

Health Resources and Services Administration Bureau of Primary Health Care (HRSA – BPHC) 2014 Health Center Program Satisfaction Survey

Survey to be administered via the web. Items in **BOLD** will not be seen by the respondents. Questionnaire section headers and question numbers will not appear in the web survey. Question numbers will not appear on screen.

E-Mail Invitation

The Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) is conducting its annual survey on program operations and processes, as well as technical assistance resources. BPHC uses the survey feedback to help fulfill our commitment to continuously improve our program operations. For example, past feedback has resulted in changes around the budget period progress report structure and the implementation of quarterly all-programs calls.

Please take a few minutes to complete this voluntary survey 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@cfigroup.com.

This information is vital for BPHC as we work to improve our operations and guide our future actions. Thank you in advance for your participation!

Sincerely,
James Macrae
Associate Administrator, Bureau of Primary Health Care

Survey Introduction

The Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) is committed to continuous performance and quality improvement. As part of this effort, we are requesting feedback on **your experiences with BPHC** 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 which expires March 31, 2015.

Thank you in advance for completing the survey. Please click on the “Next” button below to begin.

SCREENING/DEMOGRAPHIC QUESTIONS

DEM1. Please select the type(s) of Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC) grant that you currently receive or if you are designated as a Look-Alike: (Select all that apply)

1. Health Center
2. State/Regional Primary Care Association
3. National Cooperative Agreement
4. Look-Alike
5. Health Center Controlled Network
6. Other (Please specify)_____

DEM2. Please select your state or territory from the list below. **(drop down provided)**

DEM3. How long have you been a BPHC program participant?

- a. Less than 1 year
- b. 1 year to less than 5 years
- c. 5 years to less than 10 years
- d. 10 years to less than 20 years
- e. 20 years or more
- f. Don't Know

APPLICATION PROCESS

Please consider your experience with applications for BPHC **competing/non-competing continuation funding** (e.g., Health Center Service Area Competition/Budget Period Renewal Applications, State/Regional/National Cooperative Agreements Competing/Continuation Applications) or **continuing Look-Alike designation** (e.g., Look-Alike Annual Certification Application) in the last year.

1.1 In the past 12 months, which of the following applications have you submitted most recently? (Please select only one)?

1. Health Center Service Area Competition Application
2. Health Center Budget Period Renewal Application
3. State/Regional Cooperative Agreement Non-Competing Continuation Application
4. National Cooperative Agreement Competing Application
5. Look-Alike Annual Certification Application
6. Look-Alike Renewal of Designation Application
7. Health Center Controlled Network Non-Competing Continuation Application
8. None of the above (skip to BPHC ELECTRONIC SUBMISSION PROCESS)

Thinking about the application, and using a scale from 1 to 10, where 1 is **Poor** and 10 is **Excellent**, please rate ...

1.2 The clarity of the application instructions

Now, using the same scale from 1 to 10, where 1 is **Poor** and 10 is **Excellent**, how would you rate the following types or sources of BPHC Application Technical Assistance resources you used *during the application process*:

- 1.4 National BPHC conference calls
- 1.5 Individual email/phone conversations with BPHC staff
- 1.6 BPHC Helpline
- 1.7 BPHC website
- 1.8 Other (please specify) _____

1.9 In your opinion, how can BPHC improve its continuation application process? [**capture verbatim**]

BUREAU OF PRIMARY HEALTH CARE ELECTRONIC SUBMISSION PROCESS

Please think about the Bureau of Primary Health Care’s electronic submission system (Electronic Hand Books). This is the system used by program participants to submit applications, progress reports, change in scope requests, and respond to Progressive Action conditions, etc. On a scale from 1 to 10 where 1 is *Strongly Disagree* and 10 is *Strongly Agree*, please rate the Bureau of Primary Health Care’s electronic submission system on following:

- ESP1. The system allows me to effectively complete tasks
- ESP2. The system is easy to navigate
- ESP4. Error messages in the system are easy to understand and when appropriate provide clear instructions on how to fix mistakes
- ESP5. The information provided in the Bureau of Primary Health Care’s electronic submission system (such as on-line help, on-screen messages and other documentation) is easy to understand

In your opinion, how can BPHC improve the electronic submission process? Please consider your experience with submitting applications, changes in scope, audits, FTCA coverage, UDS reports, progress reports and responses to Progressive Action conditions in the last year. [**capture verbatim**]

PROGRAM REPORTING REQUIREMENTS

Thinking of the Uniform Data System (UDS) program report for the past year, and using a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate...

- 2.1 The ease of filling out the UDS report
- 2.2 The clarity of reporting instructions (UDS Manual)

Now, on the same scale, how would you rate the following types or sources of BPHC Technical Assistance resources you used *during the UDS program reporting process*?

- 2.3 National BPHC conference calls
- 2.4 Individual email/phone conversations with BPHC staff
- 2.5 BPHC Helpline
- 2.6 BPHC website
- 2.7 UDS online trainings
- 2.8 UDS State trainings
- 2.9 Other (please specify) _____

2.10 On a scale from 1 to 10, where 1 is **Poor** and 10 is **Excellent**, please rate UDS performance/comparison reports on their usefulness in assisting your organization.

2.11 In your opinion, how can BPHC improve the UDS program reporting system? [**capture verbatim**]

BPHC PROGRAM POLICY COMMUNICATIONS

On a scale from 1 to 10, where 1 is **Poor** and 10 is **Excellent**, please rate BPHC Policy Information Notices (PINs) and Program Assistance Letters (PALs) on...

- 3.1 The ease of understanding
- 3.2 The clarity of the language used
- 3.3 Thoroughness of information provided
- 3.4 Effectiveness in assisting your organization to meet program requirements

On a scale of 1 to 10, where 1 is **Poor** and 10 is **Excellent**, how would you rate the following types or sources of BPHC Technical Assistance you *received on Policy Information Notices and Program Assistance Letters*?

- 3.7 National BPHC conference calls
- 3.8 Individual email/phone conversations with BPHC staff
- 3.9 BPHC Helpline
- 3.10 BPHC website
- 3.11 Other (please specify) _____

3.12 In your opinion, how can BPHC improve its Policy Information Notices *and Program Assistance Letters*? [**capture verbatim**]

PROGRAM PARTICIPANT-PROJECT OFFICER RELATIONSHIP

Please think about your relationship with your BPHC Project Officer.

4.1 How frequently did you communicate (e.g., emails, phone conversations, site visits, etc.) with your BPHC Project Officer in the past 12 months:

- 1. Weekly
- 2. Monthly
- 3. Quarterly
- 4. Twice

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5. Once
6. Not at all

On a scale from 1 to 10, where 1 is **Poor** and 10 is **Excellent**, please rate your BPHC Project Officer on the following:

- 4.2 Understanding of your program's issues
 - 4.3 Knowledge of BPHC program and policy requirements
 - 4.4 Knowledge of policy and program issues specific to your state/region
 - 4.5 Timeliness in responding to your programmatic questions/issues
 - 4.6 Ability to answer your questions
 - 4.7 Willingness to work with you to accomplish the goals of the program(s) for which you are funded **[ONLY IF DEM1=1,2,3,5 or 6]**
 - 4.8 Willingness to work with you to accomplish the goals of the program(s) for which you are designated as an FQHC Look-Alike **[ONLY IF DEM1=4]**
 - 4.9 Keeping you informed about upcoming changes or issues that will affect your program
- 4.10 Is your current project officer located in:
1. Headquarters
 2. Regional Offices
 3. Don't know
- 4.11 How can your BPHC Project Officer better serve you and your organization? **[capture verbatim]**

FEDERAL TORT CLAIMS ACT (FTCA) PROGRAM

[Q5.1 – Q5.5 ONLY IF DEM1=1]:

On a scale from 1 to 10 where 1 is **Poor** and 10 is **Excellent**, please rate the *usefulness of information you received about the FTCA program* from the following sources you have used in the past 12 months.

- 5.1 BPHC Helpline
 - 5.2 BPHC website
 - 5.3 BPHC staff
 - 5.4 Other (please specify) _____
- 5.5 In your opinion, how can BPHC improve the FTCA program? **[capture verbatim]**

TECHNICAL ASSISTANCE & SUPPORT

Using a scale from 1 to 10, where 1 is **Poor** and 10 is **Excellent**, please rate the overall assistance provided by the BPHC Staff:

- 6.1 Timelines of response to my initial inquiry

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- 6.2 Proactive follow through on questions that require additional research
- 6.3 Knowledge level of the staff who assisted you
- 6.4 Ability to resolve my issue(s) or concern(s)

Thinking about the overall BPHC website, and using a scale from 1 to 10, where 1 is **Poor** and 10 is **Excellent**, please rate the BPHC website on...

- 6.5 The ease of navigating the BPHC website
- 6.6 The ease of understanding the information provided on the BPHC website
- 6.7 The relevance of the technical assistance resources provided on the BPHC website
- 6.8 Having current and up-to-date information on the website

6.9 Using a scale from 1 to 10, where 1 is **Poor** and 10 is **Excellent**, please rate the BPHC All Programs Calls, implemented in response to past surveys:

ACSI BENCHMARK QUESTIONS

- 7.1 Please consider all of the experiences and interactions you have had with BPHC this past year. Using a 10-point scale on which 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, how satisfied are you with BPHC program management?
- 7.2 Using a 10-point scale on which 1 means *Falls Short of Your Expectations* and 10 means *Exceeds Your Expectations*, how does BPHC program management compare to your expectations?
- 7.3 Imagine an ideal process for program management of an organization like yours. How close is BPHC 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

- 8.1. Now, please think about your entire experience with BPHC. On a scale from 1 to 10 where 1 means **Not Very Helpful** and 10 means **Very Helpful**, how helpful was BPHC in enhancing the performance of your organization?
- 8.2. Using a 10-point scale on which 1 means *Not At All Likely* and 10 means *Very Likely*, how likely is your organization to utilize BPHC-supported training/technical assistance in the future?
- 8.3. Please use this space for any additional information you would like to provide BPHC regarding its program operations and processes. **[capture verbatim]**

Thank you for your time. HRSA's Bureau of Primary Health Care appreciates your input. If you have any questions or comments about primary health care program management at any time, please contact us at BPHCreviews@hrsa.gov.