

Health Resources and Services Administration
HIV/AIDS Bureau (HRSA – HAB)
2014 Grantee Satisfaction Survey

Survey to be administered via the web. Questionnaire section headers, bolded instructions and question numbers will not appear on screen. All rated questions will include a “don’t know/not applicable” option.

E-Mail Invitation

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is conducting its annual survey of our grantees’ satisfaction with our program operations and processes, as well as our available technical assistance resources. As you complete this survey, please reflect on the interactions and experiences with HAB over the past 12 months. HAB’s goal is to use the survey feedback that you provide to help us refine our commitment and actions to improve the program management of the Ryan White HIV/AIDS Program and the President’s Emergency Plan for AIDS Relief (PEPFAR).

We would appreciate it if you would take a few minutes to complete the survey via the Internet by clicking on the link below.

[link]

The survey will take approximately 15 minutes to complete. CFI Group, an independent research and consulting firm, is conducting this survey. The survey is hosted via a secure server and your responses will remain anonymous. If you have any questions, please contact surveyhelp@cfgroup.com.

This information will be vital for HAB to improve our operations and guide our future actions and we hope you can take the time to complete the questionnaire. Thank you in advance for your participation!

Sincerely,
Laura Cheever, MD, ScM
Associate Administrator, HIV/AIDS Bureau

Survey Introduction

The Health Resources and Service Administration (HRSA) HIV/AIDS Bureau (HAB) is committed to improving the program management of the Ryan White HIV/AIDS Program and the President’s Emergency Plan for AIDS Relief (PEPFAR). As part of this effort, we are requesting feedback on your experiences with HAB and our technical assistance partners in the past year. The survey is hosted via a secure server and your responses will remain anonymous. This survey is authorized by Office of Management and Budget Control No. 1090-0007 (expires March 31, 2015).

Thank you in advance for completing the survey. If you experience any technical difficulties while taking the survey, please write surveyhelp@cfgroup.com.

Please click on the “Next” button below to begin.

Screening/Demographic Questions

Q1. Please select the type(s) of Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) grant that you currently receive direct funding for: (Select all that apply.)

- a. Part A Eligible Metropolitan Area/Transitional Grant Area
- b. Part B States

- c. Part B AIDS Drug Assistance Program
- d. Part C Early Intervention Services
- e. Part D Women, Infants, Children, and Youth
- f. Part F AIDS Education and Training Center
- g. Part F Special Projects of National Significance
- h. Part F Community Based Dental Partnership Program
- i. National Cooperative Agreement
- j. Global AIDS Programs with PEPFAR
- k. None [Terminate]

Q2. Please select your state/territory or Outside US for any other country from the list below. [Drop down to be provided]

Application Process

Please consider your organization's experience with *applications* for HAB Funding in the past year.

Q3. In the past 12 months, which of the following applications have you submitted? (Select all that apply)

Ryan White Program [DISPLAY OPTIONS IF Q1 = A-I]

- a. Part A, B, C, D, or F New Competition (new program funded by HAB for the first time) Application [ASK Q4a – Q4c]
- b. Part A, B, C, D, or F Competing Continuation (continuation funding for project period) Application [ASK Q5a – Q5c]
- c. Part B, C, D, or F Non-competing Progress Report [ASK Q6a – Q6c]
- d. Supplemental Competition (One-time or Ongoing funding) Application [ASK Q7a – Q7c]
- e. National Cooperative Agreement New Competition (new program funded by HAB for the first time) Application [ASK Q8a – Q8c]
- f. National Cooperative Agreements Competing Continuation (continuation funding for new project period) Application/Progress Report [ASK Q9a - 9c]

Global AIDS Program/PEPFAR [DISPLAY OPTIONS IF Q1 = J]

- g. PEPFAR Cooperative Agreement/Grant New Competing Application [ASK Q10a - 10c]
- h. PEPFAR Cooperative Agreement/Grant Competing Continuation Application [ASK Q11a - 11c]
- i. PEPFAR Cooperative Agreement/Grant Non-Competing Progress Report [ASK Q12a - 12c]
- j. None of the above [END SURVEY]

Q4. Thinking about **Part A, B, C, D or F New Competition** funding opportunity announcement (FOA), and using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate

- a. The ease of completing the application
- b. The clarity of the language used
- c. The ease of submitting the application electronically

Q5. Thinking about **Part A, B, C, D or F Competing Continuation** funding opportunity announcement (FOA), and using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate

- a. The ease of completing the application
- b. The clarity of the language used
- c. The ease of submitting the application electronically

Q6. Thinking about **Part B, C, D or F Non-competing Progress Report** announcement, and using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate

- a. The ease of completing the application
- b. The clarity of the language used
- c. The ease of submitting the application electronically

Q7. Thinking about the **Supplemental Competition** funding opportunity announcement (FOA), and using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate

- a. The ease of completing the application
- b. The clarity of the language used
- c. The ease of submitting the application electronically

Q8. Thinking about the **National Cooperative Agreement Competing** funding opportunity announcement (FOA), and using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate

- a. The ease of completing the application
- b. The clarity of the language used
- c. The ease of submitting the application electronically

Q9. Thinking about the **National Cooperative Agreement Continuation/Progress Report** announcement, and using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate

- a. The ease of completing the application
- b. The clarity of the language used
- c. The ease of submitting the application electronically

Q10. Thinking about the **PEPFAR Cooperative Agreement/Grant New Competing Application**, and using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate

- a. The ease of completing the application
- b. The clarity of the language used
- c. The ease of submitting the application electronically

Q11. Thinking about the **PEPFAR Cooperative Agreement/Grant Competing Continuation Application**, and using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate

- a. The ease of completing the application
- b. The clarity of the language used
- c. The ease of submitting the application electronically

Q12. Thinking about the **PEPFAR Cooperative Agreement/Grant Non-competing Progress Report** announcement, and using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate

- a. The ease of completing the application
- b. The clarity of the language used
- c. The ease of submitting the application electronically

Q13. In both the Ryan White Program and Global AIDS Programs with PEPFAR settings, how can HAB improve the grantee application process for Competitive or Continuation funding? **[OPTIONAL] [CAPTURE VERBATIM]**

Reporting Requirements

Q14. Program Reporting Requirements: Please think about the following program reporting requirements you have completed during the past year for the **Ryan White Programs: Quarterly and/or Annual Progress reports, Allocation/Expenditure reports or Dental Services Report OR PEPFAR Programs: Annual Program Report (APR) and Mid-Year Reports**. Using the same 1 to 10 scale where 1 means **Poor** and 10 means **Excellent**, please rate the following:

- a. The ease of filling out the report (navigating the report or ability to answer requested information)
- b. The clarity of the instructions for completing the report
- c. Ability to successfully submit report electronically

Q15. How many tries did it take to successfully submit the report(s) electronically?

- a. Successful on first try
- b. 2 or more
- c. Could not successfully submit report electronically

Q16. [ASK IF Q1 = A-I] Data Reporting Requirements: Please think specifically about data reporting requirements you have completed during the past year for **Ryan White Services Report (RSR), AIDS Drug Assistance Program (ADAP) Quarterly Report, AETC Report, and/or the Part A Minority AIDS Initiative (MAI) Report**. Using the same 1 to 10 scale where 1 means **Poor** and 10 means **Excellent**, please rate the following:

- a. The ease of filling out the report
- b. The clarity of the instructions for completing the report
- c. Ability to successfully submit report electronically

Q17. [ASK IF Q1 = A-I] How many tries did it take to successfully submit the report(s) electronically?

- a. Successful on first try
- b. 2 or more
- c. Could not successfully submit report electronically

Q18. [ASK IF Q1 = A-I] In your opinion, how can HAB improve any of the data reporting systems? [OPTIONAL]
[CAPTURE VERBATIM]

Grantee-Project Officer Relationship

Part A Grantee-Project Officer Relationship

Q19a. [ASK IF Q1=A] Please think about your relationship with your Part A HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

- a. Daily
- b. Weekly
- c. Monthly
- d. Quarterly
- e. Twice per year
- f. Once per year

- g. Not at all **[DO NOT ASK Q20a]**

Q20a. **[ASK IF Q1=A]** On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your Part A HAB Project Officer on the following:

- a. Understanding of your program's issues
- b. Knowledge of HAB program and policy requirements
- c. Knowledge of policy and program issues specific to your state/region
- d. Timeliness in responding to your programmatic questions/issues
- e. Keeping you informed about upcoming changes or issues that will affect your program

Part B Grantee-Project Officer Relationship

Q19b. **[ASK IF Q1=B or C]** Please think about your relationship with your **Part B** HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your **Part B** HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

- a. Daily
- b. Weekly
- c. Monthly
- d. Quarterly
- e. Twice per year
- f. Once per year
- g. Not at all **[DO NOT ASK Q20b]**

Q20b. **[ASK IF Q1=B or C]** On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your **Part B** HAB Project Officer on the following:

- a. Understanding of your program's issues
- b. Knowledge of HAB program and policy requirements
- c. Knowledge of policy and program issues specific to your state/region
- d. Timeliness in responding to your programmatic questions/issues
- e. Keeping you informed about upcoming changes or issues that will affect your program

Part C, D, or F (Community Based Dental Partnership Program) Grantee-Project Officer Relationship

Q19c. **[ASK IF Q1=D or E or H]** Please think about your relationship with your **Part C, D, or F (Community Based Dental Partnership Program)** HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your **Part C, D, or F (Community Based Dental Partnership Program)** HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

- a. Daily
- b. Weekly
- c. Monthly
- d. Quarterly
- e. Twice per year
- f. Once per year
- g. Not at all **[DO NOT ASK Q20c]**

Q20c. **[ASK IF Q1=D or E or H]** On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your Part C, D, or F HAB Project Officer on the following:

- a. Understanding of your program's issues

- b. Knowledge of HAB program and policy requirements
- c. Knowledge of policy and program issues specific to your state/region
- d. Timeliness in responding to your programmatic questions/issues
- e. Keeping you informed about upcoming changes or issues that will affect your program

Part F (AIDS Education and Training Center) Grantee-Project Officer Relationship

Q19d. **[ASK IF Q1=F]** Please think about your relationship with your **Part F AIDS Education and Training Center** HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your **Part F AIDS Education and Training Center** HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

- a. Daily
- b. Weekly
- c. Monthly
- d. Quarterly
- e. Twice per year
- f. Once per year
- g. Not at all **[DO NOT ASK Q20d]**

Q20d. **[ASK IF Q1=G]** On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your **Part F AIDS Education and Training Center** HAB Project Officer on the following:

- a. Understanding of your program's issues
- b. Knowledge of HAB program and policy requirements
- c. Knowledge of policy and program issues specific to your state/region
- d. Timeliness in responding to your programmatic questions/issues
- e. Keeping you informed about upcoming changes or issues that will affect your program

Part F (Special Projects of National Significance) Grantee-Project Officer Relationship

Q19e. **[ASK IF Q1=F]** Please think about your relationship with your **Part F Special Projects of National Significance** HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your **Part F Special Projects of National Significance** HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

- a. Daily
- b. Weekly
- c. Monthly
- d. Quarterly
- e. Twice per year
- f. Once per year
- g. Not at all **[DO NOT ASK Q20e]**

Q20e. **[ASK IF Q1=G]** On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your **Part F Special Projects of National Significance** HAB Project Officer on the following:

- a. Understanding of your program's issues
- b. Knowledge of HAB program and policy requirements
- c. Knowledge of policy and program issues specific to your state/region
- d. Timeliness in responding to your programmatic questions/issues
- e. Keeping you informed about upcoming changes or issues that will affect your program

National Cooperative Agreement Grantee-Project Officer Relationship

Q19f. **[ASK IF Q1=i]** Please think about your relationship with your **National Cooperative Agreement** HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your **National Cooperative Agreement** HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

- a. Daily
- b. Weekly
- c. Monthly
- d. Quarterly
- e. Twice per year
- f. Once per year
- g. Not at all **[DO NOT ASK Q20f]**

Q20f. **[ASK IF Q1=i]** On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your **National Cooperative Agreement** HAB Project Officer on the following:

- a. Understanding of your program's issues
- b. Knowledge of HAB program and policy requirements
- c. Knowledge of policy and program issues specific to your state/region
- d. Timeliness in responding to your programmatic questions/issues
- e. Keeping you informed about upcoming changes or issues that will affect your program

Global AIDS Programs with PEPFAR Grantee-Project Officer Relationship

Q19g. **[ASK IF Q1=J]** Please think about your relationship with your **Global AIDS Programs with PEPFAR** HAB Project Officer.

In the past 12 months, on average, how frequently did you communicate with your **Global AIDS Programs with PEPFAR** HAB Project Officer? Please consider all communications you have had with your HAB Project Officer, including email, phone, and in-person communications.

- a. Daily
- b. Weekly
- c. Monthly
- d. Quarterly
- e. Twice per year
- f. Once per year
- g. Not at all **[DO NOT ASK Q20g]**

Q20g. **[ASK IF Q1=J]** On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate your **Global AIDS Programs with PEPFAR** HAB Project Officer on the following:

- a. Understanding of your program's issues
- b. Knowledge of HAB program and policy requirements
- c. Knowledge of policy and program issues specific to your state/region
- d. Timeliness in responding to your programmatic questions/issues
- e. Keeping you informed about upcoming changes or issues that will affect your program

Q21. **[ASK IF Q1=A-I]** How can your HAB Project Officer better serve you and your organization? **[OPTIONAL]**
[CAPTURE VERBATIM]

Customer Service and Support

Q22. Which, if any, of the following resources did your organization use to help you with your application or program reporting requirements? (Select all that apply.)

- a. HAB-sponsored conference calls/webinars
- b. Global AIDS Program/PEPFAR sponsored conference calls/webinars
- c. Individual email/phone conversations with a Project Officer (PO)
- d. Individual email/phone conversations with a Grants Management Specialist
- e. Individual email/phone conversations with other HAB staff
- f. HRSA Website
- g. HRSA Contact Center (Helpdesk)
- h. None [**SKIP TO Q24**]
- i. Other (please specify)

Q23. [**ASK ONLY IF Q24=A-E, G**] Using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate the HAB customer service and support your organization received on:

- a. Being professional
- b. Providing answers that were useful/helpful for your organization
- c. Providing timely responses

Q24. What additional Technical Assistance resources or tools would enhance the performance of your organization? (Select all that apply)

Ryan White Program [**DISPLAY OPTIONS IF Q1 = A-I**]

- a. Accountable Care Organizations (e.g., network development)
- b. ADAP (e.g. cost containment, managing wait list)
- c. Affordable Care Act (e.g., health care reform)
- d. Behavioral Health Service Integration with Primary Care
- e. Care coordination (e.g., integrating support services with core medical services)
- f. Clinical Quality Management
- g. Consumer Involvement (e.g., utilizing peers as part of an interdisciplinary team, effective participation of PLWHA, Planning Council participation)
- h. Continuum of care (e.g., treatment cascade, linkage and referral, access to and retention in care)
- i. Cultural competency
- j. Data Management (e.g., data collection infrastructure, human capacity)
- k. Dental care
- l. Early Identification of individuals with HIV/AIDS (EIIHA)
- m. Fiscal Management (e.g., billing, maximizing third party reimbursement, sliding fee scale and unit cost)
- n. Health education and health promotion
- o. Health Information Technology (e.g., Electronic Health Record, Meaningful Use)
- p. Models of care (e.g., Patient-Centered Medical Home, innovative models to include telehealth)
- q. National HIV/AIDS Strategy
- r. Needs Assessments
- s. Outreach to Special Populations (e.g., recently released prisoners, migrant workers)
- t. Reducing health disparities
- u. Staff Retention and Recruitment
- v. Strategic Planning (e.g., health planning, Planning council)
- w. Treatment advances and clinical guidelines
- x. None
- y. Other (please specify)

Global AIDS Program/PEPFAR [DISPLAY OPTIONS IF Q1 = J]

- a. Community Engagement
- b. Community Health Workers
- c. Fiscal Monitoring and Finance
- d. Health Systems Strengthening (e.g., Clinical Assessment for Systems Strengthening, CIASS)
- e. Human Resources for Health
- f. Information Technology and Communications Technology
- g. Quality improvement
- h. Workforce Recruitment, Retention, and Training
- i. None
- j. Other (please specify)

Q25. If offered, would you be interested in Clinical Updates to be provided by HAB?

- a. Yes
- b. No (SKIP to Q26)

Q25a. **[ASK ONLY IF Q25=YES]** From the list of topic areas below, please choose the top 5 topic areas you are most interested in. (Please consider gathering input from your clinical staff to answer this question.) **[ALLOW ONLY 5 CHOICES]**

- a. Antiretroviral therapy, naïve
- b. Antiretroviral therapy, resistance
- c. Clinical care for gay and bisexual men
- d. Clinical care for young adults
- e. Hepatitis (B, C)
- f. Malignancies
- g. Mental Health
- h. Neurology
- i. Primary care
- j. Renal
- k. Sexually transmitted diseases
- l. Substance use
- m. Tuberculosis
- n. Other (please specify)

Q26. Thinking about HAB Program Policy Notices (Policy Notices, Program Letters, Dear Colleague letters), still using a 1 to 10 scale where 1 means **Poor** and 10 means **Excellent**, please rate:

- a. Ease of understanding
- b. Thoroughness of information provided
- c. Effectiveness in assisting your organization in meeting program requirements
- d. Extent to which the information provided influences your organization's operational decision-making

Q27. In your opinion, how can HAB improve its Program Policy Notices? **[OPTIONAL] [CAPTURE VERBATIM]**

Q28. Do individuals in your organization utilize any of the following??

- a. HRSA Twitter
- b. HRSA Facebook
- c. HAB Biweekly Informational Emails

Q29. **[ASK IF Q28=HAB Biweekly Informational Emails]** Still using a 1 to 10 scale where 1 means **Poor** and 10 means **Excellent**, please rate HAB Biweekly Informational Emails on the following:

- a. Ease of understanding
- b. Thoroughness of information provided
- c. Extent to which the information provided is useful in assisting your organization in meeting program requirements

CAREWare [ASK IF Q1 = A-I]

- Q30. How frequently, if at all, does your organization use CAREWare?
- a. Never - (If never, ask "Why does your organization not use CAREWare?") **[SKIP TO Q32]**
 - b. Daily
 - c. Weekly
 - d. Monthly
 - e. Quarterly
 - f. Only a few times a year, primarily only when reports are due

- Q31. Approximately how long has your organization been using CAREWare?
- a. Less than one year
 - b. More than one year and less than two years
 - c. More than two years and less than five years
 - d. More than 5 years

Q32. Using a scale of 1 to 10 where 1 means **Poor** and 10 means **Excellent**, please rate CAREWare on the following:

- a. Ease of use
- b. Responsiveness of CAREWare Helpdesk support, when needed
- c. Courteousness of CAREWare Helpdesk support, if used
- d. Enabling your organization to manage your client population

Training and Technical Assistance Support [ASK IF Q1 = A-I]

Q33. In which, if any, of the following technical assistance opportunities provided by HAB through its partners have you participated? Please select up to three. (Select all that apply) **[LIMIT TO 3 SELECTIONS]**

Ryan White Program

- a. AIDS Drug Assistance Program (National Alliance of State & Territorial AIDS Directors)
- b. AIDS Education and Training Centers (AETCs) – National and/or Regional
- c. Fiscal Management TA (HealthHIV)
- d. Grantee Infrastructure Development (DART Team)
- e. IT Systems Support (HRSA Contact Center)
- f. Medical Homes (University of Medicine and Dentistry of New Jersey/Rutgers, The State University of New Jersey)
- g. National Quality Center (New York State AIDS Institute)
- h. Onsite Technical Assistance (National Technical Assistance Contract/GEARS)
- i. Program-specific Meetings (e.g. Part A Administrator Meeting, Part B Administrator Meeting, Special Populations of National Significance meetings)
- j. Report Administration (Ryan White HIV/AIDS Program Data Support)
- k. TARGET Center/Technical Assistance Resources, Guidance, Education & Training (University of California San Francisco)
- l. None **[SKIP to Q44]**

Q34. **[ASK ONLY IF Q33 = a]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **AIDS Drug Assistance Program** services provided by the **National Alliance of State & Territorial AIDS Directors** on the following:

- a. Overall training and technical assistance provided

- b. Their support in helping you meet program requirements
- c. Responsiveness to you

Q35. [ASK ONLY IF Q33 = b] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **AETCs** on the following:

- a. Overall training and technical assistance
- b. Their support in helping you meet program requirements
- c. Responsiveness to you

Q36. [ASK ONLY IF Q33 = c] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **Fiscal Management services** provided by **HealthHIV** on the following:

- a. Overall training and technical assistance provided
- b. Their support in helping you meet program requirements
- c. Responsiveness to you

Q37. [ASK ONLY IF Q33 = d] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **Grantee Infrastructure Development** services provided by **DART Team** on the following:

- a. Overall training and technical assistance provided
- b. Their support in helping you meet program requirements
- c. Responsiveness to you

Q38 [ASK ONLY IF Q33 = e] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **IT Systems Support** services provided by **HRSA Contact Center** on the following:

- a. Overall training and technical assistance provided
- b. Their support in helping you meet program requirements
- c. Responsiveness to you

Q39. [ASK ONLY IF Q33 = f] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **Medical Homes** services provided by **University of Medicine and Dentistry of New Jersey/Rutgers, The State University of New Jersey** on the following:

- a. Overall training and technical assistance provided
- b. Their support in helping you meet program requirements
- c. Responsiveness to you

Q40. [ASK ONLY IF Q33 = g] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **National Quality Center** services provided by **New York State AIDS Institute** on the following:

- a. Overall training and technical assistance provided
- b. Their support in helping you meet program requirements
- c. Responsiveness to you

Q41. [ASK ONLY IF Q33 = h] Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **Onsite Technical Assistance** services provided by **National Technical Assistance Contract/GEARS** on the following:

- a. Overall training and technical assistance provided
- b. Their support in helping you meet program requirements
- c. Responsiveness to you

Q42. **[ASK ONLY IF Q33 =i]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **Program-specific Meetings** services provided by groups such as **Part A Administrator Meeting, Part B Administrator Meeting, Special Populations of National Significance meetings** on the following:

- a. Overall training and technical assistance provided
- b. Their support in helping you meet program requirements
- c. Responsiveness to you

Q43. **[ASK ONLY IF Q33 = j]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **Report Administration** services provided by **Ryan White HIV/AIDS Program Data Support** on the following:

- a. Overall training and technical assistance provided
- b. Their support in helping you meet data reporting requirements
- c. Responsiveness to you

Q44. **[ASK ONLY IF Q33 = k]** Using a scale from 1 to 10 where 1 means **Poor** and 10 is **Excellent**, please rate the **TARGET Center/Technical Assistance Resources, Guidance, Education & Training** services provided by **University of California San Francisco** on the following:

- a. Overall training and technical assistance provided
- b. Their support in helping you meet program requirements
- c. Responsiveness to you

Division Communication

Q45a. **[ASK IF Q1=A]** Thinking about **communication with the Division of Metropolitan HIV/AIDS Programs in implementing Part A** (webinars, conference calls, trainings, emails/letters), and still using a 1 to 10 scale where 1 means **Poor** and 10 means **Excellent**, please rate:

- a. Timeliness in responding to your programmatic questions/issues
- b. Keeping you informed about upcoming changes or issues that will affect your program
- c. Thoroughness of information provided
- d. Ease of understanding of information provided
- e. Effectiveness in assisting your organization in meeting program requirements

Q45b. **[ASK IF Q1=B or C]** Thinking about **communication with the Division of State HIV/AIDS Programs in implementing Part B or Part B ADAP** (webinars, conference calls, trainings, emails/letters), and still using a 1 to 10 scale where 1 means **Poor** and 10 means **Excellent**, please rate:

- a. Timeliness in responding to your programmatic questions/issues
- b. Keeping you informed about upcoming changes or issues that will affect your program
- c. Thoroughness of information provided
- d. Ease of understanding of information provided
- e. Effectiveness in assisting your organization in meeting program requirements

Q45c. **[ASK IF Q1=D or E or H]** Thinking about **communication with the Division of Community HIV/AIDS Programs in implementing Part C, Part D, or Part F (Community Based Dental Partnership Program)** (webinars, conference calls, trainings, emails/letters), and still using a 1 to 10 scale where 1 means **Poor** and 10 means **Excellent**, please rate:

- a. Timeliness in responding to your programmatic questions/issues
- b. Keeping you informed about upcoming changes or issues that will affect your program
- c. Thoroughness of information provided
- d. Ease of understanding of information provided

- e. Effectiveness in assisting your organization in meeting program requirements

Q45d. **[ASK IF Q1=F or G]** Thinking about **communication with the Division of HIV/AIDS Training and Capacity Development Programs in implementing Part F (AIDS Education and Training Center), Part F (Special Projects of National Significance)** (webinars, conference calls, trainings, emails/letters), and still using a 1 to 10 scale where 1 means **Poor** and 10 means **Excellent**, please rate:

- a. Timeliness in responding to your programmatic questions/issues
- b. Keeping you informed about upcoming changes or issues that will affect your program
- c. Thoroughness of information provided
- d. Ease of understanding of information provided
- e. Effectiveness in assisting your organization in meeting program requirements

ACSI BENCHMARK QUESTIONS

Q46. Please consider all of the experiences and interactions you have with HAB program management this past year. Using a 10-point scale on which 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, how satisfied are you with HAB program management?

Q47. Using a 10-point scale on which 1 means *Falls Short of Your Expectations* and 10 means *Exceeds Your Expectations*, how does HAB compare to your expectations?

Q48. Imagine an ideal process for program management of an organization like yours. How close is the HAB to that ideal? Please use a 10-point scale on which 1 means *Not Very Close to Ideal* and 10 means *Very Close to Ideal*.

Outcome Measures

Q49. Now, please think about your entire experience with the HAB. On a scale from 1 to 10 where 1 means Not Very Helpful and 10 means Very Helpful, how helpful was HAB in enhancing the performance of your organization?

Q50. Using a 10-point scale on which 1 means Little to None and 10 means Extensive, how much of a positive impact did HAB technical assistance and support have on your program?

Q51. Please use this space for any additional information you would like to provide the HAB regarding its program operations and processes. (Capture verbatim)

Thank you for your time. The HRSA's HIV/AIDS Bureau appreciates your input. If you have any questions or comments about Ryan White HIV/AIDS Program management at any time, please contact us at HABreview@hrsa.gov.