Form Approved

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Community-Based Organizations' Changes in Preparedness and Resources for Support of Biomedical HIV Prevention

Attachment 5

Survey Instrument

Community Based Organization HIV Prevention Needs Assessment Survey

1. What is the name of your organization? _____

2. Where is your main site located? *(If more than one site, please provide location for the site that provides services to the largest number of clients)*

   1a. City: _____ [data staff enters organization code]

   1b. State: [dropdown]

   1c. Zip Code: _ _ _ _ _

Organization Characteristics

The purpose of this section is to learn about your organization, its clients, and its current HIV-related services.

For all questions that follow, if your organization has more than one site, please answer for all sites combined

3. What non-clinical HIV-related services does your organization provide? (*check all that apply)*

3a.	☐ HIV testing onsite
3b.	☐ HIV self-testing or self-specimen collection kits made available to clients
3c.	☐ Small group behavioral HIV prevention interventions
3d.	☐ Individual behavioral HIV prevention interventions
3e.	☐ Linkage to social services or financial benefits
3f.	☐ Linkage to treatment and care for persons living with HIV
3g.	☐ Linkage to partner services for persons living with HIV
3h.	☐ Linkage to substance abuse treatment or harm reduction services
3i.	☐ HIV education and community outreach

4. By sex, what proportion of your organization's clients are estimated to be:

   4a. ___% Male

4b. ___% Female

4c. Don't know or refuse

[autocode to request change if total >100%, allow total <100%]

5. What proportion of your organization's clients are estimated to be current IDU (using non-prescription drugs by injection)?

   5a. ___%

   5b. Don't know or refuse

6. By race/ethnicity, what proportion of your organization's clients are estimated to be:

   6a. ___% White (and not Hispanic/Latino)

   6b. ___% Black or African American (and not Hispanic/Latino)

   6c. ___% Hispanic or Latino (of any race)

   6d. ___% Asian

   6e. ___% American Indian or Alaska Native

   6f. ___% Native Hawaiian or other Pacific Islander

   6g. Don't know or refuse

   [autocode to request change if total >100%, allow total <100%]

7. By sexual orientation or gender identity, what proportion of your clients are estimated to be:
   (do not count persons in more than one category, estimates in all categories should not total more than 100%)

   7a. ___% MSM (gay, bisexual, and other men who have sex with men)

   7b. ___% Heterosexual male

   7c. ___% Heterosexual female

   7d. ___% Transgender (male to female)

   7e. ___% Transgender (female to male)

   7f. Don't know or refuse

[autocode to request change if total >100%, allow total <100%]

8. By age, what proportion of your organization's clients are estimated to be:

    8a. ___% Adolescent (ages 13-17 years)

    8b. ___% Young adult (ages 18-29 years)

    8c. ___% Mid-adult (ages 30-49)

    8d. ___% Older adult (ages 50+)

    8e. Don't know or refuse

    [autocode to request change if total >100%, allow total <100%]

9. By HIV status, what proportion of your organization's clients do you think are estimated to be:

    9a. ___% persons living with HIV (HIV-positive)

    9b. ___% persons whose HIV status is unknown to the staff

    9c. ___% persons who report being without HIV infection (HIV-negative)

    9d. Don't know or refuse

    [autocode to request change if total >100%, allow total <100%]

The purpose of this section is to learn about your organization, its interests in, and resources needed to, provide clinical HIV treatment and prevention services. By clinical services we mean services that must be provided by licensed healthcare professionals such as doctors, nurse practitioners, clinical psychologists, or pharmacists.

10. From where does your organization receive external funding? (*check all that apply*)

    - ☐ 10a. State health department
    - ☐ 10b. Local health department(s) (e.g., county or city)
    - ☐ 10c. Private foundation(s)
    - ☐ 10d. Philanthropic gifts through fundraising
    - ☐ 10e. Other

    10f. If other, please specify _____

- ☐ 10g. Don't know or refuse

11. Does your organization currently provide any of the following clinical services on-site? *(check all that apply)*
    - ☐ 11a. Blood collection by venipuncture (phlebotomy) for laboratory tests
    - ☐ 11b. Genital examination and treatment for sexually transmitted disease
    - ☐ 11c. Diagnosis and treatment for serious mental health conditions
    - ☐ 11d. Providing or recommending clinical care based on lab and exam results
    - ☐ 11e. Writing prescriptions for treatment medications
    - ☐ 11f. Dispensing of treatment medications (e.g., on-site pharmacy)
    - ☐ 11g. Providing and monitoring clinical treatment for HIV infection
    - ☐ 11h. Providing and monitoring clinical treatment for opiate/narcotic addiction
    - ☐ 11i. Don't know or refuse

    [if 11i checked, skip to Section B]

12. Are these clinical services provided by: *(check all that apply)*
    - ☐ 12a. Clinicians employed by your organization
    - ☐ 12b. Clinicians employed by another organization but who provide services in our facilities (i.e., co-located services)
    - ☐ 12c. Don't know or refuse

13. Please tell us whether your organization is designated as one of the following: *(please select one response)*
    - ☐ Federally Qualified Health Center (FQHC) funded by the Health Resources and Services Administration (HRSA)
    - ☐ FQHC look alike that is not funded by HRSA (i.e., your organization meets the criteria of an FQHC but does not receive funding from HRSA)
    - ☐ Other type of clinic-based organization that does not meet FQHC criteria

- ☐ Don’t know or refuse

The disease (COVID-19) caused by a novel coronavirus has had a striking impact on the response of public health and health care entities globally. Government responses to the rapid spread of this respiratory illness have required persons to practice distancing themselves from others to minimize the spread of the virus. In the United States, the guidance provided by federal, state, and local government officials to facilitate social distancing have resulted in some community-based organizations closing, clinics cutting hours of operation or reducing face-to-face visits, and medical personnel shifting from primary care to COVID-19 hospital units. We would like to know how the COVID-19 pandemic has affected your organization.

14. Please indicate how COVID-19 has affected your organization: (*check all that apply*)
    - ☐ 14a. Closed doors and ended operations for ≥ 2 months
    - ☐ 14b. Reduced staff through layoffs or furloughs
    - ☐ 14c. Reduction in the number of clients seeking services
    - ☐ 14d. Changes in how funding or resources are allocated (e.g., funding or staff for HIV screening now used for COVID-19 screening)
    - ☐ 14e. Unable to provide HIV testing and counseling services
    - ☐ 14f. Unable to provide counseling for pre-exposure prophylaxis for HIV prevention
    - ☐ 14g. Unable to provide provision of pre-exposure prophylaxis for HIV prevention
    - ☐ 14h. Unable to provide linkage to social or financial services, partner services, or treatment and care services.
    - ☐ 14i. Don’t know or refuse

Biomedical HIV Prevention Organization Assessment

Research has shown that providing antiretroviral medications (ARVs) can be effectively used to reduce the number of new HIV infections. There are three uses of ARVs that work well if patients take the medication as prescribed.

- Nonoccupational postexposure prophylaxis (nPEP)
    - If persons without HIV infection know that they are likely to have been exposed to HIV sexually or by contact with infected blood, the risk of HIV infection can be decreased by 80% if they begin taking 2-3 ARVs as early as possible (within 3 days of the exposure) and if they take them once or twice a day for 4 weeks. Because this involves starting ARV use just after a possible exposure to HIV (and continuing it for 28 days), this is called "postexposure prophyaxis", in other words, prevention after exposure. This was first developed for people who were exposed to the virus through their jobs, e.g., nurses who were accidently stuck by a needle after drawing blood from a person with HIV infection, or occupational exposure. Since sexual and IDU exposures are not work-related, this use of PEP is called "nonoccupational". https://www.cdc.gov/hiv/risk/pep/index.html

- Daily oral Preexposure prophylaxis (PrEP)
    - If persons without HIV infection do not use condoms regularly during vaginal or anal sex and one of more of their sexual partners may have HIV infection, studies have shown that taking a single pill every day that contains 2 ARVs can reduce the risk of HIV infection by up to 99%. PrEP can reduce the risk of getting HIV by at least 74% for persons who inject drugs when taken daily. Because this involves starting ARV use before a possible exposure to HIV (and continuing it daily), this is called "preexposure prophylaxis", in other words, prevention before exposure. https://www.cdc.gov/hiv/risk/prep/index.html

- Treatment as prevention (TasP)
    - The risk of getting HIV infection is very high for persons without HIV infection who do not use condoms regularly during sex with a regular partner or spouse who has HIV infection and is not taking antiretroviral medications for their own

treatment. Treating people living with HIV infection much earlier in their disease (e.g., with high CD4 cell counts) can prevent them from giving HIV to their partner, because the partner living with HIV is virally suppressed (they have an undetectable viral load). If their viral load stays undetectable, they have effectively no risk of transmitting HIV to an HIV-negative partner through sex. This is called "treatment as prevention" (also referred to as "U=U"). https://www.cdc.gov/hiv/risk/art/index.html

Because these prevention methods all involve prescribing ARVs to people and monitoring for side effects and safety, they can only be done by physicians and nurse practitioners licensed to prescribe medication. However, CBOs are critical to educating communities about these biomedical prevention methods and working with clinical providers as well as men and women who use ARVs for prevention.

The next set of questions is to help us assess how CBOs would like to be involved in biomedical prevention and what their training and resource needs are to take on new roles in the area of ARV-based HIV prevention with uninfected men and women at very high risk of getting infected.

15. Before today, have the majority of your staff (>50%) heard of *(check all that apply):*
    - ☐ 14a. nPEP
    - ☐ 14b. PrEP
    - ☐ 14c. TasP

16. Have any clients requested information about *(check all that apply)*
    - ☐ 15a. nPEP
    - ☐ 15b. PrEP
    - ☐ 15c. TasP

17. Have any clients been prescribed nPEP (taking ARVs daily <u>for 4 weeks</u> after a possible HIV exposure)?

- Yes
- No *(skip to Q19)*
- Don't know*(skip to Q19)*

18. Was nPEP given to client(s) following*: (check all that apply)*
    - 16a. A man who had consensual sex with a man
    - 16b. A man who was raped by a man
    - 16c. A woman who had consensual sex with a man
    - 16d. A man who had consensual sex with a women
    - 16e. A woman who was raped by a man
    - 16f. IDU exposure
    - 16g. Don't know exposure

19. Have any clients been prescribed PrEP (taking ARVs daily for more than month to protect themselves against HIV infection)?
    - Yes
    - No *(skip to Q21)*
    - Don't know *(skip to Q21)*

20. Were the client(s) who received PrEP: *(check all that apply)*
    - 19a. MSM (gay, bisexual, and other men who have sex with men)
    - 19b. Heterosexual women
    - 19c. Heterosexual men
    - 19d. IDU
    - 19e. Don't know

21. Have any clients been prescribed TasP (started ARV treatment early to protect their HIV-negative partner - not primarily for the benefit of their own health)?
    - Yes
    - No *(skip to Q23)*
    - Don't know *(skip to Q23)*

22. Were the client(s) who received TasP: *(check all that apply)*

- 20a. MSM (gay, bisexual, and other men who have sex with men)
- 20b. Heterosexual women
- 20c. Heterosexual men
- 20d. IDU
- 20e. Don't know

23. Did your organization provide linkage to payment assistance programs for any of the following *(check all that apply):*

- 22a. nPEP
- 22b. PrEP
- 22c. TasP

24. *For each intervention, please check the one statement below that best describes your organization's current intentions.*

24a. nPEP	24b. PrEP	24c. TasP	This organization is…
			Currently provide it at a level that meets our clients' needs.
			Likely to support its use for some clients but need more resources.
			Unsure about supporting its use; we need to know more.
			Unlikely to support its use, because clinical services are not in our mission.
			Unlikely to support its use, because it is unsafe, ineffective, or unethical.

25. What additional INFORMATION do you need to make a decision about supporting use of *(enter text as needed)*:

nPEP	**PrEP**	**TasP**
a.	f.	k.
b.	g.	l.
c.	h.	m.
d.	i.	n.
e.	j.	o.

26. To support the use of nPEP, PrEP, and TasP, what additional resources does your organization need? (Check all that apply):

Note: If you do not think it is appropriate for your organization to support one of the 3 interventions, leave that column blank. If you do not think clinical services will be provided by your organization, do not check the boxes that refer to clinical services, staff billing, or equipment.

	Priority level for addressing service needs for each of the biomedical HIV prevention tools: High, Moderate, or Low		
Domain and resource	**nPEP**	**PrEP**	**TasP**
Staff and training tools			
☐ 26a. On Guidelines or Program Manual			
☐ 26b. For community outreach and education staff			
☐ 26c. On medication adherence support			
☐ 26d. For adaptation of EBI risk reduction counseling protocols			
☐ 26f. On client linkage, support for retention in biomedical care, and coordination with clinical care sites			
☐ 26g. On reimbursement/billing for clinical services			
Client information and tools			
☐ 26h. Client information materials (handouts, videos, etc.)			
☐ 26i. Financial resource guide to assist clients			
☐ 26j. Protocols and tools for screening clients for eligibility for biomedical intervention			
Staff Needed			
☐ 26k. Counseling staff			

▯ 26l. Clinical staff (nurses, doctors, pharmacists)			
▯ 26m. Outreach/education staff			
▯ 26n. Care coordinators (nurses, doctors, pharmacists)			
▯ 26o. Clerical staff (e.g., records management, billing)			
Space Needed			
▯ 26p. For counseling and education			
▯ 26q. For clinical procedures and visits			
▯ 26r. More space files and clerical			
Equipment Needed			
▯ 26s. Computers and software			
▯ 26t. Clinical care equipment and supplies			

27. Where would you most prefer to get resources about biomedical HIV prevention methods? *(check one box per row)*

Resource		Potential Sources				
		Local Health Department	Local Clinical Provider	CDC or CDC-funded Source	National or Regional Training Center	National or Regional Private Source
27a.	Clinical information for nonclinical staff (e.g., about medications, labs)	□	□	□	□	□
27b.	Training for clinical staff in providing biomedical prevention and monitoring health effects	□	□	□	□	□
27c.	Training for nonclinical staff to support client use (e.g., adherence)	□	□	□	□	□
27d.	Training for nonclinical staff in collaborating with clinical providers (e.g., linkage to care)	□	□	□	□	□
27e.	Materials for community outreach and education	□	□	□\	□	□
27f.	Materials for identifying clients who might be candidates for biomedical prevention	□	□	□	□	□
27g.	Materials for clients using biomedical prevention	□	□	□	□	□

28. What are your organization's primary strengths related to the support of biomedical HIV prevention methods?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

29. What are your organization's primary challenges related to the support of biomedical HIV prevention methods?

_____
_____
_____
_____
_____
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_____
_____
_____
_____
_____

Thank you.