

Country Stakeholder Meeting Outcome Evaluation (non-Ministry of Health)

Introduction/OMB

The National Cancer Institute invites you to complete a brief survey about your participation in the Cancer Research and Control National Stakeholder Meeting. Information collected will provide NCI with valuable data and evidence to assess the effectiveness of the Cancer Research and Control National Stakeholder Meeting, identify opportunities for improvement, and inform future program decisions. This survey consists of 25 questions and can be completed in approximately twenty minutes. You do not need to complete this survey in one sitting. Thank you in advance for your participation. Please do not hesitate to contact Kalina Duncan (Kalina.Duncan@nih.gov) if you have any questions. We sincerely appreciate your time assisting with this effort.

OMB No.: 0925-XXXX

Expiration Date: xx/xx/20xx

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by email to complete this instrument so that we can improve future workshops.

Public reporting burden for 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-XXXX). Do not return the completed form to this address.

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1. Name

* 2. What is the name of the organization that you represented while participating in the Cancer Research and Control National Stakeholder Meeting?

3. Please mark the category that best describes the type of organization you represented:

- United States Government
- Foreign Government
- Industry
- Non-governmental Organization
- Academic/Research
- Health Care

4. What country is the organization you represented located in?

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* 5. What track did you participate in?

- Strengthening Cancer Control and Care through Clinical Research
- Strengthening Cancer Control and Care through Pathology and Cancer Registries
- The Public, the Patient and the Community Health Worker: Cancer Awareness and Education
- Creating and Implementing Sustainable Cancer Care
- Unsure

6. What is the topic of the action plan that you worked on?

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* 7. Have you, as a result of the Cancer Research and Control National Stakeholder Meeting, completed any of the following (please mark all that apply):

- Development of a new national cancer control and prevention plan
- Advancement of an existing national cancer control and prevention plan
- Creation of an evaluation plan for a national cancer control and prevention plan
- Implementation of a national cancer control and prevention plan
- Achievement of organizational cancer control objectives
- Development of tools (curriculum, guidelines, model, conference) for cancer control planning
- Development of tools (curriculum, guidelines, model, conference) for implementation of cancer control activities
- Development or refinement of institutional cancer control priorities
- Adoption of new technologies or practices for cancer control and treatment
- None of the above

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* 8. How many new partnerships or collaborations have you formed as a result of the Cancer Research and Control National Stakeholder Meeting?

* 9. Please indicate the type of partnership(s) formed (please mark all that apply):

- Scientific/Research
- Cancer Control Planning/Implementation
- Government/Policy
- Civil Society/Non-governmental Organizations
- Private Sector/Industry
- Not Applicable

* 10. What regions are these partners primarily located in (please mark all that apply):

- Africa
- North America
- South America
- Eastern Mediterranean
- Western Europe
- Eastern Europe
- South-East Asia
- Western Pacific
- Not Applicable

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* 11. Please mark the types of organizations of the new partnerships that you formed as a result of the Cancer Research and Control National Stakeholder Meeting (please mark all that apply):

- United States Government
- Foreign Government
- Industry
- Non-governmental Organization
- Academic/Research
- Health Care
- Not Applicable

12. Please list and describe all collaborations this workshop initiated (please include collaborator and objectives of the collaboration).

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13. How much interaction with the Ministry of Health does your cancer research/control require?

- No interaction
- Occasional interaction (e.g. 1-4 times/year)
- Frequent interaction (5+ times/year)
- Unsure

14. Has the number of interactions with the Ministry of Health changed as a result of this workshop?

- Decreased
- No Change
- Increased
- Unsure

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15. As a result of this workshop, is your work better aligned with the Ministry of Health?

- Yes
- No
- Unsure

16. If yes, please describe how:

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* 17. For United States Government Representatives: Have you been able to better align your investments into the country's National Cancer Control Strategy as a result of this workshop?

- Yes
- No
- Unsure
- Not a United States Government Representative

* 18. For participants who are not United States Government Representatives: Do you feel you have been able to better leverage the United States Government's investments to meet your in-country research needs as a result of this workshop?

- Yes
- No
- Unsure
- Not Applicable (am a United States Government Representative)

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* 19. Have you seen progress/success in implementing the action plans developed as a result of this workshop?

- Yes
- No
- Unsure

20. Please describe any progress; if you have not had any, please describe why not.

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* 21. Has your organization contributed to the implementation of the action plan developed in this workshop?

- Yes
- No
- Unsure

22. Please describe any contributions, if there have been no contributions please explain why not.

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* 23. Have you, as a result of the Cancer Research and Control National Stakeholder Meeting, completed any of the following (please mark all that apply)?

- Submission of grant applications to NIH
- Submission of grant applications to other funding organizations
- Development or refinement of individual research priorities
- Development or refinement of institutional research priorities
- Development or strengthening of regional research networks
- Development or improvement of data collection or analysis systems for cancer research
- Development or improvement of administration systems for cancer research
- Research that resulted in change in standard of care
- Research that informs programs/policies that reduce cancer burden
- None of the above

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24. How many peer reviewed publications (including white papers) on cancer control planning or activities have you published as a result of your participation in the Cancer Research and Control National Stakeholder Meeting? Please include complete citations and briefly describe the role of the Cancer Research and Control National Stakeholder Meeting in assisting you in each publication.

25. How many peer reviewed publications (including white papers) on cancer research have you published as a result of your participation in the Cancer Research and Control National Stakeholder Meeting? Please include complete citations and briefly describe the role of the Cancer Research and Control National Stakeholder Meeting in assisting you in each publication.

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26. How much additional funding for cancer control activities (planning, prevention, screening, etc.) have you received as a result of your participation in the Cancer Research and Control National Stakeholder Meeting? Please include the name of the organization(s) providing the funding, the amount(s) and the grant number(s) and title(s) (if applicable).

27. How much additional funding for cancer research have you received as a result of your participation in the Cancer Research and Control National Stakeholder Meeting? Please include the name of the organization(s) providing the funding, the amount(s) and the grant number(s) and title(s) (if applicable).

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28. Are there any additional comments you would like to share?

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