

## Screenshots of National Learning Community for HIV CBO Leadership Post-Participation Survey

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

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.

Public reporting burden of this collection of information is estimated to average 3 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)



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# 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: Luisa Ramos, May 29  
would be LURA-0529.

## \* UNIQUE IDENTIFIER

First two letters of  
your first name

First two letters of  
your last name

Month of your birth  
(two digits)

Day of your birth (two  
digits)

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

Foundational Courses

Creative Problem-Solving Intensive

Supplemental Courses

None

Coaching Sessions



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

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



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

\* How satisfied were you with the following?

	Very satisfied	Satisfied	Neutral	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"/>

Please share your suggestions for improving the following:

Foundational Courses

Supplemental Courses

Coaching Sessions

Creative Problem-Solving Intensive



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## Usefulness

\* To what extent do you agree with the following statements?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
The Learning Community changed how I manage <u>people</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Learning Community changed in how I manage <u>programs</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Learning Community changed in how I manage my <u>organization</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Learning Community improved my ability 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"/>

## Quality

\* To what extent do you agree with the following statement?

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
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"/>



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

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



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\* 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"/>

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:



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

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

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

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

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

Yes

No



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

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



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

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



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Done

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