

## Appendix E

### RUDI AETC Discussion Guide

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Before interviewing, gather following information:

Information	Source
<b>Respondent information</b>	
Interviewee title and description of role in organization:	Introductory email exchange
Name of AETC (and region)	<a href="#">Welcome   AIDS Education and Training Centers National Coordinating Resource Center (AETC NCRC) (aidsetc.org)</a>
Number of providers in region	RSR data

*Note to reviewers of this draft: We will not speak the italicized material below; rather, we include it as an aid to the interviewer during the interview. Bracketed words that are **not** italicized indicate where we intend to tailor the guide based on the information collected before the interview and summarized in the box above.*

### A. Introduction (4 min)

Thank you for taking the time to speak with us today. My name is [name] and I am joined by my colleague from Mathematica [name]. As you know from the invitation we sent, we are working with the HIV/AIDS Bureau (HAB) at HRSA on a project to learn about how recipients and subrecipients of Ryan White HIV/AIDS Program funding use the intervention resources that HAB disseminates to improve services for people with HIV. We are calling the efforts Ryan White providers take to improve services for people with HIV “interventions.” You could use the term “program” or “strategies” as well to describe these efforts.

As reflected in the list of topics we shared with you, we would like to talk about how this AETC has used the intervention resources that HAB makes available, what you’ve heard about providers’ use of these resources, and ways to improve the usefulness of these resources. This is an opportunity for you to provide feedback to HAB and help the bureau maximize the impact of the resources it makes available to help end the HIV epidemic in the U.S. We will summarize what we learn from you and others in a report to HAB at the end of the project.

Please note, we are not evaluating your organization, this is not a HAB site visit, and there are no wrong answers. Nothing today will affect your participation in the Ryan White HIV/AIDS Program. Your participation is totally voluntary. If you’d like to skip a question or stop the interview at any point, just let me know. We will pull together information from interviews with multiple organizations to share overall themes and illustrative examples in a final report. We won’t share any identifying information about you or your organization, but our final report may include anonymized examples from our discussion. Also, the information you provide will only be used for the RUDI Evaluation. Do you consent to participate in the study?

*(Interviewer: Record respondent’s verbal response: **Yes/No**. If **NO**, we **CANNOT** conduct the interview. Thank the respondent for their time and end the call.)*

If OK, I would like to record our discussion to ensure accurate notes. We will not share the recording with anyone outside of the Mathematica research team and the transcriptionist. Nor will we share the transcript outside the Mathematica research team. We will destroy both the recordings and the transcript at the end of our study. Is this okay with you if we record the interview?

*(Interviewer: Record respondent's verbal response: **Yes/No**. If NO, we can conduct the interview and take notes but not record it.)*

## **B. Background (3 min)**

Let's start with some background.

1. Could you please briefly introduce yourself, describe your role and responsibilities at [name of organization], and tell us how long you have worked there?

## **C. How AETC accesses HAB resources, and the HAB resources' role in AETC's work (10 min)**

Now let's get into how you access the online intervention resources that HAB disseminates to its funded providers.

1. Do you ever access intervention resources or materials that HAB has developed and disseminated to support improvement of HIV services?
2. What website or websites do you typically rely on when looking for and accessing HAB resources?
  - a. How often do you access the resources on this/these site(s)?
  - b. Why do you use this/these site(s)?
  - c. *[If not previously mentioned:]* Are you familiar with the intervention resources available on the TargetHIV website? *[Note: Show a screenshot of the landing page for the TargetHIV website]*
3. Are you familiar with the national AETC webpage? *[Show a screenshot of the landing page for the central AETC webpage]*
  - a. How often do you access resources on that website?
  - b. Why do you use the national AETC website, and which types of resources do you access?
4. What role, if any, has your HRSA Project Officer played in recommending or encouraging you to consider certain resources or use particular websites?
5. What role do HAB resources—that is, those supported by HAB funding but not developed by your AETC—what role do they play in your AETC's work, compared with other sources and with your organization's own resource development efforts?

## **D. Tracking providers' use of intervention resources (4 min)**

*(Include this section only if we are not able to get this information from the national evaluation contractor [JSI])*

1. Does this AETC track how many or which providers in your region use resources that you offer?

- a. *[If yes:]* Please briefly describe what kind of tracking information you have. For instance, would you have a summary of the number and type of sites that have used certain intervention resources?
  - i. *[If summary table exists:]* Can you the limit the tracking data to show resources disseminated by HAB only?
  - ii. *[If summary table exists:]* Can you distinguish between resources disseminated by HAB versus those your AETC developed?
2. Does this AETC track how many or which providers in your region implement any of the interventions that are the focus of the HAB resources, such as those on the TargetHIV website?
  - a. *[If yes:]* Please briefly describe the kind of information you have. For instance, would you have a table summarizing the number of interventions that have been implemented, by intervention name, over the past 2 years, perhaps even by type of provider organization?
3. *[If they track any relevant information:]* How easy would it be to share this information with us, recognizing we're not asking for it now?

## **E. AETC's use of HAB resources to support providers' implementation of interventions (13 min)**

*(If per Section C.2.b they used HAB resources to support providers' implementation of interventions)*

1. About what percentage of the Ryan White-funded providers in your region has your organization—meaning you yourself or others you're aware of here—encouraged to use HAB resources to improve services for people with HIV in the past 2 years—ballpark is fine, say less than 10 percent, a quarter, half or more?
2. About what percentage of the providers your organization encouraged have used the resources you suggested to implement a service improvement intervention? (0% of the time, <20% of the time, 20-49% of the time, 50-74% of the time, 75% or more of the time, or unable to estimate this)
3. Which HAB resources, materials, or products has your organization encouraged providers to use when implementing interventions to improve services for clients with HIV?
  - a. How did you hear about these resources? *[Note: For example, from your HRSA Project Officer or through a newsletter]*
  - b. How did you access these resources?
  - c. How often did you access HAB resources through this source?
  - d. What aspect of care were the resources trying to address?
  - e. How did you share these resources with providers?

## **F. Feedback on the usefulness of intervention resources from providers in your region (13 min)**

*(Same respondents completing previous section; per question C.2.b, they used HAB resources to support providers' implementation of interventions.)*

1. You estimated that about [X% or fraction] of the providers with whom your organization shared HAB resources used them to improve services. Can you tell us anything about providers' experiences using these resources?
  - a. Why did some providers not use the resources you shared with them?
  - b. For those that did use the resources you gave them, what was the need they were trying to address?
2. Did they **tailor or modify** the intervention resources to better fit their local needs?
  - a. *[If they made changes:]* What changes did they need to make and why?
  - b. *[If they made changes:]* Did they find it easy or difficult to make these modifications? If so, why?
3. What, if anything, did providers tell you about what they found helpful about the HAB resources they used? *[Note: Listen to open answer and probe as needed on resources' impact on areas below:]*
  - a. Selecting intervention or its components
  - b. Staffing or operationalizing intervention (e.g., implementation plan)
  - c. Conducting outreach to population
  - d. Choosing content to interact with population
  - e. Improving care delivery
  - f. Identifying measures of success
4. What, if anything, did providers tell you about what they found unhelpful about the resources they used?

## G. Opportunities to strengthen impact of HAB resources (13 min)

1. What if any resources or products **did you not have** that would have helped you to:
  - a. Improve your own knowledge and ability to achieve your Ryan White program goals?
  - b. Better assist providers in your region in implementing interventions to improve HIV services?
2. How could HAB improve the way it disseminates intervention resources, such as: *[Probe on:]*
  - a. Ways you'd like to see them publicized for greater awareness?
  - b. Product types or characteristics?
  - c. Content?
  - d. Population focus?
  - e. Types of assistance the resources offer (for example, in person or on the phone)?
3. Is there anything else you would like to share about your experience accessing and using disseminated resources by HAB?

Thank you for your time!