Learner Survey

ID Number	
Do you work for a tribe or tribal organization?	
Which tribe or tribal organization do you work for?	 Alaska Native Tribal Consortium American Indian Cancer Foundation Apache Blackfeet California Rural Indian Health Board Cherokee Chickasaw Chippewa Choctaw Fond du Lac Reservation Inter-tribal Council of Michigan Iroquois Muscogee Navajo Northwest Portland Area Indian Health Board Pueblo South Puget Intertribal Planning Agency Other
Please enter the name of the organization that you are currently affiliated with:	
What is your field of practice?	OncologyPrimary carePublic healthOther: [Please specify]
How would you best categorize your organization?	 Academic/research institution Advocacy organization/non-profit Community health clinic (including Federally Qualified Health Center, tribal clinic or other community clinic) Hospital (In-patient) Government agency (Federal, State or Local) Outpatient cancer care facility Primary care practice Other

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07-19-2023 13:56 projectredcap.org

In what U.S. state or territory is your organization located?	
 Alabama	 ○ Illinois ○ Indiana ○ Illinois ○ Massachusetts ○ Michigan ○ Mew Hampshire ○ North Dakota ○ Ohio
What best describes your current role?	Administrator Community Health Worker Health Educator Medical Resident/Student Nurse Nurse Nurse Navigator Nurse Practitioner Patient Navigator Physician Physician Physician Assistant Psychologist Social Worker Other: [Please specify]
My organization serves a predominately:	Rural CommunitySuburban CommunityUrban Community
Are you involved with Comprehensive Cancer Control (CCC)?	○ Yes ○ No
If yes, what is your relationship to CCC?	
What is your area of focus?	 Administration Communications Direct patient-care (such as physician, physician assistant, nurse, nurse practitioner) Education Navigation (including social workers, nurses and other community navigators) Program development and implementation Program evaluation Quality improvement Research Other: [Please specify]
What is your age?	 18-29 30-39 40-49 50-59 60 or older I prefer not to answer

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What is your race?	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ I prefer not to answer ☐ Other or Additional Heritage: [Please self-describe]
Option to expand on ancestry/heritage:	
What is your ethnicity?	 ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to say ☐ Other: [Please self-describe]
Which of the following best represents how you think of yourself? Select all that apply	Straight (that is, not lesbian or gay) Lesbian or gay Bisexual Two-Spirit I don't know Prefer not to answer I use a different term: [Please self-describe]
What sex were you assigned at birth, on your original birth certificate?	 ○ Female ○ Male ○ Something else (For example: X) ○ I don't know ○ Prefer not to answer
Which of these apply to you? Select all that apply	 Man Woman Cisgender (For example, you were assigned female at birth and you're a woman.) Transgender (For example, you were assigned male at birth and you're a woman.) Non-binary Two-Spirit Prefer not to answer I use a different term: [Please self-describe]
How did you learn about this opportunity? Select all that apply	 ☐ Center for Disease Control (CDC) TRAIN website ☐ Colleague/Friend ☐ Communication from the American Cancer Society (Email, Social Media, or Website) ☐ Communication from the George Washington Cancer Center (Email, Social Media, or Website) ☐ Communication from my practice site/organization ☐ Email communication ☐ Professional organization ☐ Social Media Communication (Facebook, Twitter, LinkedIn)

What is your biggest takeaway from the training?

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07-19-2023 13:56

nat was most useful to you in this training?	
nat suggestions do you have for improving this training?	

