



Summing it Up 2012

PRACTICAL GUIDANCE FOR PUBLIC HEALTH PROGRAM PLANNING, EVALUATION, AND SURVEY DESIGN AND USE

Agenda

Day 1: 9:00 am—4:00 pm

9:00	Welcome and Introductions Karen O'Rourke, MPH
9:20-9:25	Brief Overview Michele Polacsek, PhD., MHS
9:25-10:30	Planning: background and context Randy Schwartz, MSPH
10:30	Break
10:45-12:00	Planning: stakeholders, prioritizing, goals Randy Schwartz
12:00-12:45	Lunch
12:45-2:30	Strategies, Logic Modeling, Objectives Michele Polacsek Implementation Randy Schwartz
2:30-2:45	Break
2:45-3:45	Evaluation, Measurement Michele Polacsek
3:45-4:00	Wrap-up Michele Polacsek and Randy Schwartz

Day 2: 8:30 am—1:00 pm

	Brian Robertson, PhD.
8:30	Welcome and Introduction
8:35-8:45	Defining Survey Objectives
8:45-9:15	Survey Sampling
9:15-10:00	Survey Design
10:00-10:15	EXERCISE: Question Appraisal
10:15-10:30	Break
10:30-11:15	Data Collection
11:15-11:45	Analysis and Reporting
11:45-12:00	EXERCISE: Survey Planning Sheet
12:00-1:00	Lunch & Adjourn

REGISTRATION FORM

UNIVERSITY OF NEW ENGLAND CENTER FOR COMMUNITY AND PUBLIC HEALTH

Summing it Up

PRACTICAL GUIDANCE FOR
PUBLIC HEALTH PROGRAM
PLANNING, EVALUATION,
SURVEY DESIGN AND DATA USE

Thursday, August 9, 2012 9 am—4 pm
Friday, August 10, 2012 8:30 am—1 pm
Hilton Garden Inn, Freeport Maine

Name _____

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Organization _____

REGISTER BY AUGUST 2
Space is Limited to 50 people

Address (street, city, state, zip) _____

Email _____

Phone _____

• • • • •

I AM REGISTERING FOR: _____ Both days (\$35) _____ First day only (\$30) _____ Second day only (\$30)

I AM PAYING BY: _____ Check (enclosed) _____ Check to follow (PO if available: _____)

By Credit Card: MC/ Visa (circle)

Credit Card # _____

Exp date _____ Vin # _____ Amount _____

Name on Card _____

Street _____ City, State _____ Zip _____

Some funds from the NE Alliance may be available to help reimburse a portion of the cost of lodging for those who must travel more than 2 hours to attend the training and who attend both days. These funds will be available on a first come first served basis to paid conference registrants. Please note that it may take 3-5 weeks for payment to be sent.

Are you requesting lodging reimbursement? _____ Yes _____ No Number of nights: _____

Length of travel (miles and time it takes to get to training): _____

Note: If approved, you will be provided with a form and will be required to submit receipts or copies of receipts for your housing costs in order to be reimbursed.

SEND REGISTRATION TO:

MAIL Nina Schwabe, Center for Community and Public Health, University of New England, 716 Stevens Ave, Portland, ME 04103

FAX 207-523-1914 **EMAIL SCANNED FORM** nschwabe@une.edu (Subject of email: Summing it Up)

FMI Contact Nina Schwabe (207) 221-4564 or nschwabe@une.edu

FOR UNE PURPOSES ONLY

_____ Payment recieved (If applicable, check number: _____)

_____ Approved for _____ night(s)



Center for Community and Public

