

Capacity Building Assistance Program: Assessment and Quality Control

Attachment 13

Training Telephone Script for Non-responders

Public reporting burden of 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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1099)

**TRAINING TELEPHONE SCRIPT FOR NONRESPONDERS
(90-day Follow-up)**

**Note that text in red are instructions to the caller and should not be read.*

**Highlighted information in brackets should be prepopulated from non-responder data file.*

Caller records call attempt number – [1st, 2nd, 3rd, or 4th attempt]

[Caller asks for] {Name in Data file}

“May I speak to {Name in Data file}?”

{Yes - Sought respondent answers} [Skip to B1] 1
{Reach voicemail of sought respondent - don't leave voicemail if this is first call attempt} [Skip to A2 if call attempt 2, 3, or 4] 2
{No - don't get sought respondent but a call screener asks for the purpose of the call} [Go to A1] 3

A1) “I am calling on behalf of the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention. {Name in data file} attended a CDC-sponsored training on {date}. I am calling to get their feedback on this training. Are they available to talk now?”

{Yes - Transferred to sought respondent} [Go to B1].. 1
{No - [If first call attempt, terminate call and then schedule a callback a week later] “I will try to call them back later. Thank you. Goodbye.”} 2
{No - [If 2nd, 3rd, or 4th call attempt, ask to leave a voicemail] “Could I please leave them a voicemail?” Transferred to voicemail} [Go to A2, or go to A2a if e-mail is invalid.] 3

A2) “Hello, I’m (GIVE AT LEAST FIRST NAME) calling on behalf of the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention. We would like to get your feedback on the {course title} training you attended on {date}. This should take about 15 minutes. I will send you a follow-up e-mail shortly and will call to follow-up with you again next week. We look forward to receiving your feedback soon. Good bye.” **[If this is the 2nd or 3rd call attempt, send appropriate follow-up e-mail and schedule callback 1 week later. If this is the 4th call attempt, send immediate follow-up e-mail and schedule final e-mail to be sent 1 week later]**

A2a) Hello, I’m (GIVE AT LEAST FIRST NAME) calling on behalf of the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention. We are would like to get your feedback on the {course title} training you attended on {date}. This should take about 15 minutes. I will call to follow-up with you again next week. We look forward to receiving your feedback soon. Good bye.”

B1) “Hello, I’m (GIVE AT LEAST FIRST NAME) calling on behalf of the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention. We would like to get your feedback on the {course title}

training you attended on {*date*}. This should take about 15 minutes to complete. Your participation in the assessment is completely voluntary, and failure to participate will not jeopardize your employment or CDC funding of your organization. Would you be willing to answer some questions now over the phone?"

- {Yes - Agrees to continue} [Continue interview below] 1
- {No - Requests to schedule a callback} [Schedule a callback as requested]2
- {No - Refuses phone completion} [Notify respondent of option to complete via the web using the automated e-mail invitation received from CRIS, then terminate interview] "If it is more convenient, you can complete this survey online if you can locate the invitation e-mail from CDCCRIS@cdc.gov sent on {*date of last notification*}. Thanks for your time. Goodbye."3
- {No - Outright refusal} [Terminate interview] "Thanks for your time. Goodbye."4

Did you attend this training?

- {Yes} [Go to Q1] 1
- {No} [Go to B2]2

B2) I apologize. Our records listed you as an attendee at this training. Do you know if we could have the wrong person at your organization or the wrong training for you?

- {Yes} [Record any correction to name / training then Go to B3] 1
- {No - they don't have any information} [Record error and skip to B4]2

B3) I apologize again for the error and I will make note of this correction. Thank you for your time. Goodbye. [Terminate interview]

B4) I apologize again for the error and I will make note of this. Thank you for your time. Goodbye. [Terminate interview]

Q1. OK, great. Next, I need to confirm the Confidential Identifier we use to link the feedback you will provide today to feedback you provided after the training.

a. What are the first two initials of your first name?

_____ years [TEXT BOX; 2 digits]

[No Answer/Refused (99)]

b. What are the first two initials of your last name?

_____ years [TEXT BOX; 2 digits]

[No Answer/Refused (99)]

c. What is your birth month?

_____ years [TEXT BOX; 2 digits]

[No Answer/Refused (99)]

d. On what day of the month were you born?

_____ years [TEXT BOX; 2 digits]

[No Answer/Refused (99)]

In the rest of our time today, I will ask for your feedback and suggestions for the training you attended.

2. Overall, how useful was the {course title} training in preparing you to implement the intervention?

- Very useful (5)
- Moderately useful (4)
- Somewhat useful (3)
- A little useful (2)
- Not at all useful (1)
- No Answer / Refused (99)

3. How relevant was the training to your current job?

- Very relevant (5)
- Moderately relevant (4)
- Somewhat relevant (3)
- A little relevant (2)
- Not relevant at all (1)
- No Answer / Refused (99)

4. To what extent did the training meet your needs?

- Fully met my needs (5) (SKIP TO Q6)
- Met most of my needs (4)
- Met some of my needs (3)
- Met few of my needs (3)
- Did not meet my needs at all (1)
- No Answer / Refused (99)

5. Please explain in what ways your needs were not met?

[TEXT BOX]

[No Answer/Refused (99)]

For the next two questions, I will ask you to rate your motivation to implement what you learned during the {course title} training course on a scale of 1 to 5; where 1 is “Not motivated at all,” 3 is “Somewhat motivated,” and 5 is “Highly motivated.” Please let me know if implementation is not part of your job.

[Repeat response options for recipient, if necessary.]

[If the recipient indicates that implementation is not part of their job, mark “98” in Q6-Q9 and skip to Q10.]

6. On the last day of the training, how motivated were you to implement what you learned?

- 1 (“Not motivated at all”) (1)
- 2 (2)
- 3 (“Somewhat motivated”) (3)
- 4 (4)
- 5 (“Highly motivated”) (5)
- Not part of my job (98)
- No Answer / Refused (99)

7. How motivated are you today to implement what you learned?

- 1 (“Not motivated at all”) (1)
- 2 (2)
- 3 (“Somewhat motivated”) (3)
- 4 (4)
- 5 (“Highly motivated”) (5)
- Not part of my job (98)
- No Answer / Refused (99)

8. How ready are you to implement {course title}?

- Have not implemented, not ready to start (1) (SKIP to Q10)
- Have not implemented, but ready to start (2) (SKIP to Q10)
- Have already started implementing (3)
- Not sure (88)
- No Answer / Refused (99)

9. Please indicate the degree to which you have implemented the intervention.

- 1 (“Planning implementation”) (1)
- 2 (2)
- 3 (“Somewhat implemented”) (3)
- 4 (4)
- 5 (“Fully implemented”) (5)
- Not part of my job (98)
- No Answer / Refused (99)

The next few questions are about buy-in to implement the intervention from different sources. “Buy-in” is belief in the value of an intervention and willingness to allocate time, money, and/or staff to the intervention over time.

10. To what degree is there buy-in from *you yourself* to implement this intervention, on a scale of 1 to 5, where 1 is “No buy-in,” 3 is “Moderate buy-in,” and 5 is “Complete buy-in”?

- 1 (“No buy-in”) (1)
- 2 (2)
- 3 (“Moderate buy-in”) (3)
- 4 (4)
- 5 (“Complete buy-in”) (5)
- No Answer / Refused (99)

11. To what degree is there buy-in from *your agency* to implement this intervention, on a scale of 1 to 5, where 1 is “No buy-in,” 3 is “Moderate buy-in,” and 5 is “Complete buy-in”?

- 1 (“No buy-in”) (1)
- 2 (2)
- 3 (“Moderate buy-in”) (3)
- 4 (4)
- 5 (“Complete buy-in”) (5)
- No Answer / Refused (99)

12. To what degree is there buy-in from *your priority population* to implement this intervention, on a scale of 1 to 5, where 1 is “No buy-in,” 3 is “Moderate buy-in,” and 5 is “Complete buy-in”?

- 1 (“No buy-in”) (1)
- 2 (2)
- 3 (“Moderate buy-in”) (3)
- 4 (4)
- 5 (“Complete buy-in”) (5)
- No Answer / Refused (99)

The next set of questions is about actions you have taken since attending the {course title} training.

13. Since the training, have you explained the goals of the intervention to agency colleagues or staff?

- Yes (1)
- No (2)
- Not yet, but I will (3)
- Not part of my job (98)
- No Answer / Refused (99)

14. Since the training, have you explained to colleagues or staff why this intervention is important for the agency’s target population?

- Yes (1)
- No (2)
- Not yet, but I will (3)
- Not part of my job (98)
- No Answer / Refused (99)

15. Since the training, have you advocated for the allocation of resources for this intervention?

- Yes (1)
- No (2)
- Not yet, but I will (3)
- Not part of my job (98)
- No Answer / Refused (99)

16. Since the training, have you encouraged others in the agency to adopt the intervention?

- Yes (1)
- No (2)
- Not yet, but I will (3)
- Not part of my job (98)
- No Answer / Refused (99)

17. Since the training, have you encouraged community stakeholders to support the intervention?

- Yes (1)
- No (2)
- Not yet, but I will (3)
- Not part of my job (98)
- No Answer / Refused (99)

18. How much have you shared information from this training with your colleagues, on a scale of 1 to 5, where 1 is “not at all”, 3 is “some”, and 5 is “a lot”?

- 1 (“Not at all”) (1)
- 2 (2)
- 3 (“Some”) (3)
- 4
- 5 (“A lot”) (5)
- No Answer / Refused (99)

19. How much have you recommended this training to others on a scale of 1 to 5, where 1 is “not at all,” 3 is “some”, and 5 is “a lot”?

- 1 (“Not at all”) (1)
- 2 (2)
- 3 (“Some”) (3)
- 4
- 5 (“A lot”) (5)
- No Answer / Refused (99)

For the next set of questions I am going to ask you how much each of the following barriers affect your ability to effectively implement {course title}, on a scale of 1 to 5, where 1 is “not at all,” 3 is “somewhat,” and 5 is “a lot.”

[Read each potential barrier and prepare to repeat response options again, if necessary]

	Not at all (1)	(2)	Somewhat (3)	(4)	A lot (5)	No answer/ Refused (99)
20. Lack of funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Lack of time or too busy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Lack of necessary resources, such as meeting space, video equipment, or materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Inadequate training in the intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Intervention is too complicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Implementing this particular intervention is not a priority for the agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Lack of support from administration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Lack of support from supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Lack of support from staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Turnover of trained staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Intervention is not translated into the primary language of our clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Difficulty adapting the intervention to our clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Difficulty recruiting eligible participants from the target population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Difficulty retaining participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Other (please specify) [TEXT BOX]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. How likely is it that your agency will attract and sustain new prevention funding through the successful implementation of an evidence-based intervention?

- Extremely likely (5)
- Very likely (4)
- Somewhat likely (3)
- Not very likely (2)
- Not at all likely (1)
- No Answer / Refused (99)

35. Does your agency need technical assistance (TA) in order to implement {course title}?

- Yes (1)

- No (0)
- No Answer / Refused (99)

36. Do you know how to access TA from the Centers for Disease Control and Prevention (CDC)?

- Yes (1)
- No (0)
- No Answer / Refused (99)

37. Have you or your agency received any training or technical assistance since the {course title} training?

- Yes (1)
- No (0) (SKIP to Q39)
- Not Sure (98) (SKIP to Q39)
- No Answer / Refused (99)

38. Please indicate (yes or no) if you or your agency has received any of the following training or technical assistance events since your training on {training date}.

[If at any time during completion of this question they indicate they are not sure if they or their agency have received any training or technical assistance, or if they have received no training or technical assistance, record the response and go to Q39]

[MULTI-RESPONSE]

- Population-based Needs Assessment
- Selection of a behavioral, structural, or biomedical intervention
- Adaptation of a behavioral, structural, or biomedical intervention based on population and/or agency resources
- Planning and Implementation of a behavioral, structural, or biomedical intervention , including addressing fidelity, scheduling, and logistics
- Recruitment and Retention of clients/participants, including marketing
- Cultural Competence in Prevention Activities, including intervention adaptations to increase cultural appropriateness
- Monitoring and Evaluation of a behavioral, structural, or biomedical intervention (7)
- Other (8) (please specify): [TEXT BOX]
- None
- Not sure
- No Answer / Refused (99)

For the next set of questions I will ask to what degree you or your agency would benefit from additional trainings or technical assistance events, on a scale of 1 to 5, where 1 is “would not benefit at all,” 3 is “Would benefit somewhat,” and 5 is “Would benefit greatly.”

[Read each option below and repeat question or response options if necessary]

	Would not benefit at all (1)	(2)	Would benefit Somewhat (3)	(4)	Would benefit greatly (5)	No answer/ Refused (99)
39. Population-based Needs Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Selection of a behavioral, structural, or biomedical intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Adaptation of a behavioral, structural, or biomedical intervention (based on population and/or agency resources)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Planning and Implementation of a behavioral, structural, or biomedical intervention (includes addressing fidelity, scheduling, and logistics)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Recruitment and Retention of clients/participants (includes marketing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Cultural Competence in Prevention Activities (includes intervention adaptations to increase cultural appropriateness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Monitoring and Evaluation of a behavioral, structural, or biomedical intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. Other (please specify): [TEXT BOX]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Thank Participant for Time]

Thank you for taking the time today to give us feedback on the training. Your feedback will be valuable to future improvement of the CDC-funded technical assistance and training program. Thanks for your time. Goodbye.

[Terminate Interview]