



Provider Surveys as a Component of RWHAP

Part A Needs Assessment

What is a Provider Survey?

A survey is a method of gathering data in which people (in this case representatives of HIV service providers) respond to a structured set of questions. A provider survey gathers information from staff (managers and/or direct service personnel) of HIV service providers, often both Ryan White HIV/AIDS Program (RWHAP) recipients or subrecipients and non-RWHAP-funded entities. Provider surveys collect information about either or both of the following: HIV-related services provided, and/or provider perspectives on the service needs and barriers of people with HIV in the service area. Survey questions are usually closed-ended (the respondent selects one or more responses from a set of options), though some open-ended questions may also be included.

Provider Surveys as Part of RWHAP Needs Assessment

Provider surveys:

- Are used to obtain basic information about HIV-related services for a jurisdiction's Resource Inventory of providers
- Yield more detailed information about HIV-related services (e.g., types of services, capacity/number of slots, service area, targeting, languages spoken, days and hours of operation, accessibility to public transportation, service models, third-party payments accepted, waiting lists) for use in preparing individual and aggregate profiles of provider capacity and capability, the "supply" component of needs assessment
- Are sometimes used to obtain information about the perceptions of provider staff (such as clinicians or case managers) about the service needs of people with HIV, overall and for the respondent's current clients.
- Can be used for gathering data about a special needs assessment focus identified by the RWHAP Part A planning council/planning body (PC/PB), for example, a particular service category or subpopulation of people with HIV.

Relation to Legislative Requirements

Provider surveys address legislative requirements for a Planning Council to:

- "Determine the needs" of the population of individuals with HIV/AIDS, with particular attention to, among other things, "Disparities in access and services among affected subpopulations and historically underserved communities" [Section 2602(b)(4)(B), including (B)(ii)]
- As part of priority setting and resource allocation, address "capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities" [Section 2602(b)(4)(C)(vi)]
- Obtain "input on community needs and priorities" [Section 2602(b)(4)(G)]

BENEFITS OF PROVIDER SURVEYS

- An efficient way of obtaining information about HIV providers and their services, for use in developing Resource Inventories and individual provider profiles – an important part of needs assessment, and also often a required component of an Integrated HIV Prevention and Care Plan

LIMITATIONS & CHALLENGES OF PROVIDER SURVEYS

- Tool development can be challenging without help from a trained researcher – and PC/PBs do not always have such a person on staff.
- Recipient assistance is often needed to get a high response rate from RWHAP Part A subrecipients.
- Getting non-RWHAP-funded providers to respond can be challenging.



BENEFITS OF PROVIDER SURVEYS

- A source of information for preparing or updating Service Directories, often made available online or printed, for use by providers and people with HIV seeking HIV services.
- A way of obtaining consistent service provider data that can be aggregated to provide a profile of the local system of HIV care that encompasses available services, access issues, service appropriateness for particular subpopulations, and probable service gaps overall and by geographic area and/or subpopulation
- A way to obtain provider perspectives on service needs and barriers of people with HIV, in the form of data that can be aggregated and compared with service needs and barriers as perceived by people with HIV
- A source of information that is typically needed every five years in preparing an Integrated HIV Prevention and Care Plan

LIMITATIONS & CHALLENGES OF PROVIDER SURVEYS

- If a provider survey is used to get information about service needs and barriers of people with HIV, sampling methods need to prevent overrepresentation of large service providers, who have more staff to respond.

Purpose and Scope of a Provider Survey

A comprehensive needs assessment calls for information about service needs, barriers, and quality – the need or ‘demand’ part of needs assessment. It also requires information about what services are available, how accessible they are to people with HIV, and how appropriate they are for meeting the service needs of different subpopulations of people with HIV – the ‘supply’ part of needs assessment.

Provider surveys typically seek information about available HIV medical and support services, for which they are the primary source of information. Often such surveys also ask about perceived service needs and barriers of people with HIV, for which provider information usually complements data obtained directly from people with HIV. Information about services provided is used for the following two components of needs assessment:

- The **Resource Inventory** of all HIV-related core medical and support service providers in the service area (EMA or TGA), which describes who these providers are, what services they provide, and where they are located.
- The **Profile of Provider Capacity and Capability**, which provides greater detail about each provider, describing who they are designed to serve; service capacity in terms of number of slots and whether there are waiting lists; how easy it is for people with HIV to access their services, in terms of location, hours, availability of public transportation, and facilities that are disability-accessible; and appropriateness of their services for various groups of people with HIV, based on factors like race/ethnicity, language spoken, sexual orientation, gender/gender identity, and age.



Time Frame: It typically takes 4-6 months to plan and implement a provider survey:

- o 1½-2 months to develop the survey tool and plan for data collection
- o 1-1½ months to collect the data
- o 1-2 months to analyze the data and prepare a report and presentation

Many factors affect the time frame, from the number of providers to the extent to which the PC/PB has existing relationships with providers. For example, it can be shortened where the recipient provides a high level of assistance in obtaining subrecipient participation and timely responses, and where a Resource Directory or an old Resource Inventory including most service providers already exists – since that makes it much easier to prepare lists of potential respondents. An online survey usually takes the least lead time, especially where Executive Directors or Project Managers are the desired respondents. Deciding how to sample direct service staff and collecting their emails can add time to the planning process.

Providers to Include: A provider survey designed to provide information for a Resource Inventory and a Profile of Provider Capacity and Capability should seek information from all providers of HIV core medical or support services, regardless of funding. At a minimum, data should be obtained from all RWHAP Part A subrecipients, other RWHAP recipients and subrecipients, and providers that deliver substantial levels of HIV-related services with other types of funding – e.g., funds from other federal agencies (e.g., the Substance Abuse and Mental Health Services Administration), third-party funds from Medicaid and Medicare, private resources, or the 340B Drug Program.¹

Who to include as respondents will vary when the focus is input from direct service staff. For example, if the intent is to obtain input from case managers or from clinicians providing medical services, the goal might be to obtain input from each RWHAP recipient or subrecipient with case management funding or Outpatient Ambulatory Health Services (OAHS) funding, and from non-Ryan White-funded providers providing such services to people with HIV. Special emphasis might be put on reaching providers who serve subpopulations from historically underserved communities or geographic areas.

Data Collection and Analysis for Provider Surveys

Data-Collection Strategies

Provider surveys can be conducted through one or a combination of the following methods: an online platform like SurveyMonkey or Qualtrix, by telephone, in a face-to-face interview, or through completion of a hard copy of the survey questions. Because most HIV service providers have good access to the Internet, most provider surveys are conducted through online platforms. Sometimes PC/PBs do telephone interviews to obtain information from high-priority providers that do not respond to an online survey.

Survey Tool Design

A provider survey tool should be carefully developed to collect needed data and to do it efficiently. Most questions will be closed-ended – respondents choose from a list of pre-determined responses – though an ‘other’ option with a text box can be used, and most provider surveys include some open-ended questions that permit narrative responses.

¹The federal 340B Program allows qualifying providers, among them RWHAP recipients (e.g., states operating Part B AIDS Drug Assistance Programs) and subrecipients, federally qualified health centers (FQHCs), and Sexually Transmitted Infection (STI) clinics, as well as hospitals and other defined health entities, to receive discounts when purchasing outpatient prescription drugs. These safety-net providers can use the savings to provide free or low-cost medical care or other services for uninsured patients. The program is authorized by Section 340(B) of the Public Health Service Act. See NASTAD, “Back to the Basics: ADAP and the 340B Program – 101,” undated, at <https://www.nastad.org/sites/default/files/ADAP-340B-Program-101.pdf>



Sometimes your provider survey is designed to obtain both information about provider services and input about service needs of people with HIV. If you are planning to compare provider and client perceptions about service needs, barriers, and quality, you will probably want to ask the same questions and provide the same response options in your provider and client survey tools.

Encouraging a High Response Rate

If you are seeking information about services for a Resource Inventory or a Profile of Provider Capability and Capacity, a high response rate, including a response from all Part A subrecipients, is very important. If you are asking frontline staff about service needs, input from different provider perspectives is also important. Among the many ways to encourage a high response rate are the following:

- **Send the link to the right person within the organization.** This may be the Executive Director, but often is a program or project director.
- **Reference contract requirements.** Check with your recipient to see whether the subrecipient contracts include language to the effect that the subrecipient agrees to cooperate with needs assessment or evaluation activities, or make information available to the recipient or PC/PB on request. While the exact wording varies, many recipients include such requirements in their contracts.
- **Obtain recipient assistance.** Ask the recipient to inform subrecipients that the PC/PB is conducting a provider survey to obtain information for an updated Resource Inventory and description of available services, that they should expect to be contacted, and that they should provide a timely response since this effort is important to the Part A program. If responses are slow in coming, ask the recipient to send an email reminding subrecipients to respond by a stated deadline.
- **Emphasize importance.** Prepare an email to go out with the survey link or other outreach that emphasizes why every provider's response is important
- **Make responding as quick and easy as possible.** Pre-test your survey with several diverse providers and ask them how long it took them to respond. This will help ensure that you catch and correct any unclear questions or response options and any glitches in the way the questions are presented. It will also enable you to include the typical time requirement for completing the survey.
- **Allow respondents to return to the survey several times.** If each respondent has a unique link to an online survey, the person can complete some of it and then return to finish it. This is helpful if the survey is long, and if it may be necessary for the person responding to consult with someone else or look up some numbers in preparing the response. Most online platforms allow you to send a reminder to anyone who has submitted an incomplete response. Often the respondent can share the unique link so another staff member can add missing information.
- **Be aware of issues like messages going to spam folders or being refused.** The online platform will generally provide information about messages that were not delivered because a recipient has "opted out" of such surveys. Contacting recipients directly by email or telephone can help in identifying such problems and getting recipients to "opt in."
- **Send reminders.** Nag politely, reminding respondents of the importance of their response, and the deadline for responding.
- **Call key respondents to remind them to respond – or complete the survey by telephone.** If you call important respondents to obtain data by telephone, this can simplify the process for them, since you will enter the data into the online database.
- **Provide incentives.** Among the successful incentives: a specified number of gift cards to a popular coffee shop or store promised to the first XX number of people providing complete responses, or a drawing open to those who complete the survey on time and involving something moderately costly like a tablet, and/or public recognition at a meeting or conference for the first five providers to respond.



Data Tabulation, Analysis, and Reporting

Provider survey responses that focus on services provided are often used in two ways:

- *Reviewed individually* and used for preparing a Service Directory or individual provider profiles, to provide an understanding of service locations, available services, and the populations for whom they are most appropriate.
- *Combined with data from all providers* in the form of a Resource Inventory to offer ‘supply’ information about the service system, and service availability. When compared to data on service needs, that information helps PC/PB or recipient identify service gaps.

Resource Inventory versus Service Directory

Provider surveys yield information that can be used in both a Resource Inventory and a Service Directory. The Resource Inventory and Service Directory often include similar information, but are used for different purposes.

- A **Resource Inventory** is a comprehensive listing of providers of HIV-related services, including both RWHAP-funded and other providers, usually prepared in chart form, which is used by PC/PBs and recipients in planning. One of the components of a comprehensive RWHAP Part A needs assessment, it is also typically included in a Integrated HIV Prevention and Care Plan. It typically includes basic information about each provider such as service locations, types of core medical and support services offered, number of clients served, and sometimes other information like office hours and languages spoken.
- A **Service Directory** is a listing and description of providers of HIV-related services, including both RWHAP-funded and other providers, usually in narrative form and organized into a printable or online catalogue that can be used by both people with HIV and providers to identify needed services. It usually provides basic information such as locations with addresses, telephone numbers, and office hours and the types of core medical and support services provided, and may include additional information such as service area, target populations, and languages spoken. Directories are often posted online in a searchable format, and/or list providers in some logical order – alphabetically, by geographic area, or by types of services offered. They may be prepared by the recipient or by a PC/PB.

Provider surveys often seek provider perceptions of service needs and barriers. This information needs to be tabulated, analyzed, and used to generate summary statistics, then compared with data gathered from people with HIV to enhance understanding of service needs and barriers.

Most provider surveys have fewer respondents than surveys of people with HIV, but still enough to make computer tabulation and analysis valuable. Online survey platforms typically offer easy tabulation and basic analyses useful for surveys focusing on perceived service needs, and for aggregating data about available services and providers.

Your survey plan should address plans for data aggregation, analyses, and comparisons, since they may affect the format and content of our survey tool. In planning for your survey, be sure to agree on expected products, since preparing a written report and presentation will affect your costs and timeline.

One potential concern in the analysis and use of data from frontline staff is the potential imbalance that could occur if your jurisdiction has a few very large HIV service providers with lots of staff and a larger number of small organizations with a few staff each. If every individual's information receives equal weight, then the respondents from a large organization could heavily influence the aggregate data. This situation can be assessed if each response is associated with an organization, so you can at least identify and acknowledge the overrepresentation of data from certain providers.



If findings suggest that this overrepresentation is skewing the data – if, for example, staff from one large agency are much more likely than other HIV service providers to identify a particular barrier or identify a particular service need – you can present that information as context. You might decide to “weight” the data so that aggregate responses from every provider are given equal consideration.

Keys to a Successful Provider Survey

■ **Agreement on survey purposes and scope.** Think carefully about what you want from your survey: For example, is it designed primarily to obtain:

- Basic provider/service information from both RWHAP-funded and other providers for a Resource Inventory?
- More in-depth information from Part A and other major service providers about service availability, accessibility, and appropriateness for particular subpopulations of people with HIV?
- Program manager perspectives on the service needs of people with HIV in the jurisdiction as part of your assessment of service needs, barriers, and gaps?
- A wider range of provider perceptions of service needs and barriers from clinicians, case managers, and/or other staff providing direct services to clients?
- Provider views related to some kind of special topic, such as a particular barrier, service, or subpopulation?

You may be able to obtain the information described in the first three bullets – and perhaps the last one – from a single survey sent to Executive Directors or Project Managers of HIV service providers. This might, however, be a very long survey, since it would have a dual focus. Broader-scope data from frontline staff would require a different, larger group of respondents. You may very well want to ask multiple people from the same provider agency about service needs of people with HIV, since their varied positions and experiences may give them different insights. You probably don't want to ask multiple people from the same agency for factual information about services, since “official” data you can use to describe the organization should come from a senior manager.

■ **Recipient assistance.** Recipients often play a crucial role on getting high response rates and both timely and complete responses for a provider survey that targets subrecipients, especially their senior HIV managers. A survey sent by a PC/PB may receive more attention if it is preceded by a request for cooperation from the recipient. Because Part A subrecipients receive funding from the recipient, they typically feel some responsibility for responding to its requests. In addition, this is often (though by no means always) a contract requirement. For example, one Part A program's contracts include a provision stating that the subrecipient will participate in needs assessment or other PC/PB planning activities, and may be asked to “provide data and information, provide access to clients, or assist in other ways.”

Sometimes all that is needed is an email or other notification to subrecipients of what the PC/PB is doing and what cooperation is expected. For example, subrecipients might be notified that the PC/PB is collecting information to update a Resource Inventory and prepare a Profile of Provider Capacity and Capability, and will be contacting all subrecipients through a link to an online survey, and that subrecipients are asked to provide all requested information by the stated deadline. In other situations, more assistance may be needed; for example, the recipient may be asked to:

- Share the list of HIV service providers used to advertise its most recent competitive Part A procurement, so that these organizations can be contacted to respond to the survey
- Follow up with subrecipients who do not respond to the PC/PB's initial request
- Provide the PC/PB time to discuss the survey and its importance at a subrecipient meeting or training session
- Ask subrecipients to provide the PC/PB with names and emails of frontline staff to be contacted as part of a provider survey



Since the recipient is often very busy, the PC/PB should consider during the planning process what help it needs and when, so the recipient receives the request well ahead and can provide needed assistance without unnecessary effort.

■ **A process that encourages frank and honest responses.** A provider survey is generally not anonymous, because some of the information may be used to prepare a Resource Inventory, service directory or a Profile of the agency. This may discourage frank responses about service challenges and barriers if this information is requested in the same survey. To overcome this problem, you can set up the survey so that:

- Individual provider responses are seen only by the analyst and not by PC/PB members.
- Only the information designed for the Resource Inventory is presented with the name of the service provider attached – information like services provided, days and hours of service, target populations, languages spoken, and whether the provider has RWHAP Part A or other RWHAP funding.
- Other information is used only in the aggregate, for all providers, all medical-related or all support service providers, or by service category.

Steps in Planning and Conducting a Provider Survey

Here is a 10-step process for planning and implementing a provider survey. (See also *Provider Survey Planning Template*).

1. Determine your survey's purpose and scope. Be sure there is agreement on why you are doing the provider survey and what information you want to obtain. This usually means deciding whether your purpose is to obtain information about services for a Resource Inventory or Profile of Provider Capacity and Capability, to get provider input on the service needs and barriers of people with HIV, or both. Also decide on how you will collect the information. If you want information about services provided from a small number of subrecipients or other HIV service providers, you could do a telephone survey or even use a hard-copy survey. However, if you want information from more than a dozen providers and if you plan to tabulate data across respondents, you probably want to use an on-line platform that automatically enters the data and provides easy tabulation and analysis. Since respondents are staff of nonprofits or public agencies, they should all have Internet access and computer skills, so many of the challenges associated with client or community surveys do not apply.

2. Develop the survey tool. If you are gathering information primarily for individual provider profiles or entries in a Resource Inventory, you will probably want to include some open-ended questions that require a narrative response. For example, you might ask about what subpopulation they find most difficult to serve and retain in care and why, or what one action by the recipient would be most helpful in helping them improve services for people with HIV in the EMA or TGA. If you are planning to aggregate responses from multiple providers you will want most of the questions to be "closed-ended" – offering multiple response options for respondents to check—so computer tabulation is easy. Some of these questions might include an "other" option with a text box so the respondent can explain it. A high response rate is most likely where the survey is relatively short and easy to complete, and response time is 12-15 minutes or less. Even if the recipient requires subrecipients to respond, the quality and completeness of responses is likely to be better if the survey is focused and not too long. A review of PC/PB provider surveys indicates that most include 20-35 questions, though some questions have multiple parts. (See *Sample Provider Surveys and Reports* for example survey tools. See also **Typical Components of a Profile of Provider Capacity and Capability**).



3. Compile a list of potential respondents. You will probably begin by identifying all RWHAP Part A subrecipients and all recipients and subrecipients under other Parts. You will probably want to include non-RWHAP service providers as well, identifying them from prior inventories or profiles, supplemented with information from PC/PB members who are familiar with the local system of HIV care. Some case management providers have their own provider lists and could share them. Once you have the organizations, you will need to identify a contact person and obtain an email address for an online survey. The recipient can usually be helpful in providing that information for subrecipients, and may have a larger list of providers, perhaps compiled for use in distributing competitive Requests for Proposal (RFPs). If you want to survey multiple staff, such as frontline personnel, to obtain their perspectives on service needs and barriers of people with HIV, you will probably need to contact the primary contact within the provider agency and ask for a list of staff (e.g., case managers, clinicians) with email addresses. Sampling will probably not be required unless you want to have an equal number of respondents from each provider, in which case you can compile lists by providers and then randomly select the desired number of staff from each provider.

4. Prepare the survey online, and enter the list of potential respondents. The survey needs to be entered into the desired online platform, and one or more groups of desired recipients (called “collectors”) entered with names and contact information. It may be efficient to prepare separate “collectors” for Part A subrecipients and other providers, since you may want to send them slightly different emails with the survey link. For example, you may want to politely remind subrecipients that participation in the survey is expected, especially if it is a contract requirement. While you can individually select people from a large participants’ list, this can be slow since the platform may show you only a subset of names at a time. If you are seeking inventory or profile data, you will want the survey to include the name of the agency and respondent, so you can use a unique link for each targeted respondent. This enables respondents to complete the survey in sections, returning to it several times using the link. Having that link is also helpful if the primary respondent would like some of the information to be provided by another staff member. The other individual can use the link and work on the same response.

5. Pre-test the survey, and then make necessary revisions. Be sure to pre-test the survey internally first, with PC/PB members or recipient staff, to catch any errors in response options or confusing questions. After making corrections, ask several diverse providers – subrecipients and non-RWHAP-funded agencies – to do a formal pre-test, sending out an email with the request and a link to the survey, then talking to them afterwards to discuss any problems they encountered. Make needed revisions to the survey, instructions, and emails.

6. Collect the data, monitoring responses and sending reminders as needed. Agree on a deadline for responses, to include in the email – often you will want to allow two weeks for responses, but may choose to extend the deadline if necessary to get enough responses. If you offer incentives like coffee shop gift cards or entry for a drawing, be sure to describe them in the email. Also include someone easy to reach who should be contacted in case of technical problems or content questions.

Monitor responses daily. Many platforms will tell you how any new responses, complete responses, and incomplete responses have been received, overall and by collector. You may want to have the person in charge of monitoring receive an email with a unique link, and test it if any technical problems are reported. In the first few days of the survey, look at a few individual responses to identify whether some questions are being skipped or misunderstood; you can still make adjustments to instructions or formatting if absolutely necessary.

Schedule a reminder email for people who have not responded as of a certain date, perhaps halfway through the response period, and a separate reminder email for people who have a partially completed response. Send an email to those who have not completed their responses about two days before the deadline. Consider offering an additional incentive if necessary.



7. Supplement online responses if necessary. If you find that several important providers have not completed the survey, and your reminders were unsuccessful, consider contacting them by telephone, to get a commitment to complete the online survey or to arrange to interview them by telephone. This can be important if you are preparing an inventory or profile and the non-responders serve a large number of people with HIV. If they are sub-recipients, ask the recipient to assist in obtaining their participation.

8. Review individual responses for use in a Resource Inventory or individual provider profiles. It is usually easy to locate and review an individual response online and to download it for use in preparing an inventory or profile "entry." Once you agree on a format, have someone prepare several sample entries, identify any problems, and revise the format as needed. (See *Sample Format for a Resource Inventory and Typical Components of a Profile of Provider Capacity and Capability*).

9. Tabulate and analyze data for aggregate use. This process is the same as for other surveys. Tabulate the data, do basic analyses, then filter and compare responses as desired. You may want to compare responses from Part A subrecipients versus other providers, or look separately at core medical versus support service providers, or at providers in different locations within the EMA or TGA. If you collect data on perceived service needs and barriers of people with HIV, organize the data for comparison with data from your client, consumer, or community surveys. Have the responsible PC/PB committee review the data and identify any missing comparisons or analyses while you still have time to address their concerns.

10. Prepare products, usually a Resource Inventory (and sometimes a more detailed profile of individual providers), a report summarizing aggregate data describing the system of HIV care, and a presentation to share results with the PC/PB. Present first to the responsible PC/PB committee, make any needed adjustments to ensure that the presentation is clear, interesting, and of an appropriate length. Then present to the Executive Committee, if required, and then the full PC/PB and community, at a PC/PB meeting or data presentation. (See *Sample Provider Surveys and Reports and Sample Format for a Resource Inventory*).

Templates, Tools and Examples from the Field

For tips and practical guidance, see these additional resources in the Provider Surveys as a Component of RWHAP Part A Needs Assessment Tool Series

- *Provider Survey Planning Template*
- *Sample Provider Surveys and Reports*
- *Typical Components of a Profile of Provider Capacity and Capability*
- *Sample Format for a Resource Inventory*

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