



Talk About It! Marketing Community-based Interventions Through Health Care Provider and Community Ambassador Outreach *Evaluation*

Please fax completed form to: (770) 488-5965; email: arthritisprogram@cdc.gov; or mail to: CDC Arthritis Program,
Division of Population Health, Centers for Disease Control and Prevention, 4770 Buford Hwy. NE, MS F-78, Atlanta, Georgia 30341

Select one option per question:

	Disagree	Somewhat Disagree	Undecided	Somewhat Agree	Agree
1. Course objectives were met					
a. Discuss the audience research supporting outreach to primary care providers and use of community Ambassadors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Describe the key elements of the <i>1.2.3 Approach to Provider Outreach</i> strategy for marketing to primary care providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Describe the key elements of the <i>Spread the Word</i> strategy for using community Ambassadors to generate word-of-mouth marketing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. List the tools available for training marketing staff, tracking activities, and developing customized marketing materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Discuss strategies and lessons learned from on-the-ground implementation of both marketing approaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. This broadcast met my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The information provided was useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very Unlikely	Unlikely	Undecided	Likely	Very Likely
4. How likely are you to implement the <i>1.2.3 Approach to Provider Outreach</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How likely are you to implement the <i>Spread the Word</i> marketing strategy using community Ambassadors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. What additional information do you need about <i>1.2.3 Approach to Provider Outreach</i> strategy?					
7. What additional information do you need about <i>Spread the Word</i> strategy?					

Name (optional): _____

Agency (optional, please circle one): State Health Department State Unit on Aging Local Health Department Area Agency on Aging/Senior Center
Community-Based Organizations Hospital/Health System Voluntunray Health Organization Other: _____