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
Using logic models to plan general organizational activities	<input type="checkbox"/>	<input type="checkbox"/>
Using logic models that link risk and protective factors to intervention activities for the purpose of selecting an appropriate TPP program/curriculum or practice.	<input type="checkbox"/>	<input type="checkbox"/>
How to plan and conduct effective trainings on evidence-based or evidence-informed programs to others	<input type="checkbox"/>	<input type="checkbox"/>
How to assess an evidence-based program for fit with one's priority population and community	<input type="checkbox"/>	<input type="checkbox"/>
How to conduct process evaluation	<input type="checkbox"/>	<input type="checkbox"/>
How to conduct outcome evaluation	<input type="checkbox"/>	<input type="checkbox"/>

28. How knowledgeable are you regarding each of the following teen pregnancy prevention activities?

Skill set	Not at all 1	2	Somewhat 3	4	Extremely 5
Develop program goals for a teen pregnancy prevention activity or program	<input type="checkbox"/>				
Assess how well program activities fit within other existing program activities offered to the same target population	<input type="checkbox"/>				
Define a target population for teen pregnancy prevention program(s) or practices	<input type="checkbox"/>				
Measure participant satisfaction with a prevention program or practice	<input type="checkbox"/>				
Evaluate an activity to ensure that it is meeting goals and objectives, including completing analysis and interpretation of data	<input type="checkbox"/>				
Identify those who will be responsible for each program delivery task	<input type="checkbox"/>				
Specify the amount of change to expect in program objectives	<input type="checkbox"/>				
Assess community strengths in programming by examining existing resources such as existing programs and availability of volunteers	<input type="checkbox"/>				
Determine if an existing program or practice is suited to a community program's goals and objectives	<input type="checkbox"/>				
Develop program objectives that are linked to program goals	<input type="checkbox"/>				
Examine how a prevention program fits with the philosophy of a community organization	<input type="checkbox"/>				
Measure how well program implementation followed the original program design (i.e., fidelity) for each program activity	<input type="checkbox"/>				
Ensure that all new program activities are linked to specific goals and objectives	<input type="checkbox"/>				
Determine if any evidence-based programs are applicable to a target/priority population(s)	<input type="checkbox"/>				
Specify by when one should expect the change in their objectives to occur	<input type="checkbox"/>				
Assess the causes and underlying risk factors for teen pregnancy in a community	<input type="checkbox"/>				
Assess the adequacy of resources to implement a (new) program (e.g., staff, technical resources, funding)	<input type="checkbox"/>				
Create timelines for completing all program tasks	<input type="checkbox"/>				
Develop a budget that outlines the funding required for each program activity	<input type="checkbox"/>				
Develop a plan to sustain successful programs or activities (i.e., determine future funding sources, staffing)	<input type="checkbox"/>				
Use evaluation results to improve delivery of a teen pregnancy prevention program or practice the next time it is offered	<input type="checkbox"/>				
Adapt an evidence-based teen pregnancy prevention	<input type="checkbox"/>				

program while maintaining the integrity of the program

29. How confident would you be providing training or technical assistance in the following areas to support other organizations as part of the TPP project?

Skill set	Not at all Confident 1	2	Somewhat Confident 3	4	Extremely Confident 5
Develop program goals for a teen pregnancy prevention activity or program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess how well program activities fit within other existing program activities offered to the same target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Define a target population for teen pregnancy prevention program(s) or practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measure participant satisfaction with a prevention program or practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate an activity to ensure that it is meeting goals and objectives, including completing analysis and interpretation of data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify those who will be responsible for each program delivery task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify the amount of change to expect in program objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess community strengths in programming by examining existing resources such as existing programs and availability of volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine if an existing program or practice is suited to a community program's goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop objectives that are linked to goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examine how a prevention program fits with the philosophy of a community organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measure how well program implementation followed the original program design (i.e., fidelity) for each program activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure that all new program activities are linked to specific goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determine if any evidence-based programs are applicable to a target/priority population(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify by when one should expect the change in their objectives to occur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess the causes and underlying risk factors for teen pregnancy in a community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess the adequacy of resources to implement a (new) program (e.g., staff, technical resources, funding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create timelines for completing all program tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a budget that outlines the funding required for each program activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a plan to sustain successful programs or activities (i.e., determine future funding sources, staffing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use evaluation results to improve delivery of a teen pregnancy prevention program or practice the next	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skill set	Not at all Confident 1	2	Somewha t Confident 3	4	Extremely Confident 5
time it is offered					
Adapt an evidence-based teen pregnancy prevention program while maintaining the integrity of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Document adaptations made to evidence-based programs to reflect and respond to the youth and community context.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train program facilitators to develop their understanding around cultural and gender difference with respect to adolescent sexual risk behavior, teen pregnancy and implications of this on engagement and program implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section VIII. Organizational Technical Assistance Needs

CDC and the funded national organizations will use the following information to plan future TA and training.

30. Please list topics, in order of priority, on which you would most like to receive technical assistance and training through this project over the next year.

Skill set
1.
2.
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