

Form Approved

OMB No. 0920-xxxx

Exp. Date: xx/xx/xxxx

**National Learning Community for HIV CBO Leadership Evaluation**

**Attachment 8**

**National Learning Community for HIV CBO Leadership  
Post-Participation Survey**

Public reporting burden of this collection of information is estimated to average 9 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-New)

The National Learning Community for HIV CBO Leadership (Learning Community) Post-Participation Survey collects information from community-based organization leaders who have participated in the Learning Community.

Our records indicate that approximately 3 months ago, you enrolled in the Learning Community with access to short courses, coaching, and the Creative Problem-Solving Intensive. Please take a few minutes to complete this form and let us know how we can better tailor this program for organizational leaders such as yourself.

The purpose of this survey is to gather information that we can use to better serve you, your organization, and your staff to sustain implementation of HIV interventions, programs, and care services.

Participation in this survey is voluntary. All responses will be combined with the responses of others to see if there are any patterns in the feedback. Your individual answers will not be presented in any format or shared with your organization. Failure to participate will not jeopardize your employment or CDC funding of your organization. Completing the questions should take approximately 6 minutes.

## National Learning Community for HIV CBO Leadership (Learning Community) Post Participation Survey

Your unique ID number is:  
 the first two letters of your first name,  
 the first two letters of your last name,  
 the month of your birth,  
 and the day of your birth.  
 For example: John Smith, May 29  
 would be JOSM-0529.

UNIQUE IDENTIFIER

				--				
FN	FN	LN	LN	--	M	M	D	D

**1. Which of the following components of the Learning Community did you complete in the last three months? (check all that apply)**

- Foundational Courses
- Supplemental Courses
- Coaching Sessions
  - o [if checked →] How many coaching sessions have you completed? \_\_\_\_
- Creative Problem-Solving Intensive
- None

**2. Please list the badges and/or certificates you've earned: (check all that apply)**

**Foundational Courses**

- Managing People Badge
- Managing Programs Badge
- Managing Organizations Badge
- Certificate in HIV Program Foundations

**Supplemental Courses**

- Certificate in Managing People
- Certificate in Managing Programs
- Certificate in Managing Organizations
- Advanced Certificate in Managing People
- Advanced Certificate in Managing Programs
- Advanced Certificate in Managing Organizations

**Creative Problem-Solving Intensive**

- Advanced Certificate in HIV Program Innovation

**3. How satisfied were you with the following?**

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Not applicable
Foundational courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supplemental courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coaching sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creative Problem-Solving Intensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. Please share your suggestions for improving the following:**

	Comments
Foundational Courses	
Supplemental Courses	
Coaching Sessions	
Creative Problem-Solving Intensive	

5. To what extent do you agree with the following statements?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
<b>Knowledge</b>						
The Learning Community services <b>improved my knowledge</b> about managing <b>people</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Learning Community services <b>improved my knowledge</b> about managing <b>programs</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Learning Community services <b>improved my knowledge</b> about managing <b>organizations</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Relevance</b>						
The Learning Community services were appropriate for our location (e.g., economic, political, and cultural conditions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Usefulness</b>						
The Learning Community <b>changed</b> how I manage <b>people</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Learning Community <b>changed</b> in how I manage <b>programs</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Learning Community <b>changed</b> in how I manage my <b>organization</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Learning Community <b>improved my ability</b> to support service provision at my organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Quality</b>						
I would recommend the Learning Community to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please describe how participating in the Learning Community has improved your management:

[TEXT BOX]

**7. The following factors helped me get started with the Learning Community**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
Support from my supervisor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support from my peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ease of registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The option to use services at my own pace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8. The following factors positively influenced my experience with the Learning Community**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
The services fit with my learning style	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The length of the courses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The learning aids were helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was interested in the topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The services were easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individual coaching sessions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using Slack® to connect with others in the Learning Community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using Slack® to connect with faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. The following factors helped me use what I learned in my everyday work**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
Course assignments to apply learnings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having enough time to try new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support from my supervisor to try new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support from my organization to try new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness of my staff to try new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. Please describe any other factors that helped you get started, positively influenced your experience, or helped you use what you learned in the Learning Community:**

[TEXT BOX]

**11. If you experienced any barriers to getting started with the Learning Community, please describe those barriers here:**

[TEXT BOX]

**12. If there was anything about your Learning Community experience that you didn't like, please describe here:**

[TEXT BOX]

**13. If you experienced any barriers to applying what you learned from the Learning Community, please describe here:**

[TEXT BOX]

**14. Do you have any suggestions for improving Learning Community services or resources?**

Yes → Go to Q15

No → Go to "Thank You" message

**15. Please share your suggestions for improving Learning Community services or resources:**

[TEXT BOX]

Thank you! Feel free to come back and take any additional Learning Community components you may still have left to explore.