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Attachment 5g

Evaluating the Impact of Training and Technical Assistance (TTA) Programs on NCCCP Efforts – Web-based Survey (Screenshots)

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PURPOSE OF THE SURVEY

The Centers for Disease Control and Prevention's (CDC) Division of Cancer Prevention and Control (DCPC) funds the National Comprehensive Cancer Control Program (NCCCP). Through a cooperative agreement, CDC funds the American Cancer Society (ACS) and George Washington University Cancer Center (GWCC) to provide training and technical assistance (TTA) to NCCCP-funded organizations and cancer coalitions. The goal is to help NCCCP recipients implement activities addressing all cancer types more effectively. DCPC is conducting an evaluation to examine the reach, quality, usefulness, and effectiveness of the TTA provided. This survey is being administered by ICF, an independent consulting company, on behalf of CDC.

DESCRIPTION OF PARTICIPATION

You have been asked to participate in this survey because you participated in one or more TTA activity offered by ACS or GWCC. Your opinions and thoughts are valuable to this evaluation, and there are no right or wrong answers. Your response to the assessment 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 delivered. We expect this assessment to take approximately 30 minutes to complete.

Risks and Benefits

There are no known risks to those who participate. Choosing not to participate or choosing to discontinue the survey will not result in any penalty for you or your organization. We encourage your participation, as the benefit of participating is that your experiences with the TTA program will help inform CDC's future efforts to build capacity among NCCCP funded programs.

Privacy

Your responses to this assessment will be kept private and stored and maintained by ICF, without any identifying information. Individually identifiable responses will not be provided to CDC staff, and only aggregated information will be reported. In addition, only the ICF project team will have access to data that can link your answers to you. We will NOT link your name or your role/title to specific responses in any reports developed from this study. We will use information we learn from this survey to supplement findings from interviews and focus groups being conducted for the larger evaluation. Information collected from the survey will be synthesized and shared with project team members (ICF and CDC staff) in a final report. This information will be reported in aggregate so that any information you share cannot be linked to you or your organization.

Rights Regarding Decision to Participate

Your participation is completely voluntary. You may choose to not answer some of the questions, or decline to participate, without penalty. You can choose to discontinue the survey at any time, for any reason. If you choose to withdraw all of your responses, your responses will be discarded. In addition, all ICF project team members have signed a non-disclosure agreement ensuring that they will not discuss any data collected outside of the project team.

Completing this web-based assessment will indicate your consent to participate.

CONTACT INFORMATION

If you have any questions about this assessment, please contact the ICF NCCCP TTA Survey Team, at nccctta-evaluation@icf.com. For questions regarding your rights related to this study you can contact ICF's Institutional Review Board (IRB) representative Steve Ziemba at (608) 316-9267 or Steven.Ziemba@icf.com.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, and may take less or more time depending on the level of participation in TTA activities. 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

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INTRODUCTION

Thank you for participating in this survey about CDC's Training and Technical Assistance (TTA) Program to support comprehensive cancer control programs.

Please respond to the following questions according to your individual experience receiving TTA from the National Comprehensive Cancer Control Program (NCCCP) TTA providers: American Cancer Society (ACS) and George Washington University Cancer Center (GWCC). When responding to this assessment, please reflect on the TTA-related activities that occurred **between [insert date] and [insert date]**.

You may save your responses at any time and return later to complete the survey.

SURVEY LEGEND

o = Single Choice Button

☐ = Multiple Choice Check Box

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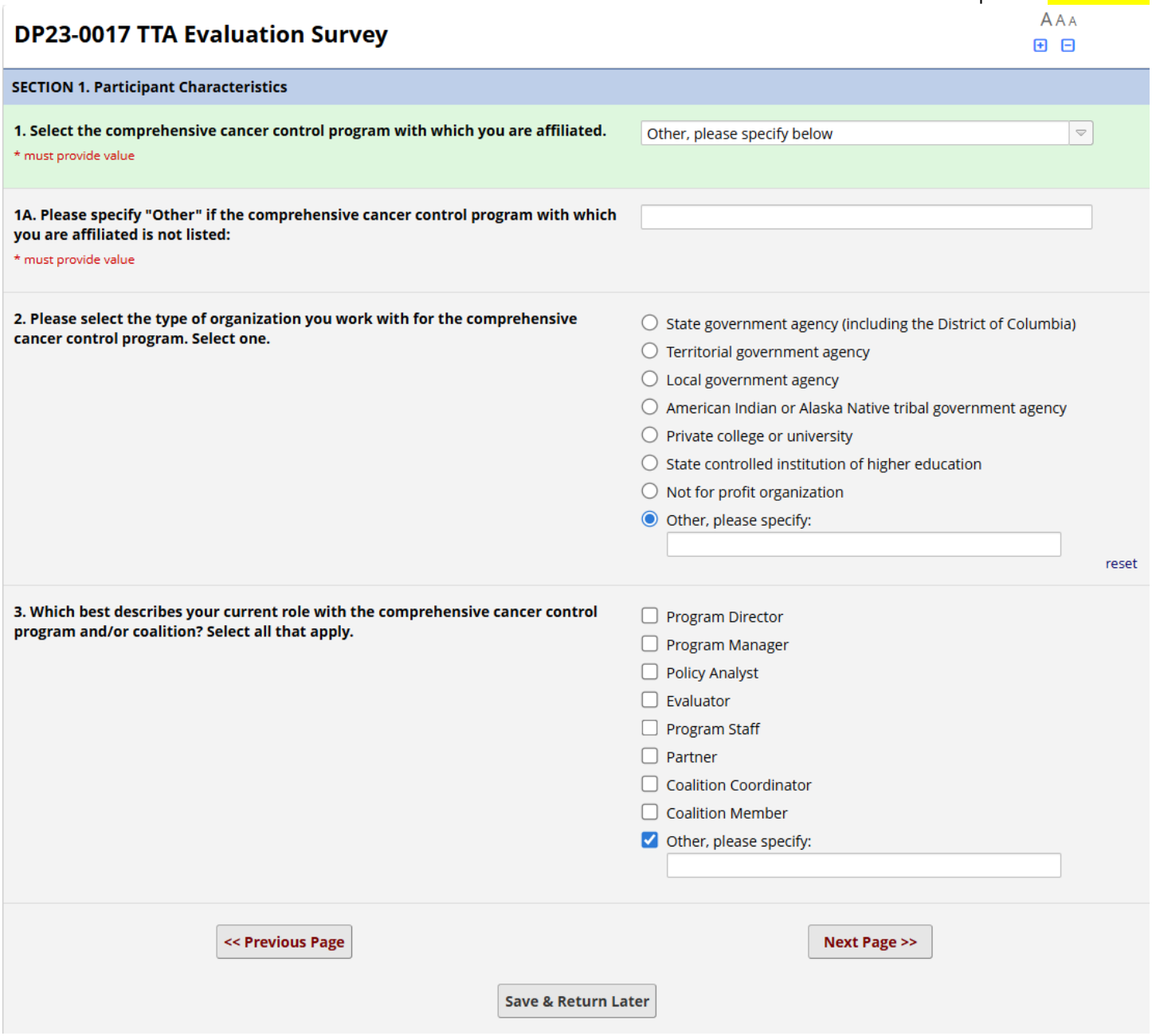

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SECTION 1. Participant Characteristics

1. Select the comprehensive cancer control program with which you are affiliated.
* must provide value

Other, please specify below

1A. Please specify "Other" if the comprehensive cancer control program with which you are affiliated is not listed:
* must provide value

2. Please select the type of organization you work with for the comprehensive cancer control program. Select one.

- ○ State government agency (including the District of Columbia)
- ○ Territorial government agency
- ○ Local government agency
- ○ American Indian or Alaska Native tribal government agency
- ○ Private college or university
- ○ State controlled institution of higher education
- ○ Not for profit organization
- ◉ Other, please specify:

reset

3. Which best describes your current role with the comprehensive cancer control program and/or coalition? Select all that apply.

- ☐ Program Director
- ☐ Program Manager
- ☐ Policy Analyst
- ☐ Evaluator
- ☐ Program Staff
- ☐ Partner
- ☐ Coalition Coordinator
- ☐ Coalition Member
- ☑ Other, please specify:

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SECTION 2. Awareness of TTA Services Available

The following questions ask about your awareness of **TTA resources available from two NCCCP TTA providers: American Cancer Society (ACS) and George Washington University Cancer Center (GWCC).** For the purpose of this assessment, TTA refers to any individualized, small group, or large group activity or resource that provides advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation of comprehensive cancer control programs funded by CDC. When answering the following questions, please consider only TTA provided by ACS and GWCC or their partners.

4. Are you *aware* of TTA services available to NCCCP recipients and partners? Select one.

* must provide value

- (●) Yes
- ( ) No

reset

5. Which of the following TTA modalities are you aware of? Select all that apply.

- [ ] Webinars
- [ ] Emails or newsletters
- [ ] In-person trainings
- [ ] Asynchronous trainings
- [ ] One-on-one calls
- [ ] Small group/peer-to-peer learning
- [ ] Toolkits & briefs
- [ ] Site visits
- [ ] Communities of Practice/Learning Communities
- [ ] Online resources
- [x] Other, please specify:

6. How do you become aware of the TTA resources available for cancer prevention and control efforts? Select all that apply.

- [ ] Via email newsletter or announcement from TTA provider
- [ ] Via communications from CDC (e.g., program consultant, program evaluator, listserv)
- [ ] Via communications from a professional association
- [x] Via communications from other organization, please specify:
- [ ] During workshops or webinars
- [ ] At conferences or in-person events
- [ ] Via peer recommendations or word of mouth
- [ ] From direct outreach from TTA providers
- [ ] Social media
- [x] Other method, please specify:

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SECTION 3. Exposure/Receipt of TTA

The purpose of the following question(s) is to collect information on the TTA you received from NCCCP TTA providers. As a reminder, please reflect on TTA-related activities that occurred between [insert start date of response period] and [insert end date of response period].

8. Between [insert date] and [insert date], have you received or participated in *any* TTA from the following TTA providers? Select one.

* must provide value

- (●) Yes - from American Cancer Society (ACS) only
- ( ) Yes - from George Washington University Cancer Center (GWCC) only
- ( ) Yes - from both ACS and GWCC
- ( ) Did not receive or participate in TTA from any of the above providers

reset

9. Select the TTA activities from NCCCP TTA providers that you participated in between [insert start date of response period] and [insert end date of response period]. Select all that apply.

- [ ] Facilitated Leadership for Cancer Coalitions (FLCC) Refresher Sessions
- [ ] Webinars
- [ ] Cancer screening briefs
- [ ] Online Academy Ambassador Programs
- [ ] GWCC Online Academy
- [ ] GWCC Online Academy Ambassador Program
- [ ] Micro-learning modules through the ACS Coalition University
- [ ] Cancer Awareness Toolkits
- [ ] In-person training/workshops or TA
- [ ] Micro-learning modules
- [ ] Networking sessions
- [x] Communities of Practice or Learning Communities, please specify:
- [x] Other TTA activity type, please specify:

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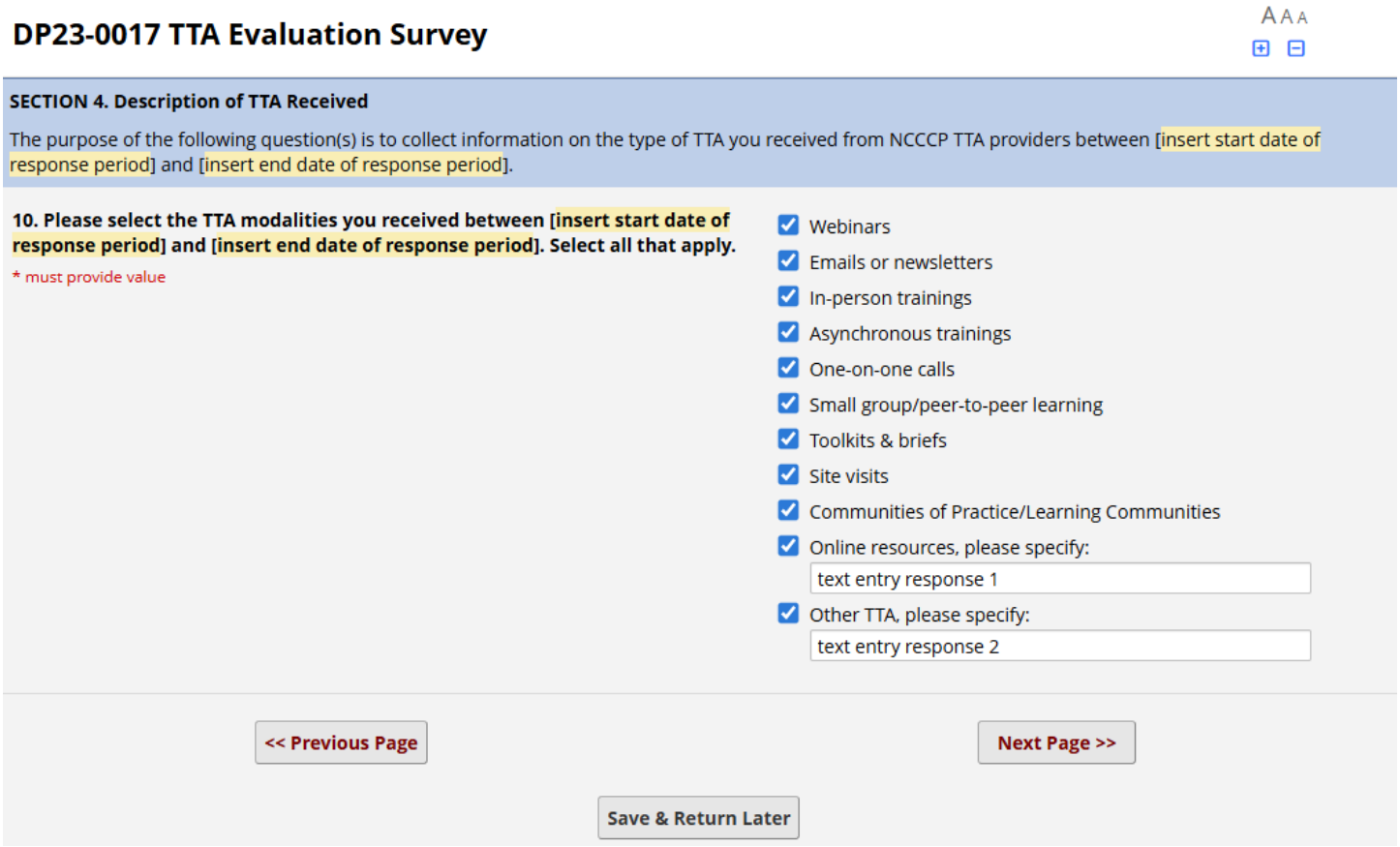

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SECTION 4. Description of TTA Received

The purpose of the following question(s) is to collect information on the type of TTA you received from NCCCP TTA providers between [insert start date of response period] and [insert end date of response period].

11. Please select the topics of TTA you received between [insert start date of response period] and [insert end date of response period]. Select all that apply.

* must provide value

- [x] Coalition functioning
- [x] Primary prevention: Alcohol
- [x] Primary prevention: Environmental exposure
- [x] Primary prevention: Hepatitis B transmission or vaccination
- [x] Primary prevention: Human papillomavirus (HPV)
- [x] Primary prevention: Nutrition
- [x] Primary prevention: Obesity/overweight
- [x] Primary prevention: Physical activity
- [x] Primary prevention: Radon
- [x] Primary prevention: Sun/UV exposure
- [x] Primary prevention: Tobacco
- [x] Primary prevention: Other types of risk or protective factors, please specify: text entry response 3
- [x] Screening and early detection: General cancer
- [x] Screening and early detection: Breast cancer
- [x] Screening and early detection: Cervical cancer
- [x] Screening and early detection: Colorectal cancer (CRC)
- [x] Screening and early detection: Gynecological cancer
- [x] Screening and early detection: HPV-related cancers
- [x] Screening and early detection: Liver cancer
- [x] Screening and early detection: Lung cancer
- [x] Screening and early detection: Oral cancer
- [x] Screening and early detection: Ovarian cancer
- [x] Screening and early detection: Prostate cancer
- [x] Screening and early detection: Skin cancer
- [x] Screening and early detection: Other types of cancer, please specify: text entry response 4
- [x] Survivorship: Survivors
- [x] Survivorship: Caregivers, family members, support system
- [x] Survivorship: Palliative care and hospice
- [x] Policy, systems, and environmental change strategies
- [x] Psychosocial and behavioral change
- [x] Community clinical linkages
- [x] Population reach strategies
- [x] Rural populations (e.g., improving access, adapting programs or content, addressing rural-specific barriers)
- [x] Health for all
- [x] Evaluation and quality improvement
- [x] Establishing and building sustainable partnerships
- [x] Maintaining partnerships

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SECTION 5. TTA Influence on Strategies and Activities

In this section, please share how the TTA offerings you received or engaged with from NCCCP TTA providers influenced **your ability** to promote and implement priorities, strategies, and activities for your comprehensive cancer control program.

12. To what extent has the TTA you received between [insert start date of response period] and [insert end date of response period] helped improve *your ability* to use the following strategies?

	N/A	Don't know	Not at all	Small extent	Moderate extent	Great extent
12A. Enhance National Program of Cancer Registries (NPCR) data quality, completeness, use, and dissemination	○	○	○	○	○	○
reset						
12B. Use surveillance systems and population-based surveys to assess cancer burden and inform programmatic efforts	○	○	○	○	○	○
reset						
12C. Support partnerships for cancer control and prevention	○	○	○	○	○	○
reset						
12D. Deliver screening and implement evidence-based interventions (EBIs)	○	○	○	○	○	○
reset						
12E. Conduct program monitoring and evaluation	○	○	○	○	○	○
reset						

13. Of the TTA you participated in between [insert start date of response period] and [insert end date of response period], which TTA activities had the most impact on *your ability* to use the above strategies? Select all that apply.

- ☐ FLCC Refresher Sessions
- ☐ Webinars
- ☐ Cancer screening briefs
- ☐ Online Academy Ambassador Programs
- ☐ GWCC Online Academy
- ☐ GWCC Online Academy Ambassador Program
- ☐ Micro-learning modules through the ACS Coalition University
- ☐ Cancer Awareness Toolkits
- ☐ In-person training/workshops or TA
- ☐ Micro-learning modules
- ☐ Networking sessions
- ☑ Communities of Practice or Learning Communities, please specify:
- ☑ Other TTA activity type, please specify:

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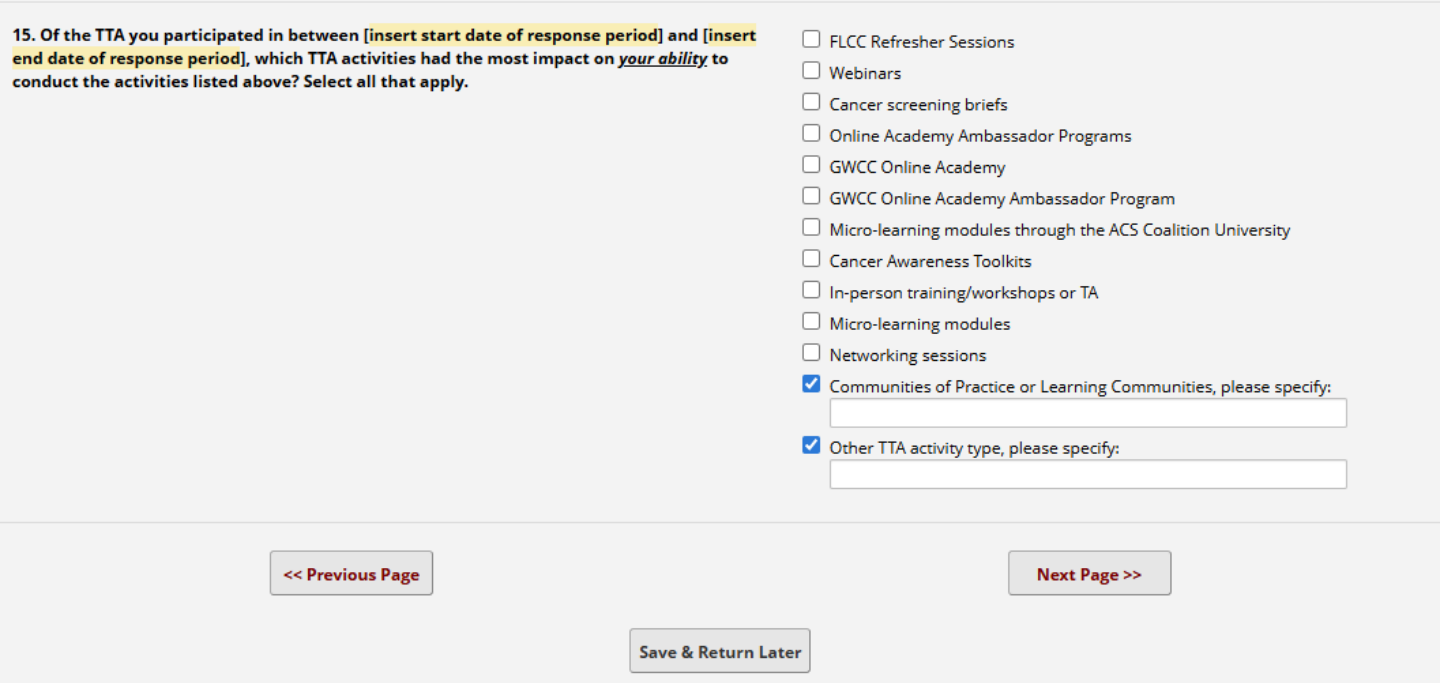
SECTION 5. TTA Influence on Strategies and Activities

In this section, please share how the TTA offerings you received or engaged with from NCCCP TTA providers influenced **your ability** to promote and implement priorities, strategies, and activities for your comprehensive cancer control program.

14. To what extent has the TTA you received between [insert start date of response period] and [insert end date of response period] helped improve *your ability* to conduct the following activities?

	N/A	Don't know	Not at all	Small extent	Moderate extent	Great extent
14A. Use data to monitor cancer risk factors, incidence, and mortality	○	○	○	○	○	○ reset
14B. Use cancer incidence and mortality data for program planning (e.g., to revise/update cancer control plans, select program priorities, set program baseline and targets)	○	○	○	○	○	○ reset
14C. Share data to educate policymakers, partners, and the public about the people and places that are most impacted by cancer	○	○	○	○	○	○ reset
14D. Collaborate with internal and external partners to set and report on annual and five-year objectives	○	○	○	○	○	○ reset
14E. Conduct policy scans to identify facilitators and barriers to cancer prevention, screening, and survivorship	○	○	○	○	○	○ reset
14F. Use data to identify and collaborate with populations and geographic locations with the greatest burden	○	○	○	○	○	○ reset
14G. Convene and maintain a multisectoral cancer control coalition	○	○	○	○	○	○ reset
14H. Establish formal agreements with the cancer control coalition, partner organizations, and community members assuring their commitment to achieving NCCCP priorities/outcomes	○	○	○	○	○	○ reset
14I. Provide staffing and support for coalition engagement	○	○	○	○	○	○ reset
14J. Use data to implement a suite of interventions to advance program priorities that expand reach and make the greatest impact	○	○	○	○	○	○ reset
14K. Identify short-, intermediate-, long-term strategies that complement each other and work synergistically to achieve 5-year objectives	○	○	○	○	○	○ reset
14L. Select evidence-based interventions for strategies based on available research, coalition buy-in, resources for implementation, and promising program practice	○	○	○	○	○	○ reset
14M. Create a performance measurement plan to report short, intermediate, and long-term outcomes	○	○	○	○	○	○



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SECTION 6. TTA Influence on Recipient Organizational Capacity

With the next set of questions, we would like you to share your perceptions about the extent to which TTA received from NCCCP TTA providers influenced **your program's capacity** to implement your comprehensive cancer control plan. Please respond based on your observations and experiences.

16. To what extent has the TTA you received between [insert start date of response period] and [insert end date of response period] contributed to *your program's* ability to have:

	Don't know	Not at all	Small extent	Moderate extent	Great extent	
16A. Improved coalition partnerships	○	○	○	○	○	reset
16B. Expanded reach to populations of focus	○	○	○	○	○	reset
16C. Enhanced organizational sustainability	○	○	○	○	○	reset
16D. Improved overall programmatic capacity	○	○	○	○	○	reset
16E. Improved implementation of evidence-based interventions to address cancer burden	○	○	○	○	○	reset
16F. Enhanced monitoring and evaluation of program activities and impact	○	○	○	○	○	reset
16G. Increased capacity to utilize secondary data to inform program priorities and activities	○	○	○	○	○	reset
16H. Other programmatic capacity, please specify:	○	○	◉	○	○	reset

17. Of the TTA you participated in between [insert start date of response period] and [insert end date of response period], which TTA activities had the most impact on *your program's* capabilities? Select all that apply.

- ☐ FLCC Refresher Sessions
- ☐ Webinars
- ☐ Cancer screening briefs
- ☐ Online Academy Ambassador Programs
- ☐ GWCC Online Academy
- ☐ GWCC Online Academy Ambassador Program
- ☐ Micro-learning modules through the ACS Coalition University
- ☐ Cancer Awareness Toolkits
- ☐ In-person training/workshops or TA
- ☐ Micro-learning modules
- ☐ Networking sessions
- ☑ Communities of Practice or Learning Communities, please specify:

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SECTION 7. Satisfaction with TTA Received

The purpose of the following questions is to collect information on your perceptions of TTA received from NCCCP TTA providers.

The following four questions pertain to your satisfaction with various qualities of the TTA you received between [insert start date of response period] and [insert end date of response period].

18. Please rate the *relevance* of the TTA you received between [insert start date of response period] and [insert end date of response period].

	N/A	Not relevant	Somewhat relevant	Relevant	Highly relevant
Webinars	○	○	○	○	○ reset
Emails or newsletters	○	○	○	○	○ reset
In-person trainings	○	○	○	○	○ reset
Asynchronous trainings	○	○	○	○	○ reset
One-on-one calls	○	○	○	○	○ reset
Small group/peer-to-peer learning	○	○	○	○	○ reset
Toolkits & briefs	○	○	○	○	○ reset
Site visits	○	○	○	○	○ reset
Communities of Practice/Learning Communities	○	○	○	○	○ reset
Online resources *(text entry response 1)*	○	○	○	○	○ reset
Other TTA *(text entry response 2)*	○	○	○	○	○ reset

19. Please rate the *usefulness* of the TTA you received between [insert start date of response period] and [insert end date of response period].

	N/A	Not useful	Somewhat useful	Useful	Very useful
Webinars	○	○	○	○	○ reset
Emails or newsletters	○	○	○	○	○ reset
In-person trainings	○	○	○	○	○ reset
Asynchronous trainings	○	○	○	○	○ reset
One-on-one calls	○	○	○	○	○ reset
Small group/peer-to-peer learning	○	○	○	○	○ reset
Toolkits & briefs	○	○	○	○	○

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20. Please rate the *quality* of the TTA you received between [insert start date of response period] and [insert end date of response period].

	N/A	Poor quality	Fair quality	Good quality	Excellent quality	
Webinars	○	○	○	○	○	reset
Emails or newsletters	○	○	○	○	○	reset
In-person trainings	○	○	○	○	○	reset
Asynchronous trainings	○	○	○	○	○	reset
One-on-one calls	○	○	○	○	○	reset
Small group/peer-to-peer learning	○	○	○	○	○	reset
Toolkits & briefs	○	○	○	○	○	reset
Site visits	○	○	○	○	○	reset
Communities of Practice/Learning Communities	○	○	○	○	○	reset
Online resources *(text entry response 1)*	○	○	○	○	○	reset
Other TTA *(text entry response 2)*	○	○	○	○	○	reset

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SECTION 7. Satisfaction with TTA Received

The purpose of the following questions is to collect information on your perceptions of TTA received from NCCCP TTA providers.

The following four questions pertain to your satisfaction with various qualities of the communication about the TTA offerings between [insert start date of response period] and [insert end date of response period].

21. Please rate your satisfaction with the *timing* of the communication about the TTA offerings between [insert start date of response period] and [insert end date of response period].

	N/A	Not satisfied	Somewhat satisfied	Satisfied	Very satisfied	
Webinars	○	○	○	○	○	reset
Emails or newsletters	○	○	○	○	○	reset
In-person trainings	○	○	○	○	○	reset
Asynchronous trainings	○	○	○	○	○	reset
One-on-one calls	○	○	○	○	○	reset
Small group/peer-to-peer learning	○	○	○	○	○	reset
Toolkits & briefs	○	○	○	○	○	reset
Site visits	○	○	○	○	○	reset
Communities of Practice/Learning Communities	○	○	○	○	○	reset
Online resources *(text entry response 1)*	○	○	○	○	○	reset
Other TTA *(text entry response 2)*	○	○	○	○	○	reset

22. Please rate your satisfaction with the *frequency* of the communication about the TTA offerings between [insert start date of response period] and [insert end date of response period].

	N/A	Not satisfied	Somewhat satisfied	Satisfied	Very satisfied	
Webinars	○	○	○	○	○	reset
Emails or newsletters	○	○	○	○	○	reset
In-person trainings	○	○	○	○	○	reset
Asynchronous trainings	○	○	○	○	○	reset
One-on-one calls	○	○	○	○	○	reset
Small group/peer-to-peer learning	○	○	○	○	○	

23. Please rate your satisfaction with the *quality* of the communication about the TTA offerings between [insert start date of response period] and [insert end date of response period].

	N/A	Not satisfied	Somewhat satisfied	Satisfied	Very satisfied	
Webinars	○	○	○	○	○	reset
Emails or newsletters	○	○	○	○	○	reset
In-person trainings	○	○	○	○	○	reset
Asynchronous trainings	○	○	○	○	○	reset
One-on-one calls	○	○	○	○	○	reset
Small group/peer-to-peer training	○	○	○	○	○	reset
Toolkits & briefs	○	○	○	○	○	reset
Site visits	○	○	○	○	○	reset
Communities of Practice/Learning Communities	○	○	○	○	○	reset
Online resources *(text entry response 1)*	○	○	○	○	○	reset
Other TTA *(text entry response 2)*	○	○	○	○	○	reset

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DP23-0017 TTA Evaluation Survey

SECTION 7. Satisfaction with TTA Received

The purpose of the following questions is to collect information on your perceptions of TTA received from NCCCP TTA providers.

The following four questions pertain to your satisfaction with various qualities of the topics you received TTA for between [insert start date of response period] and [insert end date of response period].

24. Please rate the *relevance* of the topics you received TTA for between [insert start date of response period] and [insert end date of response period].

	N/A	Not relevant	Somewhat relevant	Relevant	Highly relevant	
Coalition functioning	○	○	○	○	○	reset
Primary prevention: Alcohol	○	○	○	○	○	reset
Primary prevention: Environmental exposure	○	○	○	○	○	reset
Primary prevention: Hepatitis B transmission or vaccination	○	○	○	○	○	reset
Primary prevention: Human papillomavirus (HPV)	○	○	○	○	○	reset
Primary prevention: Nutrition	○	○	○	○	○	reset
Primary prevention: Obesity/overweight	○	○	○	○	○	reset
Primary prevention: Physical activity	○	○	○	○	○	reset
Primary prevention: Radon	○	○	○	○	○	reset
Primary prevention: Sun/UV exposure	○	○	○	○	○	reset
Primary prevention: Tobacco	○	○	○	○	○	reset
Primary prevention: Other types of risk or protective factors *(text entry response 3)*	○	○	○	○	○	reset
Screening and early detection: General cancer	○	○	○	○	○	reset
Screening and early detection: Breast cancer	○	○	○	○	○	reset
Screening and early detection: Cervical cancer	○	○	○	○	○	reset
Screening and early detection: Colorectal cancer (CRC)	○	○	○	○	○	reset
Screening and early detection: Gynecological cancers	○	○	○	○	○	reset
Screening and early detection: HPV-related cancers	○	○	○	○	○	reset
Screening and early detection: Liver cancer	○	○	○	○	○	

Survivorship: Survivors	○	○	○	○	○ reset
Survivorship: Caregivers, family members, support system	○	○	○	○	○ reset
Survivorship: Palliative care and hospice	○	○	○	○	○ reset
Policy, systems, and environmental change strategies	○	○	○	○	○ reset
Psychosocial and behavioral change	○	○	○	○	○ reset
Community clinical linkages	○	○	○	○	○ reset
Population reach strategies	○	○	○	○	○ reset
Rural populations	○	○	○	○	○ reset
Health for all	○	○	○	○	○ reset
Evaluation and quality improvement	○	○	○	○	○ reset
Establishment and building sustainable partnerships	○	○	○	○	○ reset
Maintaining partnerships	○	○	○	○	○ reset
Building sustainable programs	○	○	○	○	○ reset
Using secondary (i.e., surveillance) data to inform program planning	○	○	○	○	○ reset
Using secondary (i.e., surveillance) data to inform program evaluation	○	○	○	○	○ reset
Addressing high programmatic staff turnover	○	○	○	○	○ reset
Workforce development	○	○	○	○	○ reset
Stigma	○	○	○	○	○ reset
Other topic *(text entry response 5)*	○	○	○	○	○ reset

25. Please rate the *usefulness* of the topics you received TTA for between [insert start date of response period] and [insert end date of response period].

	N/A	Not relevant	Somewhat relevant	Relevant	Highly relevant	
Coalition functioning	○	○	○	○	○	reset
Primary prevention: Alcohol	○	○	○	○	○	reset
Primary prevention: Environmental exposure	○	○	○	○	○	reset
Primary prevention: Hepatitis B transmission or vaccination	○	○	○	○	○	reset
Primary prevention: Human papillomavirus (HPV)	○	○	○	○	○	reset
Primary prevention: Nutrition	○	○	○	○	○	reset
Primary prevention: Obesity/overweight	○	○	○	○	○	reset
Primary prevention: Physical activity	○	○	○	○	○	reset
Primary prevention: Radon	○	○	○	○	○	reset
Primary prevention: Sun/UV exposure	○	○	○	○	○	reset
Primary prevention: Tobacco	○	○	○	○	○	reset
Primary prevention: Other types of risk or protective factors *(text entry response 3)*	○	○	○	○	○	reset
Screening and early detection: General cancer	○	○	○	○	○	reset
Screening and early detection: Breast cancer	○	○	○	○	○	reset
Screening and early detection: Cervical cancer	○	○	○	○	○	reset
Screening and early detection: Colorectal cancer (CRC)	○	○	○	○	○	reset
Screening and early detection: Gynecological cancers	○	○	○	○	○	reset
Screening and early detection: HPV-related cancers	○	○	○	○	○	reset
Screening and early detection: Liver cancer	○	○	○	○	○	reset
Screening and early detection: Lung cancer	○	○	○	○	○	reset
Screening and early detection: Oral cancer	○	○	○	○	○	reset
Screening and early detection: Ovarian cancer	○	○	○	○	○	reset
Screening and early detection: Prostate cancer	○	○	○	○	○	reset
Screening and early detection: Skin cancer	○	○	○	○	○	

Survivorship: Survivors	○	○	○	○	○ reset
Survivorship: Caregivers, family members, support system	○	○	○	○	○ reset
Survivorship: Palliative care and hospice	○	○	○	○	○ reset
Policy, systems, and environmental change strategies	○	○	○	○	○ reset
Psychosocial and behavioral change	○	○	○	○	○ reset
Community clinical linkages	○	○	○	○	○ reset
Population reach strategies	○	○	○	○	○ reset
Rural populations	○	○	○	○	○ reset
Health for all	○	○	○	○	○ reset
Evaluation and quality improvement	○	○	○	○	○ reset
Establishment and building sustainable partnerships	○	○	○	○	○ reset
Maintaining partnerships	○	○	○	○	○ reset
Building sustainable programs	○	○	○	○	○ reset
Using secondary (i.e., surveillance) data to inform program planning	○	○	○	○	○ reset
Using secondary (i.e., surveillance) data to inform program evaluation	○	○	○	○	○ reset
Addressing high programmatic staff turnover	○	○	○	○	○ reset
Workforce development	○	○	○	○	○ reset
Stigma	○	○	○	○	○ reset
Other topic *(text entry response 5)*	○	○	○	○	○ reset

26. Please rate the *quality* of the topics you received TTA for between [insert start date of response period] and [insert end date of response period].

	N/A	Not relevant	Somewhat relevant	Relevant	Highly relevant	
Coalition functioning	○	○	○	○	○	reset
Primary prevention: Alcohol	○	○	○	○	○	reset
Primary prevention: Environmental exposure	○	○	○	○	○	reset
Primary prevention: Hepatitis B transmission or vaccination	○	○	○	○	○	reset
Primary prevention: Human papillomavirus (HPV)	○	○	○	○	○	reset
Primary prevention: Nutrition	○	○	○	○	○	reset
Primary prevention: Obesity/overweight	○	○	○	○	○	reset
Primary prevention: Physical activity	○	○	○	○	○	reset
Primary prevention: Radon	○	○	○	○	○	reset
Primary prevention: Sun/UV exposure	○	○	○	○	○	reset
Primary prevention: Tobacco	○	○	○	○	○	reset
Primary prevention: Other types of risk or protective factors *(text entry response 3)*	○	○	○	○	○	reset
Screening and early detection: General cancer	○	○	○	○	○	reset
Screening and early detection: Breast cancer	○	○	○	○	○	reset
Screening and early detection: Cervical cancer	○	○	○	○	○	reset
Screening and early detection: Colorectal cancer (CRC)	○	○	○	○	○	reset
Screening and early detection: Gynecological cancers	○	○	○	○	○	reset
Screening and early detection: HPV-related cancers	○	○	○	○	○	reset
Screening and early detection: Liver cancer	○	○	○	○	○	reset
Screening and early detection: Lung cancer	○	○	○	○	○	reset
Screening and early detection: Oral cancer	○	○	○	○	○	reset
Screening and early detection: Ovarian cancer	○	○	○	○	○	reset
Screening and early detection: Prostate cancer	○	○	○	○	○	reset
Screening and early detection: Skin cancer	○	○	○	○	○	

Survivorship: Survivors	○	○	○	○	○	reset
Survivorship: Caregivers, family members, support system	○	○	○	○	○	reset
Survivorship: Palliative care and hospice	○	○	○	○	○	reset
Policy, systems, and environmental change strategies	○	○	○	○	○	reset
Psychosocial and behavioral change	○	○	○	○	○	reset
Community clinical linkages	○	○	○	○	○	reset
Population reach strategies	○	○	○	○	○	reset
Rural populations	○	○	○	○	○	reset
Health for all	○	○	○	○	○	reset
Evaluation and quality improvement	○	○	○	○	○	reset
Establishment and building sustainable partnerships	○	○	○	○	○	reset
Maintaining partnerships	○	○	○	○	○	reset
Building sustainable programs	○	○	○	○	○	reset
Using secondary (i.e., surveillance) data to inform program planning	○	○	○	○	○	reset
Using secondary (i.e., surveillance) data to inform program evaluation	○	○	○	○	○	reset
Addressing high programmatic staff turnover	○	○	○	○	○	reset
Workforce development	○	○	○	○	○	reset
Stigma	○	○	○	○	○	reset
Other topic *(text entry response 5)*	○	○	○	○	○	reset

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DP23-0017 TTA Evaluation Survey

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SECTION 7. Satisfaction with TTA Received

The purpose of the following questions is to collect information on your perceptions of TTA received from NCCCP TTA providers.

27. Which approaches to providing TTA, if any, made the TTA received between [insert start date of response period] and [insert end date of response period] successful? Select all that apply.

- [ ] Relevance of the content to my work (e.g., population(s) of focus, rurality)
- [ ] Quality of the instruction/facilitation
- [ ] Expertise of the trainers/presenters
- [ ] Interactive nature of the sessions
- [ ] Practical, actionable information provided
- [ ] Flexibility of online/virtual delivery methods
- [ ] Opportunities for peer-to-peer learning
- [ ] Availability of follow-up support
- [ ] Clear and concise materials
- [ ] Timeliness of the TTA (addresses current needs)
- [ ] Customization to our specific organizational needs
- [ ] Hands-on exercises or case studies
- [ ] Adequate time for questions and discussion
- [ ] Post-TTA resources provided
- [ ] Accessibility of the materials provided for individuals with visual, auditory, cognitive, and motor impairments (e.g., closed captions, audio, preferred language)
- [ ] Convenient scheduling
- [ ] TTA provider follow-through
- [ ] Length of individual TTA engagement activities
- [x] Other, please specify:
- [ ] None of the above, the TTA that I received was not successful

28. What, if anything, would have made the TTA you received between [insert start date of response period] and [insert end date of response period] *more useful* for your NCCCP-funded work?

Expand

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29. In which of the following topics or subject areas would you like more training? Select all that apply.

- [ ] Coalition functioning
- [ ] Primary prevention: Alcohol
- [ ] Primary prevention: Environmental exposure
- [ ] Primary prevention: Hepatitis B transmission or vaccination
- [ ] Primary prevention: Human papillomavirus (HPV)
- [ ] Primary prevention: Nutrition
- [ ] Primary prevention: Obesity/overweight
- [ ] Primary prevention: Physical activity
- [ ] Primary prevention: Radon
- [ ] Primary prevention: Sun/UV exposure
- [ ] Primary prevention: Tobacco
- [x] Primary prevention: Other types of risk or protective factors, please specify:
- [ ] Screening and early detection: General cancer
- [ ] Screening and early detection: Breast cancer
- [ ] Screening and early detection: Cervical cancer
- [ ] Screening and early detection: Colorectal cancer (CRC)
- [ ] Screening and early detection: Gynecological cancer
- [ ] Screening and early detection: HPV-related cancers
- [ ] Screening and early detection: Liver cancer
- [ ] Screening and early detection: Lung cancer
- [ ] Screening and early detection: Oral cancer
- [ ] Screening and early detection: Ovarian cancer
- [ ] Screening and early detection: Prostate cancer
- [ ] Screening and early detection: Skin cancer
- [x] Screening and early detection: Other types of cancer, please specify:
- [ ] Survivorship: Survivors
- [ ] Survivorship: Caregivers, family members, support system
- [ ] Survivorship: Palliative care and hospice
- [ ] Policy, systems, and environmental change strategies
- [ ] Psychosocial and behavioral change
- [ ] Community clinical linkages
- [ ] Population reach strategies
- [ ] Health for all
- [ ] Evaluation and quality improvement
- [ ] Establishing and building sustainable partnerships
- [ ] Maintaining partnerships
- [ ] Building sustainable programs
- [ ] Using secondary (i.e., surveillance) data to inform program planning
- [ ] Using secondary (i.e., surveillance) data to inform program evaluation
- [ ] Addressing high programmatic staff turnover (e.g., retention strategies, succession planning)
- [ ] Workforce development
- [ ] Stigma