**Form Approved**

**OMB No. 0920-0890**

**Expiration Date 06/30/2014**

HIV/AIDS Awareness Day Programs

**Attachment # 3b: National Native HIV/AIDS Awareness Day (NNHAAD) Evaluation Report**

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0890)

**Attachment # 3b: National Native HIV/AIDS Awareness Day Evaluation Report**

**Please help us evaluate the success of the National Native HIV/AIDS Awareness Day (NNHAAD).**

This survey collects data regarding the number of communities involved in NNHAAD, types of activities, people involved, community impact, event resources, and product availability. The national planning body consists of the Centers for Disease Control and Prevention, Colorado State, Inter Tribal Council of Arizona, and the National native American AIDS Prevention Center. All information provided on the survey will be released for the benefit of communities as well as NNHAAD. Information “About Your Organization” will be kept confidential, except for state demographic information. Please be as open as possible, as we would like to find ways to enhance NNHAAD’s future efforts and resources.  
  
If your event was the result of a collaborative effort please communicate with your collaborating partners to ensure that we do not receive multiple surveys for a single event. This is to make certain that we receive accurate number of events held during NNHAAD. Thank you for taking the time to complete this online survey and we hope that your NNHAAD event was a success!

**About your Yourself**

|  |  |
| --- | --- |
| Tell Us About Yourself: |  |
| City: | State: |
| How did you hear about NNHAAD and corresponding events? | |
| * Email announcement from a national agency | * Email announcement from a local entity/organization |
| * Newsletter from a local entity/organization | * Heard about it at a conference or meeting |
| * Participated in an event last year | * Was told by a local prevention worker |
| * Was told by a community leader | * Other: |
| * A friend or co-worker told me about it |  |
|  |  |
| How did you honor NNHAAD? | |
| * Attended/participated in an event | * Received an HIV test |
| * Wrote an article for the local newspaper | * Wrote a letter to/visited a community letter |
| * Volunteered for a local AIDS service organization | * Donated food or materials to a local organization |
| * Donated money to a local organization | * Helped somebody living with HIV/AIDS |
| * Went with a friend to receive an HIV test | * Educated my friends or co-workers about HIV in Native communities |
| * Committed to making changes in your own life | * Other: |

**About your Organization**

If you helped to put on an event honoring NNHAAD as part of your professional or volunteer responsibilities, the please complete the following set of questions. If you are not associated with an organization please check ‘other’ and indicate individual stakeholder.

|  |  |
| --- | --- |
| Tell Us About Your Organization: | |
| Agency(ies)/Organization(s) that sponsored or co-sponsored your NNHAAD Event: |  |
| Primary Contact for NNHAAD Activities: |  |
| City: | State: |
| What type of organization are you? | |
| * Community Based Organization | * Foundation |
| * Health Consortium | * Clinic/hospital |
| * Church/faith based organization | * Tribal Health Department |
| * State Health Department | * Tribal College or University |
| * Other: | |

**About your Event**

If your event was the result of a collaborative effort please communicate with your collaborating partners to ensure that we do not receive multiple surveys for a single event.

|  |
| --- |
| Tell Us About Your Event: |
| # of events held by your organization for NNHAAD? |
| What type of activity(ies) was/were held at your NNHAAD event? Please provide a brief description below. (i.e., HIV testing, condom distribution, guest speaker, powwow, memorial, etc). If more than one event was held by your organization, please list each individually in the space provided below. |
| 1. Event1 |
| 1. Event2 |
| 1. Event3 |

|  |
| --- |
| Participants: |
| How many people attended your event? |

|  |
| --- |
| HIV Testing: |
| If HIV testing was conducted at your event, how many HIV tests were performed? |

**Marketing**

|  |  |
| --- | --- |
| What do you feel was the most effective method you used to market your NNHAAD event? | |
| * Posters | * Flyers |
| * E-mail announcements | * Online banners |
| * Social marketing websites | * Word of mouth |
| * Announcements at community events | * Newsletter |
| * Newspaper ad | * Radio ad/spot |
| * Text messages | * Other: |

**Community Impact:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please rate the following related to Leadership and NNHAAD: | 1  Disagree | 2  Somewhat Disagree | 3  Neutral | 4  Somewhat Agree | 5  Agree |
| Leaders in your community supported efforts around National Native HIV/AIDS Awareness Day? |  |  |  |  |  |
| The community leadership’s knowledge of HIV and AIDS increased?  *(i.e. Do they know how HIV is transmitted, the signs associated with the disease, or did anyone approach you stating they learned something new?)* |  |  |  |  |  |
| The community leadership has a better awareness of resources available in your community? *(i.e. Do they know where to get tested? counseling services provide to positive patients?)* |  |  |  |  |  |
| Please provide any other comments for the leadership involvement? | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please rate the following related to the Community At Large and NNHAAD: | 1  Disagree | 2  Somewhat Disagree | 3  Neutral | 4  Somewhat Agree | 5  Agree |
| The community at large supported efforts around National Native HIV/AIDS Awareness Day? |  |  |  |  |  |
| The Community At Large increased their knowledge about HIV and AIDS?  *(i.e. Do they know how HIV is transmitted, the signs associated with the disease, or did anyone approach you stating they learned something new?)* |  |  |  |  |  |
| The Community at large increased their awareness of resources available to them?  *(i.e. Do they know where to get tested? Or where to get counseling services?)* |  |  |  |  |  |
| Please provide any other comments for the Community involvement? | | | | | |

**Media Coverage**

|  |  |
| --- | --- |
| Media Coverage: | |
| Was there any local media coverage surrounding your event? If so, what type? Please check all that apply. | |
| Newspaper | Tribal Newsletter |
| Online article/posting | Radio Announcement/Public Service Announcement |
| Television | YouTube Posting |
| Other: |  |

|  |  |
| --- | --- |
| Photos | |
| Do you have any photos of your event? If yes, would you be willing to provide a copy of the photos for our NNHAAD files? (All photos must have a sign photo release). Photos and copies of sign releases can be submitted to the following organizations:  CA7AE – [aisrael@colostate.edu](mailto:aisrael@colostate.edu), NNAAPC – [rfoley@nnaapc.org](mailto:rfoley@nnaapc.org), ITCA – [gwenda.gorman@itcaonline.com](mailto:gwenda.gorman@itcaonline.com) | |
| Yes | No |

**NNHAAD Resources**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please rate the following related to the NNHAAD Community Events Map: | 1  Strongly  Disagree | 2  Disagree | 3  Neutral | 4  Agree | 5  Strongly  Agree |
| The Community Events Map was effective and helpful? |  |  |  |  |  |
| The Community Events Map was easy to understand and user friendly? |  |  |  |  |  |
| The Community Event Form was clear, easy to understand, and user friendly? |  |  |  |  |  |
| Any other comments or recommendations for the Community Events Map? | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please rate the following related to NNHAAD Products: | 1  Strongly  Disagree | 2  Disagree | 3  Neutral | 4  Agree | 5  Strongly  Agree |
| The NNHAAD Poster represented Native populations well? |  |  |  |  |  |
| The NNHAAD Save the Date Cards were helpful and informative? |  |  |  |  |  |
| The NNHAAD Fact Sheet was helpful and informative? |  |  |  |  |  |
| The NNHAAD Activity Sheet helped with event ideas and suggestions? |  |  |  |  |  |
| The NNHAAD Product Order form was clear, easy to understand, and user friendly? |  |  |  |  |  |
| The promotional items released were appropriate for your community? |  |  |  |  |  |
| The promotional items released were well received by your community? |  |  |  |  |  |
| Did you use the sample NNHAAD Public Service Announcement to produce local PSA? | Yes | |  | No | |
| Please provide any other comments or recommendations for NNHAAD products? | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please rate the following related to NNHAAD Products and Shipping: | 1  Strongly  Disagree | 2  Disagree | 3  Neutral | 4  Agree | 5  Strongly  Agree |
| You received your promotional items (posters, lapel pins and chap sticks, etc) that were shipped from a planning partner in a timely manner? |  |  |  |  |  |
| You received promotional items (posters, lapel pins and chap sticks) that were shipped from ASHLIN INC/CDC in a timely matter? |  |  |  |  |  |
| You received all items you requested? If you disagree, please provide more information below. |  |  |  |  |  |
| Please provide any other comments or recommendations for the distribution/dissemination of NNHAAD products? | | | | | |

|  |  |
| --- | --- |
| Please answer the following related to Promotional Items for NNHAAD | |
| You requested items from 2 or more of the principal NNHAAD Organizations (CA7AE, NNAAPC, and ITCA) to fulfill the needs for your event? | |
| Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| Please rate the following related to NNHAAD Promotional Items: | CA7AE | NNAAPC | ITCA |
| Please indicate which organization(s) you requested and received items from |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please rate the following about NNHAAD Resources | 1  Not Very Important | 2 | 3  Neutral | 4 | 5  Very Important |
| How important it is to you that there is a central resource website for National Native HIV/AIDS Awareness Day? |  |  |  |  |  |

|  |
| --- |
| Additional Comments/Recommendations/Suggestions: |
|  |

All three agency information will be placed here.