HIV Provider Partnership Network Survey Template

This document lists the PARTNER "HIV PROVIDER NETWORK" survey. That is, the questions are specific to HIV provider networks. You can use this document as a template to review questions and make edits, before working on the online version of the survey. The wording here is suggested wording based on past surveys that the PARTNER team has developed on a variety of projects. We encourage you to modify it for your own community/cultural contexts.

NOTE: This survey is ONLY approved for use within the PARTNER CPRM platform. It is not available for use in other platforms or survey tools. If you are interested in adopting or licensing the use of this survey instrument, please contact us at hello@visiblenetworklabs.com

How should you use this survey template? The entire survey is modifiable, although in some limited ways. You can use this template (in Word) to draft up your own language and customize question changes. If you follow the structure of this template, you will be able to fit changes into the online survey.

Any questions? Contact us at hello@visiblenetworklabs.com

THIS TEXT IS THE DEFAULT CONSENT AND INSTRUCTIONS THAT IS AUTO-FILLED INTO THE PARTNER SURVEY. IT IS ALL MODIFIABLE.

Consent:
By starting the survey, you are agreeing to participate. Your participation is voluntary, and you can stop at any time. There are no known risks to participate in this survey. If you have questions about your participation in the survey, please reply to the email invitation you received, or contact the PARTNER team at partnertool@visiblenetworklabs.com.

Instructions:
Thank you for taking this survey. To begin, you will be asked to answer a few questions about your own organization. You will then be asked to answer questions about other organizations.

Answer all questions from the perspective of your organization, rather than yourself as an individual. Feel free to check with others in your organization for more information.

At any time, you can save the responses and continue the survey later. When complete, you can review your responses and modify them, if required.

Q#	Question Text	Question Response Options	Notes on how question can be modified in the PARTNER system
1	**Your organization should be listed below. If it is not, please return to the original email you received inviting you to take this survey and click on the link included.**		**This question is not modified, rather it is based on the respondent list**

2	**In a few words, describe your organization's mission as it relates to serving your target population.**		**This can be modified to any question where you elicit a short open-ended response, for example, "what is your organization's mission?" or "what is your motivation for joining?"**
3	**How many people does your agency serve each month? (round to the nearest 10, 25, 45, 75, 100)**		**This can be modified to any question where you elicit a numerical value as a response, such as "how long have you worked in the area of HIV prevention?"**
4	**What services does your organization provide for people living with HIV/AIDS or at-risk of HIV in your area?** *(Choose all that apply)*	1. **Adherence counseling** 2. **Child care services (on-site)** 3. **Dental care/oral health** 4. **Early intervention services** 5. **Eligibility determination/services** 6. **Emergency financial assistance** 7. **Emergency housing including shelter** 8. **Facility-based housing assistance** 9. **Food assistance (e.g. food bank, home-delivered meals)** 10. **HIV counseling and testing services** 11. **Homeless prevention** 12. **Housing case management and services** 13. **Insurance/cost-sharing assistance** 14. **Legal services** 15. **Medical case management services** 16. **Medical transportation** 17. **Medications/pharmacy/ADAP** 18. **Mental health treatment/counseling** 19. **Non-medical case management services**	**The wording of this question can be modified to be customized to this network (this question is linked to Q5). Usually this is a question asking about what member orgs can or can potentially contribute to the network.** **The response options listed here are from our default survey, but you can modify these to match resources/activities that you hope the organizations will bring to the network.**

		20. Nutrition/dietary services 21. Outpatient Ambulatory Medical Care (OAMC)—HIV medical care 22. Outpatient Ambulatory Medical Care (OAMC)—Primary care 23. Outreach services 24. Patient navigation services 25. Peer navigation/support services 26. Permanent supportive housing including rapid re-housing 27. Primary medical care 28. Risk reduction counseling 29. Social services 30. STD testing/services 31. Substance abuse treatment/counseling/services 32. Tenant-based rental assistance 33. Transitional housing 34. Transportation services/assistance 35. Utility payments 36. Other	
5	**Please indicate the <u>most important</u> service your organization <u>provides to</u> persons living with HIV/AIDS in your area. (Choose one.)**	**Same responses picked in #4.**	
6	**Please indicate the services for which your organization _refers_ persons living with HIV/AIDS in your area.** _(Choose all that apply)._	1. Adherence counseling 2. Child care services (on-site) 3. Dental care/oral health 4. Early intervention services 5. Eligibility determination/services 6. Emergency financial assistance	You can customize the wording of this question (this question is linked to Q7). Usually this is a question asking about outcomes achieved or potential outcomes to achieve.

	7. **Emergency housing including shelter** 8. **Facility-based housing assistance** 9. **Food assistance (e.g. food bank, home-delivered meals)** 10. **HIV counseling and testing services** 11. **Homeless prevention** 12. **Housing case management and services** 13. **Insurance/cost-sharing assistance** 14. **Legal services** 15. **Medical case management services** 16. **Medical transportation** 17. **Medications/pharmacy/ADAP** 18. **Mental health treatment/counseling** 19. **Non-medical case management services** 20. **Nutrition/dietary services** 21. **Outpatient Ambulatory Medical Care (OAMC)—HIV medical care** 22. **Outpatient Ambulatory Medical Care (OAMC)—Primary care** 23. **Outreach services** 24. **Patient navigation services** 25. **Peer navigation/support services** 26. **Permanent supportive housing including rapid re-housing** 27. **Primary medical care** 28. **Risk reduction counseling** 29. **Social services** 30. **STD testing/services** 31. **Substance abuse treatment/counseling/services** 32. **Tenant-based rental assistance** 33. **Transitional housing** 34. **Transportation services/assistance**	**The response options can be edited but will be the same for both Q 6 and Q 7.**

		35. **Utility payments** 36. **Other**	
7	**Please indicate which service is the one for which your organization <u>most frequently</u> refers persons with HIV/AIDS in your area. (Choose one.)**	**Same response list as #6**	**Whatever responses someone chooses in Q 6 will populate as possible responses for Q7.**
8	**Collectively, how successful have all agencies in the network been at providing services to persons living with HIV/AIDS in the community?**	1. **Not Successful** 2. **Somewhat Successful** 3. **Successful** 4. **Very Successful** 5. **Completely Successful**	**This can be modified to any question where you elicit a single choice response.** **If this is a new network, you can find another question to ask here if you do not think this fits.** **You could ask what their potential role in the network could be or what level of involvement they could contribute.**
9	**Which of the following services should be the primary areas to receive the most attention for people living with HIV?**	1. **Emergency housing including shelter** 2. **Facility-based housing assistance** 3. **Grant administration (funder)** 4. **Homeless prevention** 5. **Housing case management** 6. **Legal services** 7. **Medical case management** 8. **Medical transportation** 9. **Mental health treatment** 10. **Nutritional support** 11. **Peer support** 12. **Permanent supportive housing including rapid re-housing** 13. **Primary medical care**	**This can be modified to any question where you elicit a multiple choice response.**

		14. Substance abuse treatment 15. Tenant-based rental assistance 16. Transitional housing 17. Utility payments 18. Unsure. Don't know clients' HIV status 19. Other	
10	**From the list, select <u>organizations/programs/departments</u> with which you have an established relationship (either formal or informal). In subsequent questions you will be asked about your relationships with these <u>organizations/programs/departments</u> in the context of <u>the HIV service provider network.</u>**		**Question can be modified but list of organizations to choose from will be based on the respondent list uploaded.**

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The next set, questions 11-18 are relational questions, meaning that the respondent will answer each question about the organizations they selected in Q10.

Q11-12: Below are the relational questions, however there are several options for the content of these questions. At the end of this table are other options to choose from (in blue text), but all can be modified. In total, we recommend only choosing a total of 3 relational questions (q11, q12, and the 3rd option will become Q19).

Questions 13-18 are also relational, but instead of assessing the content and type of relationship between two partners, they assess the quality in terms of Value and Trust. Questions 13-15 are three measures of Value and questions 16-18 are three measures of Trust. The wording of Q13-18 can be slightly modified for your network, but the context cannot change. These are trademark PARTNER questions and usually yield the most useful data.

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11	**What specific kinds of activities does your relationship with this organization include? [relational choose all that apply.]**	1. **Advocacy work** 2. **Coordinating outreach and communications** 3. **Establishing formal agreements with each other**	**You can modify the language/wording of the question and response options.**

		4. Formal data sharing agreements/data exchange 5. Networking/identifying new potential partners 6. Participating in meetings or groups 7. Participating in training and education 8. Policy/regulation change 9. Providing/receiving client referrals for services 10. Resource sharing 11. Sharing information and data 12. Technical assistance 13. Other	However, the nature of this question has to be "relational" (something they are answering about their relationship with each partner they selected). See other examples at the end of this table.
12	**What kinds of activities does your relationship with this** <u>**organization/program/departme nt**</u> **entail [note: the responses increase in level of collaboration] [relational choose one]?**	1. None 2. Cooperative Activities: involves exchanging information, attending meetings together, and offering resources to partners (Example: Informs other programs of RFA release) 3. Coordinated Activities: Include cooperative activities in addition to intentional efforts to enhance each other's capacity for the mutual benefit of programs. (Example: Separate granting programs utilizing shared administrative processes and forms for application review and selection.) 4. Integrated Activities: In addition to cooperative and coordinated activities, this is the act of using commonalities to create a unified center of knowledge and programming that supports work in related content areas. (Example: Developing and utilizing shared priorities for funding effective prevention strategies. Funding pools may be combined.)	You can modify the language/wording of the question and response options. However, the nature of this question has to be "relational" (something they are answering about their relationship with each partner they selected). See other examples at the end of this table.

13	**To what extent does this <u>organization/program/departme nt</u> have power and influence to impact the overall mission of the HIV provider network?** ***Power/Influence: The organization/program/departme nt holds a prominent position in the community by being powerful, having influence, success as a change agent, and showing leadership.**	1. **Not at all** 2. **A small amount** 3. **A fair amount** 4. **A great deal**	**Questions 13-18 are based on validated scales to measure perceived value and trust among partners, so they generally need to remain as is, although we can customize for your network.** **You can modify the language of the definition and what this term means to your group. Please do not modify the response options as it is linked to the analysis tool/ calculations.**
14	**What is this organization<u>/program/departme nt</u>'s level of involvement in the HIV provider network?** ***Level of Involvement: The organization/program/departme nt is strongly committed and active in the partnership and gets things done.**	1. **Not at all** 2. **A small amount** 3. **A fair amount** 4. **A great deal**	
15	**To what extent does this organization/program/departme nt/s contribute resources to the HIV provider network?** ***Contributing Resources: The organization/program/departme nt brings resources to the partnership like funding, information, or other resources.**	1. **Not at all** 2. **A small amount** 3. **A fair amount** 4. **A great deal**	

16	**How reliable is the organization/program/department?** ***Reliable: This organization/program/department is reliable in terms of following through on commitments.**	1. **Not at all** 2. **A small amount** 3. **A fair amount** 4. **A great deal**	
17	**To what extent does the organization/program/department share a mission with the HIV provider network's mission and goals?** ***Mission Congruence: this organization/program/department shares a common vision of the end goal of what working together should accomplish.**	1. **Not at all Not at all** 2. **A small amount** 3. **A fair amount** 4. **A great deal**	
18	**How open to discussion is the organization/program/department? *Open to Discussion: this organization/program/department is willing to engage in frank, open and civil discussion (especially when disagreement exists). The organization/program/department is willing to consider a variety of viewpoints and talk together (rather than at each other). You are able to communicate with**	1. **Not at all** 2. **A small amount** 3. **A fair amount** 4. **A great deal**	

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	this organization/program/departme nt in an open, trusting manner.		
19	**This partnership has led to: (Choose as many as apply)**	**1. Improved my organization's capacity** **2. Led to an exchange of resources** **3. Led to better service coordination between health and housing efforts for people living with HIV** **4. Led to database integration** **5. Led to new program development** **6. Led to sharing of best practices** **7. Has been informative only (we only exchange information, knowledge about resources, etc.)** **8. Has not resulted in any notable outcomes** **9. Has not resulted in any notable outcomes, but we anticipate that it will** **10. Other**	**You can add any type of question here and after this point in the survey. If you added a 3rd relational question, you would do so here followed by any other question(s) you would like to ask.**
SURVEY END			
OPTIONAL ADDITIONAL QUESTIONS YOU WILL NEED TO ADD TO THE SURVEY TRANSFERRED TO YOUR ACCOUNT.			
20	**In order to inform the provider network's future community engagements, can you suggest any other organizations in the system that were not included in the list of partners included in this survey?**	**Open-ended**	
21	**What are the potential gaps in services in the system of care for people living with HIV in the community?**	**Open-ended**	

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22	How do you determine your service area? (choose all that apply).	1. By zip code? 2. By neighborhood? 3. By county? 4. By city 5. Other	
23	In a few sentences, can you describe where and to whom you provide services? Be as detailed as possible (neighborhoods, types of facilities, zip codes, etc.)	Open Ended	
24	What is your agency most lacking in terms of support to provide services?	Open Ended	
25	Please describe your involvement in the service provider network, if any. (Choose one)	1. No Active Involvement 2. Minimal Involvement 3. Occasional Involvement 4. Consistent Involvement 5. Proactive Involvement and Leadership	
26	Which of the following factors have FACILITATED your organization's ENGAGEMENT in the HIV service provider network? (Choose as many as apply)	1. Atmosphere of collegiality/cooperation 2. Common goals 3. Complementary services 4. Data sharing 5. High retention of staff (i.e. low turnover) 6. Local knowledge/experience in the community 7. Participation in committees/workgroups 8. Patient-centered focus 9. Regular meetings 10. Responsive communication 11. Supportive organizational policies 12. Working well as a team	

27	**What are the greatest CHALLENGES your organization FACES in your participation in the HIV service provider network?** **(Choose all that apply)**	1. **Competition for funding, resources, and/or deliverables** 2. **Distance between organizations** 3. **Lack of data sharing/access** 4. **Lack of funding** 5. **Lack of local knowledge (e.g. services, coverage, providers)** 6. **Limited staff resources/personnel (e.g. time to engage, participate)** 7. **Personalities** 8. **Policy and guidance restrictions and rules (e.g. hiring)** 9. **Similar service provisions (i.e. testing, territoriality)** 10. **Staff turnover, retirement, loss of institutional knowledge**	
28	**From your perspective, what resources are critical to achieve long-term sustainability of the service provider network?** **Who or what is ultimately needed to advocate for and sustain this model?**	**Open-ended**	
29	**Do you have any additional comments or feedback about the service provider network?**	**Open-ended**	