

EVALUATION COMMITTEE NARRATIVE

*Prepared by Cena Bain, CPG Liaison
Edited and approved by the Evaluation committee*

Evaluation of the community planning process is implemented through several methods. Those methods include:

Bi-Monthly Group-Assessments:

The CPG has utilized a bi-monthly group-assessment since its inception. Over the years, minimal changes have been made; however, in 2009 the assessment form was reformulated and downsized from 35 questions to 10 in hopes of receiving more detailed and accurate information from members. The purpose of the group assessment is to allow members to provide an opportunity for input of the process and policies on how the bi-monthly meetings are governed. The form is distributed to and completed by all members and technical advisors of the CPG at each meeting. The results are compiled by the CPG staff, reviewed by the Co-Chairs as well as the Executive Committee and then presented to the full body at the following meeting. The comments and suggestions are taken into account when determining meeting format, agendas, training needs, etc. A copy of this assessment is included as an attachment to this plan.

Member Self Performance Review Survey:

In 2009, the evaluation committee created a self performance review sheet that was first disseminated and completed in November of 2010. The purpose of this review sheet is for members to self examine their personal role, contribution, and understanding of the planning process and rate themselves on a Likard Scale. Members are then asked to list all achievements from the previous year, set goals for the upcoming year, recognize their strengths and weaknesses and list an areas for both personal and group developments. The completed surveys are then re-examined mid-year by the evaluation committee. A copy of this assessment is included as an attachment to this plan.

Exit Surveys/Interviews:

In 2009, the evaluation committee created a written exit interview form that is distributed to all members who voluntarily make the decision to remove themselves from the CPG.

Former members are asked about their service on CPG including why they are leaving, what negative and positive experiences occurred, their willingness to serve in the future and whether or not they would recommend CPG to other members of the community, etc. The intent of this survey is to better improve retention within CPG membership and improve in areas that former members find to be problematic or potential impediments to the process.

Evaluating the Process:

In 2010, the evaluation committee sought the help of outside technical assistance in evaluating the community process in terms of meeting the goals and objectives, including the key attributes that have been set by the Centers for Disease Control. As this had never been done before, at least in Indiana, the committee was at a loss on where to even begin on the process. After working closely with the Academic of Educational Development (AED), the committee developed a template that allowed the committee to review all pertinent information, determine if evidence exists, if a relevant indicator is being fulfilled, and document and summarize that data on the template. Once compiled, the committee was able to examine the completed form and determine what objectives and/or indicators are not being fulfilled within the planning process in the state of Indiana.

CPG Knowledge Assessment:

In September 2011, the evaluations committee collectively decided to assess the knowledge of the CPG members to determine any ongoing training and/or educational needs. The CPG assessment consisted of ten (10) general knowledge questions pertaining to issues such as the goals, mission, roles and responsibilities, by-laws and policies and procedures guidelines of the planning process. Of the 14 present voting and non-voting CPG members, 10 completed the assessment. A copy of this assessment is included as an attachment to this plan, additionally; the results of the assessment are as follows:

Question Number	Correct	Partial	Incorrect
1	80%	0%	20%
2	20%	40%	40%
3	80%	0%	20%
4	40%	10%	50%
5	40%	20%	40%
6	40%	20%	40%
7	40%	10%	50%
8	60%	10%	30%
9	20%	10%	70%
10	50%	10%	40%

After compiling the findings it was determined that some additional educational sessions may be necessary throughout the year to ensure understanding and purpose of all members assisting with the planning process. Additionally, while providing the correct responses of the assessment to the members, it was evident that some by-laws and/or policies and procedures needed to be revisited and adjusted on a bi-annual basis to ensure PIR.

Annual Evaluation Survey:

A more comprehensive survey is distributed on an annual basis. This survey is facilitated and distributed by the CPG Liaison. Participants are given time during the meeting to complete the survey to assure a higher number of completed surveys. CPG members are asked in-depth about their CPG membership including experience, opinions, concerns, needs, etc. Members are asked specific questions regarding gender, race, ethnicity, employment, and sexual orientation. Participants are also asked to answer questions regarding CPG’s monetary and human resources, policies and procedures, influences of outside and health department technical staff, advocacy issues, and the handling of actionable items. This survey allows the health department to better complete their required Annual and Interim Progress Report that is mandated by the Centers for Disease Control as well as ensure that Parity, Inclusion, and Representation (PIR) is being met. A copy of this assessment is included as an attachment to this plan.

ANNUAL EVALUATION SURVEY RESULTS

Collected and Results Compiled by Cena Bain, CPG Liaison

Between the dates of October 18th and October 28th, 2011 the annual evaluation survey was distributed to both voting and non-voting CPG members. Of the 23 members of the CPG, 18 members completed the survey. Below are the findings of the survey:

Are you a voting member?		
Yes– 61% (all voting members completed the annual evaluation survey)	No –28%	Unanswered–11%
Age:		
(13-24) – 5%	(25-29) – 0	(30-39) – 45%
(40-49) – 34%	(50+) – 11%	Unanswered – 5%
Gender:		
Male – 40%	Female – 55%	Transgender – 5%
Sexual Orientation:		
Heterosexual – 72%	Heterosexual (but have had sex with men) – 0%	Gay – 23%
Lesbian – 5%	Same Gender Loving (SGL) – 0%	Other – 0%
Race:		
White – 45%	Black or African-American – 55%	American Indian or Alaska Native – 0%
Asian – 0%	Hawaiian/Pacific Islander – 0%	Other – 0%
Ethnicity:		
Hispanic or Latino/a – 11%	Non-Hispanic or Non-Latino/a – 78%	Unanswered – 11%

Are you Employed by or personally represent any of the following Organizations? (check all that apply)		
Health department – 39%	Community-Based Organization (CBO) – 39%	Health Care Provider – 0%
Academic Institution – 11%	Correctional Facility – 0%	Other Government Agency (other than health department) – 5%
Other –	Unanswered – 17%	
Does your Organization receive HIV prevention funding from the ISDH?		
Yes – 44.5%	No – 11%	Not Applicable – 44.5%
Including this term, how many terms have you served on the CPG (One term equals 24 months)?		
Average Term for the 18 members – 2		
On average, how many hours do you spend on all CPG activities per month?		
Average hours spent on CPG – 7.5		
The CPG has sufficient human resources to conduct tasks of community planning.		
Strongly Agree – 27%	Somewhat Agree – 39%	Unsure – 17%
Somewhat disagree – 17%	Strongly Disagree – 0%	
The CPG has sufficient monetary resources to conduct tasks of community planning.		
Strongly Agree – 50%	Somewhat Agree – 39%	Unsure – 5.5%
Somewhat disagree – 0%	Strongly Disagree – 5.5%	
The CPG brings the necessary skills and abilities to the table to effectively conduct community planning activities.		
Strongly Agree – 44.5%	Somewhat Agree – 44.5%	Unsure – 5.5%
Somewhat disagree – 5.5%	Strongly Disagree – 0%	
The CPG follows its' own policies and procedures.		
Strongly Agree – 50%	Somewhat Agree – 50%	Unsure – 0%
Somewhat disagree – 0%	Strongly Disagree – 0%	
The CPG receives adequate information from ISDH to perform required tasks.		
Strongly Agree – 56%	Somewhat Agree – 38.5%	Unsure – 0%
Somewhat disagree – 0%	Strongly Disagree – 5.5%	
The CPG is focused on community planning outcomes.		
Strongly Agree – 44.5%	Somewhat Agree – 44.5%	Unsure – 5.5%
Somewhat disagree – 0%	Strongly Disagree – 5.5%	
CPG members who are <u>NOT</u> Health Department staff have more influence on the CPG than Health Department staff.		
Strongly Agree – 28%	Somewhat Agree – 33.5%	Unsure – 11%
Somewhat disagree – 22%	Strongly Disagree – 5.5%	
CPG members who <u>ARE</u> Health Department staff have more influence on the CPG than members who are not Health Department staff.		
Strongly Agree – 11%	Somewhat Agree – 17%	Unsure – 22%
Somewhat disagree – 44.5%	Strongly Disagree – 5.5%	

CPG members from organizations that receive Health Department funds have more influence on the CPG than other members.		
Strongly Agree – 0%	Somewhat Agree – 17%	Unsure – 22%
Somewhat disagree – 33%	Strongly Disagree – 28%	
During the past year, the role of the CPG has been quite clear to me.		
Strongly Agree – 27%	Somewhat Agree – 62%	Unsure – 5.5%
Somewhat disagree – 5.5%	Strongly Disagree – 0%	
During the past year, MY role of the CPG has been quite clear to me.		
Strongly Agree – 11%	Somewhat Agree – 17%	Unsure – 22%
Somewhat disagree – 44.5%	Strongly Disagree – 5.5%	
Some CPG members advocate their own agenda more than for the agenda of the CPG.		
Strongly Agree – 22%	Somewhat Agree – 44.5%	Unsure – 11%
Somewhat disagree – 17%	Strongly Disagree – 5.5%	
The CPG is culturally sensitive.		
Strongly Agree – 39%	Somewhat Agree – 55.5%	Unsure – 0%
Somewhat disagree – 5.5%	Strongly Disagree – 0%	
The CPG is a well organized group.		
Strongly Agree – 22%	Somewhat Agree – 67%	Unsure – 5.5%
Somewhat disagree – 5.5%	Strongly Disagree – 0%	
The amount of time for conducting all community planning activities is adequate.		
Strongly Agree – 33.5%	Somewhat Agree – 50%	Unsure – 0%
Somewhat disagree – 11%	Strongly Disagree – 5.5%	
The Health Department’s HIV funds have been distributed fairly.		
Strongly Agree – 39%	Somewhat Agree – 33.5%	Unsure – 11%
Somewhat disagree – 16.5%	Strongly Disagree – 0%	
CPG meetings are conducted in a way that allows for maximum participation of participants.		
Strongly Agree – 33.5%	Somewhat Agree – 50%	Unsure – 0%
Somewhat disagree – 11%	Strongly Disagree – 5.5%	
I feel safe in speaking freely at CPG meetings.		
Strongly Agree – 72%	Somewhat Agree – 17%	Unsure – 0%
Somewhat disagree – 0%	Strongly Disagree – 11%	
I clearly understand language and terminology used during CPG meetings.		
Strongly Agree – 44.5%	Somewhat Agree – 44.5%	Unsure – 0%
Somewhat disagree – 11%	Strongly Disagree – 0%	
The Co-Chairs of the CPG do an effective job keeping members on task according to meeting agendas.		
Strongly Agree – 56.5%	Somewhat Agree – 39%	Unsure – 0%
Somewhat disagree – 5.5%	Strongly Disagree – 0%	
The CPG advises and makes recommendations to the state.		
Strongly Agree – 67%	Somewhat Agree – 22%	Unsure – 11%
Somewhat disagree – 0%	Strongly Disagree – 0%	

The state follows up on recommendations made by the CPG.		
Strongly Agree – 17%	Somewhat Agree – 50%	Unsure – 22%
Somewhat disagree – 11%	Strongly Disagree – 0%	
Materials for CPG meetings are adequately prepared and in advance of meetings (agendas, minutes, materials to complete meeting objectives).		
Strongly Agree – 83%	Somewhat Agree – 17%	Unsure – 0%
Somewhat disagree – 0%	Strongly Disagree – 0%	
When the CPG has follow-up action items, it is clear how these items will be handled.		
Strongly Agree – 17%	Somewhat Agree – 61%	Unsure – 11%
Somewhat disagree – 5.5%	Strongly Disagree – 5.5%	
Meeting times work well with my schedule.		
Strongly Agree – 67%	Somewhat Agree – 27.5%	Unsure – 0%
Somewhat disagree – 5.5%	Strongly Disagree – 0%	
Location of meetings is convenient for me.		
Strongly Agree – 61%	Somewhat Agree – 39%	Unsure – 0%
Somewhat disagree – 0%	Strongly Disagree – 0%	
Given the money and time that has been put into community planning in my jurisdiction, I am satisfied with what has been accomplished.		
Strongly Agree – 22%	Somewhat Agree – 67%	Unsure – 11%
Somewhat disagree – 0%	Strongly Disagree – 0%	

Additional Evaluations

On occasion, members wish to invite representatives from around the state to discuss or educate the CPG on various components of HIV Prevention. For this reason a “presentation request form” was developed for use by members and/or committees to request trainings and/or presentations on issues specific to HIV/STD prevention, community needs, the CPG process, etc. Additionally, a post-evaluation tool is used to assess the quality and effectiveness of the presentation.