

Preview of the 'HIVCBA Learning Group Registration 2024 Update' evaluation

Public reporting burden of this collection of information is estimated to average 5 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 (0920-1322)

Question 1 of 26

This Learning Group Registration form gathers demographic and employment setting information from our HIV CBA learning group members. The information you share will help CDC understand the types of professionals, organizations, program populations, and geographic areas our training courses serve. Your timely completion of this form can help improve, and potentially expand, CDC HIV prevention training efforts. Completion of this form is voluntary and confidential. You are not required to participate, but your input would be very valuable. Should you have any questions please contact cbaevaluations@cdc.gov.

Please select one of the options below:

- I completed this form last year and have no updates to provide at this time
- I completed this form last year and would like to make updates
- I did not complete this form last year and would like to complete it now
- I did not complete this form last year and do not wish to complete it now

Question 2 of 26

First Name:

Answer:

Question 3 of 26

Last Name:

Answer:

Question 4 of 26

Business Street Address:

Answer:

Question 5 of 26

Business City:

Answer:

Question 6 of 26

Business State:

Answer:

Question 7 of 26

Business Zip Code:

Answer:

Question 8 of 26

Work Phone: *(Please answer in format XXX-XXX-XXXX.)*

Answer:

Question 9 of 26

Work Email Address: *(Please answer in format JohnDoe@yourcompany.org)*

Answer:

Question 10 of 26

Job Title:

Answer:

Question 11 of 26

Organization Name:

Answer:

Question 12 of 26

What is your primary professional role?

- Administrator (e.g., director, coordinator, manager, supervisor)
- Case manager/social worker (unlicensed)
- Clinical provider (e.g., medical doctor, registered nurse, pharmacist)
- Disease intervention specialist/partner services provider
- HIV tester
- Mental health counselor/ behavioral health therapist/social worker (licensed or certified)
- Navigator/ educator/ linkage specialist (e.g., community health worker, Data to Care/cluster response field staff)
- Researcher/evaluator
- Trainer/TA provider (specific to workforce development)
- Volunteer

Question 13 of 26

What is your race and/or ethnicity? (Select all that apply)

- American Indian or Alaskan Native** - Provide details below. Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

- Asian** - Provide details below. Enter, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, Pakistani, Hmong, Afghan, etc.

- Black or African American** - Provide details below. Enter, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

- Hispanic or Latino** - Provide details below. Enter, for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, Colombian, Honduran, Spaniard, etc.

- Middle Eastern or North African** - Provide details below. Enter, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, Moroccan, Yemeni, Kurdish, etc.

- Native Hawaiian or Pacific Islander** - Provide details below. Enter, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, Chuukese, Palauan, Tahitian, etc.

- White** - Provide details below. Enter, for example, English, German, Irish, Italian, Polish, Scottish, French, Swedish, Norwegian, etc.

Question 14 of 26

In your role at work, do you provide services DIRECTLY to clients or patients?

Yes

No

Question 15 of 26

In your role at work, do you provide services DIRECTLY to persons with HIV?

Yes

No

Question 16 of 26

How long have you been providing DIRECT services to persons with HIV? *(Please answer in format **XX Year(s), XX Month(s).**)*

Answer:

Question 17 of 26

What is the **primary** focus of your work?

- HIV/AIDS
- STD
- TB
- Hepatitis
- Mental/behavioral health
- Reproductive health/family planning
- Recovery support/trauma/domestic violence
- Labor and delivery
- Adolescent and/or pediatric health
- Emergency medicine/urgent care
- Primary care (e.g., general/family medicine)
- Oral health
- Other infectious diseases
- Other (*please specify*)

Question 18 of 26

What is the **secondary** focus of your work?

- HIV/AIDS
- STD
- TB
- Hepatitis
- Mental/behavioral health
- Reproductive health/family planning
- Recovery support/trauma/domestic violence
- Labor and delivery
- Adolescent and/or pediatric health
- Emergency medicine/urgent care
- Primary care (e.g., general/family medicine)
- Oral health
- Other infectious diseases
- Other (*please specify*)

Question 19 of 26

My organization is **primarily** recognized as a (select one):

- Community-based organization (CBO)/ AIDS service organization (ASO)
- State/local health department
- Federal Health Agency: Centers for Disease Control and Prevention (CDC)
- Federal Health Agency: Health Resources and Services Administration (HRSA)
- Federal Health Agency: Indian Health Service (IHS)
- Federal Health Agency: National Institutes of Health (NIH)
- Federal Health Agency: Substance Abuse and Mental Health Services Administration (SAMHSA)
- Federal Health Agency: Veterans Administration (VA)
- Other federal health agency
- Health center: Academic health center
- Health center: Behavioral/mental health center
- Health center: Community health center (e.g., Federally Qualified Health Center)
- Health center: Rural health center
- Health center: Substance use prevention or treatment center
- College/university
- Correctional facility
- Health maintenance organization/managed care organization
- Hospital/hospital-affiliated clinic
- Pharmacy
- Private medical practice (solo or group)

Other (*please specify*)

Question 20 of 26

What is the primary programmatic focus of your organization?

- HIV/AIDS
- STD
- TB
- Hepatitis
- Reproductive health/family planning
- Recovery support/trauma/domestic violence
- Labor and delivery
- Adolescent and/or pediatric health
- Emergency medicine/urgent care
- Primary care (e.g., general/family medicine)
- Mental/behavioral health
- Oral health
- Other infectious diseases
- Other (*please specify*)

Question 21 of 26

What is your organization's primary setting?

- Rural
- Suburban/Urban

Question 22 of 26

Estimate your organization's percentage of overall client/patient population in the past year who were racial/ethnic minorities.

- None
- 1-24%
- 25-49%
- 50-74%
- 75% or more

Question 23 of 26

Does your organization predominantly serve any racial or ethnic groups?

- Yes
- No

Question 24 of 26

Select up to TWO of the following racial or ethnic groups your organization predominantly serves:

- American Indian or Alaskan Native** - Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.

- Asian** - Enter, for example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, Pakistani, Hmong, Afghan, etc.

- Black/African American** - Enter, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

- Hispanic or Latino** - Enter, for example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, Colombian, Honduran, Spaniard, etc.

- Middle Eastern or North African** - Enter, for example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, Moroccan, Yemeni, Kurdish, etc.

- Native Hawaiian or Pacific Islander** - Enter, for example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, Chuukese, Palauan, Tahitian, etc.

- White** - Enter, for example, English, German, Irish, Italian, Polish, Scottish, French, Swedish, Norwegian, etc.

Question 25 of 26

Does your organization predominantly serve any special populations?

Yes

No

Question 26 of 26

Select up to THREE special populations your organization serves most often.

- Persons with HIV
- Adolescents
- Homeless individuals
- Incarcerated individuals/parolees
- Low-income individuals
- Men who have sex with men
- Men who have sex with men and women
- Older adults
- Pregnant women
- Recent immigrants/refugees/migrants or seasonal workers
- Sex workers
- Substance users
- Transgender individuals
- Women
- Other (*please specify*)