Toolkit

Exploring Tools for Evaluating HIV Care and Treatment Interventions

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Introduction

What is the purpose of this document?

Evaluating Ryan White HIV/AIDS Program (RWHAP) interventions provides valuable insights into not only what works in advancing clients along the HIV Care Continuum, but how or why interventions succeed or face challenges. However, designing evaluations can be complex and overwhelming.

This resource was designed to support RWHAP-funded entities as they develop evaluation plans using an implementation science framework.

In 2022, the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) funded 10 demonstration sites through the *Emerging Strategies to Improve Health Outcomes for People Aging with HIV* initiative to implement emerging interventions intended to screen and manage comprehensively comorbidities, geriatric conditions, behavioral health, and psychosocial needs of people 50 years and older with HIV.

Through this initiative, HRSA HAB identified 10 emerging intervention strategies that could be replicated in RWHAP, HIV, and geriatric care settings.

What is an implementation science approach?

An implementation science approach is a systematic method for studying how evidence-based interventions are adopted, implemented, and sustained in real-world settings. It focuses on bridging the gap between research findings and practical applications to enhance healthcare and public health outcomes.

How was this approach used on the Emerging Strategies to Improve Health Outcomes for People Aging with HIV initiative?

The evaluation tools described in this resource are grounded in the HRSA HAB Implementation Science (IS) approach,[1] RE-AIM (Reach, Effectiveness, Adoption, Implementation, and Maintenance),[2] and CFIR (Consolidated Framework for Implementation Research)[3] frameworks:

- **HAB IS model:** provides a structure for transforming emerging interventions into evidence-informed interventions and, ultimately, evidence-based interventions.[1] It identifies, addresses, and overcomes barriers to implementation and helps maximize factors that facilitate successful implementation.
- **RE-AIM framework:** assesses the impact of interventions at the individual client and organizational levels, the percentage and characteristics of people who participated in an intervention, the positive and negative outcomes of that intervention, how the intervention has been integrated into organizations as intended, and the extent to which intervention outcomes are sustained beyond the initial funding period.
- **CFIR:** provides a set of constructs associated with effective implementation used to evaluate interventions. The constructs describe five domains, including: the intervention, inner setting, outer setting, individuals involved, and process. These constructs can be used to systematically assess barriers and facilitators to implementation, providing theory-based frameworks for developing context-specific logic models or generalizable middle-range theories.

This combination of frameworks was selected to enable the evaluation to comprehensively capture and describe the factors that influence the implementation of the emerging interventions selected by the demonstration sites (described in detail in Table 1 and Table 2).

What is included in this resource?

Each instrument in this toolkit (as listed in Table 3, with full versions of each instrument included in the Appendix) serves a specific purpose; therefore, project teams are encouraged to select those that align most closely with their objectives.

While the information shared in this toolkit is based on the experience evaluating the Emerging Strategies to Improve Health Outcomes for People Aging with HIV initiative, this toolkit is not designed to support replication of the initiative's evaluation. Project teams proposing implementation science approaches can draw from the approaches and tools used by the Emerging Strategies to Improve Health Outcomes for People Aging with HIV project or none of them.

This resource provides evaluation tools that can be borrowed and adapted to support any future evaluations.

Table 1. Process outcome aims, questions, and related implementation science constructs explored in the Emerging Strategies to Improve Health Outcomes for People Aging with HIV.

Evaluation Aim	Evaluation Questions	HAB IS Constructs	CFIR Constructs	RE-AIM Dimensions
Goal 1 – Assess factors associated with implementing emerging interventions to improve outcomes for people aging with HIV, including barriers and facilitators to implementation	EQ1 What **contextual factors** influence implementation? EQ1a. To what extent do **internal** factors, such as organizational culture, staffing, other resources, procedures, or leadership, influence implementation? EQ1b. To what extent do **external** factors, such as state or federal law, integration within a health system, or challenges relevant to the local setting influence implementation?	Implementation Strategies	Inner Setting Outer Setting	Implementation Adoption
	EQ2. What are the barriers and facilitators to initiating and completing referrals or care plans?	Barriers/ Facilitators	Outer Setting Inner Setting Process	
	EQ3. How could **partnerships** between the implementation sites and organizations like the Bureau of Aging, Area Agencies on Aging, or other organizations focused on providing services to older adults be characterized?	Implementation Strategies	Outer Setting	
	EQ4. To what extent are **older adults with HIV engaged** in the design, implementation, refinement, and evaluation of the emerging intervention?	Intervention Strategies	Intervention	
	EQ5. How do the **needs and experiences of older adults with HIV** factor into resource allocation, service standards, grant monitoring, etc.?		Intervention	
	EQ6. What are the **costs** of implementing the emerging intervention?	Implementation Strategies Implementation Outcomes	Outer Setting Inner Setting	
	EQ7. To what extent has the emerging intervention been **integrated** into standard clinical practice at implementation sites?		Individuals	Maintenance
	EQ8. What factors affect the **sustainability** of the emerging intervention as a standard clinical practice?	Implementation Strategies	Outer Setting Inner Setting	

Table 2. Client outcome aims, questions, and related implementation science constructs as explored in the Emerging Strategies to Improve Health Outcomes for People Aging with HIV.

Evaluation Aim	Evaluation Questions	HAB IS Constructs	CFIR Constructs	RE-AIM Dimensions
Goal 2 – Assess whether the emerging interventions improve outcomes for people aging with HIV	EQ9. To what extent does the emerging intervention promote intervention clients' **engagement** and **retention** in healthcare associated with the screening and management of their HIV- and aging-related comorbidities? EQ9a. What are the barriers and facilitators to engagement and retention?	Implementation Outcomes Client Outcomes	Individuals	Reach Effectiveness
	EQ10. What percentage of intervention clients had a **viral load** <200 copies/ml at the last HIV viral load test in the past 12 months?	Client Outcomes		
	EQ11. What percentage of intervention clients had at least two **HIV medical care visits** in the past 12 months with a minimum of 60 days between visits?			
	EQ12. What percentage of intervention clients were **screened** in the past 12 months for comorbid conditions, geriatric conditions, behavioral health, or psychosocial needs related to their HIV diagnosis? EQ13. What percentage of intervention clients received **care plans** and/or **referrals** the past 12 months intended to address comorbid conditions, geriatric conditions, behavioral health, or psychosocial needs related to their HIV diagnosis?	Client Outcomes		
	EQ14. Do the emerging interventions advance **health outcomes** across all?			
	EQ15. Did intervention clients report improved **quality of life**?			
	EQ16. Did intervention clients report improved **healthcare satisfaction**?			
	EQ17. **(Site-specific)** To what extent does the emerging intervention selected by the site have the intended impact on the client's health?	Implementation Outcomes Client Outcomes		

Table 3. Evaluation Instrument Administration and Analysis used in the Emerging Strategies to Improve Health Outcomes for People Aging with HIV initiative, described in more detail in the Appendix.

Instrument	What this instrument captures	Mode	Timing	Audience	Analysis
Demonstration Site Assessment Tool (DSAT)	The DSAT captures organizational-level data on: • process measures (i.e., planning, engagement, implementation leaders, champions, external change agents, implementation fidelity, and evaluation) • intervention characteristics (i.e., adaptability, complexity, and costs) • inner setting factors (i.e., structural characteristics, networks and communications, organizational culture, implementation climate, leadership engagement, available resources, and access to knowledge/information) • and outer setting constructs (i.e., client needs and resources, cosmopolitanism/partnerships, and external policies and incentives) The DSAT could be used to facilitate team planning meetings and project review meetings.	Online Survey	Baseline Midpoint End	PI/Team Lead	Primarily Quantitative, with some Qualitative
Key informant interviews (KII)	The Key Informant Interviews supplement the DSAT and gather additional detail from 1-4 intervention team members at each demonstration site, including the PI/ Team Lead and/or Project Manager and potentially 1-2 clinical providers or other frontline implementers. Replicators conducting KIIs with their respective project teams may present biases, leading to unreliable results or insights.	Virtual Interview	Baseline Midpoint End	PI/Team Lead and Intervention Team	Qualitative
Monthly Call Form	Each demonstration site completes a Monthly Call Form before a monitoring and technical assistance call to document progress toward implementation (including enrollment numbers, barriers, and facilitators to implementation). The prompts included in the monthly call form could be added to team meeting agendas to gather input on implementation progress (qualitative data) and understand program reach (quantitative data).	Virtual/ Written	Before and during Monthly Monitoring Calls	Completed by demonstration site staff pre-monthly call, then verified and expanded upon during Monthly Calls	Qualitative Quantitative

Instrument	What this instrument captures	Mode	Timing	Audience	Analysis
Client Survey	The Client Survey captures clients' perspectives on the impact of interventions on their health and well-being. This includes how clients perceive their health and aging-related health needs, the HIV-related and/or gerontological care they are receiving at the demonstration sites, their perceptions of their own frailty, their quality of life related to mental health, mobility, and self-care, and client demographics. The client survey can be valuable for assessing client satisfaction and self-reported health status. It can also be customized to reduce redundancy with existing screening tools and/or address unique concerns within your setting.	Online Survey	Baseline (Enrollment) End	Clients served by Interventions	Quantitative
Chart Abstraction Tool (CAT)	Demonstration sites abstract client-level data from their charts or Electronic Medical Record (EMR) systems and submitted this via an Aging with HIV Chart Abstraction Tool (CAT). The CAT includes client screenings, utilization of services (and what type of services), engagement in care (e.g., linkage to care, retention in care), referrals, ART prescriptions, and viral load. Since replicators have access to their EMR, completing a CAT would be redundant. However, the variables captured in the CAT can inform programmatic decisions.	SharePoint Portal	Baseline End	PI/Team Lead and Data Liaison	Quantitative
Cost Tool	The cost tool tracks direct and indirect costs, including those not part of their HRSA funding. The template includes labor hours by staff type, contract service costs (e.g., fees to modify EMR templates), diagnostic costs, travel, and incentives. Since replicators can access their budgets and financial documentation, completing a cost tool would be redundant. However, the variables captured in the cost tool can inform programmatic decisions. The cost tool could also serve as a starting point for capturing revenue generated from screenings and referrals.	Written	Baseline Midpoint End	PI/Team Lead	Quantitative

Appendix

Appendix A: Demonstration Site Assessment Tool (DSAT)

Respondents	Intervention team
Timeline	During project planning, early implementation, then on a quarterly or semi-annual basis
Time to complete	This tool takes about 30 minutes to complete.
Format	Print out a Word version of the survey and discuss responses with your intervention team to ensure that responses reflect the team's consensus rather than the perspective of the person filling it out. Intervention teams can then document their responses online for their records.
Considerations	Establish feedback mechanisms to incorporate voices from staff members at various levels to capture all challenges and successes experienced by the team. Identify data collection platforms for team members to enter and record responses.

Structural Characteristics

1. How long has your organization's HIV clinic (i.e., the unit in which your emerging intervention is housed) been operating?
   (Programmer's note: Administer at baseline only.)

   ___ years

2. How many employees are there in your organization's HIV clinic (i.e., the larger group, division, department, or program in which the intervention team works)?

   Note: If there is no distinction between your HIV clinic and your organization, please indicate how many employees are in your organization.
   (Programmer's note: Administer at baseline only.)

   ____ employees

3. How many employees are on your intervention team (i.e., the group funded to implement your Aging with HIV intervention)?

   ____ employees

4. How many new-hires have been onboarded to your organization specifically for implementing this intervention since [PROJECT START DATE /DATE OF PRIOR DSAT]?

   ____ new hires

5. How many employees in your organization who were responsible for implementing the intervention – including members of the intervention team, leadership, and frontline implementers – have left the organization (e.g., quit, transferred, retired, etc.) since [PROJECT START DATE/DATE OF PRIOR DSAT]?

   ____ employees

6. How many clients are currently enrolled in your Aging with HIV emerging intervention (i.e., screened in as eligible and opted to receive intervention services)?

   ____ clients

7. How many clients enrolled in your Aging with HIV emerging intervention are participating in the multi-site evaluation (i.e., those who signed the consent form, completed the client survey at baseline, and have not formally withdrawn from the evaluation or intervention)?

   ____ clients

Client Needs and Resources

8. Which of the following are the most pressing or frequently identified needs among your older adult (50+ years) clients with HIV? (Select up to 7.) (Programmer's note: Allow selection of up to 7. Administer at baseline only.)

   Health Care

   ☐ a. Dental care

   ☐ b. Behavioral health care (including anxiety, depression, social isolation, and other needs related to aging with HIV)

   ☐ c. Health care for aging-related conditions (e.g., dementia, hearing loss, cataracts, arthritis)

   ☐ d. Health care related to HIV

   ☐ e. Health care for comorbidities seen in older adults with HIV (heart disease, kidney damage, bone issues, etc.)

   ☐ f. Coordination of care

   ☐ g. Health care coverage

   ☐ h. Other client needs related to health care (please specify): _____

   Social Services

   ☐ i. Case management (including Federal program navigation services)

   ☐ j. Linguistic services (e.g., translation services)

   ☐ k. Medical transportation services

   ☐ l. Meal delivery services

   ☐ m. End-of-life planning

   ☐ n. Other topics related to social services (please specify): _____

9. What source(s) of data or information are you relying on to understand the needs of your older adult clients with HIV? (Select all that apply.) (Programmer's note: Administer at baseline only.)

   ☐ a. Client intake forms

   ☐ b. Ryan White HIV/AIDS Program Services Report (RSR) data

   ☐ c. Conversations with clients

   ☐ d. Focus groups or interviews with clients

   ☐ e. Client support group meetings, etc.

   ☐ f. Other, please specify: _____

Organizational Resources and Information to Support the Intervention

10. Which of the following resources do you need more of to better support the implementation of your emerging intervention? (Select all that apply.)

    ☐ a. Funding

    ☐ b. Training for staff

    ☐ c. Training for providers

☐ d. Staff or staff time

☐ e. Experts on aging/geriatric care

☐ f. Experts on HIV care

☐ g. Other providers/experts to whom clients need to be referred

☐ h. Provider buy-in

☐ i. Physical space (e.g., meeting rooms)

☐ j. Equipment and materials

☐ k. Other, please specify: _____

Source: Adapted from Fernandez ME, Walker TJ, Weiner BJ, et al. Developing measures to assess constructs from the Inner Setting domain of the Consolidated Framework for Implementation Research. *Implementation Science*. 2018;13(1):52.

11. Which of the following topics have staff received information or training on in support of implementing your emerging intervention? (Select all that apply.)

☐ a. Client recruitment and enrollment

☐ b. Client retention

☐ c. Case management

☐ d. Referrals

☐ e. Care coordination

☐ f. None of the above

☐ g. Other (please specify): _____

12. You indicated that you have received information or training in support of implementing your emerging intervention on the following topics: [FILL RESPONSES FROM Q11]. Through which mechanisms have staff received this information? (Select all that apply.)

☐ a. Trainings

☐ b. Documentation (e.g., articles, websites)

☐ c. Senior staff with knowledge of intervention

☐ d. Capacity-Building Provider (e.g., Learning Sessions, TA coaching)

☐ e. Evaluation Provider (e.g., meetings with or resources provided by the NORC team)

☐ f. Local or state organizations focused on aging (e.g., Bureau of Aging and/or Area Agencies on Aging)

☐ g. Other community-based organizations (e.g., Meals on Wheels)

☐ h. Other, please specify: _____

Organizational Culture

13. Indicate the degree to which you disagree or agree with the following statements about your **organization's culture:**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Staff at our organization are expected to help the intervention team meet its goal.					
b. Staff at our organization get the support they need to implement the intervention.					

c. Staff at our organization get recognition for implementing the intervention.					
d. The intervention is a top priority for our organization.					
e. Most of the people who work in our organization seem to enjoy their work.					
f. Difficult problems are solved through face-to-face discussions.					
g. We regularly take time to reflect on how we do things.					
h. We use data to inform decision-making in our organization.					
i. After trying something new, we take time to think about how it worked.					
j. People in this organization operate as a real team.					

Source: Adapted from Fernandez ME, Walker TJ, Weiner BJ, et al. Developing measures to assess constructs from the Inner Setting domain of the Consolidated Framework for Implementation Research. *Implementation Science*. 2018;13(1):52.

14. Indicate the degree to which you disagree or agree with the following statements about the **relationship between the intervention team and the broader organization:**

    Note: By "broader organization," we mean the larger entity that houses your HIV clinic. If this does not apply to your site (e.g., there is no larger entity that houses your HIV clinic or your organization provides HIV care but not out of an HIV clinic), then please think about the wider organization (not limited to those responsible for implementing the emerging intervention) when answering the following questions.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Staff at our organization are expected to help the intervention team meet its goal.					
b. Staff at our organization get the support they need to implement the intervention.					
c. Staff at our organization get recognition for implementing the intervention.					
d. The intervention is a top priority for our organization.					

Source: Adapted from Fernandez ME, Walker TJ, Weiner BJ, et al. Developing measures to assess constructs from the Inner Setting domain of the Consolidated Framework for Implementation Research. *Implementation Science*. 2018;13(1):52.

Leadership

15. Indicate the degree to which you disagree or agree with the following statements regarding **engagement of your organization's leadership**.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Our organization's leadership makes sure that we have the time and space necessary to discuss changes to improve care.					
b. Leadership in this organization create an environment where things can be accomplished.					
c. Our organization's leadership promotes an environment that is an enjoyable place to work.					
d. Leadership strongly supports the intervention.					

Source: Adapted from Fernandez ME, Walker TJ, Weiner BJ, et al. Developing measures to assess constructs from the Inner Setting domain of the Consolidated Framework for Implementation Research. *Implementation Science*. 2018;13(1):52.

Factors Affecting Implementation

16. How have the following factors affected the implementation of your emerging intervention?

	Negative impact	Neither negative nor positive impact	Positive impact	Not applicable/No impact
a. Federal policies (e.g., RWHAP is payor of last resort)				
b. State policies				
c. Local policies				
d. Organizational policies				
e. Provider incentives (e.g., Medicaid incentives)				
~~f. COVID-19~~				
f. Changes in funding				
g. Changes in direction from funder				
h. Population-level changes				

i. Organization's operating hours				
j. Organization's location (e.g., high crime area, etc.)				
k. Availability of specialty care providers in the service area to whom to refer clients				
l. Number of staff at your organization				
m. Staff commitment to this work				
n. Amount of time spent with clients during appointments				

17. What other factors, if any, have had a ***positive*** impact on the implementation of your emerging intervention?

18. What other factors, if any, have had a ***negative*** impact on the implementation of your emerging intervention?

Engagement with Community Members

19. To what extent are older adults with HIV involved in the following processes related to your emerging intervention?

	Not at all	A little	Somewhat	A lot	A great deal	Not applicable
a. Design						
b. Implementation						
c. Testing or refinement						

Partnerships

20. Do you have formal partnerships (for instance via a Memorandum of Understanding) with any of the following partners to provide your older clients with HIV with services in that support your emerging intervention? (Select all that apply.)

    ☐ a. Area Agencies on Aging

    ☐ b. Primary care providers

    ☐ c. Geriatricians

    ☐ d. Physical or occupational therapists

    ☐ e. Nutritionists

    ☐ f. Meal delivery organizations

    ☐ g. Medical transport providers

    ☐ h. Federal program navigators (e.g., disability insurance, SNAP, social security)

    ☐ i. Other (please specify): _____

    ☐ j. No formal partnerships (SKIP TO Q22)

21. You indicated that you have formal partnerships with: [FILL WITH RESPONSE TO Q20]. To what extent are these external partners involved in decision-making processes related to implementing the intervention?

    ☐ a. Not at all

    ☐ b. A little

    ☐ c. Somewhat

    ☐ d. A lot

    ☐ e. A great deal

22. Please indicate the degree to which you agree or disagree with the following statement:

    My organization builds authentic and long-term relationships with local agencies working most closely with groups experiencing inequities.

    ☐ a. Strongly disagree

    ☐ b. Disagree

    ☐ c. Neither agree nor disagree

    ☐ d. Agree

    ☐ e. Strongly agree

23. What type of partnerships have you established in support of developing, implementing, evaluating, and/or disseminating the results of your intervention? (Select all that apply.)

    ☐ a. AIDS Education and Training Centers (AETCs)

    ☐ b. AIDS Service Organizations (ASOs)/Community-based Organizations (CBOs)

    ☐ c. Academic researchers

    ☐ d. Other (please specify): _____

    ☐ e. None

Evaluation, Costs, and Sustainability

24. How do you plan to sustain this intervention beyond the current HRSA funding period? (Select all that apply.)

    ☐ a. RWHAP funding

    ☐ b. Program income

☐ c. Fee for service

☐ d. Medicaid/Medicare reimbursements

☐ e. Private insurance

☐ f. Other grant funding

☐ g. Other funding sources, please specify: _____

☐ h. Don't know/Not sure yet

25. How confident are you that your emerging intervention will become the new standard of care for older adult clients with HIV within your organization?

☐ a. Not at all

☐ b. A little

☐ c. Somewhat

☐ d. Very

☐ e. Extremely

Appendix B: Key Informant Interviews (KIIs)

Respondents	Intervention team
Timeline	1 interview per intervention team member on an annual basis
Time to complete	This tool takes about 60 minutes to complete.
Format	Each interviewer could print this document or open it on a computer or tablet. Interviews could be conducted in person or through a video-conferencing platform (e.g., Microsoft teams or Zoom).
Considerations	[As appropriate] Record and transcribe the interview to have detailed and thorough notes. Consider who will conduct the interview. The interviewer should be an external evaluator or a colleague within your setting who does not work on the intervention.

Pre-Implementation

These first questions are about preparing to implement your emerging intervention intended to improve quality of care and quality of life among your clients with HIV.

1. What barriers did your team experience during the ramp-up period as you worked toward beginning implementation?

    a. *Prompt:* Staffing? Staff training? Clinic space and availability? Provider availability?
        i. What strategies will you use to overcome these barriers?
        ii. **Probe:** What factors can serve as facilitators during the ramp-up period or help your team move more quickly toward starting to implement your intervention?

In what ways did you collect feedback from older adults with HIV as you developed the emerging intervention? Prompt: community advisory board, listening sessions with clients, etc.

a. **Probe:** What feedback did you receive?
b. **Probe:** What changes to your intervention, if any, did you make based on their feedback?

Implementation

Now, I'd like to ask you more about how the emerging intervention is implemented.

1. This intervention aims to [insert description of intervention].

    a. How well do you think your intervention is meeting the needs of your clients?
    b. **Probe:** Which needs are best served by the emerging intervention?

2. How effectively do you think the emerging intervention is being implemented?

    a. **Probe:** What is working?
    b. **Probe:** What isn't working?
    c. **Probe:** What changes, if any, among clients with HIV have you seen so far?
    Prompt: changes in quality of life, overall health/wellness, place on the HIV care continuum, etc.

3. In what ways, if any, did you need to change, tailor, or adapt the emerging intervention as you implemented it?

    a. **Probe:** What aspects of the emerging intervention did you change, tailor, or adapt?
    b. **Probe:** Why did you make these changes? Prompt: changing needs of client population, changes in available resources, etc.

Staffing

1. [Ask of intervention team (not lead)] How effective do you think your intervention leader has been in their role? To clarify, by intervention leader, I mean the person primarily responsible for implementing the emerging intervention.

    a. **Probe:** What else, if anything, could the intervention leader do to be a more effective leader?

2. [Ask of intervention lead (not team)] How effective do you think your intervention team has been at implementing your emerging intervention? By intervention team, I mean the people funded to implement your intervention.

    a. **Probe:** What else, if anything, could the intervention team do to be more effective in implementing the intervention?

3. [Ask only if turnover is indicated in the DSAT Q5] In the DSAT, your team indicated that [FILL # FROM DSAT Q5] staff responsible for implementing the emerging intervention has/have left the organization since (date of award/the last time you completed the DSAT). How is staff turnover affecting the implementation of the emerging intervention?

    a. **Probe:** What are the reasons for their departure, if known?
    b. **Probe [optional]:** Have the staff been able to be replaced quickly?

Leadership, Competing Priorities, Sustainability

1. What has clinic leadership done to promote and/or support the implementation of the emerging intervention?

    a. **Probe:** What else, if anything, could leadership do to promote or support the emerging intervention?

2. We understand that you have many competing demands in your work. Where in your list of priorities does this emerging intervention fall?

    a. **Probe:** Can you say more about why the intervention falls where it does in the list of priorities?

Optional questions, time permitting:

3. [Follow up from DSAT Q25] In the DSAT, your implementation team indicated that they were [RESPONSE] confident that your emerging intervention would become the standard practice of care for clients with HIV. Can you tell me more about why your team felt that way?

Those are all the questions we have prepared.
Is there anything else you would like to share with us at this time?

Appendix C: Monthly Call Form

Respondents	Intervention team
Timeline	When a client starts receiving the intervention, and then every six months thereafter.
Time to complete	This tool takes about 30 minutes to complete.
Format	Incorporate into monthly meeting agenda as a facilitation guide to understand existing barriers and facilitators. If there are no updates to share for a given month, please indicate "N/A" in the "Response for this reporting period" field.
Considerations	Establish feedback mechanisms to incorporate voices from staff members at various levels to capture all challenges and successes experienced by the team. Invite patient liaisons or community members to describe and contextualize external factors experienced by these individuals participating in your intervention.

Evaluation Goal (EG), Evaluation Question (EQ)	Question for the site to respond to	Response from last reporting period	Response for this reporting period
Project status. This section requests information on your evaluation sample. [Administered every other month]			
Implementation: Performance indicators			
EG2, EQ12-13	1. Total # of clients **currently participating** in intervention		
Evaluation: Recruitment and retention			
EG2, EQ12-13	2. Total # of intervention clients **currently enrolled** in evaluation		
EG2, EQ12-13	3. Intervention clients who have **withdrawn from the evaluation** (by Client ID), date of withdrawal, and type of withdrawal		

Evaluation Goal (EG), Evaluation Question (EQ)	Question for the site to respond to	Response from last reporting period	Response for this reporting period
Factors influencing implementation with clients. This section asks for your reflections on to what degree the intervention is being implemented as designed in the adapted intervention and implementation plan.			
EG2, EQ9a EG1, EQ5	4. What changes have been made to the implementation plan since our last monitoring call? 4a. In what ways did these changes better serve the needs and experiences of clients with HIV?		
EG2, EQ9a	5. Have you experienced barriers to enrolling clients in the intervention? If yes, please describe the barriers and mitigation strategies		
EG2, EQ9a	6. Have you experienced barriers to retaining clients in the intervention? If yes, please describe the barriers and mitigation strategies.		
EG1, EQ2	7. Have you experienced barriers to completing referrals and/or care plans? If yes, please describe the barriers and mitigation strategies.		
EG1, EQ4	8. How have clients been engaged in the design, implementation, refinement, and evaluation of the intervention		
Internal implementation factors. This section asks for your reflections on factors that are internal to your organization that could influence the implementation or evaluation of your emerging intervention. If you have experienced any changes or impacts related to the following factors, please describe. If not, please mark "N/A."			
EG1, EQ1a	9. Organizational culture and/or leadership		
EG1, EQ1a	10. Organizational policies and practices		
EG1, EQ1a	11. Staffing (e.g., new contractors, new staff members, major administrative changes in the organization, changes in key leadership, integration of intervention team members into the clinical team).		

Evaluation Goal (EG), Evaluation Question (EQ)	Question for the site to respond to	Response from last reporting period	Response for this reporting period
External implementation factors. This section asks for your reflections on factors that are external to your organization that could influence the implementation or evaluation of your emerging intervention. If you have experienced any changes or impacts related to these factors, please describe. If not, please mark "N/A."			
EG1, EQ1b	12. Community-level changes (e.g., community events or news stories, community engagement)		
EG1, EQ1b	13. Federal, state, or local policy changes		
EG1, EQ3	14. New partnerships or changes in existing partnerships with organizations that provide services (e.g., Bureau of Aging or Area Agencies on Aging)		
Sustainability and integration. This section asks for your reflections on integration and sustainability of your intervention.			
EG1, EQ7	15. How has the intervention been **integrated** into standard clinical practice at implementation sites?		
EG1, EQ8	16. What factors affect the **sustainability** of the emerging intervention as a standard clinical practice?		

Evaluation Goals and Questions	Performance Indicator	Definition
Implementation: Performance Indicators		
EG2, EQ12-13	1. Total # of clients **currently participating** in intervention	Number of clients who agreed to participate and are still actively participating in the intervention (i.e., receiving intervention services) and have not withdrawn from the intervention. To ensure comparability across sites, please report the current number as of the end of the prior month. For example, if you are completing the form for your August 2023 monitoring call, indicate the current number of participants as of July 31, 2023. *Note: This includes intervention clients who both are and are not enrolled in the evaluation.*

Evaluation: Recruitment and Retention		
EG2, EQ12-13	2. Total # of intervention clients **<u>currently</u> enrolled** in evaluation	Number of clients actively participating in the evaluation (i.e., they have agreed to participate in the intervention, have consented to enroll in the evaluation, and have not withdrawn from the evaluation). *Note: The Evaluation Provider (EP) will fill in this number each month. It will be calculated by taking the total number of intervention clients who have consented to participate in the evaluation and subtracting the number of clients who have withdrawn from the evaluation (reported by the site in line 3). We will report current enrollment as of the end of the prior month to ensure comparability across sites for each reporting period.*
EG2, EQ12-13	3. Intervention clients who have **withdrawn from the evaluation** (by Client ID), date of withdrawal, and type of withdrawal	Comprehensive list of all intervention clients who have unenrolled from the evaluation (i.e., stopped completing Client Surveys and no longer consent to have the site provide data about them via the Chart Abstraction Tool). Includes the date they formally withdrew from the evaluation (e.g., requested unenrollment verbally or in writing) and an indication of whether they withdrew from both the intervention and evaluation or only from the evaluation (but continued participating in the intervention).

Appendix D: Client Survey

Respondents	Intervention team
Timeline	When a client starts receiving the intervention, and then every six months thereafter.
Time to complete	This tool takes about 30 minutes to complete.
Format	Paper or online survey
Considerations	Consider data duplication: • These questions may duplicate those asked on other screeners/etc. questions are part of validated scales and should be asked together. Choose the ones that are most useful for your evaluation goals and those that do not duplicate other screeners and data collection at your organization. Create a plan for following up with clients: • Gather email addresses at the end of the baseline survey and send clients a link (and reminders, as needed) to the end-point survey. Plan to administer: • Create standardized data collection procedures to ensure consistency across team members when screening, enrolling, and administering client surveys. The platform for an online survey: • Ensure your organization can access an online survey platform to program the survey. Consider accessibility: • Create and make a paper version of the survey available to clients with limited access to or familiarity with online platforms, such as a low-vision version of the paper survey for clients who are visually impaired or for caregivers of clients who are blind to read to them and complete on their behalf. • Translate online and paper versions of the Client Survey, consent form, and site-specific modules into languages besides English, including Spanish, Arabic, and Haitian Creole. Consider data management: • Restrict access to project-specific data and materials only to employees assigned to that project. Safeguards to protect these data include using project-specific servers, where access can only be granted to members of the project teams by a designated member of your IT staff. • All electronic files will be stored on password-protected laptop computers or password-protected secure networks. • If you plan to conduct KIIs, assign IDs to each respondent to maintain anonymity. Do not refer to respondents by name and use the IDs when labeling audio recordings or notes. • Assign client IDs to each client. Do not openly share client names or other contact information, but clients will be asked to share their email addresses for repeated survey contacts. • When transferring project datasets, use a secure portal (e.g., SharePoint) to transfer data and assign clients a new client ID different from the one initially assigned. Users need to be granted access to the secure portal/SharePoint folder.

Please enter Client ID provided by [SITE]. Client ID:

INFORMED CONSENT: As a reminder, you have already provided informed consent to take this survey and participate in this study when you first completed this survey.
[link to download T1 consent]

At that time, you consented to:

- Completing this survey two times (then and now); and
- Allowing your medical records to be reviewed at the same two points in time. This survey should take about 10 minutes and will ask about access to care, quality of care, and your quality of life.

As noted in the original consent form, we will review your medical records and look at:

- Your race and ethnicity, sex, and age
- Lab results (including the date of your first known positive HIV test)
- Appointment dates and your attendance
- HIV viral load results
- Other medical problems reported during this time
- General medical problems and medications
- Information on mental health diagnoses (like anxiety and depression) and services

IF YOU WOULD LIKE TO WITHDRAW YOUR CONSENT AND BE REMOVED FROM THE STUDY:

Please contact our Principal Investigator, [name], in writing or via email. Their mailing address is [address]. Their email address is [address]

What is the date today?

By clicking on the next page 'I consent' button you are confirming that:

"The purpose of this study, procedures to be followed, risks and benefits have been explained to me. I have been allowed to ask questions. My questions have been answered to my satisfaction. I know who to contact if I have questions, to discuss problems, concerns, or suggestions related to the research, or to get information or offer input about the research. I have read this consent form and agree to be in this study. I understand I may withdraw at any time. I understand that I will receive a copy of this consent form by email for my records"

Survey instructions. To move between pages in the survey, please click the orange "Next" and "Back" arrows at the bottom of each survey page. Do not use your browser's "Forward" and "Back" buttons. Should you experience any issues while taking the survey, please contact us at [EMAIL]. If possible, please complete the survey all at once. However, should you need more time, re-entering your Client ID will let you pick the survey back up where you left off. You will not be able to re-take the survey once you have completed it.

Demographics

Race/Ethnicity

1) What category best describes your race and/or ethnicity? (Please select all that apply)

a. American Indian or Alaska Native
b. Asian
c. Black or African American
d. Hispanic or Latino
e. Middle Eastern or North African
f. Native Hawaiian or Pacific Islander
g. White
h. Another race and/or ethnicity
i. Some other race

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2) *What is your biological sex?*

1. Female
2. Male
98. Prefer not to answer

Health and HIV Care

The following questions are going to ask about your health.

Self-rated Health

3) *In general, is your health…*

1. Poor
2. Fair
3. Good
4. Very good
5. Excellent
98. Don't know
99. Prefer not to answer

4) *Over the last two weeks, how often have you been bothered by the following problems? [Source – PHQ-2 and GAD-2]*[1]

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)	Prefer not to answer (99)
Q9_1. Little interest or pleasure in doing things					
Q9_2. Feeling down, depressed, or hopeless					
Q9_3. Feeling nervous, anxious, or on edge					
Q9_4. Not being able to stop or control worrying					

Regardless of how you responded to previous questions, we recognize that people may find it difficult to share how they're feeling or how they are feeling may change. If you do find yourself feeling down or anxious, here are some resources:

[Add local mental health resources text here]

Unmet Needs for Mental Health Services

5) *During the past 12 months, have you needed to see or talk to a mental health professional about your health (i.e., since [Today – 12 months])?*

0. No
1. Yes
98. Don't know
99. Prefer not to answer

---

6) [IF Q10 = Yes, ASK] *During the past 12 months, have you seen or talked to a mental health professional such as a psychologist, psychiatrist, psychiatric nurse, or clinical social worker about your health (i.e., since [Today – 12 months])?*

0. No
1. Yes
98. Don't know
99. Prefer not to answer

Care Satisfaction

7) How satisfied are you with the following aspects of the medical care you receive from [SITE]

	Not at all satisfied (0)	A little satisfied (1)	Somewhat satisfied (2)	Very satisfied (3)	Extremely satisfied (4)	Not applicable (97)	Prefer not to answer (99)
Q12_1 Overall HIV medical care that you receive							
Q12_2 The amount of time your provider spends with you							
Q12_3 Your provider's knowledge of your medical history							
Q12_4 Your provider's explanation of things in a way that is easy to understand							
Q12_5 The help office/ clinic staff offer you							
Q12_6 The ability to get an appointment as soon as you need							

Whole Person Care

8) *Regarding the core characteristics of my personal identity and experience, staff at [SITE] where I receive HIV care…*

	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Disagree (4)	Strongly disagree (5)	Not applicable (97)	Prefer not to answer (99)
Q13_1. Are respectful							
Q13_2. Are open to explore my experiences with HIV and HIV treatment							
Q13_3. Are open to seeing things from my perspective							
Q13_4. Ask questions when they are uncertain							
Q13_5. Take into account my needs as an older adult with HIV as much as they might someone with HIV who is younger than me							

Quality of Life

9) *Under each heading, please select the one that best describes your health today*

a) *Mobility [please select the option that best describes your health today]*

1. I have no problems in getting around
2. I have slight problems in getting around
3. I have moderate problems in getting around
4. I have severe problems in getting around
5. I am unable to get around
98. Don't know
99. Prefer not to answer

---

b) *Self-Care [please select the option that best describes your health today]*

1. I have no problems washing or dressing myself
2. I have slight problems washing or dressing myself
3. I have moderate problems washing or dressing myself
4. I have severe problems washing or dressing myself
5. I am unable to wash or dress myself
98 Don't know
99. Prefer not to answer

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c) *Usual activities (e.g., work, study, housework, family or leisure activities) [please select the option that best describes your health today]*

1. I have no problems doing my usual activities
2. I have slight problems doing my usual activities
3. I have moderate problems doing my usual activities
4. I have severe problems doing my usual activities
5. I am unable to do my usual activities
98. Don't know
99. Prefer not to answer

---

d) *Pain and discomfort [please select the option that best describes your health today]*

1. I have no pain or discomfort
2. I have slight pain or discomfort
3. I have moderate pain or discomfort
4. I have severe pain or discomfort
5. I have extreme pain or discomfort
98. Don't know
99. Prefer not to answer

e) *Anxiety and depression [please select the option that best describes your health today]*

1. I am not anxious or depressed
2. I am slightly anxious or depressed
3. I am moderately anxious or depressed
4. I am severely anxious or depressed
5. I am extremely anxious or depressed

98 Don't know

99. Prefer not to answer

Loneliness

10) *How often do you feel that you lack companionship?*

1. Often
2. Some of the time
3. Hardly ever

98. Don't know

99. Prefer not to answer

11) *How often do you feel left out?*

1. Often
2. Some of the time
3. Hardly ever

98. Don't know

99. Prefer not to answer

12) *How often do you feel isolated from others?*

1. Often
2. Some of the time
3. Hardly ever

98. Don't know

99. Prefer not to answer

Resilience

13) During and after life's most stressful events, I tend to…

	Not at all like me (0)	A little like me (1)	Somewhat like me (2)	Very like me (3)	Exactly like me (4)	Don't know (98)	Prefer not to answer (99)
Q18_1. Find a way to do what's necessary to carry on							
Q18_2. Know I will bounce back							
Q18_3. Learn important useful life lessons							
Q18_4. Practice ways to handle it better next time							

Frailty

14) *How much of the time during the past 4 weeks did you feel tired?*

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time
98. Don't know
99. Prefer not to answer

15) *By yourself and not using aids, do you have any difficulty walking up 10 steps without resting?*

0. No
1. Yes
98. Don't know
99. Prefer not to answer

16) *By yourself and not using aids, do you have any difficulty walking a couple of blocks (e.g. several hundred yards)?*

0. No
1. Yes
98. Don't know
99. Prefer not to answer

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17) *How much do you weigh in pounds (with clothes on but without shoes)?*

18) *One year ago, how much did you weigh in pounds (with clothes on but without shoes)?*

Falls

19) *Do you feel unsteady when standing or walking?*

0. No
1. Yes
98. Don't know
99. Prefer not to answer

20) *Do you worry about falling?*

0. No
1. Yes
98. Don't know
99. Prefer not to answer

21) *Did you fall in the past year?*

0. No
1. Yes
98. Don't know
99. Prefer not to answer

Site-Specific Modules:

Closing

Thank you for completing this important survey. Please click submit to submit your responses.

[SUBMIT]

We thank you for your time spent taking this survey.

Your response has been recorded.

Appendix E: Chart Abstraction Tool (CAT)

Respondents	Clients receiving intervention services
Timeline	Prior to initiating services, and then every six months while receiving services.
Time to complete	This tool takes about 30 minutes to complete.
Format	Paper or online survey
Considerations	Train staff on using relevant data systems (e.g., EHR, trackers, etc.) to pull necessary health information. Standardize data collection procedures to ensure consistency across team members when abstracting client health information. Ensure that organization's technology and tools support the information requested in the instrument. If not, build additional time prior to abstracting data to program any necessary changes into data systems. Allocate sufficient time to conduct data quality checks once the team abstracts and collects the data.

Appendix F: Cost Tool

Respondents	Intervention team
Timeline	Start, midpoint, and end of the initiative.
Time to complete	This tool takes about 60 minutes to complete.
Format	Excel worksheet.
Considerations	Please refer to the instructions and notes in the tool.

References

[1] Psihopaidas D, Cohen SM, West T, et al. Implementation science and the Health Resources and Services Administration's Ryan White HIV/AIDS Program's work towards ending the HIV epidemic in the United States. *PLOS Med*. 2020;17(11):e1003128. doi:10.1371/journal.pmed.1003128

[2] Glasgow RE, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. *Am J Public Health*. 1999;89(9):1322-1327.

[3] Kirk MA, Kelley C, Yankey N, Birken SA, Abadie B, Damschroder L. A systematic review of the use of the Consolidated Framework for Implementation Research. *Implement Sci*. 2016;11(1):72. doi:10.1186/s13012-016-0437-z