

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

The purpose of this instrument is to help inform the development of a 5-year training plan for CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) State Health Department (SHD) Chronic Disease and Health Promotion staff. By better understanding training needs, the NCCDPHP can better prepare training content and deliver it in a manner that is most helpful to SHD staff. This instrument asks respondents about their training needs across 11 core competencies.

The 11 competencies are:

1. Leadership and Systems Thinking
2. Organizational and Financial Management
3. Partnership Engagement and Strategic Communication
4. Public Health Science and Programming
5. Policy-Related Skills
6. Sector-Wide and Systems Change
7. Health Equity
8. Surveillance, Epidemiology, and Strategic Use of Data/Information
9. Evaluation
10. Sustainability
11. Economic Analysis

These competencies provide a framework to help categorize and organize trainings and resources for SHD Chronic Disease and Health Promotion staff.

**Instrument organization:** This instrument is divided into 3 sections. The first section asks about your role within your health department. The second section asks you to rate your training needs across 11 core competency areas. For the third section, if the organization you work for receives State Public Health Actions 1305 enhanced funding<sup>1</sup>, you will be asked to complete the third section. This section asks you

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<sup>1</sup> Cooperative agreement 1305 State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity, and Associated Risk Factors and Promote School Health (referred to as 1305), supports efforts nationwide to reduce the risk factors associated with childhood and adult obesity, diabetes, heart disease, and stroke. The 1305 cooperative agreement began in 2014 and all state and District of Columbia health departments are funded for five years to implement basic strategies. A subset of the 1305 grantees is funded to implement additional enhanced strategies.

CDC estimates the average public reporting burden for this collection of information as 30 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).

to rate your priority areas for receiving 1305 specific training across strategies from Domains 2, 3, and 4. This instrument is not expected to take more than 30 minutes to complete.

**Your Participation:** Thank you for agreeing to complete this questionnaire about the training needs of NCCDPHP grantees. Your participation is voluntary; you may choose to end the assessment at any time for any reason and may choose not to answer any questions at any time for any reason.

All responses provided will be maintained securely by ICF International, CDC's contractor for this assessment. All findings provided to CDC will be in aggregate—across all respondents—and without linking specific responses to the respondents or programs that provide them. ICF will not provide CDC with information about which funded programs or specific respondents participate or do not participate in this data collection tool.

If you have any questions about this questionnaire, or assessment, please contact Mrs. Kari Cruz, ICF Project Manager, at 404-321-3211, or [kari.cruz@icfi.com](mailto:kari.cruz@icfi.com).

By clicking "next" below, you agree to provide your informed consent to continue with the training needs assessment questionnaire.

## Section 1: Respondent background information

1. Please indicate which chronic disease area you work in (select all that apply):
  - a. Cancer
  - b. Diabetes
  - c. Heart disease and stroke
  - d. Nutrition, Physical activity, and obesity
  - e. Oral health
  - f. Community health
  - g. Reproductive health
  - h. Population health
  - i. Smoking and tobacco
  - j. School health
  - k. Other, please describe
  
2. What NCCDPHP cooperative agreements do you work on? (select all that apply)
  - a. 1101: School Health NGOs
  - b. 1205: Cancer Prevention and Control Program for State, Territorial and Tribal Organizations
  - c. 1210: State Public Health Approaches to Improving Arthritis Outcomes
  - d. 1214: State Public Health Approaches for Ensuring Quitline Capacity
  - e. 1302: WISEWOMAN
  - f. 1305: State Public Health Actions
  - g. 1307: State Oral Disease Prevention Program
  - h. 1314: Consortium of National Networks to Impact Populations Experiencing Tobacco-Related and Cancer Health Disparities
  - i. 1315: National Support to Enhance Implementation of Comprehensive Cancer Control Activities
  - j. 001: Prevention Research Centers
  - k. 1416: Programs to Reduce Obesity in High Obesity Areas
  - l. 1417: PICH (Partnerships to Improve Community Health)
  - m. 1418: National Implementation and Dissemination for Chronic Disease Prevention (DCH)
  - n. 1419: REACH
  - o. 1421: Comprehensive Approach to Good Health and Wellness in Indian Country
  - p. 1422: State and Local Public Health Actions
  - q. 1509: National State-Based Tobacco Control Programs
  - r. Other, please describe

## Section 2 Training Needs for Competencies

3. Please rate how IMPORTANT it is for you to receive training on the following aspects of Competency 1: Leadership and Systems Thinking. (answer options: unimportant, of little importance, moderately important, important, very important)
  - a. Articulating and promoting a vision for chronic disease prevention and health promotion (e.g. developing and promoting a chronic disease policy agenda or state plan)
  - b. Describing and influencing the dynamic interactions between political, financial, social, health, and environmental systems and their impact on chronic disease

- c. Advocating for the role of public health in the prevention and management of chronic disease
  - d. Creating opportunities for coordination across chronic disease programs and major health initiatives (e.g., building capacity for community health workers, electronic health records, etc.)
  - e. Other, please describe and indicate the level of importance for your response
4. Please rate how IMPORTANT it is for you to receive training on the following aspects of Competency 2: Organizational and Financial Management. (answer options: unimportant, of little importance, moderately important, important, very important)
- a. Developing and sustaining the infrastructure, workforce, and financial resources to prevent and manage chronic diseases
  - b. Workforce development and capacity building for managers and staff
  - c. Negotiating, implementing, and monitoring contracts to achieve outcomes
  - d. Using available resources (e.g., financial data, budget information, financial management concepts, information systems, etc.) to increase program effectiveness
  - e. Other, please describe and indicate the level of importance for your response
5. Please rate how IMPORTANT it is for you to receive training on the following aspects of Competency 3: Partnership Engagement and Strategic Communication. (answer options: unimportant, of little importance, moderately important, important, very important)
- a. Identifying and engaging partners that can influence chronic disease management and prevention (e.g., promoting participation in DSME programs)
  - b. Reassessing partners to ensure value and effectiveness of partnerships
  - c. Mobilizing coalitions at the local and state levels
  - d. Promoting policies and strategies for health improvement; and leveraging opportunities to further the chronic disease prevention agenda statewide
  - e. Communicating, in writing and orally, the burden of chronic diseases and the impact of public health programs and strategies on the health and wellness of the population
  - f. Other, please describe and indicate the level of importance for your response
6. Please rate how IMPORTANT it is for you to receive training on the following aspects of Competency 4: Public Health Science and Programming. (answer options: unimportant, of little importance, moderately important, important, very important)
- a. Identifying and using the best available evidence to prevent chronic diseases
  - b. Promoting use of current research, evaluations, and evidence-based practices to assist with program planning and action plan development (e.g., promoting the adoption of food service guidelines/nutrition standards)
  - c. Contributing to the public health evidence base
  - d. Other, please describe and indicate the level of importance for your response
7. Please rate how IMPORTANT it is for you to receive training on the following aspects of Competency 5: Policy-Related Skills. (answer options: unimportant, of little importance, moderately important, important, very important)
- a. Assessing and framing policy problems (e.g. understanding the social, economic, and physical factors of the environment; defining the problem)

- b. Using policy analysis tools (e.g., applying evaluative criteria to analyze different or alternative policies)
  - c. Informing the policy development process (e.g., providing information to decision makers, framing communication messages, monitoring changes and outcomes)
  - d. Implementing enacted policies
  - e. Evaluating policy interventions to prevent and manage chronic disease
  - f. Other, please describe and indicate the level of importance for your response
8. Please rate how IMPORTANT it is for you to receive training on the following aspects of Competency 6: Sector-Wide and Systems Change. (answer options: unimportant, of little importance, moderately important, important, very important)
- a. Interacting and collaborating effectively with major sectors (including health care, transportation, extension services, aging services, parks and recreation, education, private sector) to implement evidence-based policies and programs
  - b. Increasing opportunities to collaborate with large sectors and systems to share data, promote access to services, and ensure conditions that support healthy choices (e.g., collaborate with Medicaid, partner with the transportation sector)
  - c. Other, please describe and indicate the level of importance for your response
9. Please rate how IMPORTANT it is for you to receive training on the following aspects of Competency 7: Health Equity. (answer options: unimportant, of little importance, moderately important, important, very important)
- a. Addressing root causes of poor health, historical and contemporary injustices, and the elimination of health and health care disparities in chronic disease (e.g., Identifying factors that impact accessibility and opportunity for nutrition within the community)
  - b. Incorporating diverse perspectives in developing, implementing, and evaluating chronic disease programs and policies
  - c. Considering the impact of decisions, programs, and policies on health disparities, including unintended consequences
  - d. Other, please describe and indicate the level of importance for your response
10. Please rate how IMPORTANT it is for you to receive training on the following aspects of Competency 8: Surveillance, Epidemiology, and Strategic Use of Data/Information. (answer options: unimportant, of little importance, moderately important, important, very important)
- a. Collecting and maintaining data on chronic disease conditions and on the health status of the population
  - b. Utilizing data to set priorities and advance public health policy, processes, programs, or interventions
  - c. Leveraging health information technology and data systems to improve public health surveillance and epidemiology
  - d. Other, please describe and indicate the level of importance for your response
11. Please rate how IMPORTANT it is for you to receive training on the following aspects of Competency 9: Evaluation. (answer options: unimportant, of little importance, moderately important, important, very important)

- a. Understanding evaluation designs (qualitative, quantitative, and economic) and developing and implementing evaluation plans
  - b. Utilizing evaluation findings to monitor progress and achievement, improve performance, and inform future plans
  - c. Other, please describe and indicate the level of importance for your response
  
12. Please rate how IMPORTANT it is for you to receive training on the following aspects of Competency 10: Sustainability. (answer options: unimportant, of little importance, moderately important, important, very important)
  - a. Integrating chronic disease prevention efforts across sectors (public health, education, health care, social, and environmental systems) to sustain population health outcomes
  - b. Planning sustainability into all chronic disease prevention efforts from the beginning, and maintaining it as an ongoing focus (e.g., developing a program sustainability framework)
  - c. Other, please describe and indicate the level of importance for your response
  
13. Please rate how IMPORTANT it is for you to receive training on the following aspects of Competency 11: Economic Analysis. (answer options: unimportant, of little importance, moderately important, important, very important)
  - a. Using economics to identify and compare the costs, benefits, and consequences of prevention strategies
  - b. Tracking costs of chronic diseases and conducting cost analyses of interventions/programs
  - c. Designing and utilizing economic evaluations for comparing interventions/programs
  - d. Other, please describe and indicate the level of importance for your response
  
14. Taking into consideration the training your State does or does not provide, please indicate which competencies you would like training on from CDC (select all that apply)
  - a. Leadership and Systems Thinking
  - b. Organizational and Financial Management
  - c. Partnership Engagement and Strategic Communication
  - d. Public Health Science and Programming
  - e. Policy-Related Skills
  - f. Sector-Wide and Systems Change
  - g. Health Equity
  - h. Surveillance, Epidemiology, and Strategic Use of Data/Information
  - i. Evaluation
  - j. Sustainability
  - k. Economic Analysis
  
15. Which of the competencies would best be delivered as in-person trainings? (select all that apply)
  - a. Leadership and Systems Thinking
  - b. Organizational and Financial Management
  - c. Partnership Engagement and Strategic Communication
  - d. Public Health Science and Programming
  - e. Policy-Related Skills

- f. Sector-Wide and Systems Change
- g. Health Equity
- h. Surveillance, Epidemiology, and Strategic Use of Data/Information
- i. Evaluation
- j. Sustainability
- k. Economic Analysis

16. Which of the competencies would best be delivered as virtual trainings (e.g., audio and video webinar, audio only webinar, etc.)? (select all that apply)

- a. Leadership and Systems Thinking
- b. Organizational and Financial Management
- c. Partnership Engagement and Strategic Communication
- d. Public Health Science and Programming
- e. Policy-Related Skills
- f. Sector-Wide and Systems Change
- g. Health Equity
- h. Surveillance, Epidemiology, and Strategic Use of Data/Information
- i. Evaluation
- j. Sustainability
- k. Economic Analysis

17. Rank the following training modes from most to least desirable in terms of how helpful they would be for receiving training on the 11 different competencies (1= most desirable, 8=least desirable).

- a. In-person training
- b. Webinar (audio and visual, face time with other participants)
- c. Webinar (audio only, no face time)
- d. Conference call(s)
- e. E-mail exchanges
- f. Peer to peer networking (in-person)
- g. Peer to peer networking (virtual)
- h. Other, please describe

18. Did your health department receive State Public Health Actions (SPHA) 1305 enhanced funding?

- a. Yes (continue on to next section of questions)
- b. No (Skip to questionnaire "thank you" page)

Section 3: State Public Health Actions 1305 Funded State Health Department Staff Questions

In your opinion, how should NCCDPHP prioritize the following Domain specific trainings?			
For <b>Domain 2 Environmental Approaches</b> , how should NCCDPHP prioritize the following trainings?			
<b>19. Enhanced strategy 1: Increase access to healthy foods and beverages</b>	High Priority	Moderate Priority	Low Priority
<i>Intervention 2.1.1: Provide access to healthier food retail</i>			
<i>Intervention 2.1.2: Provide access to farmers markets</i>			
<b>20. Enhanced strategy 2: Implement food service guidelines/nutrition standards where foods and beverages are available. Guidelines and standards should address sodium.</b>	High Priority	Moderate Priority	Low Priority
<i>Intervention 2.2.1: Implement food service guidelines in priority settings (early care and education (ECE), worksites, communities)</i>			
<b>21. Enhanced strategy 3: Create supportive nutrition environments in schools</b>	High Priority	Moderate Priority	Low Priority
<i>Intervention 2.3.1: Implement policies and practices that create a supportive nutrition environment, including establish standards (including sodium) for <u>all</u> competitive foods; prohibit advertising of unhealthy foods; and promote healthy foods in schools, including those sold and served within school meal programs and other venues</i>			
<b>22. Enhanced strategy 4: Increase physical activity access and outreach</b>	High Priority	Moderate Priority	Low Priority
<i>Intervention 2.4.1: Create or enhance access to places for physical activity with focus on walking combined with informational outreach</i>			
<i>Intervention 2.4.2: Design streets and communities for physical activity</i>			
<b>23. Enhanced strategy 5: Implement physical activity in early care and education</b>	High Priority	Moderate Priority	Low Priority
<i>Intervention 2.5.1: Implement ECE standards for physical activity</i>			
<b>24. Enhanced strategy 6: Implement quality physical education and physical activity in K-12 schools</b>	High Priority	Moderate Priority	Low Priority
<i>Intervention 2.6.1: Develop, implement, and evaluate comprehensive school physical activity programs (CSPAP). CSPAP includes quality physical education and physical activity programming before, during, and after school, such as recess, classroom activity breaks, walk/bicycle to school, physical activity clubs).</i>			
<b>25. Enhanced strategy 7: Increase access to breastfeeding friendly environments</b>	High Priority	Moderate Priority	Low Priority
<i>Intervention 2.7.1: Implement practices supportive of breastfeeding in birthing facilities</i>			
<i>Intervention 2.7.2: Provide access to professional and peer support for breastfeeding</i>			
<i>Intervention 2.7.3: Ensure workplace compliance with federal lactation accommodation law</i>			
For <b>Domain 3: Health Care System Interventions Enhanced Strategies</b> , how should NCCDPHP prioritize the following trainings?			
<b>26. Enhanced strategy 1: Increase implementation of quality improvement processes in health systems</b>	High Priority	Moderate Priority	Low Priority



<i>Intervention 3.1.1: Increase electronic health records (EHR) adoption and the use of health information technology (HIT) to improve performance</i>			
<i>Intervention 3.1.2: Increase the institutionalization and monitoring of aggregated/standardized quality measures at the provider and systems level</i>			
<b>27. Enhanced strategy 2: Increase use of team-based care in health systems</b>	<b>High Priority</b>	<b>Moderate Priority</b>	<b>Low Priority</b>
<i>Intervention 3.2.1: Increase engagement of non-physician team members (i.e., nurses, pharmacists, and patient navigators) in hypertension (HTN) and diabetes management in health care systems</i>			
<i>Intervention 3.2.2: Increase use of self-measured blood pressure monitoring tied with clinical support</i>			
<b>For Domain 4: Community Programs Linked to Clinical Services Enhanced strategies, how should NCCDPHP prioritize the following trainings?</b>			
<b>28. Enhanced strategy 1: Increase use of diabetes self-management programs in community settings</b>	<b>High Priority</b>	<b>Moderate Priority</b>	<b>Low Priority</b>
<i>Intervention 4.1.1: Increase access, referrals, and reimbursement for AADE-accredited, ADA-recognized, State-accredited/certified, or Stanford-licensed DSME programs</i>			
<b>29. Enhanced strategy 2: Increase use of lifestyle intervention programs in community settings for the primary prevention of type 2 diabetes</b>	<b>High Priority</b>	<b>Moderate Priority</b>	<b>Low Priority</b>
<i>Intervention 4.2.1: Increase referrals to, use of, and/or reimbursement for CDC recognized lifestyle change programs for the prevention of type 2 diabetes</i>			
<b>30. Enhanced strategy 3: Increase use of health-care extenders in the community in support of self-management of high blood pressure and diabetes</b>	<b>High Priority</b>	<b>Moderate Priority</b>	<b>Low Priority</b>
<i>Intervention 4.3.1: Increase engagement of community health workers (CHWs) in the provision of self-management programs and on-going support for adults with diabetes</i>			
<i>Intervention 4.3.2: Increase engagement of CHWs to promote linkages between health systems and community resources for adults with high blood pressure and adults with diabetes</i>			
<i>Intervention 4.3.3: Increase engagement of community pharmacists in the provision of medication-/self-management for adults with high blood pressure and adults with diabetes</i>			
<b>31. Enhanced strategy 4: Increase use of chronic disease self-management programs in community settings</b>	<b>High Priority</b>	<b>Moderate Priority</b>	<b>Low Priority</b>
<i>Intervention 4.4.1: Increase access to and use of Chronic Disease Self-Management (CDSM) programs (Note: States selecting this strategy must already be engaged in this work at a state level and/or be currently funded for by the CDC Arthritis Program to support work in CDSMP.)</i>			
<b>32. Enhanced strategy 5: Implement policies, processes, and protocols in schools to meet the management and care needs of students with chronic conditions (e.g. asthma, food allergies, diabetes, and other chronic conditions related to activity, diet, and weight)</b>	<b>High Priority</b>	<b>Moderate Priority</b>	<b>Low Priority</b>
<i>Intervention 4.5.1: Identifying and tracking students with chronic conditions that may require daily or emergency management, e.g. asthma and food allergies.</i>			
<i>Intervention 4.5.2: Developing protocols that ensure students identified with a</i>			

<i>chronic condition that may require daily or emergency management are enrolled into private, state, or federally funded insurance programs if eligible. (2)</i>			
<i>Intervention 4.5.3: Providing assessment, counseling, and referrals to community-based medical care providers for students on activity, diet, and weight-related chronic conditions. (3)</i>			

Thank you for completing the needs assessment!