# 2016 National Ryan White Conference on HIV Care and Treatment Conference Evaluation

We hope you enjoyed your experience at the 2016 National Ryan White Conference on HIV Care and Treatment! Our goal was to provide a conference with opportunities for participants to:

* Learn the latest scientific and programmatic advancements from leaders in the field
* Identify strategies that enhance recipients’ programmatic and fiscal knowledge
* Form collaborations and partnerships
* Share best practices

To help us plan for the future, please let us know about your overall experience by completing this brief conference evaluation. Thank you!

**Overall, was the quality of 2016 National Ryan White Conference on HIV Care and Treatment:**

Excellent Neutral Poor

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Statement | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| **Conference Content** |  |  |  |  |  |
| My skills have improved because of the information provided at the conference |  |  |  |  |  |
| The information presented at the conference was useful |  |  |  |  |  |
| The plenary speakers were well matched to the conference theme and objectives  |  |  |  |  |  |
| The conference workshops were interactive |  |  |  |  |  |
| The information presented at the conference was well-organized |  |  |  |  |  |
| The majority of subjects covered at the conference related to work I am currently doing |  |  |  |  |  |
| Workshops helped me identify strategies to improve systems of care for persons living with HIV |  |  |  |  |  |
| Attendance at the conference increased my knowledge of federal programmatic, fiscal, and administrative requirements |  |  |  |  |  |
| The objectives of the conference were met |  |  |  |  |  |
| **Conference Tracks** | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| The following conference tracks met my expectations. |  |  |  |  |  |
| *Division Meeting Day 1* |  |  |  |  |  |
| *Data to Care* |  |  |  |  |  |
| *Emerging Issues* |  |  |  |  |  |
| *Healthcare Landscape* |  |  |  |  |  |
| *Quality Management* |  |  |  |  |  |
| *Innovative Practices* |  |  |  |  |  |
| *Clinical Pathways* |  |  |  |  |  |
| **Conference Logistics** | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| Pre-conference communication was helpful |  |  |  |  |  |
| Conference registration was easy to follow |  |  |  |  |  |
| The abstract submission process was user friendly |  |  |  |  |  |
| The conference was well organized |  |  |  |  |  |
| The conference website was user friendly |  |  |  |  |  |
| The mobile app was useful |  |  |  |  |  |
| The on-site support staff were helpful |  |  |  |  |  |
| Adequate time was allowed for breaks |  |  |  |  |  |
| I had opportunities to network with my project officer and my peers |  |  |  |  |  |

**Reasons for attending conference** (Check all that apply)

*\_\_\_ Receive technical assistance (TA)*

*\_\_\_ Network with peers*

*\_\_\_ Learn programmatic and legislative requirements*

*\_\_\_ Share models of care*

*\_\_\_ Obtain CEU credits*

*\_\_\_ HIV care and treatment update*

*\_\_\_ Other –specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**As a conference participant, what was your role*?***(Check all that apply)

*\_\_\_ Clinical Staff*

*\_\_\_ Project Director/Coordinator*

*\_\_\_ Program Coordinator/Manager, ADAP*

*\_\_\_ Member, Planning Council*

*\_\_\_ Fiscal Staff*

*\_\_\_ Consumer of HAB-funded services*

*\_\_\_ Data Staff*

*\_\_\_ Quality staff*

*\_\_\_ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_*

**Indicate the Ryan White HIV/AIDS Program Part from which your agency receives funding. (**Check all that apply)

*\_\_\_ Part A*

*\_\_\_ Part B*

*\_\_\_ Part B - ADAP*

*\_\_\_ Part C*

*\_\_\_ Part D*

*\_\_\_ Part F - Dental*

*\_\_\_ Part F – SPNS*

*\_\_\_ Part F - AETC*

**Tell us about the conference space:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Statement | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| My overall experience here was good, and I would recommend this hotel to my friends. |  |  |  |  |  |
| The new venue was well suited to my conference needs. |  |  |  |  |  |
| Check in/out |  |  |  |  |  |
| My reservation record and bill were accurate. |  |  |  |  |  |
| The check-in and check-out processes were timely and efficient. |  |  |  |  |  |
| Guest Room |  |  |  |  |  |
| My room was clean and comfortable. |  |  |  |  |  |
| My room was furnished appropriately. |  |  |  |  |  |
| My bed and bedding were comfortable. |  |  |  |  |  |
| Guest Staff |  |  |  |  |  |
| The staff was prompt, reliable, and friendly. |  |  |  |  |  |
| The staff was knowledgeable and fully answered my questions about the area. |  |  |  |  |  |
| Security was available if needed. |  |  |  |  |  |
| Management was available to solve problems. |  |  |  |  |  |
| Amenities |  |  |  |  |  |
| Hotel amenities (pool, hot tub, exercise room) were clean, attractive, and properly equipped. |  |  |  |  |  |

**Please tell us the top three things that went well at the 2016 National Ryan White Conference on HIV Care and Treatment:**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please tell us at least one thing that we can improve on at a future conference:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What additional topics would you like to see addressed in future conferences?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any additional feedback you would like to provide?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**