

Evaluating AETC NCRC Partnerships for Impact



AETC Program: Background

The AIDS Education and Training Center (AETC) Program - the training arm of the Ryan White HIV/AIDS Program - is a national network of leading HIV experts who provide locally based, tailored education, clinical consultation and technical assistance to healthcare professionals and healthcare organizations to integrate high quality, comprehensive care for those living with or affected by HIV. The AETC Program's mission is to improve the quality of life of persons living with or at-risk of HIV through the provision of high quality professional education and training. The AETC National Coordinating Resource Center (NCRC) is a national center of the AETC Program.

AETC NCRC: Mission & Goals

The AETC NCRC utilizes workgroups to promote and support collaborative and synergistic learning opportunities among AETC Program coaches, trainers, faculty, and facilitators to support the mission of providing high quality, state-of-the-science healthcare workforce development related to HIV care.

Purpose of this Evaluation

Through AETC NCRC coordinated and facilitated workgroups, members share information and best practices, develop new resources, and offer technical assistance to assist other members with challenges. The relationships within three workgroups, HIV/HCV Coinfection Community of Practice and Learning (HIV/HCV CPL), Practice Transformation Community of Learning (PT COL), and the Rural Health Committee (RHC), were assessed quarterly for 9-months. The social network analysis concepts of group trust, value, centrality, and connectedness are correlated to group outcomes.

Workgroup impact and outcomes varied based on workgroup history, longevity, organizational representation, relationships, and deliverables. Social network measures may be used to guide workgroup activities, interactions, and deliverables to better meet the needs of members and the overall goals of the workgroups.

Methods/ Approach

Social Network Analysis (SNA) tool : PARTNER (www.partnertool.net)

- Assesses gaps, strengths, and areas for improvement
- Maps out relationships between members of the network
- Identifies key players, resource exchange, and quality of relationships
- Measures trust and value
- Captures perceptions of outcomes

Summary of Methods

Method	Population/Sample	Purpose	Analysis
Online Survey Dec 2017 – Aug 2018	Three AETC NCRC workgroups: HIV/HCV CPL PT COL RHC	To measure the attributes and characteristics of the connections between workgroup members and the workgroup as a whole.	PARTNER Tool
2 Email Reminders			

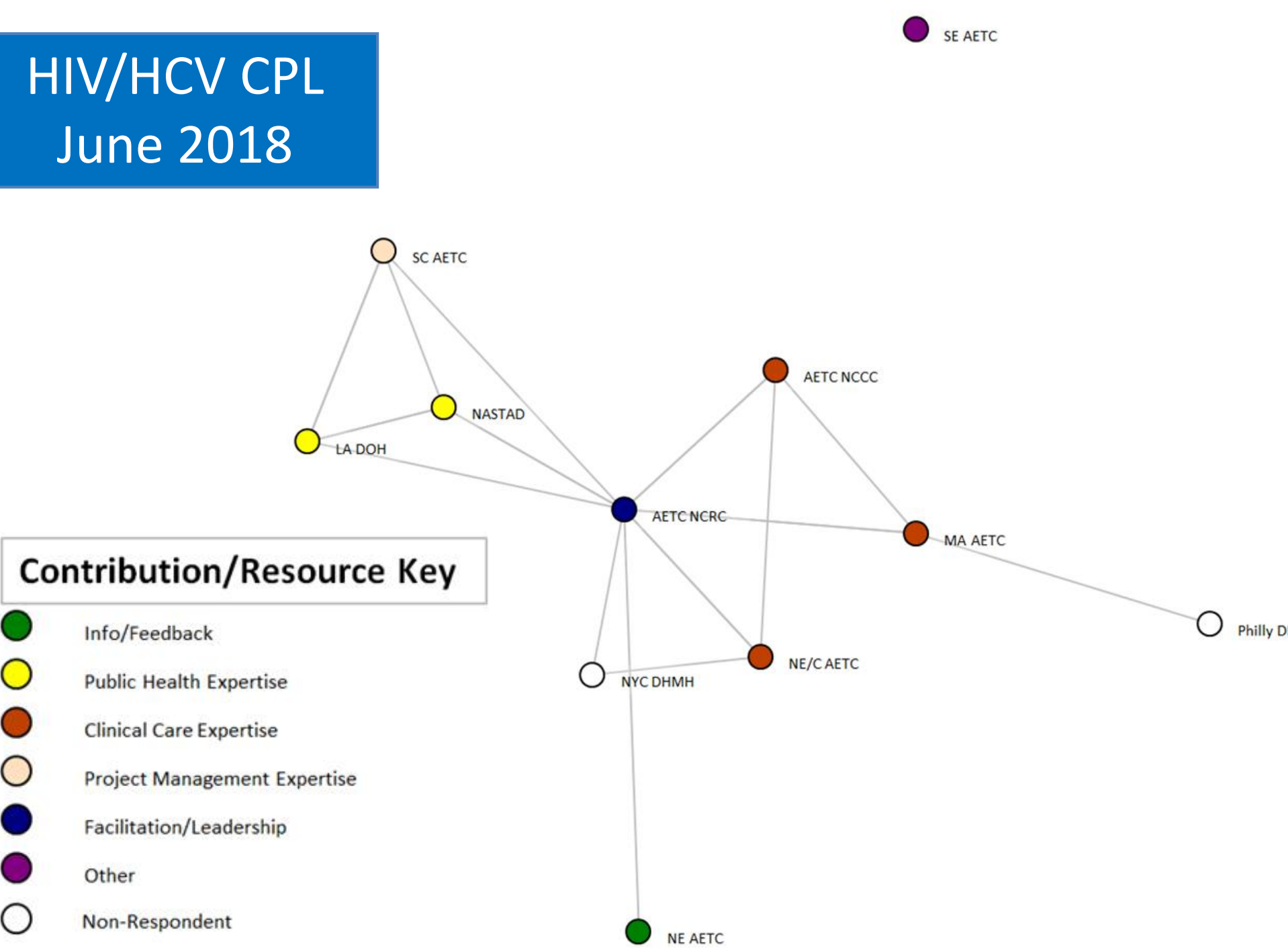
Limitations:

- Workgroups range in length of operation from 1 to 5 years
- Type and number of organizational membership varies by workgroup
- One respondent per organization necessitates comprehensive solicitation of input by all organizational members on a workgroup
- Organizational level measures limits large sample sizes

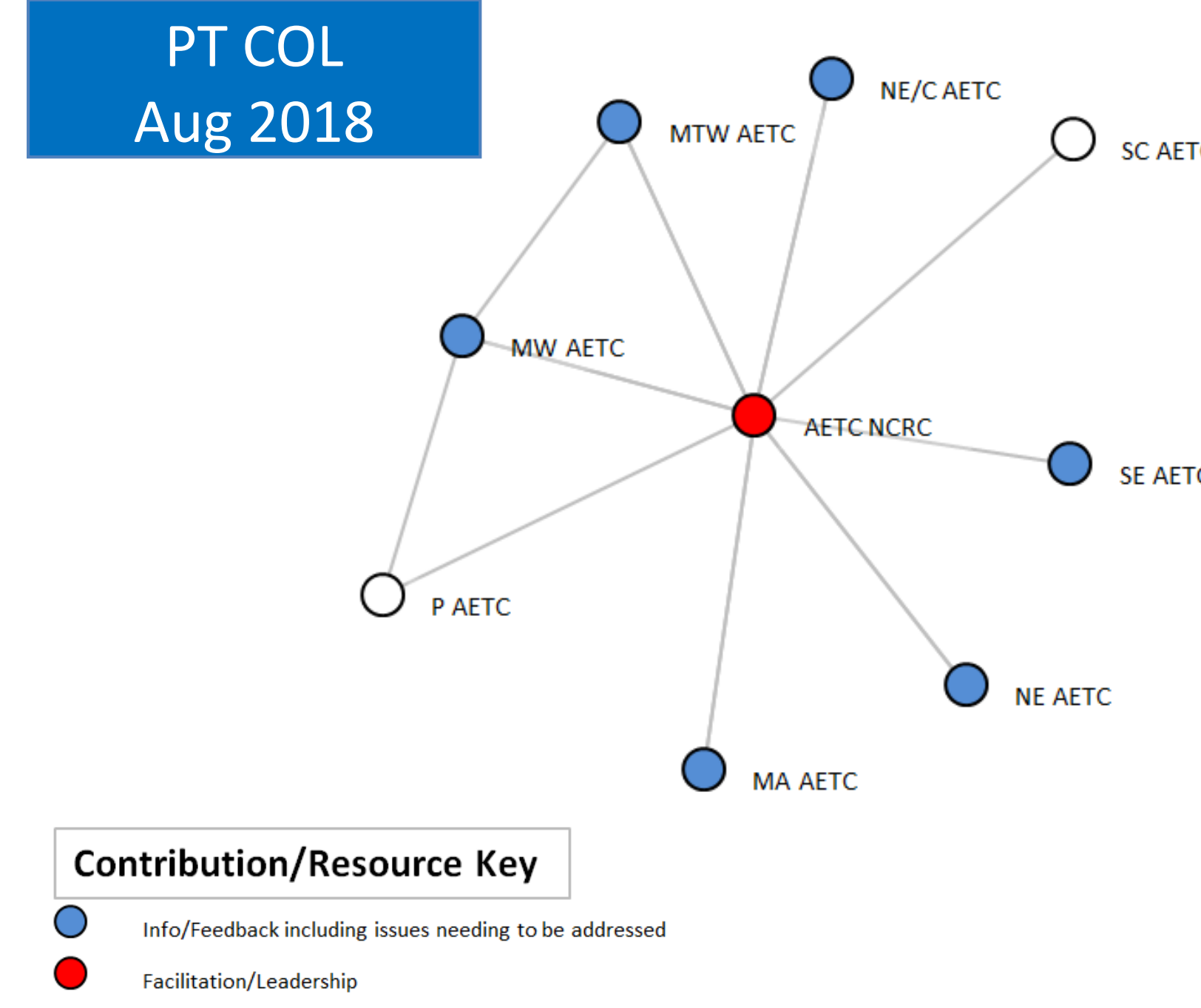
Results

Network Maps: Members Most Important Contributions to the Network* (*at least quarterly)

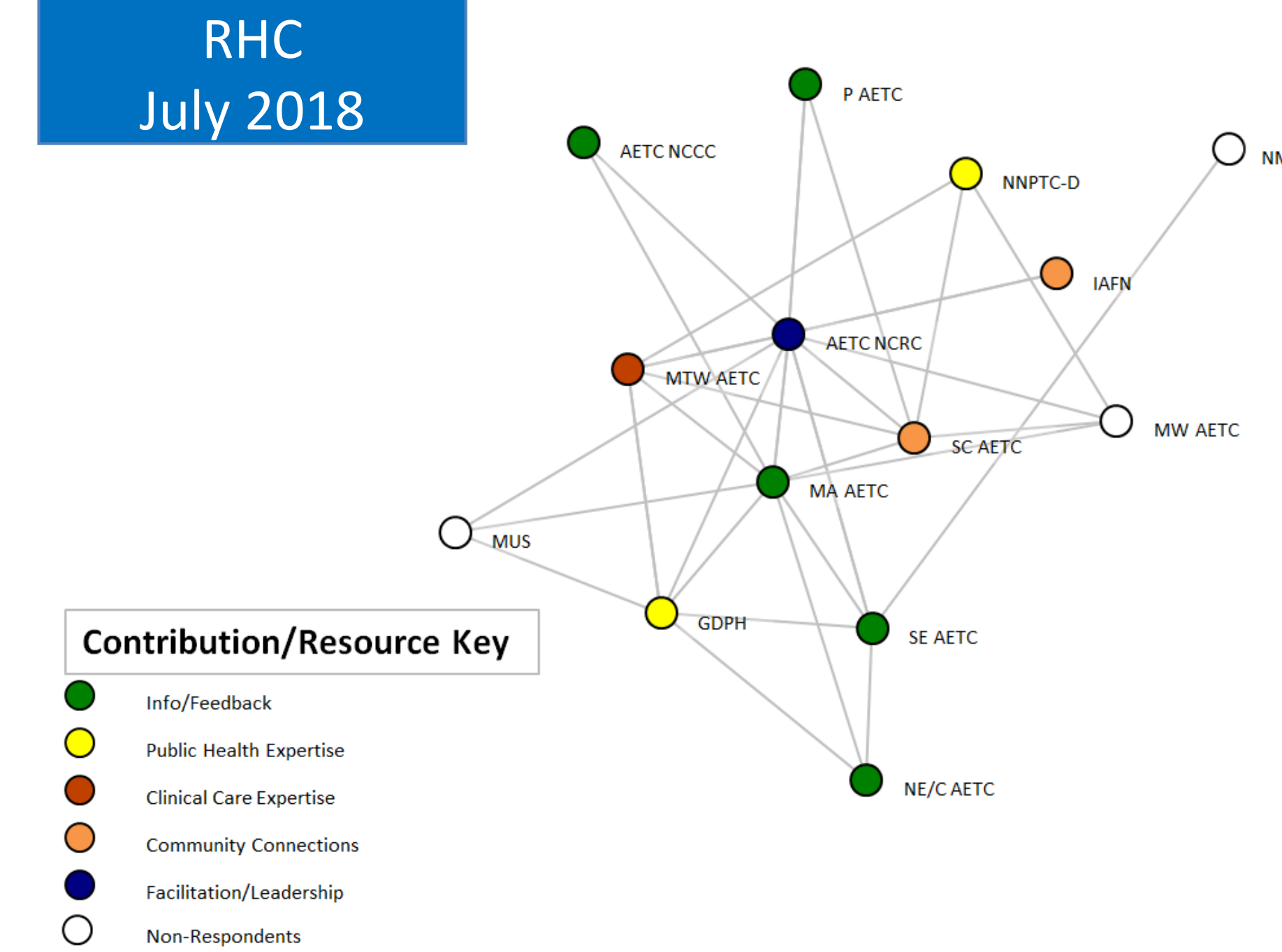
HIV/HCV CPL
June 2018



PT COL
Aug 2018



RHC
July 2018



Network Scores

Network Score (%)	HIV/HCV CPL	PT COL	RHC
Density (%)	31	31	40
Degree Centralization (%)	60	89	44
Trust (%)	96	87	86
Overall Trust	3.83	3.80	4.00
Overall Value	3.42	3.47	4.00

DEFINITIONS

Density	Percentage of ties present in the network in relation to the total number of possible ties in the entire network.
Degree Centralization	The lower the centralization score, the more similar the members are in terms of their number of connections to others (e.g. more decentralized).
Trust	The percentage of how much members trust one another. A 100% occurs when all members trust others at the highest level.
Overall Trust*	All members' averaged perceptions along the three dimensions of trust: Reliability, Mission Congruence, and Transparent Discussion
Overall Value*	All members' averaged perceptions along the three dimensions of value: Power/Influence, Level of Involvement, and Resource Contribution

*Scores above 3 are considered good.

Participation Outcomes

Respondents were asked: My participation on the HIV/HCV CPL has: (choose all that apply)

- 67% responded participation "Led to an exchange of resources"
- 44% responded participation "Led to improved services or supports"
- 22% responded participation either "Improved my organization's capacity," "Led to new program development," "Led to practice change," "Been informative only," or "Other"

Respondents were asked: My participation on the National PT COL has: (choose all that apply)

- 86% responded participation "Led to an exchange of resources"
- 57% responded participation either "Improved my organization's capacity" and "Led to new program development"
- 43% responded participation has either "Been informative only" and "Led to improved services or supports"

Respondents were asked: My participation on the RHC has: (choose all that apply)

- 91% responded participation "Led to an exchange of resources"
- 64% responded participation "Led to improved services or supports"
- 45% responded participation "Led to systems change"
- 36% responded participation "Led to practice change"

Next Steps

Based on Findings:

- The most common organizational contributions to the workgroups were "Information/Feedback" and "Facilitation/Leadership."
- Density, Degree Centralization, and Trust ranged from 31-40%, 44-89%, and 86-96% across the workgroups, respectively.
- Composite measures of overall workgroup trust and value were consistently above 3 across workgroups.
- Respondents reported that participation "Led to an exchange of resources" (67-91%) and "Led to improved services or supports" (43-64%) across workgroups.

Action Plan:

- AETC NCRC workgroup leadership will work to foster workgroup member connections or ties (i.e. increase density) and collaborations (i.e. decrease centrality) over time to achieve workgroup goals and the AETC NCRC mission of providing high quality, state-of-the-science healthcare workforce development related to HIV care.

Contact Information

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