

NY Links Long Island Regional Group (LIRG) Meeting | August 24, 2015
MEETING EVALUATION

1. What is/will be your role with the Long Island Regional Group (select ALL that apply)?

- Data Rep
 Medical/Clinical Rep
 Team Coordinator/Point of Contact
 Senior Leader
 Consumer/Patient Rep
 Other Team Member
 NYS County Rep
 NYSDOH AIDS Institute
 Other (please specify) _____

2. Which agenda items did you find the MOST and the LEAST useful for your participation in the Long Island Regional Group? (please rank them in order, 1 being the MOST useful, 6 being the LEAST useful)

_____ What is NYLinks?
_____ Ending the Epidemic/NHAS & NYLinks
_____ Building a System to Link & Retain Patients (Regional Service Map Group Exercise)
_____ Epi Data & Long Island
_____ LRTA & ExPS Initiatives
_____ Consumers & QI
_____ Other (please specify): _____

3. On a scale of 1 to 5 (1-Disagree, 2-Somewhat Disagree, 3-Neutral (no-opinion), 4-Somewhat Agree, 5-Agree) please rate your agreement with the following statements:

	1 Disagree	2 Somewhat disagree	3 Neutral	4 Somewhat agree	5 Agree
a. Today's meeting helped our team to better understand the NYLinks initiative and the role we can play.					
b. During today's meeting our team had enough time to learn from other participants.					
c. Today's meeting had the right balance of lecture/ presentations and group work.					
d. Today's meeting provided our team with helpful tools to move forward with improving linkage, retention and viral load suppression.					
e. During today's meeting our team gained useful information for integrating consumer perspectives into our work.					
f. During today's meeting our team learned of at least one new cross-agency/community collaboration that we will follow-up on.					

***** Continue onto the next page! *****

4. On a scale of 1 to 5 (1-Not satisfied, 2-Somewhat satisfied, 3-Neutral (no-opinion), 4-Satisfied, 5-Very satisfied) please rate your satisfaction with the following meeting logistics:

	1 <u>Not</u> satisfied	2 Somewhat satisfied	3 Neutral	4 Satisfied	5 <u>Very</u> satisfied
a. Pre-meeting information/ Communication	1 <u>Not</u> satisfied	2 Somewhat satisfied	3 Neutral	4 Satisfied	5 <u>Very</u> satisfied
b. Meeting location	1 <u>Not</u> satisfied	2 Somewhat satisfied	3 Neutral	4 Satisfied	5 <u>Very</u> satisfied
c. Meeting room comfort (e.g., temperature, seating for team work)	1 <u>Not</u> satisfied	2 Somewhat satisfied	3 Neutral	4 Satisfied	5 <u>Very</u> satisfied
d. Meals/refreshments	1 <u>Not</u> satisfied	2 Somewhat satisfied	3 Neutral	4 Satisfied	5 <u>Very</u> satisfied
e. Audio/visual	1 <u>Not</u> satisfied	2 Somewhat satisfied	3 Neutral	4 Satisfied	5 <u>Very</u> satisfied
f. Length of meeting	1 <u>Not</u> satisfied	2 Somewhat satisfied	3 Neutral	4 Satisfied	5 <u>Very</u> satisfied

5. What would make this meeting more effective/useful?

6. What topic (s) would you like addressed at the next meeting or webinar?
