Capacity Building Assistance Program: Data Management, Monitoring, and Evaluation

Attachment 15

Training and Technical Assistance Follow-up Telephone Script for Non-responders

TRAINING AND TECHNICAL ASSISTANCE FOLLOW-UP SURVEY
TELEPHONE SCRIPT FOR PROGRAM MANAGER NON-RESPONDERS
(Follow-up every six months)

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]

"Hi, may I speak to {*Name in Data file*}?"

> **{Yes - Sought respondent answers} [Skip to B1]**
>   1
> **{No - don't get sought respondent but a call screener asks for the purpose of the call} [Go to A1]** 2
> **{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]**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*} had staff who attended a CDC-sponsored training or technical assistance event in the past six months. I am calling to get their feedback on these services. 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] "Okay, 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 if email is valid or go to A3 if email 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 CDC-funded training or technical assistance support your staff received over the past six months. This should take about 18 minutes. I will send you a follow-up e-mail shortly and will call you again next week to see if you were able to complete it. We look forward to getting your feedback soon. Goodbye." **[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].**

A3) "Hello, I'm (GIVE AT LEAST FIRST NAME) calling 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 training and technical assistance services that your staff attended in the past six months. This

should take about 18 minutes. I will follow-up with you again next week. We look forward to getting your feedback soon. Goodbye."

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 training or technical assistance events that your staff attended over the past six months. Your participation in the assessment is voluntary, but would help to improve our training and technical assistance in the future. You should have received an email invitation to complete the survey online. Have you already completed the survey via the link you were emailed?

{Yes} [Go to B2]	1
{No} [Go to B3]	2

B2) Great! Thank you for taking time to complete the survey online. Your feedback will be valuable to future improvements to the CBA program. Thanks for your time. Goodbye.
[Terminate interview]

B3) Would you be willing to answer our questions now over the phone? It will take about 18 minutes to complete."

{Yes - Agrees to continue} [Continue interview below B4]……………………………………………..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 CBA Tracking System, then terminate interview] "If it is more convenient, you can also provide feedback online. You can either locate the invitation e-mail from CDCCTS@cdc.gov sent on {*date of last notification*}, or I can provide you with the link via e-mail. Would you like me to email you the link? [If Yes, confirm {*email address*}.] Thanks for your time. Goodbye."** 3

{No - Outright refusal} [Terminate interview] "Thanks for your time. Goodbye."** 4

B4) Interview Introduction. Okay, great. I'm glad you have the time to take the survey over the phone now. The questions are designed to:
- Confirm the trainings received by your staff
- Seek your feedback about whether and how a training helped your organization
- Ask you to identify barriers to implementation of an intervention or public health strategy
- Help you request technical assistance

Before we get into the survey questions, I want to confirm information about eLearning and classroom trainings that staff at your organization attended in the past six months. As I read the training name, please let me know if your organization is funded by CDC to implement the intervention or public health strategy related to the training by stating "yes". If your organization is not funded by CDC to implement the intervention or public health strategy, state "no".

[Read the pre-populated information, click the indicated response and then go to the next training until complete. Next go to question 1a if a HEALTH DEPARTMENT, question 2 for all others.]

Training #1 {from data file}
- ○ Yes (1) [CONTINUE to next training]
- ○ No (0) [CONTINUE to next training]

Training #2 {from data file}
- ○ Yes (1) [CONTINUE to next training]
- ○ No (0) [CONTINUE to next training]

Training #3 {from data file}
- ○ Yes (1) [CONTINUE to next training]
- ○ No (0) [CONTINUE to next training]

1a. This question collects information about the intent of each training your staff attended. You will decide between three responses. That staff attended the training to either:
1) support health department implementation or activities (for example, development of standard operating procedures), or
2) support implementation by partners or grantees in the field (e.g., CBOs, local health departments); or
3) both

[Read the pre-populated information, click the indicated response and then go to the next training until no other trainings listed. Once complete, go to question 2.]

Okay, staff attended **{Training #1 from data file}**
- ○ To support health department implementation or activities (1) [CONTINUE TO NEXT TRAINING]
- ○ To support implementation by partners or grantees in the field (2) [CONTINUE TO NEXT TRAINING]
- ○ Both (3) [CONTINUE TO NEXT TRAINING]

Staff attended {Training #2 from data file}
- ○ To support health department implementation or activities (1) [CONTINUE TO NEXT TRAINING]

○ To support implementation by partners or grantees in the field (2) [CONTINUE TO NEXT TRAINING]
○ Both (3) [CONTINUE TO NEXT TRAINING]

Staff attended {Training #3 from data file}
○ To support health department implementation or activities (1) [CONTINUE TO NEXT TRAINING]
○ To support implementation by partners or grantees in the field (2) [CONTINUE TO NEXT TRAINING]
○ Both (3) [CONTINUE TO NEXT TRAINING]

This section asks about the implementation status of each intervention or public health strategy for which your staff received training. For this survey, we define implementation as conducting the intervention with clients or patients. I will ask this series of questions for each of the trainings your staff attended.

2. What is the current status of your organization's implementation of **{Training #1 from data file}**?
   ○ Decided not to implement (1) [CONTINUE TO NEXT QUESTION]
   ○ Planning or preparing to implement, but have not started (2) [CONTINUE TO NEXT QUESTION]
   ○ Implementing (3) [GO TO QUESTION 4]
   ○ Not applicable (staff did not take the training with an intent to implement) (4)
      → *If additional trainings,* [Thank you for your feedback on *Training #1 from data file*, I'd like to ask about the next training that staff completed. GO TO QUESTION 2]
      → *If no other trainings, but technical assistance,* [Thank you for your feedback on the training, now I want to ask you about your staff's experience with technical assistance. GO TO TECHNICAL ASSISTANCE]
      → *If no other trainings or technical assistance* [Thank you for taking the time to give us feedback on the training today. Since you selected "Not applicable" we do not have additional questions for you. Thank you for your time and input. Goodbye.]
      [**Terminate Interview**]

3. Is your organization planning to implement **{Training #1 from data file}** within the next 12 months?
   ○ Yes, within the next 3 months (1) [CONTINUE TO NEXT QUESTION]
   ○ Yes, within the next 6 months (2) [CONTINUE TO NEXT QUESTION]
   ○ Yes, within the next 12 months (3) [CONTINUE TO NEXT QUESTION]
   ○ No (4) [CONTINUE TO NEXT QUESTION]
   ○ Don't know/ not sure (9) [CONTINUE TO NEXT QUESTION]

4. Prior to training, had your organization ever implemented **{Training #1 from data file}**?
   ○ Yes (1) [CONTINUE TO NEXT QUESTION]

○ No (2) [GO TO QUESTION 9]
○ Don't know/ not sure (9) [GO TO QUESTION 9]

5. For **{Training #1 from data file}**, did your organization stop or take a break in implementing (in other words, the intervention was not delivered to clients) before staff attended this training?
○ Yes (1) [CONTINUE TO NEXT QUESTION]
○ No (2) [GO TO QUESTION 9]
○ Don't know/ not sure (9) [GO TO QUESTION 9]

6. Did staff attend **{Training #1 from data file}** to address the break in implementation?
○ Yes (1) [CONTINUE TO NEXT QUESTION]
○ No (2) [GO TO QUESTION 9]
○ Don't know/ not sure (9) [GO TO QUESTION 9]

7. Did the training that staff received help your organization to resume implementation?
○ Yes (1) [GO TO QUESTION 9]
○ No (2) [CONTINUE TO NEXT QUESTION]
○ Don't know/ not sure (9) [CONTINUE TO NEXT QUESTION]

8. Do you know how to request technical assistance from CDC to help you implement this intervention/public health strategy?
○ Yes (1) [CONTINUE TO NEXT QUESTION]
○ No (2) [CONTINUE TO NEXT QUESTION]

For this next section we hope to obtain your feedback about the barriers to implementing information learned during the **{Training #1 from data file}** training. For each question, you will provide one of the following answers, not at all, very little, somewhat, to a great extent, don't know or not sure or not applicable.

9. Okay, here we go. To what extent are the following topics considered barriers to implementing **{Training #1 from data file}**? [READ BARRIER PHRASE AND THEN THE RESPONSE OPTIONS]

Difficulty recruiting target population
○ Not at all (1)
○ Very little (2)
○ Somewhat (3)
○ To a great extent (4)
○ Don't know/not sure (9)
○ Not applicable (10)

Difficulty retaining target population
○ Not at all (1)
○ Very little (2)
○ Somewhat (3)

○ To a great extent (4)
○ Don't know/not sure (9)
○ Not applicable (10)

Difficulty adapting the intervention/ public health strategy to our clients
○ Not at all (1)
○ Very little (2)
○ Somewhat (3)
○ To a great extent (4)
○ Don't know/not sure (9)
○ Not applicable (10)

Again, the prompt is to what extent are the following topics considered barriers to the implementing?

Turnover of trained staff
○ Not at all (1)
○ Very little (2)
○ Somewhat (3)
○ To a great extent (4)
○ Don't know/not sure (9)
○ Not applicable (10)

Lack of funding
○ Not at all (1)
○ Very little (2)
○ Somewhat (3)
○ To a great extent (4)
○ Don't know/not sure (9)
○ Not applicable (10)

Again, the prompt is to what extent are the following topics considered barriers to the implementing?

Lack of time to implement
○ Not at all (1)
○ Very little (2)
○ Somewhat (3)
○ To a great extent (4)
○ Don't know/not sure (9)
○ Not applicable (10)

Lack of frontline staff buy-in about the use of the intervention/ public health strategy
○ Not at all (1)
○ Very little (2)

○ Somewhat (3)
○ To a great extent (4)
○ Don't know/not sure (9)
○ Not applicable (10)

Intervention/ public health strategy is too complicated
○ Not at all (1)
○ Very little (2)
○ Somewhat (3)
○ To a great extent (4)
○ Don't know/not sure (9)
○ Not applicable (10)

Again, the prompt is to what extent are the following topics considered barriers to the implementing?

Lack of knowledge about how to implement the intervention/ public health strategy
○ Not at all (1)
○ Very little (2)
○ Somewhat (3)
○ To a great extent (4)
○ Don't know/not sure (9)
○ Not applicable (10)

Implementing this intervention/ public health strategy is not a priority for our organization
○ Not at all (1)
○ Very little (2)
○ Somewhat (3)
○ To a great extent (4)
○ Don't know/not sure (9)
○ Not applicable (10)

If there were any other barriers, what were they?
[OPEN TEXT]

10. You indicated barriers for **{Training #1 from data file}**. Does your organization want to be contacted by a CBA provider to discuss additional training and/or technical assistance that is available to help your organization address these barriers? If so, which ones? I'll read back the barrier, you tell me if you want to be contacted for additional training by indicating "yes" or "no" **[Read barriers]**

Intervention Name [Pre-populated fields below]	Contact me	
Barrier #1	○ Yes	○ No

Barrier #2	O Yes	O No
Barrier #3	O Yes	O No
Other [Open text field]	O Yes	O No

[Return to question #2 for Training #2, Training #3, etc until questions have been asked for all trainings. If staff received training and TA, continue to TA questions. If not, terminate interview by reading the section below.]

Thank you for taking the time to give us feedback on the training today. Your feedback will be valuable to future improvements to the CDC technical assistance and training program. Thanks for your time. Goodbye.
[Terminate Interview]

TECHNICAL ASSISTANCE

[Read the following for program managers whose staff have received TA over the past six months]

The purpose of these questions is to:
- Confirm the technical assistance (TA) received by your staff
- Seek your feedback about whether and how TA helped your organization
- Help you request additional TA

Our records indicate that, in the past 6 months, staff at your organization participated in TA events, each with its own CTS request number. If you want, I can hold for a minute while you access the full details of the TA via the request number online. This is what we have in our records [**Read CTS request #, first and last name of staff member, and request date for each of the CTS request in the table below**]

CTS Request # [Pre-populated fields below]	Request Date [Pre-populated fields below]
[CTS Request #]	[Date]
[First and last name of staff member]	
[CTS Request #]	[Date]
[First and last name of staff member]	
[CTS Request #]	[Date]
[First and last name of staff member]	

Overall Quality of TA

For this next set of questions, we will be addressing overall quality of TA. For each question, you will provide one of the following answers, strongly agree, agree, disagree, strongly disagree, don't know or not sure, or not applicable. Thinking about your organization's <u>overall</u> experience related to <u>all of the TA</u> that your staff received during the past 6 months…

1. Overall, to what extent do you agree with the following statements about the TA that staff received in the past 6 months? **[Read Statement and then the response options]**

   The TA was delivered in a timely manner (in other words, the length of time between requesting TA and completing TA)
   - Strongly agree (4)
   - Agree (3)
   - Disagree (2)
   - Strongly disagree (1)
   - Don't know/not sure (9)
   - Not applicable (10)

   The TA was what our organization requested (for example, covered the correct topic)
   - Strongly agree (4)
   - Agree (3)
   - Disagree (2)
   - Strongly disagree (1)
   - Don't know/not sure (9)
   - Not applicable (10)

   The TA is appropriate for our organization's policies, practices, and procedures
   - Strongly agree (4)
   - Agree (3)
   - Disagree (2)
   - Strongly disagree (1)
   - Don't know/not sure (9)
   - Not applicable (10)

   The TA is appropriate for our local context (for example, economic, political, and cultural conditions)
   - Strongly agree (4)
   - Agree (3)
   - Disagree (2)
   - Strongly disagree (1)
   - Don't know/not sure (9)
   - Not applicable (10)

   The TA was what our organization needed (for example, addressed a problem that my organization faces)
   - Strongly agree (4)

- ○ Agree (3)
- ○ Disagree (2)
- ○ Strongly disagree (1)
- ○ Don't know/not sure (9)
- ○ Not applicable (10)

The TA provided solutions that improved our work with our target population(s)
- ○ Strongly agree (4)
- ○ Agree (3)
- ○ Disagree (2)
- ○ Strongly disagree (1)
- ○ Don't know/not sure (9)
- ○ Not applicable (10)

The TA improved my organization's ability to provide services
- ○ Strongly agree (4)
- ○ Agree (3)
- ○ Disagree (2)
- ○ Strongly disagree (1)
- ○ Don't know/not sure (9)
- ○ Not applicable (10)

The TA led to changes in program practices
- ○ Strongly agree (4)
- ○ Agree (3)
- ○ Disagree (2)
- ○ Strongly disagree (1)
- ○ Don't know/not sure (9)
- ○ Not applicable (10)

The TA led to changes in organizational policies
- ○ Strongly agree (4)
- ○ Agree (3)
- ○ Disagree (2)
- ○ Strongly disagree (1)
- ○ Don't know/not sure (9)
- ○ Not applicable (10)

2. You answered "disagree" or "strongly disagree" to at least one of the questions I just asked you about, is the disagreement related to a specific CTS request number?
- ○ Yes (1) [CONTINUE TO NEXT QUESTION]
- ○ No (2) [GO TO QUESTION 4]
- ○ Don't know/not sure (9) [GO TO QUESTION 4]

3. Which CTS request numbers is the disagreement related to? Please describe the areas of concern or unmet expectations. **[Complete the open text based on response]**

CTS Request # [Pre-populated fields below]	Area(s) of concern or unmet expectations
[CTS Request #]	
[First and last name of staff member]	[OPEN TEXT]
[CTS Request #]	
[First and last name of staff member]	[OPEN TEXT}

4. Do you have any suggestions for improving TA services, events, activities, products, or resources?
   ○ Yes (1) [CONTINUE TO NEXT QUESTION]
   ○ No (2) [GO TO QUESTION 6]
   ○ Not sure/ Don't know (9) [GO TO QUESTION 6]

5. Please share your suggestions for improving TA services, events, activities, products, or resources.

   [TEXT BOX]

Use of TA

6. Next, I will ask how your organization used the TA obtained during the past 6 months.

   A. Did your organization use the TA to implement _clinical_ HIV testing?
   ○ Yes (1) [CONTINUE BELOW]
   ○ No (2) [GO TO QUESTION 6B]

   Did your organization use the clinical HIV testing TA to:
   MULTI-RESPONSE QUESTION
   [Yes (1)]
   o Assess clinical HIV testing needs
   o Assess clinical HIV testing resources
   o Set goals and desired outcomes clinical HIV testing
   o Address post-training barriers (e.g., individualized staff skill development)
   o Assess structural supports in place (e.g., supportive policies, necessary technology) for clinical HIV testing
   o Select an intervention or public health strategy for clinical HIV testing

- o Plan implementation of an intervention or public health strategy for clinical HIV testing
- o Assess organizational capacity to implement an intervention or public health strategy for clinical HIV testing
- o Increase organizational capacity to implement an intervention or public health strategy for clinical HIV testing
- o Assess sustainability of an intervention or public health strategy for clinical HIV testing
- o Plan sustainability of an intervention or public health strategy for clinical HIV testing
- o Evaluate the effectiveness of the implemented intervention or public health strategy for clinical HIV testing
- o In what other ways, if any, was the TA used for *clinical HIV testing?* [TEXT BOX]

B. Did your organization use the TA obtained to implement *non-clinical HIV testing?*
- ○ Yes (1) [CONTINUE BELOW]
- ○ No (2) [GO TO QUESTION 6C]

Did your organization use the non-clinical HIV testing TA to:
MULTI-RESPONSE QUESTION
[Yes (1)]
- o Assess non-clinical HIV testing needs
- o Assess non-clinical HIV testing resources
- o Set goals and desired outcomes non-clinical HIV testing
- o Address post-training barriers (e.g., individualized staff skill development)
- o Assess structural supports in place (e.g., supportive policies, necessary technology) for non-clinical HIV testing
- o Select an intervention or public health strategy for non-clinical HIV testing
- o Plan implementation of an intervention or public health strategy for non-clinical HIV testing
- o Assess organizational capacity to implement an intervention or public health strategy for non-clinical HIV testing
- o Increase organizational capacity to implement an intervention or public health strategy for non-clinical HIV testing
- o In what other ways, if any, was the TA used for *non-clinical HIV testing?* [TEXT BOX]

C. Did your organization use the TA to implement *services to prevent new HIV infections and reduce transmission of HIV for persons living with HIV?*
- ○ Yes (1) [CONTINUE BELOW]
- ○ No (2) [GO TO QUESTION 6D]

Thinking more about the TA for services to prevent new HIV infections and reduce transmission of HIV for persons living with HIV, did your organization use the TA to:

MULTI-RESPONSE QUESTION
[Yes (1)]

- o Assess service needs
- o Assess service-related resources
- o Set service goals and desired outcomes
- o Address post-training barriers (for example, individualized staff skill development)
- o Assess structural supports in place (for example, supportive policies, necessary technology)
- o Select an intervention or public health strategy
- o Plan implementation of an intervention or public health strategy
- o Assess organizational capacity to implement an intervention or public health strategy
- o Increase organizational capacity to implement an intervention or public health strategy
- o Assess sustainability of an intervention or public health strategy
- o Plan sustainability of an intervention or public health strategy
- o Evaluate the effectiveness of the implemented intervention or public health strategy
- o In what other ways, if any, was the TA used for *services to prevent new HIV infections and reduce transmission of HIV for <u>persons living with HIV</u>?* [TEXT BOX]

D. Did your organization use the TA to implement *services to prevent new HIV infections and reduce transmission of HIV for <u>HIV-negative persons</u>?*
- O Yes (1) [CONTINUE BELOW]
- O No (2) [GO TO QUESTION 6E]

Thinking more about the TA for services to prevent new HIV infections and reduce transmission of HIV for <u>HIV-negative persons</u>, did your organization use the TA to:
MULTI-RESPONSE QUESTION
[YES (1)]

- o Assess service needs
- o Assess service-related resources
- o Set service goals and desired outcomes
- o Address post-training barriers (for example, individualized staff skill development)
- o Assess structural supports in place (for example, supportive policies, necessary technology)
- o Select an intervention or public health strategy
- o Plan implementation of an intervention or public health strategy
- o Assess organizational capacity to implement an intervention or public health strategy
- o Increase organizational capacity to implement an intervention or public health strategy

- o Assess sustainability of an intervention or public health strategy
- o Plan sustainability of an intervention or public health strategy
- o Evaluate the effectiveness of the implemented intervention or public health strategy
- o In what other ways, if any, was the TA used for *services to prevent new HIV infections and reduce transmission of HIV for <u>HIV-negative persons</u>?* [TEXT BOX]

E. Did your organization use the TA for *HIV activities integration?*
- ○ Yes (1) [CONTINUE BELOW]
- ○ No (2) [GO TO QUESTION 6F]

How did your organization use the TA for HIV activities integration?
MULTI-RESPONSE QUESTION
[Yes (1)]
- o To assess needs
- o To assess resources
- o To set goals and desired outcomes
- o To address post-training barriers (for example, individualized staff skill development)
- o To assess structural supports in place (for example, supportive policies, necessary technology)
- o To select an intervention or public health strategy
- o To plan implementation of an intervention or public health strategy
- o To assess organizational capacity to implement an intervention or public health strategy
- o To increase organizational capacity to implement an intervention or public health strategy
- o To assess sustainability of an intervention or public health strategy
- o To plan sustainability of an intervention or public health strategy
- o To evaluate the effectiveness of the implemented intervention or public health strategy
- o In what other ways, if any, was the TA used for *HIV activities integration?* [TEXT BOX]

F. Did your organization use the TA to implement *structural interventions?*
- ○ Yes (1) [CONTINUE BELOW]
- ○ No (2) [GO TO QUESTION 6G]

How did your organization use the TA for structural interventions:
MULTI-RESPONSE QUESTION
[Yes (1)]
- o To assess needs
- o To assess resources

o   To set goals and desired outcomes
o   To address post-training barriers (for example, individualized staff skill development)
o   To assess structural supports in place (for example, supportive policies, necessary technology)
o   To select an intervention or public health strategy
o   To plan implementation of an intervention or public health strategy
o   To assess organizational capacity to implement an intervention or public health strategy
o   To increase organizational capacity to implement an intervention or public health strategy
o   To assess sustainability of an intervention or public health strategy
o   To plan sustainability of an intervention or public health strategy
o   To evaluate the effectiveness of the implemented intervention or public health strategy
o   In what other ways, if any, was the TA used for *structural interventions?* [TEXT BOX]

G. Did your organization use the TA in a way that was not already described*?*
○ Yes (1) [CONTINUE BELOW]
○ No (2) [GO TO QUESTION 7]

How did your organization use the TA?
[TEXT BOX]

Barriers to Using TA

Next, we ask about barriers to using TA.

7. Is your organization experiencing barriers to applying the TA received?
○ Yes (1) [CONTINUE TO NEXT QUESTION]
○ No (2) [Okay, that is the end of the survey. Thank you for taking the time to give us feedback today. Your feedback will be valuable to future improvements to the CDC technical assistance and training program. Thanks for your time. Goodbye.] **[Terminate Interview]**
○ Not sure/ Don't know (9) [Okay, that is the end of the survey. Thank you for taking the time to give us feedback today. Your feedback will be valuable for future improvements to the CDC technical assistance and training program. Thanks for your time. Goodbye.] **[Terminate Interview]**

8. Describe the barriers.

[TEXT BOX]

9. Will additional TA from CDC help you to address the barrier(s)?
   ○ Yes (1) [CONTINUE TO NEXT QUESTION]

   ○ No (2) [Okay, that is the end of the survey. Thank you for taking the time to give us feedback today. Your feedback important for future improvements to the CDC technical assistance and training program. Thanks for your time. Goodbye.] **[Terminate Interview]**
   ○ Not sure/ Don't know (9) [CONTINUE TO NEXT QUESTION]

10. Finally, what additional assistance do you think would help your organization right now? [TEXT BOX]

[Thank Participant for Time]

Okay, your responses will be shared with CDC. That is the end of the survey. Thank you for taking the time to give us feedback today. Your feedback will be valuable to future improvements to the CDC technical assistance and training program. Thanks for your time. Goodbye.

[Terminate Interview]