



Sample Provider Surveys and Reports

Here is a list of some sample reports from PC/PBs that have carried out provider surveys focusing on obtaining information for a Resource Inventory or Profile of Provider Capacity and Capability. Sample questions for a provider survey designed to provide information for a Profile of Provider Capacity and Capability may be found at the end of this attachment. These questions are based on a survey tool that has been used by several PC/PBs in the past.

- **Orlando EMA:** *Ryan White Provider Capacity & Capability Report and Tool*, Orlando Service Area, Orlando EMA, August 2017. The online survey reached 12 service providers, including Part A and other RWHAP recipients and sub-recipients, as well as other major providers of HIV care without RWHAP funding. It was designed to collect detailed information about each provider's services that could be used for a Resource Inventory, as well as many questions with multiple-options or rating scales for easy tabulation. The tool includes 39 questions and addresses services provided, services needed/referrals, provider capacity, provider accessibility, program capability, cultural and linguistic competency, barriers for agencies providing care, and barriers for clients seeking care. It asks for detailed information about service locations, services offered, and office hours at each location. The 15-page report includes the tool as an appendix. It is available at: <https://www.orangecountyfl.net/Portals/0/Resource%20Library/families%20-%20health%20-%20social%20svcs/Ryan%20White/ProviderCapacityandCapability%20Report-CERT.pdf>.
- **Broward County/Fort Lauderdale EMA:** *BPHC Needs Assessment Report, 2017-2020*, prepared for the Planning Council by the Ronik-Radlauer Group. Includes data from a provider survey conducted in January 2020 that was sent to senior staff of 13 providers and completed by 12. The survey and responses are provided in Appendix D of the report, and address the following topics:
 - How individuals access their services
 - Whether the organization serves a particular population
 - How the organization serves clients who do not speak English, and the languages of populations they are currently able to serve and those they are having difficulty serving
 - Level of agreement or disagreement about statements related to communication and linkages among providers, sufficient staff, difficulty filling vacancies, trouble identifying resources to help clients pay for other needed services
 - Level of agreement or disagreement about client barriers to accessing services
 - Ways to collaborate to increase communication
 - Top five areas that should be addressed to eliminate HIV in the community
 - Strengths and challenges of the current system of HIV care
 - Whether they have enough staff and resources to effectively meet the needs of current clients, and if not, an explanation; and to effectively meet the needs of a caseload expanded by 5, 10, or 20%
 - The report, with the provider survey and aggregated responses, is available online at: <https://brhpc.org/wp-content/uploads/2020/04/RW-Needs-Assessment-Report-2017-2020.pdf>

The following provider survey was used primarily for assessing service needs rather than learning about services provided:

- **Boston EMA:** *Assessment of HIV Service Needs in the Boston Eligible Metropolitan Area*, prepared for the Boston Health Commission and Ryan White Planning Council by the Center for Advancing Health Policy and Practice, Boston University School of Public Health, May 2017. The report is available online, and the provider survey is in Appendix B: Quantitative Data Collection Tools, on p 55. The survey is relatively short; questions include:
 - A list of more than 20 services, with the provider asked whether its virally suppressed patients need each service, if they have access to the listed service at their agency or another agency in their area, and then to identify the 3-5 services they believe are most important to virally suppressed patients and the challenges they face in getting those services



- A list of 20 barriers, with the provider asked to what extent those barriers impact adherence to HIV care and treatment for its virally suppressed patients
 - The same list of service needs and questions, for the provider’s patients who are not virally suppressed
 - The same list of barriers to be rated by the provider for its non-virally suppressed patients
- The needs assessment report and the provider survey tool are available at: https://www.boston.gov/sites/default/files/file/2023/03/BPHC%20Needs%20Assessment%20Report_06142017_FINAL.pdf



Sample Provider Capacity and Capability Survey

This survey is designed for use as an online survey. Responses to most questions can easily be aggregated, so it is appropriate for use when seeking responses from a relatively large number of service providers.

Name of agency: _____

Address: _____

Person(s) completing survey: _____

Position(s) or title(s): _____

Email(s): _____

Telephone number, in case clarifications are needed: _____

1. How many service sites do you have that serve people with HIV?

1 _____

2 _____

3 _____

More than 3 (specify how many)

Please provide addresses of any sites other than the address above, and/or places where you outstation staff:

Please provide a brief summary of your mission/purpose.

2. Which parts of the EMA/TGA are within your service area for HIV care-related services?

Entire EMA/TGA

The following counties [Use dropdown list of counties in the EMA or TGA]

The following cities only [Dropdown major cities within the EMA/TGA]

Other (specify)

3. Does your program focus on all people with HIV or one or more particular subpopulations?

All people with HIV

One or more specific subpopulations

If one or more specific subpopulations, branch to additional question and subquestions under each:

Which subpopulations

do you focus on? Check all that apply.

Race/ethnicity

If checked, direct to additional question: Which groups:

Black/African American

Latino/Hispanic

White Non-Hispanic

Asian/Pacific Islander

American Indian/Alaska or Hawaiian Native

Other (specify)



Gender/gender identity

If checked, direct to additional question: Which groups:

- Male
- Female
- Transgender
- Non-binary

Sexual orientation

If checked, direct to additional question: Which groups:

- Lesbian/gay/queer
- Bisexual
- Questioning
- Other (specify)

Age

If checked, direct to additional question: Which groups:

- Children (age 0-12)
- Youth/young adults (age 13-24)
- Adults (25 -54)
- Older adults (55+)
- Other (specify)

Co-occurring conditions or life situations

If checked, direct to additional question: Which groups:

- Substance use
- Hepatitis C
- Other chronic illness
- Unstably housed
- Recent incarceration
- Other (specify)

Other subpopulation(s) (specify)

4. Which of the following services does your agency provide to people with HIV? (In column 1, check all services you currently provide. In column 2, check those that are partially or entirely funded through the Ryan White HIV/AIDS Program (RWHAP):

Core medical services:	We provide	RWHAP-funded
AIDS Pharmaceutical Assistance/ Local Pharmaceutical Assistance Program (LPAP)	<input type="checkbox"/>	<input type="checkbox"/>
Early intervention services (EIS)	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance premium and cost-sharing assistance (HIPCSA)	<input type="checkbox"/>	<input type="checkbox"/>
Home and community-based health services	<input type="checkbox"/>	<input type="checkbox"/>
Home health care	<input type="checkbox"/>	<input type="checkbox"/>
Hospice services	<input type="checkbox"/>	<input type="checkbox"/>
Medical case management (including treatment adherence services)	<input type="checkbox"/>	<input type="checkbox"/>
Medical nutrition therapy	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>
Oral health care	<input type="checkbox"/>	<input type="checkbox"/>



Outpatient ambulatory health services (OAHS)
 Outpatient substance abuse treatment
 Specialty medical services

Support services

	We provide	RWHAP-funded
Child care services	<input type="checkbox"/>	<input type="checkbox"/>
Emergency financial assistance – food	<input type="checkbox"/>	<input type="checkbox"/>
Emergency financial assistance – housing or utilities assistance	<input type="checkbox"/>	<input type="checkbox"/>
Emergency financial assistance – medications	<input type="checkbox"/>	<input type="checkbox"/>
Emergency financial assistance – other	<input type="checkbox"/>	<input type="checkbox"/>
Food bank/home-delivered meals	<input type="checkbox"/>	<input type="checkbox"/>
Health education and risk reduction (HERR)	<input type="checkbox"/>	<input type="checkbox"/>
Housing services	<input type="checkbox"/>	<input type="checkbox"/>
Linguistic services (interpretation and translation)	<input type="checkbox"/>	<input type="checkbox"/>
Medical transportation services (transportation to and from service providers)	<input type="checkbox"/>	<input type="checkbox"/>
Harm reduction/needle exchange services	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical case management	<input type="checkbox"/>	<input type="checkbox"/>
Legal services or other professional services (e.g., permanency planning, income tax preparation)	<input type="checkbox"/>	<input type="checkbox"/>
Outreach services (to bring people into care)	<input type="checkbox"/>	<input type="checkbox"/>
Psychosocial support services (support groups, counseling, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Referral for healthcare and supportive services	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation services	<input type="checkbox"/>	<input type="checkbox"/>
Residential substance abuse services	<input type="checkbox"/>	<input type="checkbox"/>
Respite care	<input type="checkbox"/>	<input type="checkbox"/>
Other services to people with HIV (specify):	<input type="checkbox"/>	<input type="checkbox"/>

5. Please indicate your days and hours of operation.

If you have multiple locations, check here and list locations and provide for up to 4 locations most used for HIV services.

Monday _____ to _____
 Tuesday _____ to _____
 Wednesday _____ to _____
 Thursday _____ to _____
 Friday _____ to _____
 Saturday _____ to _____
 Sunday _____ to _____
 Other (specify)



6. How can potential clients obtain access to your HIV services? Check all that apply.

- Request services online or by telephone
- Walk-in
- Obtain referral from a medical or case management provider
- Other (specify)

7. Where do you provide services? Check all that apply.

- In our offices
- Remotely via telehealth
- At client's home
- At another agency where we locate/outstation staff during certain days/hours
- Other (specify)

8. Tell us about service site accessibility. Check all that apply/explain if differs by site.

- On bus line
- Near rapid transit station
- Near other HIV service providers
- Free or low-cost parking
- Transportation provided
- Facility that is accessible to clients with disabilities
- Other/explain

9. Tell us how long it typically takes a new client to have the first appointment. Check one.

- 3 work days or less
- 4-5 work days
- 1-2 weeks
- 3-4 weeks
- More than 4 weeks
- Varies based on which service
- Other (specify)

10. Tell us about your fees for non-RWHAP clients (or if you are not RWHAP-funded). Check all that apply/explain as needed.

- Our HIV services are free to low-income people
- We charge fees using a sliding fee scale based on income
- We charge a fixed fee for each visit/service
- Other/explain fees (specify)

11. How do you serve clients who do not speak English? Check all that apply.

- We have clinical or frontline service staff who speak languages other than English
- We ensure that trained interpreters are available when needed
- We ask non-service staff to interpret when needed
- We use a telephone Language Line for interpreters
- We translate patient materials into different languages
- Not applicable – we do not serve clients that do not speak English
- Other? (specify)



- 12. Please indicate the languages for which you have bilingual staff and do not need interpreters.**
[Suggest always including Spanish and ASL, and specifying other languages based on your EMA or TGA's client population]
American Sign Language
Spanish
Other (specify)
- 13. What proportion of your clients are people with HIV? Check one.**
10% or less
11-25%
26-50%
51-75%
76-90%
91% or more
Not sure
- 14. Tell us how many clients with HIV you currently serve and the maximum number you have the capacity to serve at a time and in one year:**
Currently serving: _____
Maximum capacity at one time: _____
Maximum you can serve in one year: _____
- 15. For how many years has your organization provided HIV care-related services?**
Less than 1 year
1 to 5 years
6 to 10 years
11 to 19 years
20 years or more
- 16. Do you ask clients with HIV whether they are receiving HIV-related primary medical care and encourage them to enter care?**
Always
Sometimes
No
Does not apply; we are a medical provider
Other (specify)
- 17. What funding sources support your services to people with HIV? Check all that apply.**
Ryan White HIV/AIDS Program Part A
RWHAP Part B
RWHAP Part C or D
RWHAP Part F
340B drug rebates
Medicaid
Medicare
Private insurance
Client fees
HIV-specific government grants or contracts



- Non-HIV-specific government grants or contracts
- Corporate or foundation grants
- General support/unrestricted funds or donations
- Other (specify)

19. Please indicate the number of employees and volunteers who work ONLY or PARTLY on providing HIV-related care services:

	Only HIV	Partly HIV
Full-Time	_____	_____
Part-Time	_____	_____
Volunteers	_____	_____

20. What, if any, prevention or counseling, and testing services does your agency provide? Check all that apply.

- Prevention services for people who have tested negative or do not know their status
- HIV counseling
- PrEP or PEP
- HIV testing
- Prevention for positives (people who know they have HIV)
- Partner identification and counseling services
- Needle exchange/harm reduction services/syringe services program
- Other (specify)

21. In what ways does your agency address the diverse cultural needs of clients? Check all that apply.

- We hire staff from different cultures
- We involve volunteers from different cultures
- We provide diversity/cultural competency/cultural humility training for staff
- We implement the CLAS (Culturally and Linguistically Appropriate Services) Standards
- We follow the Department of Health and Human Services Office of Civil Rights Limited English Proficiency (LEP) guidelines
- We make referrals to or have subcontracts with culturally-specific organizations
- Other (specify)

Barrier statement:	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A or Not Sure
a. People who have just learned their HIV status are often not ready to engage in care.						
b. Our clients have high no-show rates.						
c. Our clients have difficulty getting transportation to our services.						
d. Our clients have difficulties in navigating the system of care.						
e. People with HIV who are homeless or have unstable housing have difficulty staying involved in care and taking their meds.						
f. It is hard for us to serve clients who are active substance users.						



Barrier statement:	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A or Not Sure
g. Our target population has difficulty engaging in care due to other physical problems or co-occurring conditions.						
h. Our low-income clients are reluctant to seek other needed services due to financial barriers like co-pays and fees.						
i. Some members of our target population do not obtain care because they don't know that our services are available free or at low cost.						
j. Some potential clients are reluctant to seek services because they are undocumented immigrants or come from mixed-status families.						
k. Some members of our target population are reluctant to seek services due to cultural beliefs or norms.						
l. It is hard for us to serve clients with mental health issues unless they are receiving mental health services.						
m. Some members of our target population are reluctant to seek services due to stigma or fear of disclosing their status.						
n. Some of our clients are reluctant to trust us as providers.						
o. Some of our clients have had negative experiences with other providers.						
p. Some members of our target population have difficulty getting care because of their work schedules.						

23. What training, assistance, or other action by the RWHAP Part A recipient would be most helpful to your organization in building its capacity to serve people with HIV or improving service coordination and client outcomes?

24. Please provide any other comments or suggestions for improving services for people with HIV in this area.