

REGIONAL RESOURCE NETWORK PROGRAM PARTNER QUESTIONNAIRE

TOPLINE SUMMARY

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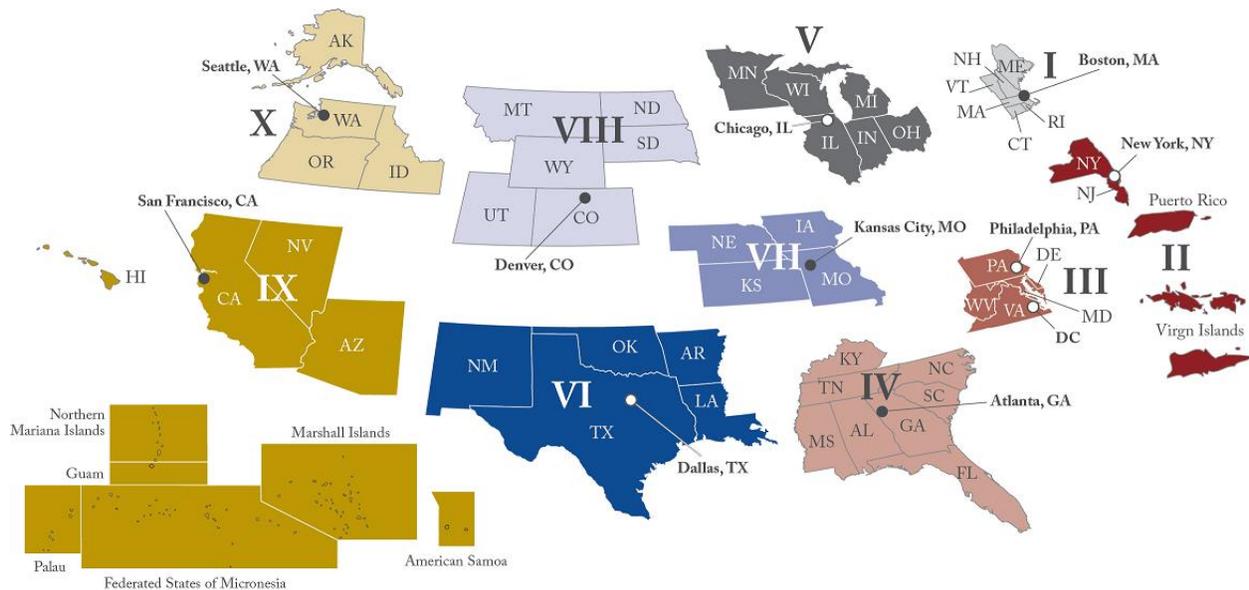
- A. Regional Resource Network Program Questionnaire
- B. Introductory Email
- C. Invitation Email
- D. Suggested Partners for the RRNP (Written into “Other” Response Field)

I. QUESTIONNAIRE BACKGROUND AND PURPOSE

PROJECT BACKGROUND

The HIV/AIDS Regional Resource Network Program (RRNP) offers innovative strategies for HIV/AIDS prevention education, outreach, and stigma reduction. The RRNP takes place within the 10 U.S. Department of Health and Human Services (HHS) regions (Figure 1) and is led by 10 Regional Resource Consultants (RRCs). RRCs work on the ground in communities across the country developing partnerships with government and community organizations and providing HIV/AIDS education and technical assistance to regional and local entities in support of the National HIV/AIDS Strategy (NHAS or Strategy). The partnerships developed by the RRCs are designed to expand resources and activities that will result in measurable outcomes consistent with the goals of the NHAS to “...achieve a more coordinated national response to the HIV epidemic.” Their unique position offers RRCs the ability to share information and feedback directly with HHS leadership to ensure that the voice of the community is heard and that prevention, care, and treatment services are effectively delivered to fight HIV/AIDS. Another key to the RRNP’s success is their capacity to offer technical assistance—HIV/AIDS prevention education guidance tailored to organizational need—to address the specific needs of both governmental and nongovernmental stakeholders through active coordination and collaborative communication.

Figure 1: U.S. Department of Health and Human Services Regions



This small evaluation of the RRNP was the first evaluation of the project since 2006, and the first since project delivery and administration was assumed by ICF International. The goal of this current evaluation was to gain a picture of what the RRNP brings to the myriad of HIV initiatives and services, within and external to governmental systems, across the country. The evaluation collected information about how partners throughout all 10 regions view the RRNP in terms of its capacity to connect them to resources and enhance networking, to provide access to updated information about advances in the area of HIV/AIDS, and to connect them to other partners and resources.

To maintain the confidentiality of the evaluation process and the data, the RRNP program team, consisting of the Project Manager and several other key staff, engaged the RRNP Evaluation Team to conduct the questionnaire and all data collection and analysis activities. The RRCs of the 10 regions were provided information and an orientation to the evaluation process during development and before the questionnaire administration.

EVALUATION QUESTIONS

Evaluation questions focused on the partners with whom the RRCs work. Significant time had passed since the last evaluation of the RRNP, and the purpose and role of the project has changed due to advances in addressing and treating HIV, the adoption of the National HIV/AIDS Strategy and the Affordable Health Care Act, and shifts in Federal funding allocation. These changes have affected the work of the RRCs; while they interact with an extensive number of diverse partners that range from grass roots community activists to government offices who are incorporating HIV into their work, preliminary discussions indicated that the definition of “partner” is continually evolving to reflect the changing environment. To cast as wide a net as possible for this evaluation, an extremely informal definition of “partner” was used: a “partner” was any entity to whom the RRC provides technical assistance, or who is sent communications (primarily electronic) to inform them of activities sponsored by the RRNP in their region, opportunities to participate in capacity building, or other information relevant to the provision of HIV education, prevention, testing, or care services.

With consensus regarding the definition for RRNP partner, the following evaluation questions shaped the development of the evaluation design:

1. To what extent has the RRNP contributed to an increase in stakeholder engagement and collaboration around HIV prevention, care, and treatment?
2. To what extent has the RRNP contributed to increased coordination in HIV prevention, care, and treatment services communities?
3. What is the nature of the relationship between the RRNP and its partners?
4. What are the perceived benefits of being part of the RRNP’s network?
5. What other activities or functions would partners like to see as part of the RRNP?

II. METHODS AND DATA COLLECTION

QUESTIONNAIRE DEVELOPMENT

The questionnaire (Appendix A) used for this evaluation was developed based on the evaluation questions, in addition to discussions with the direct RRNP project team, RRNP Evaluation Team, and the HHS client and funder regarding the required information on the effect of the RRNP. The questionnaire contained items asking partners about their participation in activities and events sponsored by the RRNP in their region, types of new partnerships that they have established as the result of working with the RRNP, the level of assistance provided by the RRNP, and other questions pertaining to how the RRNP has enhanced networking and coordination of HIV services in their region. The questions did not ask for identifying information, such as the organization’s name or the names of individuals completing the questionnaire, or the names of organizations with which the respondent networks. The questionnaire was designed to take

approximately 15 to 20 minutes to complete and was administered using the Web-based questionnaire tool SurveyMonkey™.

SAMPLE DEVELOPMENT AND RECRUITMENT

The RRNP questionnaire sample consisted of all identified partners of all 10 regions that make up the RRNP service area. As mentioned above, the regions are inclusive of all of the States and territories that make up the United States.

To establish the sample, the Coordinator of each region was asked to enter their entire network of partners (listing the name of each organization and the e-mail address of main organizational contact) into a Microsoft Excel spreadsheet that was provided by the evaluation team. The evaluation team then collected the spreadsheets and used them to create a list of e-mails for each region. As there were no previously existing lists of partners associated with each region, the RRCs were asked to enter all governmental and community-based organizations, institutions, advocacy groups and other stakeholders involved with HIV/AIDS with whom they interact.

To increase the chances that more partners would choose to take the survey, the RRCs were provided with an “Introductory Email” (Appendix B) to send out to all of their partners one week prior to the launching of the questionnaire. The Introductory Email advised the partners that they would receive an invitation from the RRNP evaluation team to take the questionnaire with the questionnaire link (Appendix C), and that the invitation would come from an e-mail address with which they might not be familiar. The partners were also ensured that their questionnaire responses would not be linked with their e-mail address or organization, and that results of the questionnaire would only be reported in aggregate.

SURVEY ADMINISTRATION

All partners included by the RRCs on the Excel spreadsheet for their region were invited to take the questionnaire. The administration period lasted from late March to the end of April 2015, with several reminders sent out through SurveyMonkey™. Halfway through the survey administration period, RRCs from regions where the response rate was less than 20% were given e-mail language to send to partners in their regions who had not yet responded, which yielded an increase in response rates within those regions.

III. RESULTS

RESPONSE RATES

A total of 2,582 partners were initially identified by the RRCs through their e-mail lists. Of these, 2,496 were invited to take the questionnaire; duplicate e-mails were identified and removed, and the remaining e-mail addresses were determined not to be on SurveyMonkey™’s existing “do not survey” list. Of this total, 550 responded to the invitation, although 25 opted out of taking the questionnaire. In total, 525 partners took the questionnaire. The response rates for individual regions ranged from 18–38% of the partners invited, with a total of response rate of 21% across regions. Table 1 shows the overall and region-specific response rates.

Table 1: RRNP Partner Questionnaire Response Rates

Response rates by region						
Region	Total partners identified	Total invitations sent*	Total responses	Total opt-outs**	Total completions	Response rate (%)
Responses by Region						
Region 1	75	73	22	0	22	30.1
Region 2	106	104	28	3	25	26.9
Region 3	455	443	89	7	82	20.1
Region 4	92	91	27	2	25	29.7
Region 5	234	223	60	2	58	26.9
Region 6	277	264	54	1	53	20.5
Region 7	254	248	44	2	42	17.7
Region 8	146	143	54	2	52	37.8
Region 9	118	113	29	0	29	25.7
Region 10	825	794	143	6	137	18.0
Total	2582	2496	550	25	525	22.0

*The number of invitations sent is lower than the number of identified partners due to invalid or duplicate e-mail addresses. Partners were also excluded if SurveyMonkey™ identified them as permanent opt-outs from all SurveyMonkey™ invitations.

**The number of opt-outs includes partners that declined to participate in the survey after reading the informed consent statement.

RESPONDENT CHARACTERISTICS

The first set of questions gathered information about characteristics of questionnaire respondents. The results are illustrated in Table 2.

Table 2: Characteristics of RRNP Partner Questionnaire Respondents

Characteristics of RRNP Partner Questionnaire Respondents		
Question	% of Respondents	# of Respondents
What type of organization do you work for?		
Governmental	47.8	200
Non-governmental	52.2	218
Total	100	418
How long have you been in your current position?		
Less than 1 year	6.9	30
1 to 3 years	16.4	71
3 to 5 years	19.4	84
5 to 10 years	26.6	115
10 or more years	30.7	133
Total	100.0	433

Table 2: Characteristics of RRNP Partner Questionnaire Respondents (continued)

Characteristics of RRNP Partner Questionnaire Respondents		
Question	% of Respondents	# of Respondents
Which classification best describes your current position?		
Direct service provider	15.0	64
Manager	48.9	209
Technical advisor	10.5	45
Other (please specify)	25.5	109
Total	100.0	427

- Of the total questionnaire respondents, about half were working in governmental organizations (47.8%) and the other half were working in non-governmental organizations (52.2%).
- Over half (57.3%) of respondents have worked in their current position for over 5 years, and about 31% have worked in their current position for 10 years or more.
- Almost half of respondents (48.9%) are in managerial positions.
- Of the 109 who indicated their current position as “other”, there was a wide range of positions listed, especially leadership positions such as Executive Director and various leadership/coordinator positions. Grass roots workers such as volunteers, community advocates, and community organizers (3% of “other” responses) were less common.

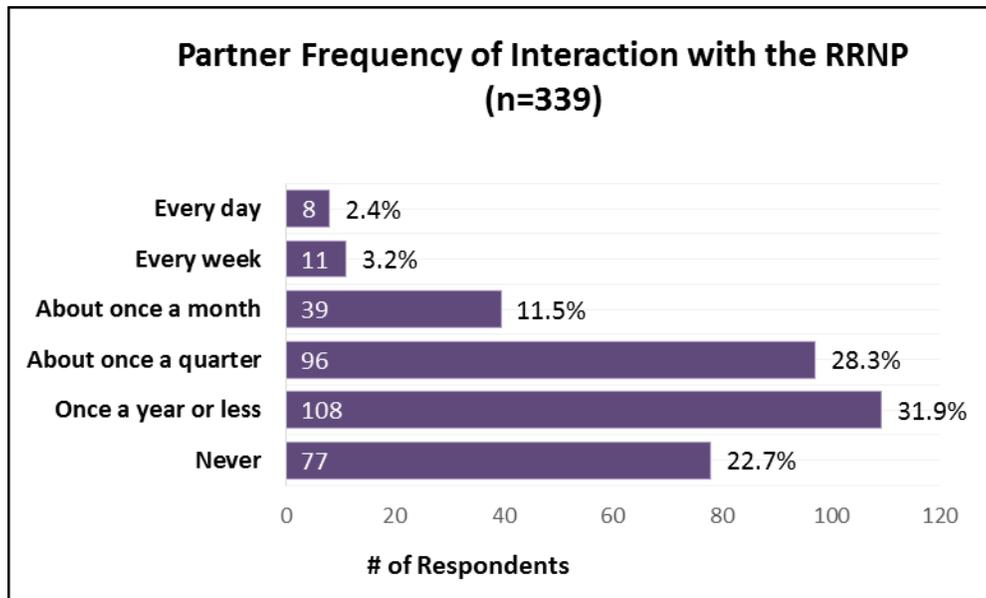
NATURE OF PARTNER PARTICIPATION IN THE RRNP

In order to increase understanding of how the partners work with the RRNP, respondents were asked about the frequency and types of activities that characterize the mutual interactions (Figures 2 and 3) between their organization and the RRNP. The types of interactions were described in three categories:

- **Cooperative Activities:** Activities that involve exchanging information, attending meetings together, and offering resources to partners; for example, informing other programs of a funding opportunity release.
- **Coordinated Activities:** Activities that include cooperative activities in addition to intentional efforts to enhance each other's capacity and resources; for example, developing collaborative funding applications or sharing coordination of HIV testing events.
- **Integrated Activities:** Activities that include both cooperative and coordinated activities, as well as pool common resources to create joint initiatives that support two or more organizations' goals; for example, forming a working group or committee that provides consultation and guidance on a specific area, such as pre-exposure prophylaxis (PrEP).

Figure 2: Partner Frequency of Interaction with the RRNP

Question: How frequently does your organization work with the RRNP on issues related to reducing the HIV-related disparities among racial and ethnic minority populations at risk for or living with HIV/AIDS?*

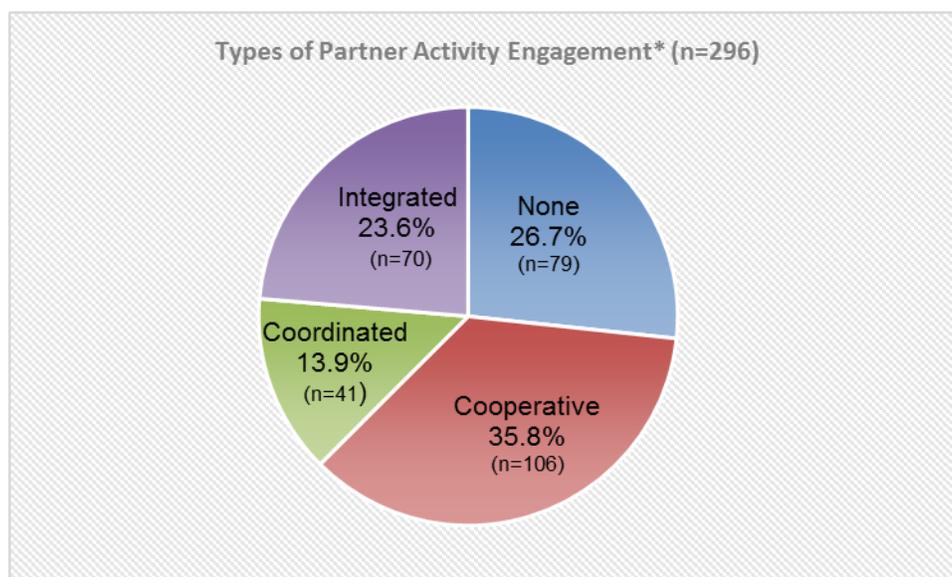


*Respondents who did not provide a valid response to this question were excluded from analyses (n=186).

- Although almost one-third (31.9%) of respondents reported working with the RRNP once a year or less, nearly as many (28.3%) reported that they work with the RRNP about once a quarter and 11.5% work with the RRNP about once a month.
- 22.7% of respondents said that they never work with the RRNP on HIV-related issues; this is further addressed in the discussion section.

Figure 3: Types of Partner Activity Engagement

Question: What kinds of activities are part of your work with the RRNP? Select only one answer.*



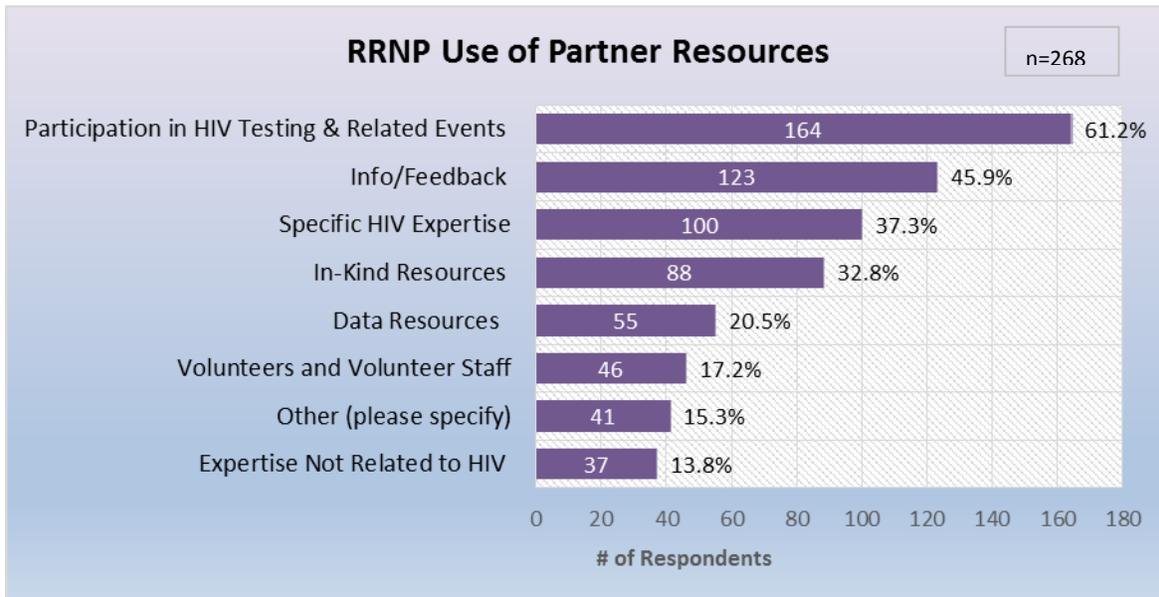
*Respondents who did not provide a valid response to this question were excluded from analyses (n=229).

- The primary reported activity between respondents and the RRNP were characterized as Cooperative Activities (35.8%), which are basic networking activities such as attending meetings, sharing resources, and sharing information.
- 23.6% of respondents reported participating in Integrated Activities with the RRNP, which are the most involved type of activities and include networking, coordinating activities together, and coming together to pool resources to support each other's work.
- Coordinated Activities were the least commonly reported, with 13.9% of respondents identifying engaging in activities together for a specific effort or event.
- 26.7% of respondents indicated that they do not engage in any of these types of activities with the RRNP; this is further addressed in the Discussion section.

Conversely, respondents were also asked whether their organization was asked by the RRNP to provide any services (Figure 4). The types of services listed included tangible resources (e.g., meeting space or a conference line), services (e.g., outreach or HIV testing), providing information or feedback about their services, or specific expertise (e.g., data-related resources or expertise in specific HIV-related areas)—all areas in which the RRC might request input or assistance to further the implementation of coordinated networking activities.

Figure 4: RRNP Use of Partner Resources

Question: Has the RRNP used your organization in any of the following ways? Select all that apply.*



*This question allowed partners to select multiple responses; therefore the sum of percentages is greater than 100%. Percentages are based on the total number of partners that provided a response for this question. Respondents who did not provide a response were excluded from analyses (n=257).

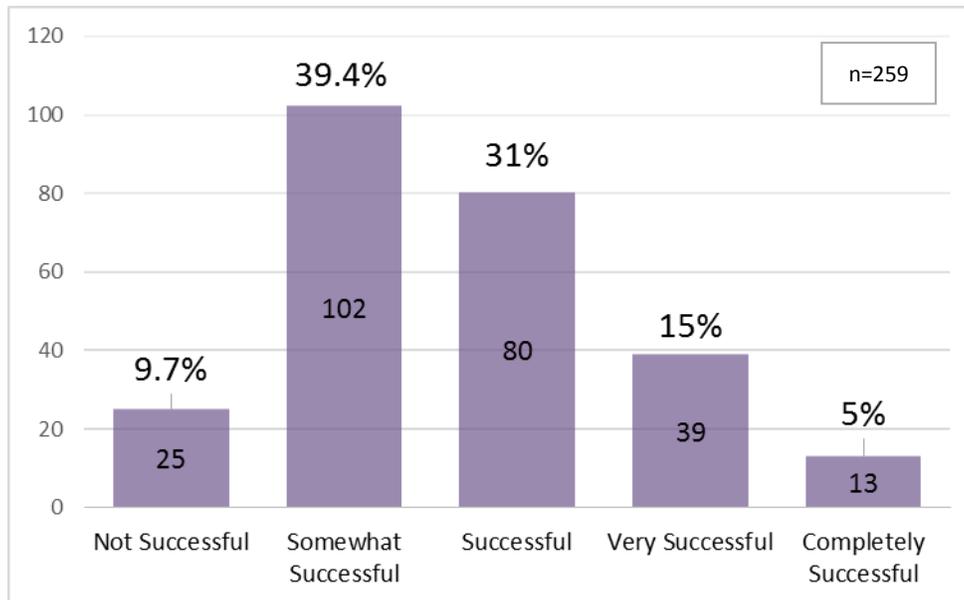
- Being called on by the RRNP to participate in HIV testing and provide other HIV related services was the most common way in which respondents indicated that they were engaged by the RRNP, with 61.2% indicating participation with the RRNP in this manner.
- 45.9% of respondents indicated that they were asked to provide information and feedback about their services, 37.3% were asked for specific HIV-related expertise, 32.8% were asked to provide in-kind resources (meeting space, conference lines, etc.), and 20.5% to share data resources.
- The “Other” responses (15.3%) primarily included use of expertise in areas such as mental health, substance abuse, aging and youth development, hepatitis, and assistance with disseminating information, marketing, event planning. The remainder of “Other” responses mentioned assistance in collaborating with other HIV programs and providing information or answering questions about the Affordable Care Act.

PERCEPTIONS OF THE RRNP’S ACHIEVEMENTS

The questionnaire included two questions related to the overall goals of the RRNP. The first question asked respondents to rate the RRNP’s level of success in contributing to the reduction of health-related disparities among communities of color, which are disproportionately affected by the HIV epidemic (Figure 5); this is the overall goal of the Minority AIDS Initiative (MAI). The second question asked about the impact of the RRNP in mobilizing communities to increase HIV testing, which is an important priority for MAI-funded projects (Table 3).

Figure 5: RRNP’s Contribution towards Reducing HIV-related Health Disparities among Communities of Color

Question: One of the goals of the Minority AIDS Initiative (MAI) is to reduce HIV-related health disparities among communities of color that are disproportionately affected by the HIV epidemic. How successful do you think the RRNP has been at contributing to this goal? Select only one answer.



Note: Respondents who did not provide a valid response to this question were excluded from analyses (n=266).

- Overall, 90.4% of respondents indicated that the RRNP has had some level of success in contributing to reducing HIV-related disparities among communities of color. Of these, 39.4% rated the RRNP as “somewhat successful” and 31% rated the RRNP as “successful” in doing so, while 15% rated the RRNP as “very successful” in contributing to this goal.
- Nearly 10% (9.7%) felt that the RRNP is unsuccessful in contributing to reduction of such disparities.

Table 3: RRNP Contributions to Promoting HIV Testing

Question: One of the RRNP's activities is to mobilize communities to encourage people to be tested for HIV. In your opinion, what are the strongest aspects of the RRNP's work that contribute to success in promoting HIV testing? Select all that apply.*

Strongest Aspects of RRNP's Contributions to Promoting HIV Testing (n=281)		
Response Options	% Responses	# of Responses
Exchanging information/knowledge	64.8%	182
Bringing together diverse stakeholders	62.3%	175
Sharing resources	60.1%	169
Informal relationships created	42.7%	120
Having a shared goal	39.5%	111
Providing technical assistance	29.9%	84
Formal relationships created	29.5%	83
Collective decision-making	21.4%	60

*This question allowed respondents to select more than one response, therefore the percentage of responses is greater than 100% and the number of responses exceeds the total sample size. Percentages are based on the total number of partners that provided a response for this question. Respondents who did not provide a response were excluded from analyses (n=244).

- Respondents felt that the RRNP's greatest contributions in community mobilization toward HIV testing were providing a way to exchange information and knowledge (64.8%), bringing together diverse stakeholders (62.3%), sharing resources (60.1%), fostering the creation of informal relationships (42.7%), and having a shared goal with partner organizations (39.5%).
- Fewer respondents indicated providing technical assistance (29.9%), creating formal relationships (29.5%), and collective decision making (21.4%) as facilitators for community mobilization efforts to promote HIV testing.

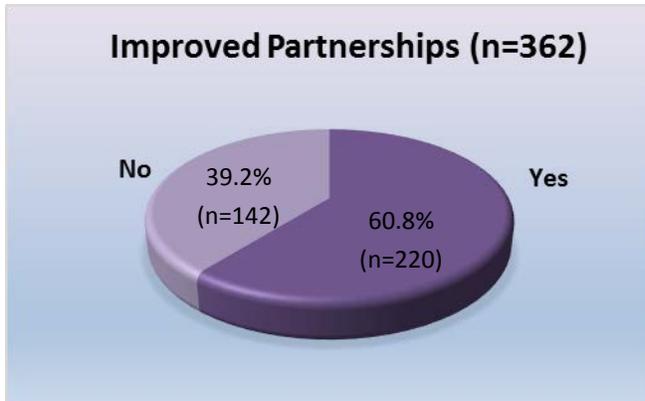
VALUE OF WORKING WITH THE RRNP

IMPROVING AND FORMING PARTNERSHIPS

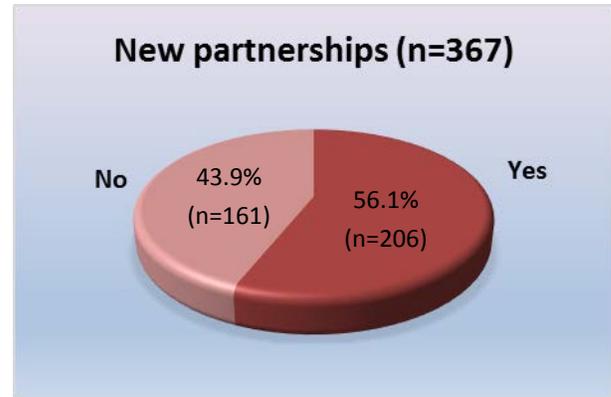
Respondents were asked several questions about the outcomes of their participation in the RRNP, specifically regarding whether the RRNP has helped them to establish new relationships or partnerships with other organizations (Figure 6.1). Examples of RRNP-coordinated events and activities were given, including regional meetings or HIV testing events, where respondents may have connected and forged partnerships with other organizations. If respondents indicated that new relationships or partnerships did occur, they were also asked to identify the types of organizations with which they formed these relationships (Figure 6.2). Figure 7 describes the types of new relationships that were formed as a result of participating in the RRNP.

Figures 6.1-6.2: Improved and New Partnerships Resulting from the RRNP

Question 6.1: Has the RRNP helped you to improve EXISTING relationships with organizations?



Question 6.2: Has the RRNP helped you establish NEW relationships with organizations?

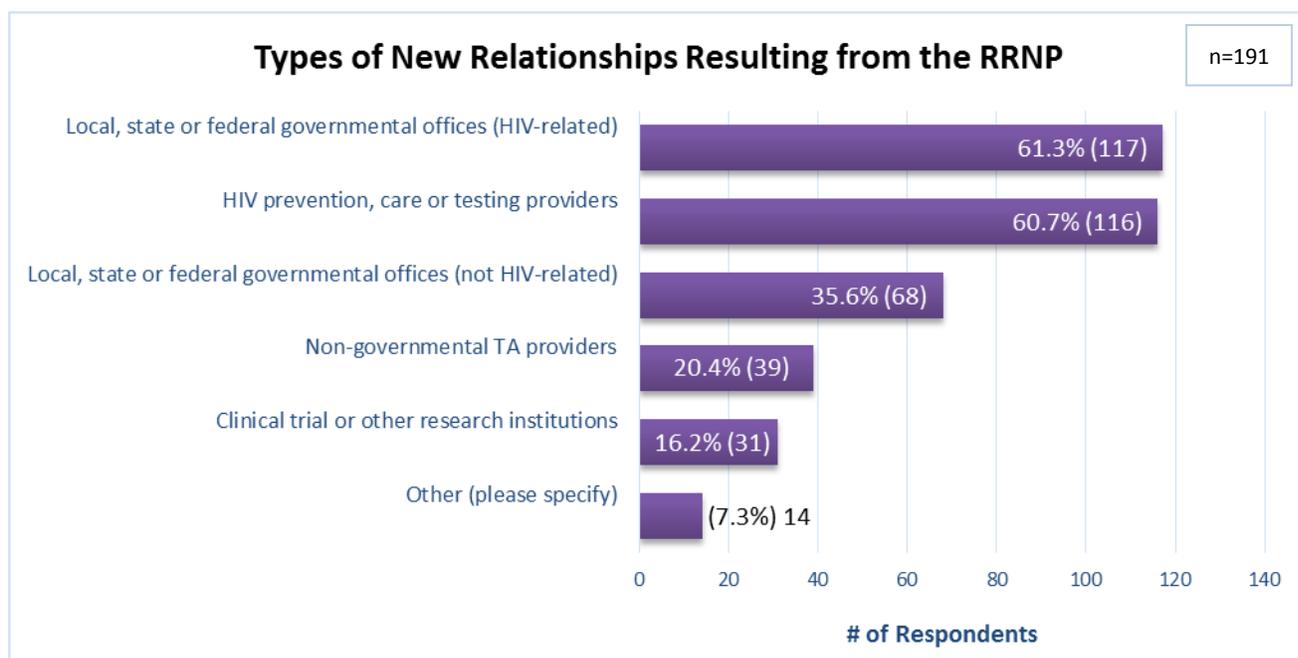


Note: Respondents who did not provide a valid response to these questions were excluded from analyses (n=163 and n=158, respectively).

- Well over half of respondents (60.8%) felt that the RRNP has helped their organization to improve existing relationships with other organizations. Nearly 40% indicated that the RRNP did not fill this purpose for them.
- Similarly, over half of respondents (56.1%) felt that the RRNP has created opportunities for their organization to establish new partnerships. More than 40% did not feel that the RRNP has done this for them.

Figure 7: Types of New Relationships Resulting from the RRNP

Question: Please indicate the type of organizations with which you established NEW relationships (either formal or informal) through your involvement with the RRNP. Select all that apply.*



* This question allowed respondents to select more than one response; therefore the percentage of responses is greater than 100%. Percentages are based on the total number of partners that provided a response for this question. Respondents who did not provide a response were excluded from analyses (n=334).

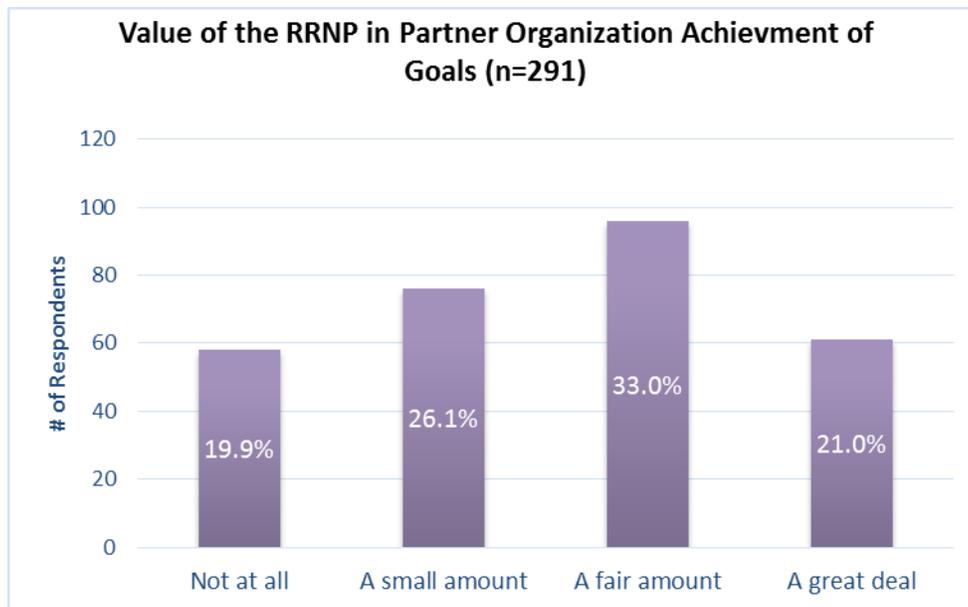
- Questionnaire respondents who indicated that the RRNP was helpful in the identification of new relationships most commonly formed new partnerships with local, State, or Federal governmental offices that do HIV-related work (61.3%), and HIV testing, prevention, and care providers (60.7%). They also mentioned local, State, or Federal governmental offices that focus on areas other than HIV (35.6%), non-governmental technical assistance providers (20.4%), and clinical trial or other research institutions (16.2%).
- Other responses (7.3%) included other types of new relationship formed due to participation in the RRNP. Respondents who described these new partners specified colleges and universities; regional organizations; hepatitis testing, care and treatment providers; and resources and other non-governmental partners.

INFLUENCING ACHIEVEMENT OF PARTNER GOALS

Questionnaire respondents were asked to describe the value of the RRNP’s influence in relation to achievement of their agency’s goals (Figure 8). Influence was described as “holding a prominent position in the region by being powerful, having influence, success as a change agent, and showing leadership”.

Figure 8: Value of the RRNP in Achievement of Partner Goals

Question: How valuable is the RRNP’s influence in helping your organization to achieve your goals? Select only one answer.



- The majority (80.1%) of respondents felt that the RRNP’s influence has been valuable in helping their organization to achieve their goals to some extent. Over half (54%) found the RRNP’s influence had a significant influence (“a fair amount” or “a great deal” of influence), while 26.1% felt that the RRNP’s influence was less significant (“a small amount”).
- Almost 20% (19.9%) did not feel the RRNP had any influence in helping respondent’s organization achieve their goals.

PROVIDING A FORUM FOR DISCUSSION

Partners also rated the extent to which the RRNP provides a forum for open discussion, particularly when there are divergent viewpoints, and whether the RRNP itself takes into account a variety of viewpoints when presenting information or delivering activities (Table 4).

Table 4: Encouraging Open Communication

Extent to which the RRNP Encourages Open Communication		
Question	% of Respondents	# of Respondents
Question: To what extent does the RRNP provide a forum for organizations to come together to have open, frank, and civil discussions (especially when disagreement exists)? Select only one answer.		
Not at all	14.8%	37
A small amount	21.2%	53
A fair amount	38.0%	95
A great deal	26.0%	65
Total	100.0%	250
Question: To what extent is the RRNP willing to consider a variety of viewpoints and bring different parties together to have discussion? Select only one answer.		
Not at all	6.1%	15
A small amount	11.5%	28
A fair amount	35.7%	87
A great deal	46.7%	114
Total	100.0	244

Note: Respondents who did not provide a valid responses to these questions were excluded in analyses (n=275 and n=281, respectively).

- Nearly two-thirds (64%) of respondents felt that the RRNP promotes open and civil discussions between organizations to a fair or greater extent. 21.2% felt that the RRNP does this, but to a lesser extent.
- When asked whether the RRNP considers a variety of viewpoints and brings a variety parties together to discuss their viewpoints, over 80% of respondents felt that the RRNP does this to a fair or greater extent, and 11.5% felt that the RRNP does this, but to a lesser extent.

RESULTS OF WORKING WITH THE RRNP

Respondents were provided with a list of potential benefits of working with the RRNP and asked to indicate which of these benefits they find have resulted from participating in the RRNP (Table 5). Benefits included increased knowledge of HIV-related work done by other organizations in the region and sharing of resources and timely strategies for delivering HIV services. Additional response options included increased communication and collaboration, increased access to HIV-related services and sharing of resources, data, and efforts to obtain funding.

Table 5: Results of working with the RRNP

Question: What do you feel are the most important results of your work with the RRNP? Select all that apply.

Results of working with the RRNP (n=274)		
	% of Responses	# of Responses
Increased knowledge of the HIV services that are being provided in my region	55.5%	152
Sharing of resources to increase provision of services (for example, collaborative testing events, outreach, or housing fairs)	55.5%	152
Increased collaboration to provide HIV services	51.8%	142
Increased sharing of the most up-to-date knowledge about strategies for addressing the HIV epidemic	44.5%	122
Improved communication between service providers	42.3%	116
Collaboration around HIV policy work	31.8%	87
Increased access to services (e.g. HIV testing, condoms, treatment)	26.3%	72
Improved ability to refer people needing HIV testing, treatment, and social services to various programs	25.5%	70
Collaboration to increase funding for HIV services in our region	22.6%	62
Increased sharing of data to use for program development and grant writing	21.9%	60

*This question allowed partners to select multiple responses; therefore the sum of percentages is greater than 100%. Percentages are based on the total number of partners that provided a response for this question and the number of responses exceeds the total sample size. Respondents who did not provide a response were excluded from analyses (n=251).

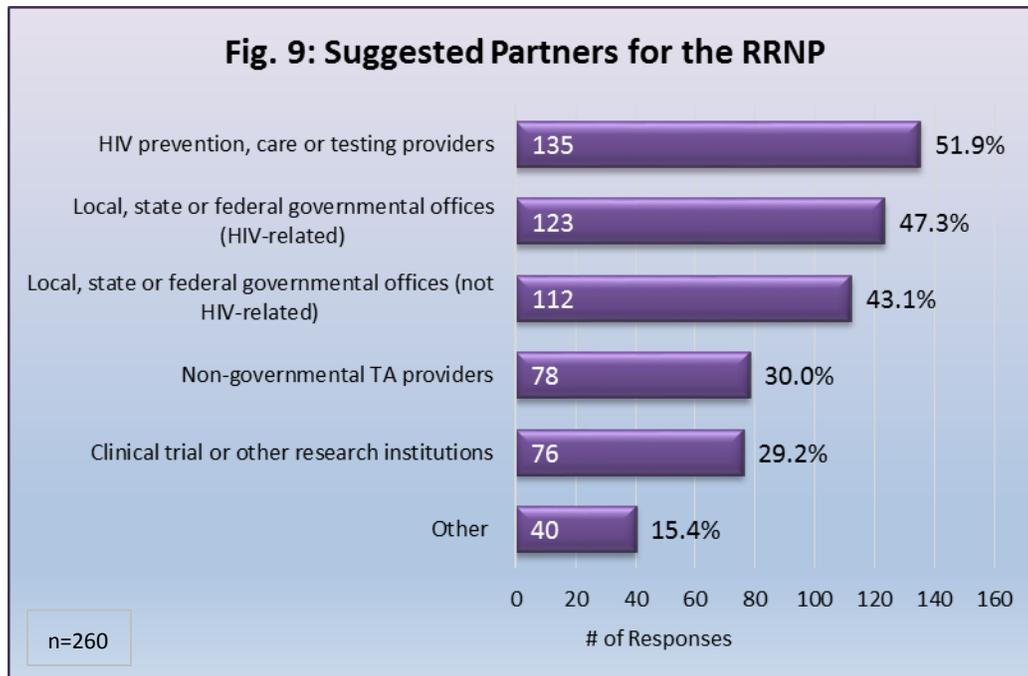
- The two most common benefits of working with the RRNP indicated by respondents were increased knowledge of the HIV services within their regions (55.0%) and sharing of resources to increase provision of these services (HIV testing, housing) (55.0%); just over half (51.8%) of respondents selected increased collaboration to provide HIV services as a benefit.
- Fewer than half of respondents indicated sharing of the latest strategies to address the HIV epidemic (44.5%), improved communication between service providers (42.3%), or collaboration around HIV policy work (31.8%) as benefits of the RRNP.
- Respondents selected other benefits less frequently, including increased access to services for their constituencies (26.3%), improved ability to refer people for HIV related services (25.5%), collaboration to increase funding for HIV services (22.6%) and increased sharing of data (21.9%).

ADDITIONAL RRNP ACTIVITIES

Finally, respondents were asked to suggest other or additional partners for the RRNP to add to its networks (Figure 9), and for suggestions of activities, strategies, or initiatives in which the RRNP in their region could participate.

Figure 9: Additional Suggested Partners for the RRNP

Question: Are there any other types of organizations in your region that you believe should be more involved in the RRNP's efforts? Select all that apply.



*This question allowed partners to select multiple responses; therefore the sum of percentages is greater than 100%. Percentages are based on the total number of partners that provided a response for this question. Respondents who did not provide a response were excluded from analyses (n=265).

- Over half of respondents (51.9%) suggested that additional HIV service providers be added to the regional networks, and just under half (47.3%) suggested that additional HIV-related governmental offices be added.
- Respondents also suggested that the RRNP develop partnerships with non-HIV related offices (43.1%), non-governmental technical assistance providers (30.0%), and clinical trial or other research institutions (29.2%)
- 15.4% of respondents suggested other types of new partners (See Appendix D).

Some respondents also suggested additional activities for the RRNP. Suggestions included:

- Coordination between health jurisdictions within their regions and between HIV planning groups within a region in order to address lower funding levels, due in some regions to lower rates of HIV infection, or the need to adopt new strategies to identify existing infections.
- Increased communication with State-level HIV offices, potential corporate partners, and communication between Federal agencies about provision of technical assistance in areas

such as the integration of HIV prevention and care services, new testing technologies, and insurance issues related to PrEP or impacted by the Affordable Care Act.

- Increased participation from partners who can address HIV/Hepatitis C co-infection and how to integrate viral hepatitis work into HIV services.
- Regular, comprehensive updates about upcoming events and funding opportunities, perhaps in an electronic newsletter.
- Branding and marketing the RRNP.

IV. DISCUSSION

The following section provides interpretation of the questionnaire data in relation to the evaluation questions. Limitations to this evaluation and recommendations based on the evaluation results are provided at the end of the section.

CONTRIBUTION TO STAKEHOLDER ENGAGEMENT AND COLLABORATION

The responding sample is comprised of roughly half governmental and half non-governmental organizations who report a specific focus on HIV-related work, which is a good indication that the RRNP is eliciting participation from an even mix of stakeholders. The “top-heavy” composition of the sample—respondents overwhelmingly reported their job positions as managerial or above—may influence the frequency of reported interaction with the RRNP, which was primarily quarterly or annually, since organizational leaders have a myriad of responsibilities.

Respondents were most likely to describe their interactions with the RRNP on the “cooperative” level, defined as the exchange and sharing of information within a network. Fewer reported interacting on the “coordinated” level, which is the second level and includes collaborative, mutually beneficial activities, than on the third level (the “integrated” level). The integrated level includes not only information sharing, but activities such as developing joint initiatives and coming together to collaboratively seek funding, which are important given the redirection of resources as interventions that address the HIV epidemic evolve. The lower rates of interaction on the middle (coordinated) level may be due to lack of understanding of the definitions or not identifying with the examples that were provided in the questionnaire. Lastly, a number of respondents indicated that they do not have any of these types of interactions with the RRNP. It is possible that these respondents are primarily information consumers and do not perceive that information sharing fits the definition of “working with” the RRNP.

The data from questions about the nature of communication fostered by the RRNP show exciting potential for the RRNP’s continued role in supporting productive gatherings of stakeholders. When asked whether the RRNP promotes open, frank and civil discussion even in the face of disagreement, 64% of respondents indicated that this takes place a fair to great amount of the time, and 82.4% acknowledged that a variety of viewpoints, even those that are divergent, are presented. These data highlight the role of the RRNP as a “neutral convener” of discussions and point to the RRNP as supporting this function.

INCREASING COORDINATION OF HIV PREVENTION, CARE, AND TREATMENT

Reduction of HIV-related health disparities in communities of color is a central goal of MAI, to which the RRNP is responsive through network-building activities. The majority of respondents felt that the RRNP successfully contributed to reducing these disparities.

The data indicate that the RRNP plays a significant role in mobilizing partners to increase HIV testing activities, including exchanging information and ideas, bringing together diverse stakeholders, sharing resources, and fostering informal relationships, all of which are effective strategies for developing shared HIV testing activities. Although the percentage that reported participation—35.9%—may seem modest, mobilizing partners to come together to conduct joint HIV testing efforts can be challenging, due to diverse funding sources and agency-specific contracts that may consider joint testing efforts to pose a risk of duplication of deliverables. This result points to a greater future role for the RRNP in fostering coordinated testing activities. One of the major advantages to coordinated testing is the development of joint strategies to use in communities where testing may be available but is not well-utilized; several respondents suggested that further activities for the RRNP address this need. If the testing expertise and diversity of strategies and resources of several organizations are leveraged through the RRNP's ability to mobilize partners for testing activities, the numbers of people who are tested and linked to care can potentially be increased.

RELATIONSHIPS BETWEEN THE RRNP AND ITS PARTNERS

The most common results of working with the RRNP were increased knowledge of HIV services within the region, and sharing of resources to increase provision of services, including HIV testing. Increasing service delivery is directly aligned with the role of the RRNP in furthering the MAI priority of reducing the impact of HIV-related health disparities. Other results included increased collaboration related to the provision of services and increased communication, both highly desirable in a strong, coordinated network.

Fewer respondents indicated increased capacity for referral to HIV services as an outcome of working with the RRNP. This work may require more intensive coordination, if there is interest, to build a mutually beneficial referral system where programs are able to meet contractual requirements and there is a system for referrals that is easy to use (such as a database of service providers that can be easily searched). Collaboration to increase funding was also not a common result from involvement with the RRNP. Since funding is an area that is very competitive, it may be that more intensive trust-building and neutral leadership, which could be provided by the RRCs in their respective regions, would assist this process.

The RRNP also leverages the resources of its partners, particularly in looking for ways to expand HIV testing in communities of color. The RRNP has been successful in engaging partners in collaborative testing and other events (such as outreach), with 61.2% reporting responding to requests for this type of participation.

BENEFITS OF BEING PART OF THE RRNP'S NETWORK

A good number of questionnaire respondents indicated that they improved current partnerships (60.8%) and gained new ones (56.1%) through their engagement with the RRNP. New relationships were primarily with HIV-related local, State, and Federal government

organizations as well as with HIV prevention, testing, and care providers. Given that the questionnaire respondents were fairly equally distributed among HIV-related governmental organizations and community-based organizations, it is encouraging that new partnerships, possibly between government and communities, are being formed. Additionally, respondents indicated that they formed relationships with governmental organizations that are not specifically HIV-focused, perhaps signifying the integration of HIV into arenas such as viral hepatitis and Affordable Care Act implementation, two areas that partners mentioned as suggested future collaborations for the RRNP.

Over half of respondents felt that participation in the RRNP contributed to their organization's accomplishment of its goals. To strengthen this aspect of the RRNP's work, reserving time at meetings for mutual sharing of goals, mapping of common goals between members, and planning activities that assist partners in meeting agency goals may further increase involvement with the network.

FUTURE DIRECTIONS FOR THE RRNP

Respondents' suggestions for additional partners point to the desire among the network for more partners of all types—governmental and non-governmental, HIV and non-HIV related. This response may demonstrate the acknowledgement that to effectively address the HIV epidemic, multiple levels and arenas must be involved. Respondents also suggested a greater number of partners and activities that address co-factors for HIV infection and morbidity, including viral hepatitis, which demonstrates their knowledge of the intersection of co-factors—an intersection that can be addressed well by a network that is inclusive of partners who, while their primary focus may not be HIV, “touch” HIV in a significant way.

A primary function of the RRNP is to bring together and foster communication and collaboration between governmental and non-governmental organizations. From partner suggestions, it appears that the RRNP is seen as having this capacity, and that respondents would like to see the RRNP play an even greater role in increasing communication between stakeholders within health jurisdictions and in coordinating State and Federal government involvement.

LIMITATIONS

For the sake of an unbiased evaluation, a purposive sampling method—one where the RRCs were asked to pre-select partners to whom to send the questionnaire—was not used to disseminate the questionnaire. Recruitment consisted of requesting that the RRCs share the e-mail contact lists they use for sending information and requests for participation. These contacts were considered “partners” solely because they were engaged by the RRC in this manner. Because this was the first evaluation of the RRNP using an online instrument, this was the most unbiased recruitment method possible.

In doing this, a 22% response rate was achieved, and of the 525 respondents, a smaller sub-sample actually responded to all of the questions that were asked. In most cases, the number of respondents who answered individual questions hovered close to 50% of those who took the questionnaire, resulting in a lower than desirable degree of certainty that the findings are representative of the majority of partners in each region. In addition, the percentage of respondents who selected response options indicating that they did not have the specific types of interactions or participate in certain types of activities also remained fairly consistent from

question to question. It is possible that these individuals, while included in the RRC's e-mail lists, were not the person at the organization who actually interacts with the RRNP or had participated in the network but did not recognize the name of the sponsoring program ("RRNP").

In spite of this, among those who responded, there are strong indicators of the benefits that the RRNP provides and also ideas for how the RRCs can further build their networks to engage stakeholders more deeply. The subsample of respondents may imply that there is a core group of partners in each region who are involved and engaged with the RRNP and use the network created by the RRNP to improve their work. This could constitute a powerful network that can be broadened based on the future priorities of the RRNP, MAI, and the National HIV/AIDS Strategy.

Although the sampling method used was designed to result in as little bias as possible, online surveys have inherent limitations. It is not possible to discern how many individuals actually received the invitation, as some of the e-mails may have gone to junk or spam folders. In spite of the RRCs sending out advance notification of the questionnaire, the actual questionnaire links did not come from a source with which partners are familiar, which could have resulted in them not opening the e-mails when they receive them.

Lastly, this evaluation was not inclusive of the RRC perspective, which could have provided insight into how partners are engaged and factors that appear to influence involvement with the networks.

OPPORTUNITIES

As the National HIV/AIDS Strategy continues to be implemented, this evaluation yields several exciting opportunities for the RRNP beyond those included in the Discussion section.

- **Develop an RRNP Brand:** Establishing an "RRNP brand" would allow the RRNP to increase its visibility to not only multiple organizations, but to multiple people within organizations. Branding could be done through development of mission and vision statements and a logo, with goals and objectives shared via a Web site with pages for each region, including event and activity listings. Branding the project would help maintain connections in times of staff turnover.
- **Intensify current partner engagement:** To increase active participation within regional networks, the RRNP could employ the following strategies:
 - Distribute an electronic newsletter on a quarterly basis to summarize activities that have taken place during the last quarter and share upcoming opportunities for collaboration.
 - Elicit feedback from partners about how the RRNP can support them in achieving HIV-related organizational goals through administration of a "partner engagement tool" to explore what partners need from the RRNP, which could shape future directions within each region and increase participation.
- **Continue outreach to non-HIV specific partners:** Continue to address both co-occurring conditions often associated with HIV (e.g. viral hepatitis, diabetes, mental health conditions) and social determinants that place individuals at higher risk for becoming infected or not being able to receive treatment (e.g. housing, employment, access to health services, food) by involving partners from organizations that address these disparities, perhaps through discussions and forums that highlight the intersection of these conditions and issues.

- **Encourage a “ripple effect”:** Based on the objectives of region-specific meetings and other activities, it may continue to be appropriate to have stakeholders in lead positions as primary RRNP contacts. However, requesting that these leaders identify additional partners and encouraging them to pass down information about activities to other staff will further expand participation in the networks fostered by the RRCs and increase the benefits of participating in the regional networks.

APPENDIX A

REGIONAL RESOURCE NETWORK PROGRAM QUESTIONNAIRE

APPENDIX A. REGIONAL RESOURCE NETWORK PROGRAM QUESTIONNAIRE

Question	Answer choices
1. What type of organization do you work for? Select only one answer.	<input type="checkbox"/> Governmental <input type="checkbox"/> Non-governmental
2. How long have you been in your current position? Select only one answer.	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 3 to 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> 10 or more years
3. Which classification best describes your current position? Select only one answer.	<input type="checkbox"/> Direct service provider <input type="checkbox"/> Manager <input type="checkbox"/> Technical adviser <input type="checkbox"/> Other: _____
4. Has the RRNP helped you to improve EXISTING relationships with organizations? For example, has the RRNP created opportunities (e.g. HIV testing events, held regional meetings) where your organization collaborated in new ways with existing partners? Select only one answer.	<input type="checkbox"/> Yes, the RRNP helped my organization to improve our relationships with an existing partner organization. <input type="checkbox"/> No, the RRNP has not helped my organization in this manner.
5. Has the RRNP helped you to establish NEW relationships with organizations? For example, has the RRNP created opportunities (e.g. held testing events, held regional meetings) where your organization established new partnerships? Select only one answer.	<input type="checkbox"/> Yes, the RRNP has helped my organization to establish new relationships with NEW organizations. <input type="checkbox"/> No, the RRNP has not helped my organization in this manner.
6. Please indicate the type of organizations with which you established NEW relationships (either formal or informal) through your involvement with the RRNP. Select all that apply.	<input type="checkbox"/> Local, State or Federal governmental offices (HIV-related) <input type="checkbox"/> Local, State or Federal governmental offices (not HIV-related) <input type="checkbox"/> Non-governmental technical assistance providers <input type="checkbox"/> HIV prevention, care or testing providers <input type="checkbox"/> Clinical trial or other research institutions <input type="checkbox"/> Other (specify?)

Question	Answer choices
<p>7. Has the RRNP utilized your organization in any of the following ways? Select all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> In-Kind Resources (e.g., meeting space, conference line, speakers for events) <input type="checkbox"/> Participation in events (HIV testing staff, HIV testing resources, publicity, outreach) <input type="checkbox"/> Volunteers and Volunteer staff <input type="checkbox"/> Data Resources including data sets, collection and analysis <input type="checkbox"/> Info/Feedback <input type="checkbox"/> Specific HIV Expertise <input type="checkbox"/> Expertise not related to HIV (please specify: _____) <input type="checkbox"/> Other (please specify:_____)
<p>8. What do you feel are the most important results of your work with the RRNP? Select all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Increased knowledge of the HIV services that are being provided in my region <input type="checkbox"/> Improved ability to refer people needing HIV testing, treatment and social services to various programs <input type="checkbox"/> Increased collaboration to provide HIV services <input type="checkbox"/> Sharing of resources to increase provision of services (for example, collaborative testing events, outreach or housing fairs) <input type="checkbox"/> Increased sharing of the most up-to-date knowledge about strategies for addressing the HIV epidemic <input type="checkbox"/> Increased sharing of data to use for program development and grant writing <input type="checkbox"/> Collaboration to increase funding for HIV services in our region <input type="checkbox"/> Collaboration around HIV policy work <input type="checkbox"/> Improved communication between service providers <input type="checkbox"/> Increased access to services (e.g. HIV testing, condoms, treatment)
<p>9. One of the goals of the Minority AIDS Initiative (MAI) is to reduce HIV-related health disparities among communities of color that are disproportionately affected by the HIV epidemic. In your collaboration with RRNP, how successful do you think the RRNP has been at contributing towards this goal? Select only one answer.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not Successful <input type="checkbox"/> Somewhat Successful <input type="checkbox"/> Successful <input type="checkbox"/> Very Successful <input type="checkbox"/> Completely Successful

Question	Answer choices
<p>10. One of the RRNP's activities is to mobilize communities to encourage people to be tested for HIV. In your opinion, what are the strongest aspects of the RRNP's work that contribute to success in promoting HIV testing? Select all that apply.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Bringing together diverse stakeholders <input type="checkbox"/> Exchanging info/knowledge <input type="checkbox"/> Sharing resources <input type="checkbox"/> Informal relationships created <input type="checkbox"/> Formal relationships created <input type="checkbox"/> Collective decision-making <input type="checkbox"/> Having a shared goal <input type="checkbox"/> Providing technical assistance
<p>11. How frequently does your organization work with the RRNP on issues related to reducing the HIV-related disparities among racial and ethnic minority populations at risk for or living with HIV/AIDS?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Never/We only interact on issues unrelated to the collaborative <input type="checkbox"/> Once a year or less <input type="checkbox"/> About once a quarter <input type="checkbox"/> About once a month <input type="checkbox"/> Every week <input type="checkbox"/> Every day
<p>12. What kinds of activities are part of your work with the RRNP? Select only one answer.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Cooperative Activities: Involves exchanging information, attending meetings together, and offering resources to partners (Example: Informs other programs of RFA release) <input type="checkbox"/> Coordinated Activities: Includes cooperative activities in addition to intentional efforts to enhance each other's capacity and resources. (Example: Collaborative funding applications, coordinating HIV testing events) <input type="checkbox"/> Integrated Activities: In addition to cooperative and coordinated activities, these activities use common resources to create joint initiatives that support two or more organizations' goals. (Example: Forming a working group or committee that provides consultation and guidance on a specific area, such as PrEP)
<p>13. How valuable is the RRNP's influence in helping your organization to achieve your goals? *Definition of influence: The organization holds a prominent position in the region by being powerful, having influence, success as a change agent, and showing leadership. Select only one answer.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A small amount <input type="checkbox"/> A fair amount <input type="checkbox"/> A great deal

Question	Answer choices
<p>14. To what extent does the RRNP provide a forum for organizations to come together to have open, frank, and civil discussions (especially when disagreement exists)? Select only one answer.</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> A small amount <input type="checkbox"/> A fair amount <input type="checkbox"/> A great deal</p>
<p>15. To what extent is the RRNP willing to consider a variety of viewpoints and bring different parties together to have discussion? Select only one answer.</p>	<p><input type="checkbox"/> Not at all <input type="checkbox"/> A small amount <input type="checkbox"/> A fair amount <input type="checkbox"/> A great deal</p>
<p>16. Are there any other types of organizations in your region that you believe should be more involved in the RRNP's efforts? Select all that apply.</p>	<p><input type="checkbox"/> Local, State or Federal governmental offices (HIV-related) <input type="checkbox"/> Local, State or Federal governmental offices (not HIV-related) <input type="checkbox"/> Non-governmental technical assistance providers <input type="checkbox"/> HIV prevention, care or testing providers <input type="checkbox"/> Clinical trial or other research institutions <input type="checkbox"/> Other (specify?)</p>
<p>17. Do you have any suggestions for activities, strategies or initiatives with which you would like to see the RRNP assist in your region?</p>	<p>Open ended response</p>
<p>18. Do you have any questions or comments?</p>	<p>Open ended response</p>

APPENDIX B

INTRODUCTORY EMAIL

APPENDIX B. INTRODUCTORY EMAIL

Dear <Partner's name>,

Thank you for partnering with the Regional Resource Network Program (RRNP) to help reduce health disparities related to HIV/AIDS and other sexually transmitted infections. In an effort to better understand how partners experience working with the RRNP and to gain insight on the effectiveness of the program, we are launching the RRNP Partner Questionnaire. The questionnaire contains questions related to the activities and services provided by the RRNP within our region. The Web-based questionnaire will take approximately 15 to 20 minutes to complete and you will have 2 weeks to complete the questionnaire.

We would greatly appreciate your participation in taking the questionnaire, as your responses will be used in the development of future activities for the RRNP.

The questionnaire will not include your name or the name of your organization. Only the RRNP Evaluation Team, which does not include any of the direct RRNP staff, will have access to the data. The questionnaire results will only be reported in aggregate and will not identify any individual or organization.

Within the next week, you will receive an invitation e-mail from one of the questionnaire administrators, Starr West (Starr.West@icfi.com), with a SurveyMonkey™ link to the questionnaire. Again, please remember that the questionnaire is voluntary, and if you chose to participate your responses will be kept confidential.

Sincerely,

(Name of Coordinator)

APPENDIX C

INVITATION EMAIL

APPENDIX C. INVITATION EMAIL

Dear <Potential questionnaire participant's name>,

The Regional Resource Network Program (RRNP) is pleased to invite you to participate in the RRNP Partner Questionnaire. For the past 15 years, the RRNP has been offering innovative strategies for HIV/AIDS prevention education, outreach, and stigma reduction. The program works within the 10 U.S. Department of Health and Human Services regions and is led by 10 Regional Resource Coordinators (RRCs). The RRCs work in communities across the country developing partnerships with government and community organizations and providing HIV/AIDS education and technical assistance to regional and local entities in support of the National HIV/AIDS Strategy (NHAS). These partnerships are designed to expand resources and activities that will result in measurable outcomes consistent with the goals of the NHAS.

ICF International, HHS' contractor, is helping the RRNP to better understand how partners experience working with the RRNP and the effect that the program has on various HIV initiatives and services, within and external to governmental systems, across the country.

You were identified by your RRC as a partner who has insight about the services and activities provided by the RRNP. As part of this effort to hear from RRNP partners, we are inviting you to participate in a Web-based questionnaire. The questionnaire will take approximately 15-20 minutes, and we would like you to complete it by **Tuesday, February 3, 2015**. The questionnaire contains questions about the activities of the RRNP, new partnerships that have been established as a result of working with the RRNP, the level of assistance provided by the RRNP, and other questions pertaining to how the RRNP has enhanced networking and coordination of HIV services in your region.

Your participation in this questionnaire is voluntary, and if you chose to participate your responses will be kept confidential. Your name and your organization name will not be collected on the questionnaire, and only the RRNP Evaluation Team will have direct access to the data. Results will be shared in aggregate and will not identify any specific name or organization.

If you have any questions, please feel free to contact the ICF RRNP Evaluation Manager, Lisa Carver at (404) 321-3211 or by e-mail at Lisa.Carver@icfi.com.

Please click on the link below to complete the questionnaire.

Sincerely,

Starr West

RRNP Evaluation Team Data Manager

APPENDIX D

**SUGGESTED PARTNERS FOR THE RRNP
(WRITTEN INTO “OTHER” RESPONSE FIELD)**

APPENDIX D. SUGGESTED PARTNERS FOR THE RRNP (WRITTEN INTO “OTHER” RESPONSE FIELD)

Healthcare Community
ACA navigators, insurance companies, medical clinic staff working with billing for HIV care
Care providers and clinicians from various communities
Primary Care providers and FQHCs, Primary Care Associations
Viral hepatitis organizations and stakeholders
HIV/AIDS Community
ASOs
Non Traditional ASO's
Ryan White Program grantees and sub-grantees
Behavioral Health Community
Behavioral health agencies
Mental Health & Substance Use programs
Other
Southern Christian Leadership Conference, NAACP, Rainbow PUSH
Corrections
Schools
Faith organizations
Traditional Black institutions
Employment agencies
Business partners
Immigrant/migrant organizations
Foundations
Local, non-federally/State funded programs
Legislative partners



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