

Form Approved

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

Attachment 5a

Survey Instrument

Public reporting burden of this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1321)

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.)*
 - 2a. City: _____ [data staff enters organization code]
 - 2b. State: [dropdown]
 - 2c. 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.	<input type="checkbox"/> HIV testing onsite
3b.	<input type="checkbox"/> HIV self-testing or self-specimen collection kits made available to clients
3c.	<input type="checkbox"/> Referral to PrEP services
3d.	<input type="checkbox"/> Linkage to PrEP services
3e.	<input type="checkbox"/> Referral to nPEP services
3f.	<input type="checkbox"/> Linkage to nPEP services
3g.	<input type="checkbox"/> Small group behavioral HIV prevention interventions
3h.	<input type="checkbox"/> Individual behavioral HIV prevention interventions
3i.	<input type="checkbox"/> Linkage to social services or financial benefits
3j.	<input type="checkbox"/> Linkage to treatment and care for persons with HIV
3k.	<input type="checkbox"/> Linkage to partner services for persons with HIV

3l.	<input type="checkbox"/> Linkage to mental health services
3m	<input type="checkbox"/> Linkage to substance abuse treatment or harm reduction services
3n.	<input type="checkbox"/> HIV education and community outreach

4. Approximately how many persons did your organization serve in **2019**?

4a. _____

4b. Don't know or refuse

5. Approximately how many persons did your organization serve in **2020**?

5a. _____

5b. Don't know or refuse

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

6a. ___% Male

6b. ___% Female

6c. Don't know or refuse

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

7. What proportion of your organization's clients are estimated to be current persons who inject drugs (PWID) (using non-prescription drugs by injection)?

7a. ___%

7b. Don't know or refuse

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

8a. ___% White (and not Hispanic/Latino)

8b. ___% Black or African American (and not Hispanic/Latino)

8c. ___% Hispanic or Latino (of any race)

8d. ___% Asian (and not Hispanic/Latino)

8e. ___% American Indian or Alaska Native (and not Hispanic/Latino)

- 8f. ___% Native Hawaiian or other Pacific Islander (and not Hispanic/Latino)
- 8g. ___% Other
- 8h. Don't know or refuse

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

9. 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%)

- 9a. ___% MSM (gay, bisexual, and other men who have sex with men)
- 9b. ___% WSW (gay, bisexual, and other women who have sex with women)
- 9c. ___% Heterosexual male
- 9d. ___% Heterosexual female
- 9e. ___% Transgender (male to female)
- 9f. ___% Transgender (female to male)
- 9g. ___% Other
- 9h. Don't know or refuse

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

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

- 10a. ___% Adolescent (ages 13-17 years)
- 10b. ___% Young adult (ages 18-29 years)
- 10c. ___% Mid-adult (ages 30-49)
- 10d. ___% Older adult (ages 50+)
- 10e. Don't know or refuse

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

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

- 11a. ___% persons with HIV (HIV-positive)
- 11b. ___% persons whose HIV status is unknown to the staff
- 11c. ___% persons without HIV infection (HIV-negative)
- 11d. 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.

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

- 12a. Direct funding from CDC
- 12b. State health department
- 12c. Local health department(s) (e.g., county or city)
- 12d. Private foundation(s)
- 12e. Philanthropic gifts through fundraising
- 12f. Other
- 12g. If other, please specify _____
- 12h. Don't know or refuse

13. Does your organization currently provide any of the following clinical services on-site?

(check all that apply)

- 13a. Blood collection by venipuncture (phlebotomy) for laboratory tests
- 13b. Genital examination and treatment for sexually transmitted disease
- 13c. Diagnosis and treatment for behavioral health disorders
- 13d. Providing or recommending clinical care based on lab and exam results
- 13e. Writing prescriptions for PrEP medications
- 13f. Providing PrEP and clinical management for PrEP
- 13g. Writing prescriptions for nPEP medications

- 13h. Providing nPrEP and clinical management for nPEP
- 13i. Writing prescriptions for treatment medications
- 13j. Dispensing of treatment medications (e.g., on-site pharmacy)
- 13k. Providing and monitoring clinical treatment for HIV infection
- 13l. Providing and monitoring clinical treatment for mental health disorders
- 13m. Providing and monitoring clinical treatment for opiate/narcotic addiction
- 13n. Don't know or refuse

14. Are these clinical services provided by: *(check all that apply)*

- 14a. Clinicians employed by your organization
- 14b. Clinicians employed by another organization but who provide services in your facilities (i.e., co-located services)
- 14c. By referral to an outside clinical organization
- 14d. Don't know or refuse

15. 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

16. Have any of your clients had suspected or confirmed monkeypox infection since May 1, 2022?

- Yes
- No
- How many? _____

17. What types of monkeypox education or communication do you provide your clients? (check all that apply)

- Website
- Community education/outreach
- Social media
- Billboards
- Public transport placards
- Public service announcements
- Health portal/app
- Waiting room video
- Posters
- Printed handouts
- Other_____
- None

18. What is the source of monkeypox information you provide your clients? (check all that apply)

- CDC
- State health department
- Local health department
- Academic Institution
- HIV non-profit organization
- Federally Qualified Health Center
- STD clinic
- Healthcare clinic
- Physician practice
- Hospital system
- Other_____
- None

19. Does your CBO provide clinical services?

- Yes
- No (skip to Q36)

20. For clients with suspected or confirmed monkeypox, do you have protective/isolation procedures for the clients and staff? (check all that apply)

- Personal protective equipment (PPE) for staff
- Separate waiting room
- Dedicated monkeypox examination room
- Other _____
- None

21. Do you perform testing for monkeypox?

- Yes
- No

22. If you do not perform testing for monkeypox, where do you refer clients for testing? (check all that apply)

- Local health department
- Federally Qualified Health Center
- STD Clinic
- Healthcare Clinic
- Physician practice
- Hospital system
- Other _____
- None

23. Do you offer vaccination for monkeypox?

- Yes
- No

24. Did you receive vaccine as participant in the Health Department Health Equity pilot?

- Yes
- No

25. If you offer vaccination, how do you administer it? (check all that apply)

- Subcutaneous injection
- Intradermal injection

26. If you do not vaccinate for monkeypox, where do you refer clients for vaccination? (check all that apply)

- Local health department
- Federally Qualified Health Center

- STD clinic
- Healthcare Clinic
- Physician practice
- Hospital system
- Other _____
- None

27. Do you provide medications to treat monkeypox?

- Yes
- No

28. If you do not provide medication, where do you refer clients for treatment? (check all that apply)

- Federally Qualified Health Center
- Healthcare clinic
- Physician practice
- Hospital system
- Other _____
- None

29. Please describe your organization's experience with monkeypox not previously asked in this survey. (1000 characters limit)

30. Please describe challenges and successes with meeting your clients' needs for services related to monkeypox. (1000 characters limit)

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.

16. Please indicate how COVID-19 has affected your organization: (*check all that apply*)

- 16a. Closed doors and ended operations for ≥ 2 months
- 16b. Provided remote access services (e.g., telehealth)
- 16c. Reduced staff through layoffs or furloughs
- 16d. Reduction in the number of clients seeking services
- 16e. Changes in how funding or resources are allocated (e.g., funding or staff for HIV screening now used for COVID-19 response)
- 16f. Decreased capacity of community partners that prevents your organization from delivering its services
- 16g. Unable to provide HIV testing and counseling services
- 16h. Provided clients with HIV self-testing kits
- 16i. Linked clients to online HIV self-testing kits
- 16j. Unable to provide counseling for PrEP for HIV prevention
- 16k. Unable to provide PrEP for HIV prevention
- 16l. Unable to provide counseling for nPEP for HIV prevention
- 16m. Unable to provide nPEP for HIV prevention
- 16n. Unable to provide linkage to social or financial services, partner services, or treatment and care services
- 16o. 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 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 prophylaxis”, 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 accidentally stuck by a needle after drawing blood from a person with HIV infection, or occupational exposure. Since sexual and injection 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 with HIV 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 persons who use ARVs for prevention.

The next set of questions is to help us assess how CBOs are 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 high risk of getting infected.

17. Before today, have the majority of your staff (>50%) heard of (*check all that apply*):

- 17a. nPEP
- 17b. PrEP
- 17c. TasP

18. Have any clients requested information about (*check all that apply*)

- 18a. nPEP
- 18b. PrEP
- 18c. TasP

19. Have any clients been prescribed nPEP (taking ARVs daily for 4 weeks after a possible HIV exposure)?

- Yes
- No (*skip to Q21*)
- Don't know (*skip to Q21*)

20. Was nPEP given to client(s) following: (*check all that apply*)

- 20a. A man who had consensual sex with a man
- 20b. A man who was raped by a man
- 20c. A woman who had consensual sex with a man

- 20d. A man who had consensual sex with a women
 - 20e. A woman who was raped by a man
 - 20f. A person with injection drug exposure
 - 20g. Don't know exposure
21. Have any clients been prescribed PrEP (taking ARVs daily for more than one month to protect themselves against HIV infection)?
- Yes
 - No (*skip to Q23*)
 - Don't know (*skip to Q23*)
22. Were the client(s) who received PrEP: (*check all that apply*)
- 22a. MSM (gay, bisexual, and other men who have sex with men)
 - 22b. Heterosexual women
 - 22c. Heterosexual men
 - 22d. PWID
 - 22e. Don't know
23. Have any clients been prescribed TasP (started ARV treatment early to protect their HIV-negative partner, as well as for the benefit of their own health)?
- Yes
 - No (*skip to Q25*)
 - Don't know (*skip to Q25*)
24. Were the client(s) who received TasP: (*check all that apply*)
- 24a. MSM (gay, bisexual, and other men who have sex with men)
 - 24b. Heterosexual women
 - 24c. Heterosexual men
 - 24d. PWID
 - 24e. Don't know

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

- 25a. nPEP
- 25b. PrEP
- 25c. TasP

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

26a. nPEP	26b. PrEP	26c. TasP	This organization is...
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Currently provide it at a level that meets our clients' needs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Likely to support its use for some clients but need more resources (e.g., funding, staff, training).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unsure about supporting its use; we need to know more.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unlikely to support its use because clinical services are not in our mission.

27. 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.

28. 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.

Domain and resource	Priority level for addressing service needs for each of the biomedical HIV prevention tools: High, Moderate, or Low		
	nPEP	PrEP	TasP
Staff and training tools			
<input type="checkbox"/> 28a. On Guidelines or Program Manual			
<input type="checkbox"/> 28b. For community outreach and education staff			
<input type="checkbox"/> 28c. On medication adherence support			
<input type="checkbox"/> 28d. For adaptation of EBI risk reduction counseling protocols			
<input type="checkbox"/> 28e. On client linkage, support for retention in biomedical care, and coordination with clinical care sites			
<input type="checkbox"/> 28f. On reimbursement/billing for clinical services			
Client information and tools			
<input type="checkbox"/> 28g. Client information materials (handouts, videos, etc.)			
<input type="checkbox"/> 28h. Financial resource guide to assist clients			
<input type="checkbox"/> 28i. Protocols and tools for screening clients for eligibility for biomedical intervention			
Staff Needed			
<input type="checkbox"/> 28j. Counseling staff			

☐ 28k. Clinical staff (nurses, doctors, pharmacists)			
☐ 28l. Outreach/education staff			
☐ 28m. Care coordinators (nurses, doctors, pharmacists)			
☐ 28n. Navigators (peer, professional)			
☐ 28o. Clerical staff (e.g., records management, billing)			
Space Needed			
☐ 28p. For counseling and education			
☐ 28q. For clinical procedures and visits			
☐ 28r. More space files and clerical			
Equipment Needed			
☐ 28s. Computers and software			
☐ 28t. Clinical care equipment and supplies			

29. 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	Peer Organization	CDC or CDC-funded Source	National or Regional Training Center	National or Regional Private Source
29a.	Clinical information for nonclinical staff (e.g., about medications, labs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29b.	Training for clinical staff in providing biomedical prevention and monitoring health effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29c.	Training for nonclinical staff to support client use (e.g., adherence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29d.	Training for nonclinical staff in collaborating with clinical providers (e.g., linkage to care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29e.	Materials for community outreach and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29f.	Materials for identifying clients who might be candidates for biomedical prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29g.	Materials for clients using biomedical prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Thank you.