

Women's Cancer Program Summit Outcome Study

Introduction/OMB

The National Cancer Institute invites you to complete a brief survey about your participation in the Symposium on Women's Cancer Control. Information collected will provide the Women's Cancer Program Summit with valuable data and evidence to assess the effectiveness of the Symposium on Women's Cancer Control for future planning and improvement. All information obtained will be kept secure to the extent provided by law. This survey consists of 19 questions and can be completed in approximately twenty minutes. There are no risks to participating in this survey and there are no direct benefits to you for participating in the survey. Thank you in advance for your participation. Please do not hesitate to contact NCI Center for Global Health(NCIGlobalHealth@mail.nih.gov; 240-276-5810) if you have any questions.

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. What is the name of the organization that you represented while participating in the Women's Cancer Program Summit?

2. 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

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

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* 4. Have you, as a result of the Women's Cancer Program Summit, completed any of the following? (please mark all that apply)

- 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

* 5. How much additional funding for cancer control activities (planning, prevention, screening, etc.) have you received as a result of your participation in the Women's Cancer Program Summit? Please include the name of the organization(s) providing the funding, the amount(s) and the grant number(s) and title(s) (if applicable).

* 6. How many presentations at national or international meetings have you given as a result of your participation in the Women's Cancer Program Summit? Please provide the name of the meeting(s) and date(s).

* 7. How much additional funding for cancer research have you received as a result of your participation in WE-CAN? 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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* 8. How many new partnerships or collaborations have you formed as a result of We-CAN?

* 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

* 11. Please mark the types of organizations of the new partnerships that you formed as a result of We-CAN. (please mark all that apply)

- United States Government
- Foreign Government

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

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*** 12. Which of the following training options did you use to share the lessons you learned during the We-Can workshop with colleagues in your advocacy network? (please mark all that apply)**

Train-the-trainer model (direct, hands-on, skills-building)
 Small group workshops
 Webinars
 Lecture series
 One-on-one sharing
 Team meeting
 Not applicable

13. How many colleagues did you share the lessons you learned during the We-Can workshop with?

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* 14. Did you develop goals/priorities for your advocacy network as a result of your participation in the We-Can workshop?

Yes
 No
 Not applicable

* 15. Did you develop an action plan for how to achieve your advocacy goals/priorities as a result of your participation in the We-Can workshop?

Yes
 No
 Not applicable

16. Describe your networks' top three advocacy priorities. Please list below.

* 17. What regional partnerships did you develop to help achieve your advocacy goals and share ideas as a result of having attended the workshop?

Yes
 No partnerships have been developed

If Yes, Please List partnerships that have been developed

* 18. What changes did you or your organization make to your practice as a result having attended the workshop?

List in comment box below
 Not applicable

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* 15. Did you develop an action plan for how to achieve your advocacy goals/priorities as a result of your participation in the We-Can workshop?

Yes
 No
 Not applicable

16. Describe your networks' top three advocacy priorities. Please list below.

* 17. What regional partnerships did you develop to help achieve your advocacy goals and share ideas as a result of having attended the workshop?

Yes
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* 18. What changes did you or your organization make to your practice as a result having attended the workshop?

List in comment box below
 Not applicable

Please List Changes

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