**Instructions**

Please read to respondent: *The Centers for Disease Control and Prevention’s (CDC) Division of Community Health (DCH) is interested in your perspective about potential training activities that would support your work. The Division is particularly interested in understanding your current and anticipated needs for support in completing your funded objectives and your responses will be used to inform the selection and development of future training activities. This training needs assessment will be implemented twice, once at the beginning of the project period, and again in the second year of the project period.*

***Unless otherwise noted, please respond to the questions according to your individual needs related to your role (program manager, principal investigator, coalition member, evaluation lead, or media/communication lead), agency (e.g., San Francisco Department of Public Health, YMCA of Greenville) and award (REACH or PICH)******identified in the email you received.*** *We expect this assessment to take approximately 20-60 minutes to complete, depending on your role and the activities your agency is funded to implement.*

*Completion of this interview is voluntary, and strongly encouraged. It will help us serve you more effectively by developing training that addresses your needs and preferences. Your responses will be maintained in a secure manner by our contractor, ICF International. Individually identifiable information will not be provided to DCH staff.*

Public reporting burden of this collection of information varies from 20 to 60 minutes with an estimated average of 42 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

*This section of the DCH training needs assessment includes questions asking about your role, agency, and DCH-funded activities.*

**Background Information**

1. What is your current, primary role in supporting your organization’s DCH award? Select one.
2. Program Manager
3. Principal Investigator
4. Media/Communication Lead
5. Evaluation Lead
6. Coalition Member
7. Through which DCH program does your organization currently receive funding? Select one.
8. Racial and Ethnic Approaches to Community Health (REACH) 2014 Basic Implementation
9. Racial and Ethnic Approaches to Community Health (REACH) 2014 Comprehensive Implementation
10. Partnerships to Improve Community Health (PICH)
11. Select the choice that best describes the type of organization receiving DCH funds (e.g., the awardee).
12. Local health department
13. Local government, including local transportation or housing authority
14. School district
15. Tribe or Tribal organization
16. Faith-based organization
17. University or college
18. Hospital
19. Other government entity
20. Other for-profit business
21. Other nonprofit organization (public or private)
22. Other – please specify:
23. Select the choice that best describes the type of organization for which you are working (volunteer or paid).
24. Local health department
25. Local government, including local transportation or housing authority
26. Tribe or Tribal organization
27. School district
28. Faith-based organization
29. University or college
30. Hospital
31. Other for-profit business
32. Other non-profit organization (public or private)
33. Other government entity
34. Other – please specify:
35. Select the choice that best describes the geographical area served by your DCH funded program.
36. Large City or Urban County (population of 500,000 or more)
37. Small City or County (population between 50,000-499,999)
38. American Indian tribes or Alaska Native villages and tribal organizations
39. Other - please specify:

*This section of the DCH training needs assessment focuses on areas of greatest training needs in regards to your DCH-funded strategies.*

**Short-term Outcomes and Population-Based Strategies**

1. Part A –Over the course of next year (September 2015-September 2016), which short-term outcome(s) did you select from the DCH funding opportunity announcement to address with your DCH-funded work? Select all that apply.
2. Increase the number of people with access to tobacco- and smoke-free environments.
3. Increase the number of people with access to environments with healthy food and beverage options.
4. Increase the number of people with access to physical activity opportunities.
5. Increase the number of people with access to opportunities for chronic disease prevention, risk reduction, or management through clinical and community linkages.

*For the short-term outcome selected above, you will be asked several questions regarding the priority population(s), decision-making processes, your experience level, selected strategies, and training needs. If you select multiple outcomes, these questions will be repeated for each short-term outcome.*

Part B – For each short-term outcome selected, on which **priority populations** are you focusing? Select all that apply.

1. African American/Black
2. American Indian/Alaska Native
3. Asian
4. Hispanic/Latino
5. Native Hawaiian/Other Pacific Islander
6. Individuals with mental illness/substance abuse conditions
7. Individuals with disability
8. Homeless/transient
9. Lesbian, gay, bisexual, and transgender (LGBT)
10. Low Socioeconomic Status/Low income
11. Uninsured/underinsured
12. Women
13. Men
14. Immigrants/Non-native English speakers
15. People with less than a high school education
16. Individuals living in rural/frontier areas
17. Youth ages 0-4
18. Youth ages 5-10
19. Youth ages 11-13
20. Youth ages 14-17
21. Adults ages 18-24
22. Adults ages 25-49
23. Adults ages 50+
24. Other - please specify:

Part C - How did your organization/coalition determine the short-term outcome(s) you plan to implement as part of your DCH-funded work? Select all that apply.

1. Decision(s) was/were made solely by coalition/organization leadership
2. Organization/coalition selected intervention(s) partners are already implementing in the DCH-funded area
3. Organization/coalition selected intervention(s) partners are already implementing in other areas
4. Organization/coalition made determination based on tools (such as PRISM) to “test” impact of intervention options
5. Organization/coalition selected intervention(s) based on effectiveness reported in the literature in changing  health behaviors or chronic disease risk factors
6. Organization/coalition selected intervention(s) the agency is implementing or has implemented in the DCH-funded area
7. Organization/coalition selected intervention(s) the agency is implementing or has implemented in other areas
8. Organization/coalition made determination based on data about disease burden (e.g., prevalence of obesity among certain populations)
9. Organization/coalition made determination based on the needs of the target population—using Health Assessment Inventories/Community Health Inventories
10. Organization/coalition selected the intervention(s) from a list of priority areas or interventions included in our strategic plan/logic model
11. Other – please specify:

Part D - How many years of prior experience do you (individually) have in implementing policy, systems, and environmental (PSE) improvements to address the short-term outcome(s) your organization/coalition will be working on next year (September 2015-September 2016)?

1. None
2. Less than a year
3. 1 – 2 years
4. 3 – 5 years
5. More than 5 years
6. Part A – For each short-term outcome you indicated in question 6 – Part A, select the population-based strategy(ies) that best represent what you are working on with your DCH-funding over the course of next year (September 2015-September 2016). Select all that apply.
7. Increase the number of people with access to tobacco- and smoke-free environments.
	* 1. Increase the number of settings with a 100% smoke-free policy
		2. Increase the number of smoke-free multi-unit housing complexes
		3. Use point-of-sale communication strategies
		4. Prevent youth access to tobacco products, including electronic cigarettes
		5. Other – please specify:
8. Increase the number of people with access to environments with healthy food and beverage options.
9. Increase policies and practices to support breastfeeding (e.g., health care, workplaces, childcare settings)
10. Increase availability of local farmers’ fruits and vegetables via farmer distribution agreements
11. Increase availability of healthy foods in communities
12. Promote purchase of fruits, vegetables, and other healthy foods through food assistance program incentives
13. Increase availability and affordability of healthy foods and beverages in institutional settings, workplaces, prisons, senior centers, childcare settings, and government facilities
14. Other – please specify:
15. Increase the number of people with access to physical activity opportunities.
16. Increase physical activity opportunities in workplaces
17. Work with education partners to share information on quality physical education programs
18. Increase physical activity in public settings through improved community design
19. Increase physical activity in public settings through joint use agreements
20. Improve physical activity and education policies and practices in early child care settings
21. Work with community partners to assess the impact of community changes on community health and well-being
22. Other – please specify:
23. Increase the number of people with access to opportunities for chronic disease prevention, risk reduction, or management through clinical and community linkages.
24. Increase access to chronic disease preventive services and self-management programs
25. Increase referrals to community-based resources and services for chronic disease risk reduction and management
26. Increase number and training of multi-disciplinary teams
27. Establish health IT systems to collect data on populations bearing a disproportionate burden of chronic disease
28. Establish health IT systems to provide feedback on quality of care across health care providers and health care organizations
29. Other – please specify:

Part B – For each of the strategies you identified in question 7 - Part A, indicate how important it is for you to receive training next year (September 2015-September 2016).

1. Not Important
2. Somewhat Important
3. Very Important
4. Essential

Part C – How would you prefer to receive training to address each strategy you selected in Part B as “very important,” and “essential”? Select up to three preferences for each strategy selected.

1. Self-paced, on demand online training
2. Interactive, live online training
3. Webinars
4. Individualized technical assistance with CDC staff or a subject matter expert(s) through electronic communication (e.g., conference call, email exchange)
5. Individualized technical assistance with CDC staff or a subject matter expert(s) through site visits
6. Peer team calls or peer-to-peer forums
7. Resources (e.g., Guidebook, Toolkit, Fact Sheet)
8. In-person training or meeting with other awardees
9. Other – please specify

*This section of the DCH training needs assessment focuses on areas of greatest training needs in regards to critical foundational skills related to DCH work.*

**Foundational Skills**

1. Part A and B - For each of the following foundational skill areas, first, rate the **importance** of the skills to **achieving your work plan objectives**; and second, rate how **important** it is for you to **receive training on these skills next year** (September 2015-September 2016)? For each skill, please rate the skills on a scale of “Not Important,” “Somewhat Important,” “Very Important,” and “Essential,” or indicate if it is not applicable.
2. **Program Planning and Implementation**
	1. Conduct and use a community needs assessment to collect community-specific data and identify health inequities
	2. Use data to identify and develop implementation strategies that are evidence-based, high impact, and advance health equity *(“High impact” strategies are defined as interventions that reach moderate to large portions of the population and change health behaviors known to directly impact chronic disease outcomes)*
	3. Conduct strategic planning
	4. Develop and use a logic model
	5. Write Specific, Measurable, Achievable, Realistic, and Time-bound (SMART) objectives
	6. Understand the role of public health law and policy in chronic disease prevention
	7. Develop and manage a project budget/financial plan
	8. Develop and use a project management plan (with a schedule & critical milestones)
	9. Develop and use a plan to identify and manage risk
	10. Understand and apply federal lobbying restrictions
	11. Use the CDC’s information management system to develop, edit, and provide status updates on your work plan
3. **Communication**
	1. Set measurable communication goals and objectives
	2. Use data to inform communication planning
	3. Develop an evidence-based communication plan
	4. Use earned (news) media, paid media, partner media, and social media to advance initiatives
	5. Write success stories and impact statements
	6. Develop and pre-test messages for target audiences
	7. Develop media/social media messages and campaigns
	8. Monitor media coverage and calculate impressions (i.e., an estimate of the number of people a particular web site, radio spot, television program, or newspaper or magazine article is reaching)
	9. Act as an effective spokesperson for your initiative with the media
	10. Act as an effective spokesperson for your initiative with partners and stakeholders
	11. Measure communication effectiveness
4. **Evaluation**
	1. Use data to identify and develop implementation strategies that are evidence-based, high impact, and advance health equity *(“High impact” strategies are defined as interventions that reach moderate to large portions of the population and change health behaviors known to directly impact chronic disease outcomes)*
	2. Draft and refine evaluation question(s)
	3. Determine appropriate evaluation methodologies
	4. Conduct a process evaluation
	5. Conduct an outcome evaluation
	6. Identify appropriate indicators and evaluation instruments
	7. Identify and use existing data, as appropriate, for evaluations
	8. Develop and use a logic model
	9. Determine a sampling plan and sample selection
	10. Conduct qualitative (e.g., interview, focus group, open-ended survey questions) analysis
	11. Conduct quantitative (e.g., survey, close-ended questions) analysis
	12. Evaluate impact across sub-populations/comparing differential effects
	13. Develop peer reviewed journal articles
	14. Collaborate with team members to use evaluation data to draft success stories and impact statements
5. **Partnerships/Coalitions**
	1. Maintain effective and engaged diverse, multi-sector coalitions that support chronic disease prevention strategies
	2. Facilitate meetings effectively
	3. Use strategies where community members participate in decision-making (i.e., community-based participatory approaches) to build and maintain support for chronic disease prevention strategies
	4. Implement conflict management strategies
	5. Evaluate coalition effectiveness
	6. Implement communication strategies to effectively manage coalition planning and work activities
6. **Health Equity**
	1. Plan and develop culturally competent strategies that will address identified health inequities
	2. Identify population groups with a disproportionate burden of disease or disability
	3. Identify and address barriers and unintended consequences that population groups may face from implemented strategies/interventions
	4. Evaluate the impact of implemented strategies on population groups experiencing health inequities
7. **Sustainability**
8. Create and use a logic model/planning framework to plan for long-term sustainability
9. Create/adopt a common reporting system across partners
10. Identify and engage diverse champions and stakeholders to support sustainability efforts
11. Build community support for identified strategies throughout the entire process
12. Determine infrastructure (organizational) needs for long-term sustainability
13. Develop and write a sustainability plan
14. Solicit support from community organizations to support infrastructure
15. Identify and raise additional funds/resources to support activities
16. What, if any, additional skill areas are you using to achieve your work plan objectives?
17. How would you prefer to receive training to address each skill area you selected as “very important” and “essential”? Select up to three preferences for each skill area selected.
18. Self-paced, on demand online training
19. Interactive, live online training
20. Webinars
21. Individualized technical assistance with CDC staff or a subject matter expert(s) through electronic communication (e.g., conference call, email exchange)
22. Individualized technical assistance with CDC staff or a subject matter expert(s) through site visits
23. Peer team calls or peer-to-peer forums
24. Resources (e.g., Guidebook, Toolkit, Fact Sheet)
25. In-person training or meeting with other awardees
26. Other – please specify

*This section of the DCH training needs assessment will allow you to identify facilitators and barriers in accessing DCH training.*

**Facilitators and Barriers to Accessing Training**

1. Which of the following technologies or platforms do you currently use? Select all that apply.
2. Computer: Windows-based (e.g., HP or Dell)
3. Computer: Apple-based (e.g., MacBook)
4. Computer: Tablet/smartphone
5. Internet
6. Microsoft Office Suite (e.g., Word, Excel, PowerPoint, Outlook)
7. Adobe Acrobat Reader (to read PDF documents)
8. Email
9. Printer
10. Videoconferencing (e.g., Skype, Microsoft LiveMeeting, Adobe Connect, WebEx)
11. Audio conferencing capabilities
12. Mobile applications
13. Other – please specify:
14. How would you prefer to hear about DCH training opportunities? Select up to three preferences.
15. Email
16. Notifications from Project Officers
17. DCH newsletter
18. Listserv
19. Online Calendar
20. Conference calls
21. Quarterly program calls
22. Other – please specify:
23. How many training opportunities would you prefer DCH offer every month? Select one.
24. None
25. 1-2
26. 3-4
27. 5-10
28. More than 10
29. Select any current or anticipated barriers to your participation in DCH training opportunities. Select all that apply.
30. Insufficient staff to participate
31. Not enough time to participate
32. Frequent scheduling conflicts with offered training opportunities
33. Not aware of available training opportunities
34. Lack of access to or familiarity with needed technology resources (e.g., internet, videoconferencing)
35. Language
36. Anticipated cultural insensitivity from training or technical assistance providers
37. Disability – please specify:
38. Other – please specify:
39. How far in advance would you like to be notified of DCH training opportunities? Select one.
40. 1-5 days
41. 1-2 weeks
42. 3-4 weeks
43. More than a month
44. No advanced notice needed

*The final section of the DCH training needs assessment provides an opportunity for you to identify additional areas where you need training support*

**Additional Needs**

1. What additional training or technical assistance needs do you have that have not been addressed by this assessment?
2. Part A – Do you use trainings offered by organizations other than CDC to help support your program activities?
3. Yes
4. No

Part B – *If yes to 17A:* Who provides the training?

Part C – *If yes to 17A:* What topics have these trainings covered?

Please read to respondent: *Thank you for your time today! This information with help CDC DCH plan and develop future training activities. If you have questions related to the content of the training needs assessment, please do not hesitate to contact either your project officer or Tim LaPier at tnl4@cdc.gov. Many thanks, again, for your time and participation in this important assessment.*