

NACCHO MAPP Training Participant Survey (Will be posted online)

This survey has been designed to help the National Association of County and City Health Officials (NACCHO) better understand the quality of the NACCHO Mobilizing for Action through Planning and Partnerships (MAPP) training in August 2012, in which you participated. Your responses are used only for quality program improvement and to inform program planning. Results are looked at in aggregate for identifying trends. Should you have any questions about this evaluation, please contact Deya Greer at dgreer@naccho.org. Your participation is greatly appreciated.

- Please use the scale provided to indicate the extent to which you agree with each statement about the NACCHO training.

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1	The NACCHO staff presentations were clear and engaging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The NACCHO staff presentations were relevant to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	The interactive exercises were relevant and applicable to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	There was sufficient time to interact with peer training participants during the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The other training participants had ideas for engaging partners in MAPP that were relevant and applicable to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	The other training participants had ideas on health assessments that were relevant and applicable to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	The stories from the field speaker (Erin Read, Together! Healthy Knox) were relevant and applicable to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	As a result of the training I have more specific ideas about conducting community health assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Overall, the training motivated/energized me to start implementing MAPP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I have interacted with other training participants since the training to discuss MAPP experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I was very clear about what my next steps were upon leaving the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I have the skills I need to engage partners in a MAPP process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I have the skills I need to conduct community health assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I have a high level of knowledge about how to conduct the entire MAPP process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	As a result of the training, I have a high level of knowledge about how to engage partners in a MAPP process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	As a result of the training, I have a high level of knowledge about conducting community health assessments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I am highly motivated to conduct MAPP activities in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	The training exceeded my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Has your community begun a MAPP process?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please describe what you have done. If No, please describe any barriers that you faced when trying to implement MAPP.

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3. Please indicate the type of organization that best represent you using the categories below:

<input type="checkbox"/> Local Health Dept	<input type="checkbox"/> Hospital	<input type="checkbox"/> Community Health Center	<input type="checkbox"/> Primary Care Organization	<input type="checkbox"/> University	<input type="checkbox"/> Other (please specify):
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4. Which of the following best describes the geographic area in which you are implementing/considering MAPP? (check more than one if they apply)

<input type="checkbox"/> Rural-single town/community	<input type="checkbox"/> Rural—multiple towns (e.g. county-wide)	<input type="checkbox"/> Suburban/Peri-urban	<input type="checkbox"/> Urban—single neighborhood	<input type="checkbox"/> Urban—full city
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5. Please indicate the size of the population your local health department (LHD) (or equivalent) serves. (Check one.)

<input type="checkbox"/>	Under 100,000
<input type="checkbox"/>	100,000 – 249,000
<input type="checkbox"/>	250,000 – 499,999
<input type="checkbox"/>	500,000 – 999,999
<input type="checkbox"/>	More than 1,000,000

6. Which of the following BEST describes the reasons why you pursued information about MAPP, in general (not specific to NACCHO MAPP training)? (Select only one)

<input type="checkbox"/>	My organization plans to use the results of the MAPP process to fulfill an assessment requirement (e.g. health department accreditation, IRS community health needs assessment, Federally Qualified Health Center community health assessment, state assessment and planning requirement)
<input type="checkbox"/>	Independent from any assessment requirements, organizations in my community identified MAPP as the preferred approach for addressing community health issues.
<input type="checkbox"/>	My supervisor, CEO, or health officer strongly endorses the use of MAPP, independent of any other potential requirement for use of MAPP.
<input type="checkbox"/>	Other (please specify):

7. My organization receives grant funding from the Health Resources and Services Administration (HRSA).

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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8. Please describe any other feedback related to the MAPP training that might be helpful for improving the training or additional support that you feel you might benefit from.

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9. What types of technical assistance would you like to receive to help your community implement the MAPP process?

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