

Organizational Readiness Survey

Dear [name],

Thank you for agreeing to participate in this brief assessment to understand your organization’s capacity and readiness for implementing the HRSA SPNS Project, [intervention], to improve care and treatment coordination for Black women with HIV. You are being asked to complete this survey because a member of your organization or a partner agency identified you as playing a key role in this intervention. The purpose of the survey is to gather information about factors that may affect an organization’s success with implementing the intervention. In addition to this initial survey, we will reach out to you to complete a follow up survey at two additional times in the next 12 months.

We would like to remind you quickly of key points before starting the survey:

Organizational readiness for implementation, defined as “tangible and immediate indicators of organizational commitment to its decision to implement an intervention” is an integral precursor to successful implementation. The survey consists of questions about personnel demographics and organization characteristics and questions about your organizational readiness to implement the bundled intervention. Readiness questions are adapted from the Organizational Readiness for Implementing Change (ORIC). This 12-item instrument is used to determine how well employees at an organization feel they can implement the change in processes required by a proposed intervention. Each item includes a Likert scale from 1 (Disagree) to 5 (Agree). To gain a broader perspective, the survey is administered to multiple individuals within the organization or partners that have different roles relevant to the intervention or decision making around the intervention. General instructions:

The survey will take approximately 15-20 minutes to complete. Your participation is voluntary, and you can withdraw from the study during the survey round without comment or penalty by closing the survey link. By clicking (yes, I consent) on the first page, you will indicate that you have fully read and understood the complete information document provided to you earlier regarding this study with the participant invitation/recruitment email. Your responses to the survey are automatically saved as you go through the questions, and at any moment you can close the survey link and continue it later by using your same personal link. All data collected and processed will be kept anonymous, confidential, and stored on a password-protected database at the University of Massachusetts Lowell. If you have any questions or technical issues please contact:

BWF Program Manager's Name and Contact Information ____

Black Women First Evaluation and Technical Assistance Provider, University of Massachusetts Lowell.

On the behalf of the evaluation ETAP team, we thank you greatly for your participation.

Email address (hidden field)

Name (hidden field)

Organizational affiliation (hidden field)

- Abounding Prosperity, Inc.
- AccessMatters
- AIDS Care Group
- AIDS Foundation of Chicago
- The Alliance for Positive Change
- City of Philadelphia
- Grady Health System
- Institute of Women and Ethnic Studies
- Positive Impact Health Centers
- Quality Home Care Services
- University of California San Francisco
- Volunteer of America Southeast Louisiana

Name of bundled intervention (hidden field)

Abounding Prosperity: TogetHER AccessMatters: Sisters United AIDS Care Group: Black Women's Health Initiative AIDS Foundation Chicago: Women Evolving The Alliance for Positive Change: The WHIP Program (Women's Health Initiative) City of Philadelphia: SHE Program (Sisterhood for Health Equity) Grady Health System: Grady - B.WOW! (Black Women Organized for Wellness) Institute of Women & Ethnic Studies: CATS NOLA (Care and Treatment Services) Positive Impact Health Center: SISTA BE Quality Home Care Services: SIGH (Sisters Inspiring Growth & Healing) University of California San Francisco: HERS+ (Health, Empowerment, and Recovery Services plus) Volunteers of America, SE Louisiana: Stepping Stones

- TogetHER
- Sisters United
- Black Women's Health Initiative
- Women Evolving
- The WHIP Program (Women's Health Initiative)
- SHE Program (Sisterhood for Health Equity)
- B.WOW! (Black Women Organized for Wellness)
- CATS NOLA (Care and Treatment Services)
- SISTA BE
- SIGH (Sisters Inspiring Growth & Healing)
- HERS+ (Health, Empowerment, and Recovery Services plus)
- Stepping Stones

Today's date:

SECTION I: PERSONNEL DEMOGRAPHICS

1. How old are you?

_____ (years)

2. What is your gender identity?

- Man
- Transgender man / Trans man
- Woman
- Transgender woman / Trans woman
- Gender variant/ Non-conforming
- Additional identity (specify below)
- Declined

If additional identity, please specify:

3. Are you of Hispanic, Latino/a, or Spanish origin? (A person of Cuban, Dominican, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

- Yes
- No
- Declined

4. What race do you consider yourself? (Please answer yes or no for each of the following. You may say yes to more than one.)

- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander Alaska Native
- White
- American Indian
- Other (specify below)
- Declined

If other, please specify: _____

5. What is the highest level of education that you've completed? (One response only)

- No formal education
- Middle school (Junior High School) or less
- Less than High School
- High School Diploma or GED Received
- Some junior college (2-year college)
- Junior (2-year) college
- Technical/trade/vocational school
- Some college (4 year college or university)
- College graduate (4-year college or university)
- Post-college/graduate
- Don't know
- Declined

6. Which of the following best describes your role?

- Community health worker
- Peer navigator/advocate
- Case manager
- Social worker
- Mental health provider (psychiatrist, LMHC, LICSW, LCSW, etc)
- Primary care provider
- Administrator
- Evaluator/Quality Improvement Manager
- Other (please describe)

If other, please describe: _____

7. How long have you worked in this role? _____

8. How long have you worked with your current organization? _____

SECTION II: ORGANIZATIONAL CHARACTERISTICS

9. Are you affiliated with [site] or are you a subcontractor?

- [site]
- Subcontractor to [site]

10. Has your organization participated in a previous HRSA/SPNS project

- Yes
 No
 Don't know

11. Which of the following best describes your organization?

- Health center/hospital
 Community based organization
 AIDS service organization
 Health department
 Other (specify below)

If other, please describe:

12. Annual number of patients/clients with HIV seen at your organization

- 0 - 500
 501 - 1,000
 1,001 - 1,500
 1,501 - 2,000
 2,001+

13. How would you best describe the geographic location of your organization?

- Urban setting
 Suburban setting
 Rural setting

14. Which of the following best describes your organization's service area?

- 1 county
 2 - 3 counties
 3 - 4 counties
 5 - 6 counties
 7 - 8 counties
 9+ counties

15. Other federal funding available

- Ryan White Part A
 Ryan White Part B
 Ryan White Part C
 HRSA Health Center (330 funds)
 CDC HIV prevention or Ending the HIV Epidemic (EtHE)
 HOPWA/HUD
 CARES Act (federal COVID relief)
 Other (specify below)

If other, please describe:

16. What are the bundled interventions that are being carried out at your organization for this HRSA SPNS project, [intervention]? (Select all that apply)

- Enhanced patient navigation, enhanced case management, peer engagement
- Red Carpet care experience
- Stigma reduction interventions
- Trauma-informed Interventions (organizational capacity building)
- Intimate Partner Violence (organizational training, screening & assessments)
- Self-efficacy, health literacy & resilience interventions
- Other (specify below)

If other, please describe:

17. Which of the following best describes your priority population for [intervention]? (Select all that apply)

- Cis women
- Trans women
- Women >55 years
- Women < 26 years
- Women with multiple co-morbidities
- Women who are experiencing homelessness/unstably housed
- Women experiencing violence (Intimate Partner Violence, Domestic Violence, etc.)
- Women across the diaspora (specify any immigrant populations below)
- Other (describe below)

Please specify immigrant populations:

If other, please describe:

This set of questions asks about the organizational readiness for delivering bundled interventions in your organization.

Please read each statement and indicate the response that best reflects your organization's readiness to implement [intervention].

	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree
1. People who work here feel confident that the organization can get people invested in implementing a bundled intervention to improving care and treatment coordination for Black women with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. People who work here are
 committed to implementing a bundled intervention to improving care and treatment coordination for Black women with HIV.

3. People who work here feel
 confident that they can keep track of progress in implementing a bundled intervention to improving care and treatment coordination for Black women with HIV.

4. People who work here will do
 whatever it takes to implement a bundled intervention to improving care and treatment coordination for Black women with HIV.

5. People who work here feel
 confident that the organization can support people as they adjust to implementing a bundled intervention to improving care and treatment coordination for Black women with HIV.

6. People who work here want to implement a bundled intervention to improving care and treatment coordination for Black women with HIV.

7. People who work here feel
 confident that they can keep the momentum going in implementing a bundled intervention to improving care and treatment coordination for Black women with HIV.

8. People who work here feel
 confident that they can handle the challenges that might arise in implementing a bundled intervention to improving care and treatment coordination for Black women with HIV.

9. People who work here are
 determined to implement a bundled intervention to improving care and treatment coordination for Black women with HIV.

10. People who work here feel
 confident that they can coordinate tasks so that implementing a bundled intervention to improving care and treatment coordination for Black women with HIV goes smoothly.

11. People who work here are
 motivated to implement a bundled intervention to improving care and treatment coordination for Black women with HIV.

12. People who work here feel
 confident that they can manage the politics of implementing a bundled intervention to improving care and treatment coordination for Black women with HIV.

What are the 2 main challenges that you have encountered when implementing [intervention] for Black women with HIV? (These challenges could be related to your organization or from the larger community)

What has helped you with implementing [intervention] for Black women with HIV?
