## **CONTACT INSTRUMENT**

## FOR THE NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION (NCCDPHP) STATE HEALTH DEPARTMENT TRAINING NEEDS ASSESSMENT

Subject: Action Requested: Assistance Identifying Respondents for NCCDPHP State Health Department Training Needs Assessment

Dear <<insert Chronic Disease Director's name>>,

The Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) has contracted with ICF International (a professional services consulting firm) to assess the training needs of State Health Department Health Chronic Disease and Health Promotion Staff in order to inform the development of a 5-year NCCDPHP training plan.

As the Chronic Disease Director, you are best positioned to identify respondents from your organization. Respondents should be those interested in indicating their training needs on NCCDPHP's 11 core competencies and 1305 Domain 2, 3, and 4 enhanced strategies and interventions. Respondents may work in any of the following capacities within your chronic disease programs:

- Program manager
- Program coordinator (e.g., chronic disease coordinator)
- Health education specialist

In addition, respondents should represent a variety of the following chronic disease programs:

- Arthritis
- Cancer
- Community health
- Coordinated chronic disease
- Diabetes
- Heart disease and stroke
- Oral health

- Nutrition, physical activity, and obesity
- Reproductive health
- Population health
- School health
- Tobacco

Please take a few minutes to complete the table below to identify 6 respondents. We will contact the individuals by email and will mention that you suggested them as participants. The online needs assessment will take approximately 30 minutes to complete.

Please feel free to contact the ICF project manager, \_\_\_\_\_ (<insert email>; 404-321-3211) or <insert CDC contact name> at CDC (<insert CDC contact email address here>) if you have any questions or concerns about this process.

We thank you in advance for your assistance in this important effort.

CDC estimates the average public reporting burden for this collection of information as 4 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

The purpose of this form is to identify <u>6</u> respondents in your organization who are willing and able to participate in an online needs assessment for the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). The purpose of the assessment is to identify the training needs of chronic disease program staff to inform the development of a 5 year NCCDPHP training plan. Please select <u>two</u> respondents who work in each of the following capacities within your chronic disease programs: program manager, program coordinator, and health education specialist. Respondents should represent a variety of the following chronic disease programs: arthritis; cancer; community health; coordinated chronic disease; diabetes; heart disease and stroke; oral health; nutrition, physical activity, and obesity; reproductive health; population health; school health; and tobacco.

**Please complete this form by [insert date] and send to [insert ICF name**] [**insert ICF e-mail address**]. We will use this list to contact the individuals directly for participation in the 30 minute online needs assessment.

Name	Title/Position	Contact Information
Example: Jane Smith	Program Manager	Email: <u>Jane.Smith@healthdept.gov</u>
Respondent 1 (program manager):		Email:
Respondent 2 (program manager):		Email:
Respondent 3 (program coordinator):		Email:
Respondent 4 (program coordinator):		Email:
Respondent 5 (health education specialist):		Email:
Respondent 6 (health education specialist):		Email: