



Survey Examining Training & Technical Assistance

Form Approved

OMB No: 0920-XXXX

Expiration Date: XX/XX/XXXX

Thank you for participating in the survey!

The Centers for Disease Control and Prevention's (CDC) Division of Cancer Prevention and Control (DCPC) and Office on Smoking and Health (OSH) fund the National Comprehensive Cancer Control Program (NCCCP) and the National State-based Tobacco Control Program (NSBT), respectively. Through two different cooperative agreements (DP13-1314 and DP13-1315), 10 organizations have been funded to provide training and technical assistance (TTA) to NCCCP and NSBT grantees and partners. The DCPC is interested in assessing the reach, quality, and effectiveness of TTA provided by these 10 organizations. This survey is being administered to program directors and program managers of state-funded NCCCP and NSBT grantees and other individuals involved with these programs (e.g., Comprehensive Cancer Control coalition members, partners). Your response to the survey will help CDC understand the reach of the TTA efforts, your experience with the TTA received, and your perceptions of the effectiveness of the TTA.

Please respond to the questions according to your individual experience. We expect this survey to take approximately 15 minutes to complete, depending on the number of providers you received TTA from. Your responses to this survey will be kept private and stored and maintained by ICF International, without any identifying information. Individually identifiable responses will not be provided to CDC staff, and only aggregated information will be reported. Completion of this survey is voluntary, but we encourage your participation. Completing this web-based survey will indicate your consent to participate.

At the end of the survey, you will be asked to provide contact information of other individuals from your organization or among your partners who can help DCPC understand the reach, quality, and effectiveness of TTA provided by the 10 organizations. Your response to this question is voluntary. Completing this question will indicate your consent for us to contact the individuals provided.

If you have any questions about this survey, please contact Sarah O'Dell at sarah.odell@icfi.com or 404-321-3211.

Public reporting burden for this collection of information is estimated to average 15 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, GA 30333; ATTN: PRA 0920-XXXX.

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START SURVEY



Survey Examining Training & Technical Assistance

Section 1. Participant characteristics

Progress: 4%

[? INSTRUCTIONS](#)

The purpose of the following questions is to collect information on your jurisdiction and program affiliation, current role within the program, and your tenure in the role and in chronic disease.

1. Please select your state/tribe/territory from the list below.

Maryland

2. Which program are you most closely affiliated with?

Comprehensive Cancer Control program

Tobacco control program

Both

Other [please specify]

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Section 1. Participant characteristics

Progress: 7%

[? INSTRUCTIONS](#)

3. What is your current, primary role within your "Tobacco control program", program/coalition?

- Program Manager
- Program Director
- Evaluator
- Program staff
- Partner
- Other [please specify]

4. How long have you been in your current role?

- Less than three years
- 3-5 Years
- 6-10 Years
- Over 10 Years

5. How long have you been working in chronic disease?

- Less than three years
- 3-5 Years
- 6-10 Years
- Over 10 Years

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Section 2. Awareness of TTA services available

Progress: 10%

[? INSTRUCTIONS](#)

The purpose of the following questions is to collect information on your awareness of TTA available from the 10 NCCCP and NSTCP TTA providers. For the purpose of this survey, TTA refers to any individualized OR broad-based educational, supportive activities or resource distribution that assist NCCCP and NSTCP grantees and partners with meeting program objectives, achieving program outcomes, and sustaining program progress and success. Please consider only TTA provided by the following 10 networks and organizations under DP13-1314 and DP13-1315 cooperative agreements:

1. National African American Tobacco Prevention Network (NAATPN)
2. Inter-Tribal Council of Michigan (ITCM)
3. Asian Pacific Partners for Empowerment, Advocacy, and Leadership (APPEAL)
4. National Alliance for Hispanic Health
5. CenterLink
6. National Council for Behavioral Health
7. Community Anti-Drug Coalitions of America (CADCA)
8. Patient Advocate Foundation
9. American Cancer Society (ACS)
10. George Washington Cancer Institute
11. Not aware of TTA from any of the above providers

6. Are you aware of TTA services available to National Comprehensive Cancer Control Program (NCCCP) and National State-based Tobacco Control Programs (NSTCP) grantees and partners from the following TTA providers? Select all that apply.

- National African American Tobacco Prevention Network (NAATPN)
- Inter-Tribal Council of Michigan (ITCM)
- Asian Pacific Partners for Empowerment, Advocacy, and Leadership (APPEAL)
- National Alliance for Hispanic Health
- CenterLink
- National Council for Behavioral Health
- Community Anti-Drug Coalitions of America (CADCA)
- Patient Advocate Foundation
- American Cancer Society (ACS)
- George Washington Cancer Institute
- Not aware of TTA from any of the above providers

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Section 3. Exposure/Receipt of TTA

Progress: 14%

[? INSTRUCTIONS](#)

The purpose of the following question is to collect information on your exposure to TTA provided by the 10 NCCCP and NSTCP TTA providers.

7a. Over the past 2 years, did you receive TTA from the following TTA providers? Select all that apply.

- National African American Tobacco Prevention Network (NAATPN)
- Inter-Tribal Council of Michigan (ITCM)
- Asian Pacific Partners for Empowerment, Advocacy, and Leadership (APPEAL)
- National Alliance for Hispanic Health
- CenterLink
- National Council for Behavioral Health
- Community Anti-Drug Coalitions of America (CADCA)
- Patient Advocate Foundation
- American Cancer Society (ACS)
- George Washington Cancer Institute
- Did not receive TTA from any of the above providers

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Section 4. Description of TTA received

Progress: 24%

[? INSTRUCTIONS](#)

The purpose of the following question is to collect information on the type of TTA you received from each TTA provider.

8. For "Inter-Tribal Council of Michigan (ITCM)", "National Alliance for Hispanic Health", "National Council for Behavioral Health", "Patient Advocate Foundation", "American Cancer Society (ACS)", please select the types of TTA you received. Check all that apply.

	1 on 1 Tailored TTA	Email/Newsletter(s)	In-person Training(s)	Phone Call(s)	Promotional Material(s)	Tools & Resources	Other
Inter-Tribal Council of Michigan (ITCM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Alliance for Hispanic Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
National Council for Behavioral Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Advocate Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
American Cancer Society (ACS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 5. Perception of TTA received (e.g., quality, usefulness, overall satisfaction)

Progress: 30%

[? INSTRUCTIONS](#)

For "1 on 1 Tailored TTA", "In-person Training(s)", "Promotional Material(s)", please rate your experience with the TTA activities you received from **Inter-Tribal Council of Michigan (ITCM)**. Check all that apply.

	Quality		Relevance		Usefulness		Overall Satisfaction
1 on 1 Tailored TTA	Good	↕	Very Relevant	↕	Somewhat Useful	↕	Very Dissatisfied
In-person Training(s)	N/A	↕	N/A	↕	N/A	↕	N/A
Promotional Material(s)	Excellent	↕	Very Relevant	↕	Not very Useful	↕	Somewhat Satisfie

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Section 5. Perception of TTA received (e.g., quality, usefulness, overall satisfaction)

Progress: 37%

[? INSTRUCTIONS](#)

For "Email/Newsletter(s)", "Phone Call(s)", "Tools & Resources", please rate your experience with the TTA activities you received from **National Alliance for Hispanic Health**. Check all that apply.

	Quality		Relevance		Usefulness		Overall Satisfaction
Email/Newsletter(s)	Fair	⬇	Not very Relevant	⬆	N/A	⬇	N/A
Phone Call(s)		⬆	N/A	⬆	N/A	⬆	Very Satisfied
Tools & Resources	N/A	⬆	N/A	⬆		⬆	

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Section 5. Perception of TTA received (e.g., quality, usefulness, overall satisfaction)

Progress: 44%

[? INSTRUCTIONS](#)

For "1 on 1 Tailored TTA", "Email/Newsletter(s)", "Phone Call(s)", "Promotional Material(s)", "OTHER", please rate your experience with the TTA activities you received from **National Council for Behavioral Health**. Check all that apply.

	Quality	Relevance	Usefulness	Overall Satisfaction
1 on 1 Tailored TTA	N/A	Very Relevant	Not very Useful	Very Dissatisfied
Email/Newsletter(s)		N/A	Very Useful	Very Satisfied
Phone Call(s)			N/A	Very Satisfied
Promotional Material(s)			Very Useful	N/A
Other			N/A	Very Satisfied

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Section 5. Perception of TTA received (e.g., quality, usefulness, overall satisfaction)

Progress: 50%

[? INSTRUCTIONS](#)

For "Email/Newsletter(s)", "In-person Training(s)", "Promotional Material(s)", "Tools & Resources", please rate your experience with the TTA activities you received from **Patient Advocate Foundation**. Check all that apply.

	Quality		Relevance		Usefulness		Overall Satisfaction
Email/Newsletter(s)	Excellent	↕	Very Relevant	↕		↕	
In-person Training(s)	Good	↕	N/A	↕		↕	
Promotional Material(s)	Fair	↕	N/A	↕		↕	
Tools & Resources	Poor	↕	N/A	↕		↕	

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Section 5. Perception of TTA received (e.g., quality, usefulness, overall satisfaction)

Progress: 54%

[? INSTRUCTIONS](#)

For "1 on 1 Tailored TTA", "In-person Training(s)", please rate your experience with the TTA activities you received from **American Cancer Society (ACS)**. Check all that apply.

	Quality		Relevance		Usefulness		Overall Satisfaction	
1 on 1 Tailored TTA	Excellent	↕	Very Relevant	↕	Very Useful	↕	Very Satisfied	↕
In-person Training(s)	N/A	↕	N/A	↕	N/A	↕	N/A	↕

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Section 5. Perception of TTA received (e.g., quality, usefulness, overall satisfaction)

Progress: 70%

[? INSTRUCTIONS](#)

10. Please rank the TTA activities from most useful to least useful.

1 on 1 Tailored TTA	1	⬆️
Email/Newsletter	3	⬆️
In-person Training(s)	5	⬆️
Phone Call(s)	2	⬆️
Promotional Material(s)	6	⬆️
Tools & Resources		⬆️
Other		⬆️

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Section 6. Perception of TTA providers

Progress: 74%

[? INSTRUCTIONS](#)

The purpose of the following question is to collect information on your perception of each TTA provider from which you received TTA, including their level of content expertise, responsiveness, and your overall satisfaction.

11. Please rate your overall experience with the following TTA provider(s) you received TTA from:

	Level of Content Expertise	Responsiveness Scale	Satisfaction Scale
National African American Tobacco Prevention Network (NAATPN)	N/A	N/A	N/A

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Section 7. TTA influence on promotion and implementation of strategies

Progress: 77%

[? INSTRUCTIONS](#)

The purpose of the following question(s) is to collect information on your perception of the extent to which the TTA received influenced your organization's ability to promote and implement programmatic strategies.

12a. To what extent has the TTA received from "National African American Tobacco Prevention Network (NAATPN)", contributed to your program's ability to achieve the following goals and activities:

	To a Great Extent	Somewhat	Very Little	Not at all	Don't know	N/A
Increase community norms supportive of commercial tobacco use prevention and control and cancer prevention and control in the target population	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase number of population-specific public health-oriented organizations which support commercial tobacco use prevention and cancer prevention as priority areas	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase use of population-specific and evidence-based public health approach strategies by CDC-funded programs	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase dissemination and diffusion of culturally appropriate population-specific strategies to impact tobacco-related and cancer health disparities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section 7. TTA influence on promotion and implementation of strategies

Progress: 80%

[? INSTRUCTIONS](#)

The purpose of the following question(s) is to collect information on your perception of the extent to which the TTA received influenced your organization's ability to promote and implement programmatic strategies.

12b. To what extent has the TTA received from "National African American Tobacco Prevention Network (NAATPN)", contributed to your program's ability to achieve the following goals and activities:

	To a Great Extent	Somewhat	Very Little	Not at all	Don't know	N/A
Set national agenda for addressing priority issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Provide support and network to mobilize efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Identify training needs and provide effective TTA to programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Establish infrastructure for priority issues (i.e. local Policy, Systems, and Environmental (PSE) implementation, partnership, sustainability)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disseminate optimal approaches for cancer control	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section 8. TTA influence on grantee programmatic outcomes

Progress: 84%

[? INSTRUCTIONS](#)

The purpose of the following question(s) is to collect information on the extent to which TTA influenced your programmatic outcomes.

13a. To what extent has the TTA received from "National African American Tobacco Prevention Network (NAATPN)", contributed to your program's ability to achieve the following NCCCP priorities:

	To a Great Extent	Somewhat	Very Little	Not at all	Don't know	N/A
Priority 1: Emphasize Primary Prevention of Cancer	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Priority 2: Support Early Detection and Treatment Activities	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Priority 3: Address Public Health Needs of Cancer Survivors	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Priority 4: Implement Policy, Systems, and Environmental (PSE) Changes To Guide Sustainable Cancer Control	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Priority 5: Promote Health Equity as it Relates to Cancer Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Priority 6: Demonstrate Outcomes Through Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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Section 8. TTA influence on grantee programmatic outcomes

Progress: 87%

[? INSTRUCTIONS](#)

The purpose of the following question(s) is to collect information on the extent to which TTA influenced your programmatic outcomes.

13b. To what extent has the TTA received from "National African American Tobacco Prevention Network (NAATPN)", contributed to your program's ability to achieve the following NTCP priorities:

	To a Great Extent	Somewhat	Very Little	Not at all	Don't know	N/A
Implement/support evidence based, culturally appropriate state/local interventions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan, implement, and evaluate health communication and counter-marketing campaigns	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educate decision makers about the benefits of comprehensive insurance coverage and evidence-based cessation treatments	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use data to identify disparate populations and inform public health action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monitor pro-tobacco influences and inform and educate leaders, decision makers and the public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Develop and maintain infrastructure aligned with the five core components of the Component Model of Infrastructure (networked partnerships, multilevel leadership, engaged data, managed resources, responsive planning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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Section 9. TTA influence on grantee organizational capacity

Progress: 90%

[? INSTRUCTIONS](#)

The purpose of the following question is to collect information on the extent to which TTA influenced your organizational capacity.

14. To what extent has the TTA received from "National African American Tobacco Prevention Network (NAATPN)", contributed to your programs' ability to have:

	To a Great Extent	Somewhat	Very Little	Not at all	Don't know	N/A
Improved and more sustainable partnerships	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effective use of resources to develop and implement program strategies	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proficiency in prioritizing strategies that address burden and target population needs	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhanced organizational and leadership capacity to implement program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of EBIs to address burden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Monitoring and Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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Section 10. Referral and Recontact

Progress: 94%

[? INSTRUCTIONS](#)

15. To your knowledge, are there any other individuals within your organization, coalition members, and/or partners who received TTA from one of the 10 NCCCP and NSTCP TTA providers?

Yes No

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Section 10. Referral and Recontact

Progress: 97%

[? INSTRUCTIONS](#)

16. Please provide contact information of up to 3 individuals who can help complete this survey.

Referral 1: Name, Role, Organization, Email Address

John Doe, Superintendent, Test Organization 1, john.doe@test.com 

Referral 2: Name, Role, Organization, Email Address

Jane Doe, Principal, Test Organization 2, jane.doe@test.com

Referral 3: Name, Role, Organization, Email Address

17. The CDC is using data from this survey to better inform the TTA support they provide to their grantees, and the perspective from current grantees about this topic is especially important to CDC. We would like to contact you again in approximately XX month

Yes No

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You have reached the end of the questionnaire.

To review the questions before saving and exiting this module, click "Review Module" below. To save and exit this module with unanswered items, click "Save and Submit the Module".

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[REVIEW MODULE](#)

[SAVE AND SUBMIT THE MODULE](#)




Thank you for your participation in the CDC TTA Web Survey. You can now logout of the system.

Questionnaire

 Submitted SURVEY EXAMINING TRAINING & TECHNICAL ASSISTANCE

General Instructions

You have been identified as the most knowledgeable respondent in your organization in the content area(s) listed above. To enter the questionnaire and begin responding, click on the questionnaire title. If you have been identified to respond to more than one content area, you may complete the questionnaires in any order.

- Use your mouse to click on the best response option based on what you know about your organization's policies and practices.
- If you do not know the answer to a question or are unsure of your response, you may leave the question blank.
- If you want to leave a question blank but have already marked an answer, click on the answer response again to clear the answer.
- Do **not** use the browser's back button to navigate through the questionnaire. Please use the arrows at the bottom of each page.
- You will be automatically logged out after 40 minutes of inactivity. You may log back in using the same access code to continue completing the questionnaire, starting from the place where you left off.
- Your answers will automatically be saved as you advance through the questionnaire.
- In some places in the questionnaire, you will see this icon: . This indicates a help statement. The purpose of a help statement is to further clarify a word or phrase by providing a definition or other clarification.
- Unless otherwise indicated by the words "MARK ALL THAT APPLY," select only one answer choice for a given question. In the event you are asked to mark all that apply, you may select as many answer choices as are appropriate for the question.
- You may notice that the numbering of the questions may not progress sequentially as you advance through the questionnaire. This is due to skip patterns resulting from previous answer choices. This is intentional, and it requires no action or resolution on your part.
- Some questionnaires have been broken into multiple modules. You may have been selected as a respondent for one or more of these modules. Please note that some of these modules may appear to skip through a large number of questions. This is because those questions are handled in other modules. No action or resolution is required on your part.
- On questions in which a response option is chosen that says "Specify," you will be given the opportunity to type into a text field. Please use this field to indicate an answer choice that was not captured by existing answer choices.

If you need to log out of the questionnaire before you have fully completed it, you will be returned to your stopping point when you log back in with your access code.