

Attachment B- Web-based Assessment Instrument: Word Version

Form approved
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HIV HEALTH IMPROVEMENT AFFINITY GROUP ASSESSMENT

Thank you for taking the time to participate in our assessment.

As you know, the HIV Health Improvement Affinity Group or HHIAG was launched in October 2016. We are interested in (1) assessing the extent to which, and how, participation in HHIAG was useful for developing and implementing an action plan to improve health outcomes for persons living with HIV that are enrolled in Medicaid/CHIP and (2) documenting the lessons learned from implementing the action plans including successes, challenges, and promising practices. We are not assessing whether each state team achieved the goals and objectives outlined in their individual state plans.

Your responses are very important to us. We will use the information from this assessment to guide decisions about the future of HHIAG beyond the first year, disseminate lessons learned to participating states and other stakeholders, (e.g., non-participating states, federal partners, larger public health community), and inform potential applicability of the affinity group model for other programs (e.g. STD Prevention, Hepatitis).

Participation in the assessment is voluntary. Your responses will be shared only in aggregate form.

The assessment takes about 25 minutes to complete.

Thank you for your candid feedback.

CDC estimates the average public reporting burden for this collection of information as 25 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

Section I: Affiliation

1. Agency Affiliation

- State Medicaid/Children's Health Insurance Program (CHIP)
- State Health Department

2. Learning Community Affiliation

- Data Linkage and Outcome Learning Community
- Data Analysis and Utilization for Delivery System Improvement Learning Community
- Provider Engagement and Quality Learning Community

Section II: Partnership

In this section, we are interested in learning about the extent to which participating in the HHIAG created opportunities to establish or strengthen partnerships between Medicaid/CHIP and the Health Department at the state level. If you are from a Health Department, answer the following questions thinking about your Medicaid/CHIP collaborative partner. If you are from Medicaid/CHIP, answer the questions thinking about your Health Department collaborative partner.

3. Which option below best describes the relationship you had with your collaborative partner before joining HHIAG?

- No interaction at all
- Networking: Aware of agency; loosely defined roles; little communication; all decisions are made independently
- Cooperation: Provide data to each other; somewhat defined roles; formal communication; all decisions are made independently
- Coordination: Share data, defined roles; frequent communication; some shared decision making
- Coalition: Share ideas; frequent and prioritized communication; shared decision making

4. As the initial HHIAG one year project period nears its end, which option below best describes the relationship with your collaborative partner at this time?

- No interaction at all

- Networking: Aware of agency; loosely defined roles; little communication; all decisions are made independently
- Cooperation: Provide data to each other; somewhat defined roles; formal communication; all decisions are made independently
- Coordination: Share data, defined roles; frequent communication; some shared decision making
- Coalition: Share ideas; frequent and prioritized communication; shared decision making

5. Which of the following describes how you anticipate future collaboration with your state partner?

- No interaction at all
- Networking: Aware of the partner; loosely defined roles, little communication, all decisions are made independently
- Cooperation: Provide data to each other; somewhat defined roles; formal communication; all decisions are made independently
- Coordination: Share ideas; frequent and prioritized communication; some shared decision making
- Coalition: Share ideas, frequent and prioritized communication; shared decision making

6. Developing the state action plans involved several activities. Please describe your involvement in each step of the process.

	1 Not involved at all	2	3 Somewhat involved	4	5 Actively involved	N/A
Developing the letter of interest	0	0	0	0	0	0
Participating in intake calls	0	0	0	0	0	0
Participating in December in-person meeting	0	0	0	0	0	0
Developing	0	0	0	0	0	0

the first draft
of the action
plan

Finalizing the action plan	0	0	0	0	0	0
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7. Please share examples of how HHIAG helped to create opportunities to establish or strengthen state Medicaid/CHIP and Health Department partnerships.

8. Please describe any challenges you have experienced in establishing or strengthening Medicaid/CHIP and Health Department partnerships.

Section III: Effectiveness and Usefulness of the HHIAG Activities

In this section, we are interested in learning if you thought the HHIAG activities were useful and made a difference in your work.

9. How useful were the following HHIAG activities in implementing your state action plans?

	1 Not useful at all	2	3 Somewhat useful	4	5 Very useful	N/A
Affinity Group webinars (not learning community specific)	0	0	0	0	0	0
Learning community teleconferences	0	0	0	0	0	0
Individual technical assistance	0	0	0	0	0	0
In-person meeting (December 2016)	0	0	0	0	0	0

Peer-to-peer informal discussions	0	0	0	0	0	0
Peer-to-peer formal presentations	0	0	0	0	0	0
HHIAG website	0	0	0	0	0	0

10. Did you suggest any topics for a webinar?

Y/N

11. If yes, was the topic presented in a webinar?

Y/N

12. Please list any additional resources or activities that might be helpful for the HHIAG members in the future (e.g., any unmet TA needs)

Section IV: HHIAG Outputs or Outcomes

The next set of questions ask about specific outputs or outcomes as a result of participating in HHIAG.

13. Did you or others in your agency acquire new skills or knowledge as a result of participating in HHIAG?

Y/N

14. If yes, please specify

15. Did your agency gain access to new documents or other sources of information as a result of participating in HHIAG?

Y/N

16. If yes, please specify

17. Did you initiate program changes as a result of participating in HHIAG?

Y/N

18. If yes, please specify

19. Did you form new collaborations as a result of participating in HHIAG?

Y/N

20. If yes, please specify

21. Was something new achieved as a result of participating in HHIAG? (e.g., formulating baseline for measuring outcomes, improved efficiency of the system, measuring HIV continuum of care for Medicaid/CHIP enrollees, new policies or procedures).

Y/N

22. If yes, please specify

Section V: Lessons Learned

In this section we are interested in knowing what you consider to be successful practices or lessons learned from participating in HHIAG and implementing your state action plan.

23. Please describe what you consider to be your success or accomplishment as a result of participating in HHIAG and implementing your state action plan.

24. Looking ahead, how likely will it be to sustain the accomplishments you reached as a result of participating in HHIAG?

	Not likely at all	Somewhat not likely	Somewhat likely	Very likely	N/A
Likelihood	0	0	0	0	0

25. Please share any important lessons you have learned, including challenges or unintended consequences, from participating in HHIAG and implementing your state action plan.

Thank you very much for your participation. We value your feedback. If you have any questions or further comments, please contact Eka Shapatava at 404-639-2411 or fpk7@cdc.gov.