

Form Approved

OMB No. 0920-0952

Exp. 12/31/2015

## **State and Community Awardee Project Director/Project Coordinator Needs Assessment**

Public reporting burden of this collection of information is estimated to average 45 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 Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0952).

## 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"/>	Project Director
<input type="checkbox"/>	Project Coordinator
<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

**5. For how many years has your organization worked to prevent teen pregnancy?**

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

**6. How many hourly or salaried personnel in your organization work on this teen pregnancy prevention cooperative agreement?**

<b>Full time personnel</b>	
<input type="checkbox"/>	1-3 full time individuals
<input type="checkbox"/>	4-5 full time individuals
<input type="checkbox"/>	5-7 full time individuals
<input type="checkbox"/>	>7 full time individuals
<b>Part time personnel</b>	
<input type="checkbox"/>	1-3 part time individuals
<input type="checkbox"/>	4-5 part time individuals
<input type="checkbox"/>	5-7 part time individuals
<input type="checkbox"/>	>7 part time individuals

**7. How many external consultants do you use on this cooperative agreement?**

<input type="checkbox"/>	0 external consultants
<input type="checkbox"/>	1 external consultants
<input type="checkbox"/>	2 external consultants
<input type="checkbox"/>	> 2 external consultants

**8. What topic area(s) do the external consultant(s) cover?**

<input type="checkbox"/>	Topic area _____
<input type="checkbox"/>	Topic area _____
<input type="checkbox"/>	Topic area _____
<input type="checkbox"/>	Topic area _____

**9. Does your organization routinely do the following?**

<b>Skill set</b>	<b>Yes</b>	<b>No</b>
Use logic models in planning the organization's projects	<input type="checkbox"/>	<input type="checkbox"/>
Use adult learning theory or other applicable theory to enhance TA and training effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
Monitor its program activities (e.g., who and how many you serve, quality assurance)	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate program outcomes	<input type="checkbox"/>	<input type="checkbox"/>

**Section II: Partnerships**

**Core Partner Leadership Team (CPLT)**

**10. How many times did your CPLT meet in the past year?**

<input type="checkbox"/>	1-2 times
<input type="checkbox"/>	3-4 times
<input type="checkbox"/>	5-6 times
<input type="checkbox"/>	7-8 times
<input type="checkbox"/>	9-10 times
<input type="checkbox"/>	> 10 times

**11. How many people serve on the CPLT?**

<input type="checkbox"/>	< 5 people
<input type="checkbox"/>	5-10 people
<input type="checkbox"/>	11-15 people
<input type="checkbox"/>	16-20 people
<input type="checkbox"/>	21-25 people
<input type="checkbox"/>	> 25 people

**12. Please indicate each group that is represented on the CPLT.**

<input type="checkbox"/>	Local school board
<input type="checkbox"/>	Local department of health
<input type="checkbox"/>	Funders
<input type="checkbox"/>	Foundations
<input type="checkbox"/>	Elected officials
<input type="checkbox"/>	Teen pregnancy prevention program implementers (with MOU/MOA)
<input type="checkbox"/>	Health service providers (with MOU/MOA)
<input type="checkbox"/>	Teen pregnancy prevention program implementers (without MOU/MOA)
<input type="checkbox"/>	Health service providers (without MOU/MOA)
<input type="checkbox"/>	Other (please specify) _____

**13. Does your CPLT include diversity in the following characteristics?**

Skill set	Yes	No
Gender	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>
Race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>
Geographic location in the community	<input type="checkbox"/>	<input type="checkbox"/>
Type of organization (e.g., schools, governmental, community-based)	<input type="checkbox"/>	<input type="checkbox"/>
Other characteristic (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

**14. Please describe any current gaps in CPLT membership. Which members and roles you still would like to add to your group?**

<input type="checkbox"/>	Local school board
<input type="checkbox"/>	Local department of health
<input type="checkbox"/>	Funders
<input type="checkbox"/>	Foundations

<input type="checkbox"/>	Elected officials
<input type="checkbox"/>	Teen pregnancy prevention program implementers (with MOU/MOA)
<input type="checkbox"/>	Health service providers (with MOU/MOA)
<input type="checkbox"/>	Teen pregnancy prevention program implementers (without MOU/MOA)
<input type="checkbox"/>	Health service providers (without MOU/MOA)
<input type="checkbox"/>	Other (please specify) _____

**15. Please describe any successes your organization has had in engaging key stakeholder groups in the CPLT.**

Success (please specify)
Success (please specify)
Success (please specify)
Success (please specify)
Success (please specify)
Success (please specify)
Success (please specify)
Success (please specify)
Success (please specify)
Success (please specify)

**16. Please describe any challenges your organization has had in engaging key stakeholder groups in the CPLT.**

Challenge (please specify)
Challenge (please specify)
Challenge (please specify)
Challenge (please specify)
Challenge (please specify)
Challenge (please specify)
Challenge (please specify)
Challenge (please specify)
Challenge (please specify)
Challenge (please specify)

**Community Action Team (CAT)**

**17. How many times did your CAT meet in the past year?**

<input type="checkbox"/>	1-2 times
<input type="checkbox"/>	3-4 times
<input type="checkbox"/>	5-6 times
<input type="checkbox"/>	7-8 times
<input type="checkbox"/>	9-10 times
<input type="checkbox"/>	> 10 times

**18. How many people serve on the CAT?**

<input type="checkbox"/>	< 5 people
<input type="checkbox"/>	5-10 people
<input type="checkbox"/>	11-15 people

<input type="checkbox"/>	16-20 people
<input type="checkbox"/>	21-25 people
<input type="checkbox"/>	> 25 people

**19. Please indicate each group that is represented on the CPLT.**

<input type="checkbox"/>	Public sector
<input type="checkbox"/>	Nonprofit sector
<input type="checkbox"/>	Business sector
<input type="checkbox"/>	Health services (e.g., providers for adolescents)
<input type="checkbox"/>	Education (e.g., school board, PTA, teachers)
<input type="checkbox"/>	School and mental health services
<input type="checkbox"/>	Minority health groups
<input type="checkbox"/>	Juvenile justice
<input type="checkbox"/>	Media members or those with media access
<input type="checkbox"/>	Parents
<input type="checkbox"/>	Youth from the Youth Leadership Team
<input type="checkbox"/>	Religious leaders
<input type="checkbox"/>	Researchers
<input type="checkbox"/>	Civic leaders and public servants
<input type="checkbox"/>	Neighbors
<input type="checkbox"/>	Representatives from funding organizations
<input type="checkbox"/>	Service organization members (e.g., Kiwanis, Rotary, sororities and fraternities)
<input type="checkbox"/>	Other (please specify) _____

**20. Does your CAT include diversity in the following characteristics?**

Skill set	Yes	No
Gender	<input type="checkbox"/>	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>
Race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>
Geographic location in the community	<input type="checkbox"/>	<input type="checkbox"/>
Type of organization (e.g., schools, governmental, community-based)	<input type="checkbox"/>	<input type="checkbox"/>
Other characteristic (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

**21. Please describe any current gaps in CAT membership. Which members and roles you still would like to add to your group?**

<input type="checkbox"/>	Public sector
<input type="checkbox"/>	Nonprofit sector
<input type="checkbox"/>	Business sector
<input type="checkbox"/>	Health services (e.g., providers for adolescents)
<input type="checkbox"/>	Education (e.g., school board, PTA, teachers)
<input type="checkbox"/>	School and mental health services
<input type="checkbox"/>	Minority health groups
<input type="checkbox"/>	Juvenile justice
<input type="checkbox"/>	Media members or those with media access
<input type="checkbox"/>	Parents
<input type="checkbox"/>	Youth from the Youth Leadership Team
<input type="checkbox"/>	Religious leaders
<input type="checkbox"/>	Researchers

<input type="checkbox"/>	Civic leaders and public servants
<input type="checkbox"/>	Neighbors
<input type="checkbox"/>	Representatives from funding organizations
<input type="checkbox"/>	Service organization members (e.g., Kiwanis, Rotary, sororities and fraternities)
<input type="checkbox"/>	Other (please specify) _____

**22. Please describe any successes your organization has had in engaging key stakeholder groups in the CAT.**

Success (please specify) _____
Success (please specify) _____
Success (please specify) _____
Success (please specify) _____
Success (please specify) _____
Success (please specify) _____
Success (please specify) _____
Success (please specify) _____
Success (please specify) _____
Success (please specify) _____

**23. Please describe any challenges your organization has had in engaging key stakeholder groups in the CAT.**

Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____

***Youth Leadership Team (YLT)***

**24. How many times did your YLT meet in the past year?**

<input type="checkbox"/>	1-2 times
<input type="checkbox"/>	3-4 times
<input type="checkbox"/>	5-6 times
<input type="checkbox"/>	7-8 times
<input type="checkbox"/>	9-10 times
<input type="checkbox"/>	> 10 times

**25. How many people serve on the CAT?**

<input type="checkbox"/>	< 5 people
<input type="checkbox"/>	5-10 people
<input type="checkbox"/>	11-15 people

<input type="checkbox"/>	16-20 people
<input checked="" type="checkbox"/>	21-25 people
<input type="checkbox"/>	> 25 people



**26. Have you taken steps to assess whether the group represents the diversity of youth in your community?**

<input type="checkbox"/>	Yes (please describe) _____
<input type="checkbox"/>	No

**27. Please indicate which of the following groups of youth are represented on your YLT.**

<input type="checkbox"/>	Youth younger than 15
<input type="checkbox"/>	Youth aged 15-17 years
<input type="checkbox"/>	Youth aged 18-19 years
<input type="checkbox"/>	Youth older than 19 years
<input type="checkbox"/>	Out of school youth
<input type="checkbox"/>	Youth in post-secondary institutions
<input type="checkbox"/>	Other (please specify) _____

**28. Please describe any successes your organization has had in involving youth in the YLT.**

Success (please specify) _____
Success (please specify) _____
Success (please specify) _____
Success (please specify) _____
Success (please specify) _____
Success (please specify) _____
Success (please specify) _____
Success (please specify) _____
Success (please specify) _____
Success (please specify) _____

**29. Please describe any challenges your organization has had in involving key youth in the YLT.**

Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____
Challenge (please specify) _____

**Section III. Community Mobilization**

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

<input type="checkbox"/>	Yes, please continue to question 31
<input type="checkbox"/>	No, please skip to question 33, page 10

**31. Please indicate whether you received training on certain topics related to leading/facilitating collaborative community wide efforts. 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"/>

**32. 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"/>	<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"/>	<input type="checkbox"/>
Developing a long-range community mobilization plan	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Identifying and recruiting participants for a Community Action Team	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Supporting community participants to develop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TPP goals and identify strategies to address them					
Preparing for possible opposition to TPP within communities	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Supporting community team members to evaluate their mobilization efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**33. 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 34
<input type="checkbox"/>	No, please skip to question 37, page 11

**34. 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

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

Skill set	Not at all Confident 1	2	Somewha t Confident 3	4	Extremel y Confiden t 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**

**36. Has your organization completed an assessment that has served to identify and describe the components of the health care delivery system in your target community?**

<input type="checkbox"/>	Yes a. Methods used to complete assessment _____ b. Assessment start/end date _____
<input type="checkbox"/>	No
<input type="checkbox"/>	Planned a. Methods to complete assessment _____ b. Anticipated start/end date _____
<input type="checkbox"/>	In process c. Methods used to complete assessment _____ d. Anticipated start/end date _____

**37. Does your Core Partner Leadership team (CPLT) or Community Action Team (CAT) include professionals from the community with expertise in the following areas?**

Group	Yes	No
Adolescent Contraceptive and Reproductive Health	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Reform	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Financing	<input type="checkbox"/>	<input type="checkbox"/>

**38. Please indicate which of the following health care delivery settings you have an MOU with.**

Setting	Yes, with MOU	Yes, without MOU	No
Family Medicine Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescent Health Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Ob/Gyn Practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public funded family planning clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital-based Health Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Health Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Department Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Health Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Based Health Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Linked Health Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**39. Please indicate whether your organization has an established referral network to link youth to reproductive health services. Referral refers to any mechanism or medium that directs clients to care. Referral sources may include friends, family members, Internet sources, schools, as well as linkage partner organizations/agencies/institutions.**

<input type="checkbox"/>	Yes we have an established network
<input type="checkbox"/>	Yes, we developed a network for this initiative
<input type="checkbox"/>	No
<input type="checkbox"/>	Other (please specify) _____



**40. Please indicate which of the following steps you took to develop this referral network. Please select all that apply.**

<input type="checkbox"/>	Identified reproductive health service providers/clinics in the community
<input type="checkbox"/>	Assessed the capacity and quality of reproductive health service providers/clinics
<input type="checkbox"/>	Contacted those reproductive health service providers/clinics identified as appropriate for meeting program goals/objectives
<input type="checkbox"/>	Developed agreements with these reproductive health service providers/clinics on processes for referring youth to services
<input type="checkbox"/>	Other (please specify) _____

**41. Does your community-wide initiative have a resource for youth that describes available reproductive health services in your target community? Please select all that apply.**

<input type="checkbox"/>	Yes, a website
<input type="checkbox"/>	Yes, a pamphlet
<input type="checkbox"/>	Yes, a call center
<input type="checkbox"/>	Yes, other (please specify) _____
<input type="checkbox"/>	Planned
<input type="checkbox"/>	In process of developing

**42. Does your organization have a referral network in place to help direct providers of adolescent services in your community to providers of reproductive health services?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No, please skip to question 46
<input type="checkbox"/>	Planned
<input type="checkbox"/>	In process

**43. Please indicate which of the following steps you took to develop your referral network. Please select all that apply.**

<input type="checkbox"/>	Identified youth-serving organizations/centers in community
<input type="checkbox"/>	Assessed the capacity and quality of youth-serving organizations/centers
<input type="checkbox"/>	Contacted those organizations/centers identified as appropriate for meeting program goals/objectives
<input type="checkbox"/>	Developed agreements with these organizations/centers on processes for referring youth to services
<input type="checkbox"/>	Developed agreements with these organizations/centers on how to track referrals made and referrals resulting in receipt of care
<input type="checkbox"/>	Other, please specify _____

**44. Please indicate which of the following groups you involved in the development of your referral network.**

<input type="checkbox"/>	Community Partner Team
<input type="checkbox"/>	Community Advisory Team
<input type="checkbox"/>	Youth Leaders Team
<input type="checkbox"/>	Other, please specify _____

**45. Please select the institutions that you have partnered with to build a sustainable source of support for clinical partners in your community. Please select all that apply.**

<input type="checkbox"/>	American Academy of Pediatrics
<input type="checkbox"/>	American Academy of Pediatrics Section on Adolescent Health
<input type="checkbox"/>	American Academy of Family Physicians
<input type="checkbox"/>	Society for Adolescent Health and Medicine
<input type="checkbox"/>	American Congress of Obstetricians and Gynecologists
<input type="checkbox"/>	Federally Qualified Health Center Health Disparities Collaborative
<input type="checkbox"/>	State Office of Minority Health Initiatives
<input type="checkbox"/>	Public Health Associations
<input type="checkbox"/>	Practice-based Research Networks

**46. Has your organization identified any of the following groups of youth?**

Group	Yes	No	Planned	In progress
Foster youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth relying primarily on ER for care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth enrolled in Medicaid but who have not received preventative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uninsured youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undocumented immigrant youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth not enrolled in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth participating in EBIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-English speaking youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**47. Have you identified organizations that serve the above groups of youth?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Planned
<input type="checkbox"/>	In process

**48. Have you supported the development of Linkage Agreements between the youth serving organizations and reproductive health providers? Linkage refers to a formal partnership between community organizations, agencies, or other institutions (which may include but are not limited to health centers, schools, and churches). The partnership is formalized through a written agreement (e.g., a MOU) that clearly defines how partners will share resources and services related to teen pregnancy prevention.**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Planned
<input type="checkbox"/>	In process



**49. Have you completed an assessment of attitudes and beliefs related to youth access to contraceptive and reproductive health care without parental consent for the following community members?**

Group	Yes	No	Planned	In progress
Parents/Caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local government officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**50. Have you completed an assessment of attitudes and beliefs about youth and utilization of highly reliable contraception (IUD and Implants) among the following community members?**

Group	Yes	No	Planned	In progress
Parents/Caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local government officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**51. Please indicate whether or not your organization has provided technical assistance or training in the past 2 years to health center partners on utilizing the following performance improvement tools and methods.**

Group	Yes	No	Planned	In progress
Conducting Clinical Provider Practice Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analyzing and Sharing Provider Practice Assessment Results with Health Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducting a Work Flow Analysis (ie: Process Mapping, Mapping Steps in Visit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examining Capacity of Health Center to Serve Clients (ie: examine current number of clients served compared to staff FTE's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examining and Re-aligning Staff Roles/Responsibilities to Increase Access to Contraceptive and Reproductive Health Care (ie: Task Shifting, scope of practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examining Patient Appointment Scheduling Practices (ie: Appointment No Show Rates, Appointment Types, Appointment Framework)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conducting a Health Center Walk Through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Using the IHI Model for Improvement to define and establish a performance improvement project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the Plan Do Study Act (PDSA) method to test small changes to improve health center performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing a Work Plan (CQI Plan) to Improve Access to Contraceptive and Reproductive Health Care for Adolescents Using Information from the Clinical Provider Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishing a set of performance measures related to the health center improvement plan and data systems and tools to support collection and analysis of relevant data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitating and supporting the collection and analysis of performance measurement data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitating the development of a health center improvement team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitating and supporting health center improvement team meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designing and running a collaborative among health center partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Examining health center billing and reimbursement practices to support efforts to ensure fiscal sustainability of health center operations and maximize third party revenue opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section VI. Contraceptive Services for Youth**

**52. 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 54
<input type="checkbox"/>	No, please skip to question 54, page 18

**53. 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"/>

**54. How knowledgeable are you about each of the following?**

Skill set	Not at all 1	2	Somewhat 3	4	Extremely 5
Intrauterine devices (IUDs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Dispensing procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive implant (Implanon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**SECTION V -Educating Stakeholders**

**55. Has your organization conducted an assessment of knowledge regarding evidence-based teen pregnancy prevention strategies for any of the following stakeholder groups?**

Group	Yes, formal assessment	Yes, informal assessment	No
Adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local youth serving coalitions or task forces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local organizations that directly serve youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local organizations that serve underserved or at-risk youth (e.g., juvenile justice, juvenile court, welfare agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postsecondary educators/leadership (e.g., community colleges, colleges)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K12 school educators/leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local school board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health care providers/clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local/County Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funders, such as community foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members of the media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community organizations such as voluntary civic organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Members of the business community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policymakers at the local level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mayor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regional youth serving organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State youth serving organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title XX directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title X directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title V directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Education Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Human Service Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Medicaid directors/officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legislators at the state or local level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other policymakers in state or local government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)			

**56. To which types of key stakeholders have you disseminated information on teen pregnancy prevention in the past 12 months? Please select all that apply.**

	Group
<input type="checkbox"/>	Adolescents
<input type="checkbox"/>	Parents
<input type="checkbox"/>	Local youth serving coalitions or task forces
<input type="checkbox"/>	Local organizations that directly serve youth

<input type="checkbox"/>	Local organizations that serve underserved or at-risk youth (e.g., juvenile justice, juvenile court, welfare agency)
<input checked="" type="checkbox"/>	Postsecondary educators/leadership (e.g., community colleges, colleges)
<input type="checkbox"/>	K12 school educators/leadership
<input checked="" type="checkbox"/>	Local school board
<input type="checkbox"/>	Health care providers/clinics
<input checked="" type="checkbox"/>	Local/County Health Department
<input type="checkbox"/>	Funders, such as community foundations
<input checked="" type="checkbox"/>	Members of the media
<input type="checkbox"/>	Faith-based leaders
<input checked="" type="checkbox"/>	Community organizations such as voluntary civic organizations
<input type="checkbox"/>	Members of the business community
<input checked="" type="checkbox"/>	Policymakers at the local level
<input type="checkbox"/>	Mayor
<input checked="" type="checkbox"/>	Regional youth serving organizations
<input type="checkbox"/>	State youth serving organizations
<input checked="" type="checkbox"/>	Title XX directors
<input type="checkbox"/>	Title X directors
<input checked="" type="checkbox"/>	Title V directors
<input type="checkbox"/>	State Education Agency
<input checked="" type="checkbox"/>	State Health Department
<input type="checkbox"/>	State Human Service Agency
<input checked="" type="checkbox"/>	State Medicaid directors/officials
<input type="checkbox"/>	Legislators at the state or local level
<input checked="" type="checkbox"/>	Other policymakers in state or local government
<input type="checkbox"/>	Governor
<input checked="" type="checkbox"/>	Other (please specify) _____

**57. Which of the following methods have you used during the last 12 months to disseminate information on teen pregnancy prevention? Please check all that apply.**

Group	
<input type="checkbox"/>	Contact with local media
<input checked="" type="checkbox"/>	Issued press releases
<input type="checkbox"/>	Distributed fact sheets, reports, or journal articles on TPP
<input checked="" type="checkbox"/>	Offered an electronic newsletter with information on TPP
<input type="checkbox"/>	Regularly published a printed newsletter that highlights TPP
<input checked="" type="checkbox"/>	Held an annual conference that included TPP
<input type="checkbox"/>	Held meetings, roundtables, or symposia related to TPP
<input checked="" type="checkbox"/>	Used social media (e.g., Twitter, Facebook)
<input type="checkbox"/>	Held briefings on your program
<input checked="" type="checkbox"/>	Hosted a site visit
<input type="checkbox"/>	Provided latest scientific information
<input checked="" type="checkbox"/>	Reported on a community needs assessment
<input type="checkbox"/>	Responded to questions and requests for information
<input checked="" type="checkbox"/>	Testified (if invited to a hearing)
<input type="checkbox"/>	Told a story about how your program impacted a member of the community
<input checked="" type="checkbox"/>	Given an award
<input type="checkbox"/>	Other (please specify) _____

**58. Do any of your core partners maintain a website that includes information on the community wide initiative?**

<input type="checkbox"/>	Yes ( <i>please specify</i> ) _____
<input type="checkbox"/>	No

**59. Does your organization currently have (or do you expect to have) a dedicated person besides the Executive Director who will focus on educating stakeholders (i.e., community leaders, parents, and other constituents) about relevant evidence-based and/or evidence-informed strategies to reduce teen pregnancy and data on needs and resources in the target communities?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

**60. Do you have a system in place for when controversial or unexpected issues arise, to prepare spokespeople within your organization to publicly respond in a timely manner?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No, please skip to question 63, page 22

**61. How confident are you that the plan mentioned in question 61 will be successful?**

Confidence Level	
<input type="checkbox"/>	1 - Very confident
<input type="checkbox"/>	2 -
<input type="checkbox"/>	3 - Somewhat confident
<input type="checkbox"/>	4 -
<input type="checkbox"/>	5- Not at all confident



**SECTION V. Educating Stakeholders**

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

<input type="checkbox"/>	Yes, please continue to question 64
<input type="checkbox"/>	No, please skip to question 67, page 23

**63. How knowledgeable are you about each of the following?**

Skill set	Not at all 1	2	Somewha t 3	4	Extremel y 5
How to identify important stakeholders in your community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to determine your target audiences for stakeholder education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methods for raising awareness of your community-wide initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methods for crisis communication and managing controversy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Skill set	Not at all Confiden t 1	2	Somewha t Confident 3	4	Extremel y Confiden t 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"/>

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

<input type="checkbox"/>	Specific talking points
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<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**

**66. Please indicate how often your organization does the following activities.**

Skill set	Never 1	2	Sometime s 3	4	Often 5
Technical assistance and training activities are routinely and systematically reviewed to enhance delivery the culturally competent practices and strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input from community members reflective of cultural composition is actively sought and utilized when assessing need for technical assistance and consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efforts are made to involve consultants who have knowledge of and experience with the cultural groups receiving technical assistance or consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representatives of diverse cultures are actively sought to participate in the planning and implementation of training activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representatives of the diverse cultures are actively sought to participate in the planning of outreach activities. Training curriculum, materials, and activities are systematically evaluated to determine if they achieve cultural competence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning opportunities to enhance staff understanding of diverse cultures of community youth (i.e. attitudes toward disability, LGBTQ youth, cultural beliefs and values, and health, spiritual, and religious practices) are provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**67. Please indicate the extent to which the following are consistent with your current project’s practices.**

Skill set	Not at all 1	2	Somewha t 3	4	Great Exte nt 5
Representatives of ethnic communities actively incorporate their knowledge and experience in organizational planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supports involvement with and/or utilization of the resources of regional and/or national forums that promote cultural competence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel recruitment, hiring, and retention practices reflect the goal to achieve ethnic diversity and cultural competence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resources are in place to support initial and ongoing training for personnel to develop cultural competence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiscal resources are available to support translation and interpretation services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	Yes, please continue to question 70
<input type="checkbox"/>	No, please skip to question 72, page 25

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

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

**70. How confident do you feel about providing technical assistance or training to individuals in your community around the following areas?**

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**

**71. On which evidence-based programs...**

<b>Program</b>	<b>Are staff members from your organization currently trained?</b>	<b>Are staff members from your organization able to provide a Training of Trainers (TOT)?</b>	<b>Are staff members from your organization able to provide a Training of Educators (TOE)?</b>
Aban Aya Youth Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Identity Mentoring (Project AIM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All4You!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisting in Rehabilitating Kids (ARK)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Proud! Be Responsible!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be Proud! Be Responsible! Be Protective!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Becoming a Responsible Teen (BART)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's Aid Society (CAS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrera Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuidate!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draw the Line/Respect the Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOCUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heritage Keepers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abstinence Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horizons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's Your Game: Keep it Real	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a Difference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**72. On which evidence-based programs...**

<b>Program</b>	<b>Are staff members from your organization currently trained?</b>	<b>Are staff members from your organization able to provide a Training of Trainers (TOT)?</b>	<b>Are staff members from your organization able to provide a Training of Educators (TOE)?</b>
Making Proud Choices!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project TALC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting Health Among Teens! Abstinence Only Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting Health Among Teens! Comprehensive Abstinence and Safer Sex Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Raising Healthy Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing the Risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respeto/Proteger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rikers Health Advocacy Program (RHAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safer Choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safer Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SiHLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Health and Adolescent Risk Prevention(SHARP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sisters Saving Sisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Health Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teen Outreach Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What Could You Do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making Proud Choices!	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**73. Are there other agency(s) in your state/territory/region that are able to provide a TOT/TOF on particular EBP(s)? If so, please specify the name of the agency(s), which type of training they can provide (TOT and/or TOF), and on which EBP(s). If there is a specific person to contact, please provide their name and contact information as well.**

Name of Agency	
State which type of training it is able to provide (TOT or TOF)	
Which EBP?	
Name of Agency	
State which type of training it is able to provide (TOT or TOF)	
Which EBP?	
Name of Agency	
State which type of training it is able to provide (TOT or TOF)	
Which EBP?	

**74. On which other programs (outside of the HHS 28 approved programs) are your staff trained?**

<input type="checkbox"/>	Circle of Life	<input type="checkbox"/>	Safe Dates
<input type="checkbox"/>	Flash	<input type="checkbox"/>	STAND
<input type="checkbox"/>	Live it (Native American Youth)	<input type="checkbox"/>	Street Smart
<input type="checkbox"/>	Health & Responsible Relationships – Michigan Model	<input type="checkbox"/>	Tailoring Family Planning Services to the Special Needs of Adolescents
<input type="checkbox"/>	Native STAND	<input type="checkbox"/>	Teen Talk
<input type="checkbox"/>	Parents Matter	<input type="checkbox"/>	The Fourth R (Relationships) – Alaska Perspectives (adapted version of the original Fourth R curriculum from Canada)
<input type="checkbox"/>	Power Through Choices	<input type="checkbox"/>	Wise Guys
<input type="checkbox"/>	Real Talk/Sex Ed For Parents	<input type="checkbox"/>	Wait Training
<input type="checkbox"/>	Relationship Smarts	<input type="checkbox"/>	Other (please specify)

**75. Are you or any key partners planning an upcoming training that could potentially be open to other grantees or grantee partners? If so, please provide the name of the curriculum or training topic, as well as the date, time, location, organization, and contact information for the training.**

<b>Training Topic/Program Name</b>	
<b>Date/Time</b>	
<b>Location</b>	

<b>Organization conducting training</b>	
<b>Contact information for training</b>	

76. The federal collaborative is evaluating the feasibility of creating a document or tool in which TPP grantees could search for organizations capable of providing training on a particular EBP, either by location or by EBP. We are interested in how useful your organization might find such a tool. Please provide any comments you have regarding this potential tool (for example, preferred type of tool, important features or information, concerns, etc).

<b>Comment</b>	
<b>Comment</b>	
<b>Comment</b>	

77. Do you have suggestions as to how one or more of the Federal agencies funding teen pregnancy prevention programs (OAH, ACF, CDC, etc) could help your organization with these training needs? If so, please briefly describe your suggestion below.

<b>Suggestion</b>	
<b>Suggestion</b>	
<b>Suggestion</b>	

78. 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 79
<input type="checkbox"/>	No, please skip to question 83, page 31

79. 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"/>

**80. We are interested in the amount of experience you have providing technical assistance and training on the topics listed in question 77. 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"/>

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

Skill set	Not at all 1	2	Somewh at 3	4	Extremel y 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 program objectives that are linked to program 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 time it is offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

**82. 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"/>

Skill set	Not at all Confident 1	2	Somewha t Confident 3	4	Extremel y Confiden t 5
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 time it is offered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.***

**83. 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.
3.
4.
5.
6.
7.
8.
9.
10.