

**Division of Community Health Training, Translation, and Technical Assistance Evaluation
Awardee Survey**

REMOTE TECHNICAL ASSISTANCE

Public reporting burden of this collection of information is estimated to average 20 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 NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1050)

INTRODUCTION & CONSENT

The Centers for Disease Control and Prevention's (CDC) Division of Community Health (DCH) would like your feedback on the remote technical assistance (TA) you have received from [your evaluation TA Liaison (TAL) / your communication TA Liaison (TAL) / a TACTIC TA provider].

As authorized under Section 301 of the Public Health Service Act, you are being asked to participate in this survey because DCH records show that you received remote TA on [topic] at least once during the past 30 days. Remote TA includes TA you received by phone, videoconference (e.g., Skype, FaceTime, screen sharing apps), and email. For example, an awardee and TA provider may have a call to discuss survey development. Then, the awardee may e-mail a copy of the survey to the TA provider for feedback. Remote TA does NOT include any TA you may have received during site visits, in person trainings, webinars, or peer-to-peer calls. ***Please answer survey questions about all remote TA you have received regarding [topic] over the past 30 days.***

The feedback you provide will help DCH assess the quality and utility of training and TA services. Your responses to this survey will also help DCH enhance existing services and shape future training and TA efforts. Participation in the online survey is voluntary and strongly encouraged. The online survey will take up to 20 minutes to complete. If you need to, you can exit the survey and return to complete it at a later time (see the e-mail you received with the survey link for instructions).

CDC has contracted with an independent research organization, RTI, to help assess awardees' satisfaction with TA received from evaluation and communication TALs and TACTIC TA providers. As part of this work, RTI will be collecting feedback from awardees over a 3 month period. You may be invited to complete more than one brief survey if you receive remote TA services on different topics during the data collection period. Your individual responses will be kept secure and will not be shared directly with CDC. RTI will report findings to CDC in summary form.

If you have any questions about this survey or the DCH TA Evaluation, please contact Tim LaPier at (770) 488-5772 or tnl4@cdc.gov.

By clicking "next", you give your consent to participate in this survey.

BACKGROUND

In this brief section, please provide general information about your organization and role. Also, please indicate the types of remote TA you received on [TOPIC].

1. **From what DCH program does your organization currently receive funding?** Check all that apply.
 - Racial and Ethnic Approaches to Community Health (REACH)
 - Partnerships to Improve Community Health (PICH)

2. **What is your primary role (by primary role, we mean the role that you do the most often) on the DCH-funded project?**
 - Principal investigator
 - Program director/Program manager
 - Evaluation staff
 - Media/Communication staff

3. **Select the option that best describes your organization.**
 - Local health department
 - Other local government agency/organization (e.g., local transportation or housing authority)
 - School district
 - Tribe or Tribal organization
 - Faith-based organization
 - University or college
 - Hospital, health center, or health care system
 - Community health organization
 - Other – please specify: [open text field]

4. **During the past 30 days, how have you received TA on [TOPIC]?** Check all that apply.
 - By phone
 - By videoconference (e.g., Skype, FaceTime, screen sharing apps)
 - By email

SATISFACTION & QUALITY

In this section of the survey, please rate your level of satisfaction with different aspects of the TA services provided on [TOPIC]. This section also includes an overall quality rating.

5. How satisfied were you with ...

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
a. The process for requesting TA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How long it took to receive TA after you requested it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Options for communicating with the [TAL/TA provider] (e.g., phone, e-mail)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The way the [TAL/TA provider] interacted with you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The [TAL's/TA provider's] knowledge of your TA topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. The extent to which the [TAL's/TA provider's] assistance was tailored to your organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The appropriateness of resources suggested by the [TAL/TA provider]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. The extent the [TAL/TA provider] addressed your TA request	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. We welcome you to explain your satisfaction ratings for any item under question 5 in the box below. You may choose to provide comments on none, one, or several of your ratings.
[open text field with character limit]

7. How would you rate the overall quality of the remote TA services you received? Consider whether the TA provided was clear, well organized, timely, and relevant to your work.

Poor	Fair	Good	Excellent
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

USEFULNESS

In this section of the survey, please rate and briefly describe the usefulness of the remote TA you received.

8. How useful was the TA for helping you implement your DCH-funded work?

Not at all useful	Not very useful	Somewhat useful	Very useful	Extremely useful
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[skip to 10] [skip to 10]

9. What would have made the TA more useful for your DCH-funded work?

[open text field]

10. Have you had an opportunity to apply the TA you received to your DCH-funded work?

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

[Skip to 12]

11. How likely is it that you will apply the TA you received to your DCH-funded work in the future?

[After answering, skip to next section]

Not at all likely	Not very likely	Somewhat likely	Very likely	Extremely likely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Please share one brief example of how you applied the TA to your DCH-funded work.

[open text field]

FINAL COMMENTS & SUGGESTIONS

13. Please enter any additional comments or suggestions regarding remote TA you received.

[open text field]

If you would like CDC staff to follow up with you regarding your recent experience with remote TA, please enter your name and contact info below. NOTE: RTI will NOT send CDC your survey responses with your contact information, but you are welcome to share your responses with CDC at your discretion.

Name: [open text]

Phone number: [open text with spaces/dashes for numeric fields]

Email address: [open text]

SURVEY SUBMISSION

Thank you for your participation!

If you have any questions about this survey or the DCH TA Evaluation, please contact Tim LaPier at (770) 488-5772 or tnl4@cdc.gov.