



## ***Planning Cancer Control Programs in Your Community Survey***

### ***Instructions***

You have been asked to complete this survey because you partner with your local Cancer Prevention and Control Research Network Center and/or because you are involved in planning cancer control programs in your community. If you never do cancer control program planning, please invite someone else within your organization who is involved in planning to respond to this survey. You may choose not to participate in this research study without any penalty to you.

This survey will be used to gather data that will aid us in developing a web-based training program to help individuals and organizations identify, adopt, adapt, and implement evidence-based programs. It will also help us better understand the issues facing organizations desiring to implement cancer control programs in their communities.

For the purpose of this survey, a cancer control program is defined as a planned, coordinated group of activities and procedures to accomplish a specified goal.

All information collected with this survey is confidential, and will not be reported with any identifying information.

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I was invited to participate in this survey by (check one):

- Emory University's Prevention Research Center
- Harvard & Boston University's MPCPCRN (Massachusetts Cancer Prevention Community Research Network)
- Morehouse School of Medicine's Prevention Research Center
- St. Louis University's BEACON (Building Evidence-Based Action into Community Outreach Networks)
- University of California Los Angeles' CORICA (Community Research in Cancer)
- University of North Carolina's 4CNC (Comprehensive Cancer Control Collaborative of North Carolina)
- University of Texas Health Science Center at Houston's LINCC (Latinos In a Network for Cancer Control)
- University of Washington's ARCNW (Alliance for Reducing Cancer, Northwest)

How much of your job involves planning or implementing health promotion or cancer control programs?

- All
- Most
- About half
- Some
- Don't know/Prefer not to answer

## About Your Current Cancer Control Program Development Processes

1. In the last 12 months have you  
(Please answer each question.)

	Yes	No	Don't know/Prefer not to answer
developed your own program(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
used a program that someone else developed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
adapted a program that someone else developed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered "no" to ALL three questions above, skip questions 2-3 and go directly to question 4.**

2. Thinking about an existing program that you used recently either with or without adaptation, where/how did you find it? (Check all that apply)

- At a conference
- From a colleague
- Someone in your community
- Newsletter or listserv
- Our national office
- A journal
- An internet website (please describe):
- Other (please describe):
- Don't know/Prefer not to answer

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3A. Thinking about this same program that you used, why was it chosen?  
(Check all that apply)

- a. We had used it (or something like it) before.
- b. People in our community requested this type of program.
- c. There was scientific evidence saying the program works.
- d. It was easy to implement.
- e. It was available for free, or low cost.
- f. Our funding agency encouraged us to use this program.
- g. The program fit our budget.
- h. Other organizations like ours are using this program.
- i. We felt it was better than the alternatives.
- j. We didn't know of any alternatives.
- k. Technical assistance was available to help us with this program.
- l. Other (please describe):
- Don't know/Prefer not to answer

3B. Which of the reasons you selected above (Question 3A) was the *most important* to you, or your organization, in choosing the program? (Enter the letter here)

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4. Which of the following do you typically use to evaluate the success of your cancer control programs?  
(Check all that apply):

- Participants' knowledge
  - Number of participants
  - Participants' satisfaction
  - Media coverage
  - Participants' intentions
  - Other organizations' use of the program
  - Participants' behavior change
  - Funder interest
  - Other (please describe):
  - Don't know/Prefer not to answer
-



6. Please complete the following sentence (*Check all that apply*):

A cancer control program is “evidenced-based” if it was used before, evaluated, and found to be effective in

reaching a large number people

increasing knowledge

changing behavior

changing intentions

other (please describe):

Don't know/Prefer not to answer



8. If you found an evidence-based cancer control program, how confident do you feel that you could adapt it to fit your community's needs? (For example: cultural appropriateness, fit health disparities of population being served, etc.)

Not at all confident	Not very confident	Neutral	Somewhat confident	Totally confident	Don't know/Prefer not to answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Training in the following areas would help my organization to adapt and implement evidence-based cancer control programs (Check all that apply):

- how to involve other stakeholders/partners
- how to assess and utilize current available resources
- how to find and secure additional resources (e.g. funding, technical assistance, etc.)
- how to obtain program materials (e.g. educational/promotional materials, participant incentives, etc.)
- how to adapt a program and materials for cultural appropriateness (e.g. context, region, language, ethnicity, culture, religion)
- how to identify what program aspects can and cannot be changed
- how to pilot test a program with the intended audience
- how to develop an implementation and evaluation plan
- how to recruit participants
- how to implement and evaluate a program
- No training is needed
- Other (please describe):
- Don't know/Prefer not to answer

## About Program Planning Resources

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10. Have you **heard of** *The Guide to Community Preventive Services (The Community Guide)* website?

Yes	No	Don't know/ Prefer not to answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If no, skip to question 14.**

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11. Have you **used** *The Community Guide* website?

Yes	No	Don't know/ Prefer not to answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If no, skip to question 14.**

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12. What were you looking for when using *The Community Guide* website? (Check all that apply)

- Effective intervention approaches for cancer control
  - Evidence-based programs and products
  - Links to other resources
  - Information on areas where more evidence is needed
  - Logic models listing strategies for cancer control
  - Nothing in particular; just browsing
  - Other (please describe):
  - Don't know/Prefer not to answer
- 

13. How useful was *The Community Guide* website?

Not at all useful	Not very useful	Neutral	Somewhat useful	Very useful	Don't know/Prefer not to answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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14. Have you **heard of** the *Cancer Control P.L.A.N.E.T.* website?

Yes	No	Don't know/ Prefer not to answer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If no, skip to question 18.**

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## About You and Your Organization

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23. Which **one** of the following **best** describes your organization or employer?

- Government agency
  - Health care delivery organization
  - Voluntary health organization
  - Charitable foundation
  - Advocacy
  - Professional organization
  - Business/for profit
  - Voluntary service organization
  - Community coalition
  - State Comprehensive Cancer Coalition/Program members
  - Other (please describe):
  - Don't know/Prefer not to answer
- 

24. At what level is most of your cancer control work?

- Federal
  - State
  - Local
  - Don't know/Prefer not to answer
- 

25. Please estimate the number of staff in your organization:

- |                          |                          |                          |                          |                                 |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
| <25                      | 25-50                    | 50-100                   | 100>                     | Don't know/Prefer not to answer |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        |
- 

26. Do you attend meetings of the Comprehensive Cancer Coalition/Program in your state?

- |                          |                          |                                     |
|--------------------------|--------------------------|-------------------------------------|
| Yes                      | No                       | Don't know/<br>Prefer not to answer |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
-

27. Which of the following best describes the population(s) primarily served by your organization?  
 (Check all that apply)

	Rural	Urban	Low Income	Mid-High Income	Don't know/Prefer not to answer
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic or Latino origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Which **one** of the following **best** describes you?

- Health Educator
- Healthcare Provider (non-physician)
- Healthcare Provider (physician)
- Human Resources Professional
- Job Seeker
- Journalist
- Patient/Relative/Friend of Patient
- Policy Maker
- Program Planner or Manager
- Researcher/Program Evaluator
- Lay Health Worker
- Community Outreach Coordinator
- Volunteer
- Student
- Teacher
- Other (please describe):
- Don't know/Prefer not to answer

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29. What is the highest level of education you have completed?

- Some high school or less
- High school graduate/GED
- Technical or vocational school
- Some college
- College graduate
- Graduate or professional degree
- Don't know/Prefer not to answer

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30. Where do you usually access the Internet?

- Home
- Work
- Public library
- Other (please specify)
- Don't know/prefer not to answer

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31. At the location where you usually access the Internet, do you have high speed Internet access (Cable/DSL/T-1)?

- |                          |                          |                                     |
|--------------------------|--------------------------|-------------------------------------|
| Yes                      | No                       | Don't know/<br>Prefer not to answer |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

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**Thank you for completing this survey. We would like to thank you for taking the time to complete this survey with a \$20 gift card. Please mail the included incentive claim card to the CPCRN Coordinating Center at CB 7426, Chapel Hill, NC 27599.**