Public Burden Statement: To help us plan for future conferences, please let us know about your overall experience by completing this brief conference evaluation. 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. The OMB control number for this information collection is 0915-0212 and it is valid until 07/21/2021. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 0.083 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

# 2020 National Ryan White Conference on HIV Care and Treatment Evaluation

We hope you enjoyed your experience at the 2020 National Ryan White Conference on HIV Care & Treatment! Our objectives were 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; and
* Share best practices.

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

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

\_\_ *Workshop presenter*

*\_\_ Poster presenter*

*\_\_ Attendee*

*\_\_ Plenary speaker*

*\_\_ Exhibitor*

**What is your role in the Ryan White HIV/AIDS Program (RWHAP)?** (Check all that apply)

* Clinical staff
* Project director/coordinator
* Program coordinator/manager, ADAP
* Member, Planning Council
* Fiscal staff
* Community member with HIV
* Data staff
* Clinical quality staff
* Federal staff
* Peer
* Other:

**If you are a recipient or subrecipient, which RWHAP Part(s) funds your organization?** (Check all that apply)

* Recipient: Part A
* Recipient: Part B/ADAP
* Recipient: Part C
* Recipient: Part D/Youth
* Recipient: Part F/AETC
* Recipient: Part F/SPNS
* Recipient: Part F/Dental

**The 2020 National Ryan White Conference on HIV Care and treatment met my overall expectations:**

5 4 3 2 1

Strongly Agree Neutral Disagree Strongly

Agree Disagree

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please check the boxes below to indicate the degree to which you agree with the statements below: | StronglyAgree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| **Conference Content** |  |  |  |  |  |  |
| The objectives of the conference were met. |  |  |  |  |  |  |
| The information provided at the conference will improve my skills. |  |  |  |  |  |  |
| The majority of subjects covered at the conference were relevant to my work. |  |  |  |  |  |  |
| Workshops helped me identify strategies to improve systems of care for people living with HIV. |  |  |  |  |  |  |
| Attendance at the conference increased my knowledge of federal programmatic, fiscal, and administrative requirements. |  |  |  |  |  |  |
| **Conference Tracks** | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| The following conference tracks met my expectations: |  |  |  |  |  |  |
| Population-Based Approaches for Improving Access, Engagement/Reengagement, and Health Outcomes |  |  |  |  |  |  |
| Data Utilization |  |  |  |  |  |  |
| Innovative System-level Models for HIV Service Delivery |  |  |  |  |  |  |
| Clinical Quality Management |  |  |  |  |  |  |
| Ryan White HIV/AIDS Program Planning and Resource Allocation: Community Engagement and Collaborative Partnerships |  |  |  |  |  |  |
| Ryan White HIV/AIDS Program Fiscal and Grant Management Boot Camp |  |  |  |  |  |  |
| **Poster Sessions** | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| I was satisfied with the posters presented at the conference. |  |  |  |  |  |  |
| I can use information gained from the posters in my position. |  |  |  |  |  |  |
| The posters were easy to access and view. |  |  |  |  |  |  |
| The poster sessions were scheduled at convenient times. |  |  |  |  |  |  |
| **Conference Logistics** | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | N/A |
| The pre-conference communication was helpful and easy to understand. |  |  |  |  |  |  |
| The conference registration process was easy to follow. |  |  |  |  |  |  |
| The abstract submission process was user–friendly. |  |  |  |  |  |  |
| I had adequate time to review the agenda and program prior to the conference. |  |  |  |  |  |  |
| The conference was well-organized. |  |  |  |  |  |  |
| The conference website was user-friendly. |  |  |  |  |  |  |
| The mobile app was useful and easy to use. |  |  |  |  |  |  |
| The breakout session sign-up process was user-friendly. |  |  |  |  |  |  |
| The on-site support staff were helpful. |  |  |  |  |  |  |
| I had adequate opportunities to network with my peers. |  |  |  |  |  |  |
| I had adequate time to visit the exhibit hall. |  |  |  |  |  |  |
| Adequate time was allowed for breaks. |  |  |  |  |  |  |
| The conference venue met my needs. |  |  |  |  |  |  |
| The food choices in and near the venue met my needs. |  |  |  |  |  |  |

**Please tell us three things you enjoyed about the 2020 National Ryan White Conference on HIV Care & Treatment:**

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

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

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**What additional topics and/or speakers would you like included in future conferences?**

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**What components of the conference were the most useful to you and your work?**

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**Is there additional feedback you would like to provide?**

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