



*The National Native Network (NNN) is a national partnership of Tribes, tribal organizations and health programs working to decrease commercial tobacco use and cancer health disparities among American Indians (AI) and Alaska Natives (AN). The Network is a 'hub' for professionals seeking knowledge or strategies to impact these issues in Native communities. NNN provides resources, training, technical assistance, and opportunities for peer-to-peer learning to programs needing support for cancer and tobacco prevention and control for Native populations.*

*We want to hear from organizations working with or in Tribal and Urban Indian communities about their needs for resources or assistance to address tobacco and cancer. This short survey has questions to gather information about specific ways in which the Network could help you. We will use the results to write a plan that lays out specific ways in which the Network will address the needs identified.*

*Your participation in this survey is voluntary. Your individual answers are confidential. You can skip any question you decide to skip. The survey data will be analyzed and reported to the Network and CDC by our evaluators, MPH. Your continued participation will be considered your consent.*

**SECTION 1: BACKGROUND INFORMATION**

Please tell us about the organization you represent and the work you do.

- 1. Name of the organization: \_\_\_\_\_
  
- 2. At what level does your organization (or your work) operate? Choose the level that best describes the organization's main operations.
  - National
  - State
  - Local
  - Regional (multi-state)
  - Regional (mult-local)
  
- 3. Is your organization designated as a Tribe, Tribal Organization, or Urban Indian organization?
  - Yes, Tribe
  - Yes, Tribal or Alaska Native Organization → How many Tribes or Alaska Native Villages do you serve? \_\_\_\_\_  
How many Urban Indian communities do you serve? \_\_\_\_\_
  - Yes, Urban Indian Organization
  - No
  
- 4. What is the ZIP code for the main location of your organization? *If there is more than one main location, please select just one. This info allows us to consider regional planning and time zones for scheduling purposes:*  
\_\_\_\_\_
  
- 5. What is your role? \_\_\_\_\_
  
- 6. Do you work for a program that specifically addresses tobacco or cancer?
  - Yes
  - No -> What type of program or area do you work in? \_\_\_\_\_



7. Which of the priority populations below does your organization serve or work to impact? Check all that apply.
- American Indian/ Alaska Native
  - Behavioral Health
  - Hispanic/Latino
  - LGBTQ+
  - Low Socioeconomic Status / Low Income
  - Rural
  - Urban
  - Other priority population (specify: \_\_\_\_\_ )

**SECTION 2: ORGANIZATIONAL NEEDS AND INTERESTS**

Please tell us about your own or your organization’s interest or needs for assistance related to tobacco and cancer.

8. What types of data would your organization be interested in collecting or using to measure or monitor health issues affecting Native people served by your organization? Check all that apply.
- Behavior Risk Factor Survey
  - American Indian Adult Tobacco Survey
  - Alaska Native Adult Tobacco Survey
  - State Cancer Registry
  - Youth Tobacco Survey
  - Quitline
  - National Health Interview Survey
  - National Drug Use and Health Survey
  - Electronic Health Record
    - For an RPMS system? Yes \_\_\_\_\_ No \_\_\_\_\_
    - For a different EHR system: \_\_\_\_\_
  - Other data source (specify: \_\_\_\_\_)
  - None

9. Which of the following topics specifically related to cancer and tobacco for American Indian or Alaska Native people would be helpful for you and your organization? Check all that apply.
- Accessing existing data for AI/AN population
  - Collecting new or improved data on AI/AN people you serve
  - Current research on emerging topics in tobacco or cancer
  - Communication or messaging about tobacco and cancer related health disparities experienced by AI/AN people
    - To a Native community or tribal leadership
    - To a non-Native government or agency
  - Best practices for tobacco prevention and control for AI/AN communities
  - Best practices for cancer prevention and control for AI/AN communities
  - Practical tools and solutions to barriers for practitioners trying to address cancer/tobacco health issues *within health care settings*
  - Practical tools and solutions to barriers for practitioners trying to address cancer/tobacco health issues *within non-health care settings*



- Misperceptions and myths about tobacco/cancer prevention and control within your organization
- How to design and implement media and marketing targeting commercial tobacco for AI/AN audience
- How to design and implement educational media and messaging about traditional or ceremonial tobacco for AI/AN audience
- How to design and implement educational media and messaging about cancer for AI/AN audience
- How to initiate and implement organizational policy change to impact commercial tobacco use or cancer risk for AI/AN population served
  - Specific type of policy: \_\_\_\_\_
- How to initiate and implement systems change to impact commercial tobacco use or cancer risk for AI/AN population served
  - Specific type of system change: \_\_\_\_\_
- Outreach and engagement of Native community members in efforts to address tobacco or cancer issues
- Tailoring best practices in commercial tobacco prevention and control to be culturally appropriate for Native population served
- Tailoring best practices in cancer prevention and control to be culturally appropriate for Native population served
- Other: \_\_\_\_\_

10. What time of year is usually best for participating in training opportunities?

- January to March
- April to June
- July to September
- October to December
- Other: (specify: \_\_\_\_\_ )

11. What format of training/technical assistance (T/TA) works best for you and others at your organization?

- Face-to-face training onsite at your organization
- Face-to-face training hosted at a conference
  - What conference would be best for you: \_\_\_\_\_
- One-on-one T/TA on a virtual platform
  - What specific platform works best for you or your agency?
    - Adobe Connect
    - Go To Webinar
    - Zoom
    - Google Hangout
    - Skype
    - Other : \_\_\_\_\_
- Peer group webinar
- Conference call
- Other: \_\_\_\_\_



**SECTION 3: FAMILIARITY AND INTEREST IN INTERACTING WITH NATIONAL NATIVE NETWORK**

12. In the past year, did you or your organization interact with NNN online or using social media? *The NNN's online handle is @keepitsacred and website is www.keepitsacred.org.*

- Yes
- No
- Don't know

What social media channel would you be interested in using to interact with NNN?

- Facebook
- Twitter
- LinkedIn
- Instagram
- YouTube
- Other: \_\_\_\_\_

13. Would you be interested in participating in an NNN- facilitated Community of Practice (CoP) with other professionals like you working to address cancer and tobacco health issues with Native populations? *A CoP is a group of peers who share a concern or a passion for something they do, and they come together to share and learn how to do it better as they interact regularly.*

- No, not at this time
- Yes
  - o What topic interests you for a CoP? \_\_\_\_\_

14. If you would like to be added to our NNN resource and media distribution list or be included in future CoP opportunities, please provide your email address:

\_\_\_\_\_

From all of us with the NNN, thank you for taking this survey! Please contact us if you have any questions about the survey or the Network.

Sincerely,

Joshua Hudson  
National Native Network Program Coordinator  
Inter-Tribal Council of Michigan  
[jhudson@itcmi.org](mailto:jhudson@itcmi.org)

Shannon Laing  
National Native Network Lead Evaluator  
Michigan Public Health Institute  
[slaing@mphi.org](mailto:slaing@mphi.org)