

**NYLinks Long Island Regional Group (LIRG) Meeting | March 4, 2016**  
**MEETING EVALUATION**

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

- Medical/Clinical Rep  
  Team Coordinator/Point of Contact  
  Senior Leader  
  Data/IT Rep  
  Quality/QI Rep  
 Consumer/Patient Rep  
  Other Team Member  
  Regional/County DOH Rep  
  NYSDOH  
 Other ( please specify) \_\_\_\_\_

**2. Please rank the agenda items from the MOST (1) useful to the LEAST (7) useful for your participation in the Long Island Regional Group (LIRG).**

_____ Team Building Activity/Icebreaker
_____ Regional Updates: Group Discussion
_____ Ending the Epidemic (EtE) Committee Updates
_____ Measures, Data Collection & Regional Results
_____ QI Methods & Tools
_____ Consumer Involvement
_____ 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?**

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

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