

**Minority Serving Institutions (MSI)  
HIV/AIDS Prevention Sustainability Demonstration Initiative  
MSI Partners Interview Guide**

Name of School: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Name of Interviewee: \_\_\_\_\_

Interviewee's Role in Project: \_\_\_\_\_

Date of Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Introduction**

Over the past year, staff at [name of college] has been working on the planning and implementation of the Minority Serving Institutions (MSI) HIV/AIDS Prevention Sustainability Demonstration Initiative. This initiative is a HIV/AIDS prevention program on college campuses that is funded by the federal Office of HIV/AIDS Policy at the Department of Health and Human Services. You have been identified as a partner in this initiative at [name of college].

We would like to ask you some questions related to your involvement in the program, and any perspectives you may have related to the implementation of the program, including challenges in implementing programs like this on college campuses. We think that this information can be helpful in strengthening the MSI HIV/AIDS prevention program at [name of college], but can also be helpful to other schools and organizations interested in implementing similar initiatives.

Do you have any questions before we begin?

---

---

---

---

---

1. Overall, how have you and others in your organization or group (if relevant) been involved with the HIV/AIDS prevention program at [name of college]? (Probes: providing testing and/or counseling, training, developing social marketing materials, etc.)?

---

---

---

---

---

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (2 hours) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

2. For all individuals in your group or organization, including yourself, who have been involved with the program, please describe the specific roles that each person has played over the past year.

---

---

---

---

---

---

---

3. What do you know about the other components of the HIV/AIDS prevention program at [name of college]? (Probes: Do you know what the other program components are?)

---

---

---

---

---

---

---

4. How did you get involved with the program? (Probes: who approached you, who make the decision to partner, etc.)

---

---

---

---

---

---

---

5. How long have you been involved with the program? (in months) \_\_\_\_\_

6. What type of arrangement(s) do you have regarding your involvement with the HIV/AIDS prevention programs (Probes: letter of agreement, memorandum of understanding, informal arrangement)?

---

---

---

---

---

---

---

7. Do you have written policies and procedures for the collaborative work you do with the program?  
\_\_\_Yes \_\_\_No \_\_\_Not applicable

If yes, please describe what is included in the policy and procedures.

---

---

---

---

---

8. Did you report to the program staff about your collaborative activities during the past year?  
\_\_\_Yes \_\_\_No \_\_\_Not applicable

If yes, describe the reporting that you do (Probes: type of reports (written or oral), contents of reports and frequency of reporting, etc.)

---

---

---

---

---

---

---

9. How many times have you and/or your staff met with the HIV/AIDS prevention project staff over the past year? \_\_\_\_\_

Please describe the meetings (Probes: who attends, content and goals of the meeting (planning, reviewing progress, etc.).

---

---

---

---

---

10. What challenges have you encountered in your HIV/AIDS prevention partnership over the past year? (Probes: resources, reporting, etc.)

---

---

---

---

---

11. What are your next steps related to this partnership?

---

---

---

---

---

12. How satisfied have you been with the HIV/AIDS Prevention partnership over the past year?  
\_\_\_Very Satisfied \_\_\_Satisfied \_\_\_Somewhat Satisfied \_\_\_Not Satisfied

13. Do you have any suggestions about how the partnership may be improved?

---

---

---

---

---

---

14. What do you think are the challenges in implementing programs like this on college campuses?  
(Probes: Funding, out reaching students, engaging partners, etc.)

---

---

---

---

---

15. Do you have any only thoughts or ideas about this project that you would like to share with us?

---

---

---

---

---

**Thank you very much for participating in this interview  
and providing us with this valuable information.**