

Attachment 1

Proposed UBT Student Baseline Web Questionnaire

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (hours)(minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

HITECH Workforce – UBT Student Web Survey (baseline version)

Version date: August 9, 2011

Below is a draft set of questions for the baseline version survey of students enrolled in the University-Based Training program of the Health IT Workforce Program. The survey will be administered as they are completing their course of study. While our goal is to survey individuals close to the time of their graduation, we have included questions and response options that are appropriate for program participants who may have completed, dropped out, or are still enrolled in the program for reasons to be determined. This instrument will be administered online and will take approximately 20 minutes to complete.

The survey will start with a login page and then provide an informed consent statement before the actual questions begin.

Preload variables required for survey administration:

Name

Birth Month / Year

Institution

1. Please answer the questions below to help us verify that our records are correct.

Our records show that your name is:

[PRELOAD NAME]

The educational institution that you attend/attended for university-based training in health IT is:

[PRELOAD INSTITUTION]

Is this correct?

1 Yes (SKIP TO Q3)

2 No

2. IF NO...to Q1
Please edit the information below as appropriate.

Your Name _____

Health IT Training Institution _____

3. What is the month and year of your birth?

Month _____ **Year** _____

4. In this and all of the following questions, we would like you to think about the university-based (UBT) health IT training program in which you participated.

Were/are you enrolled in a degree program or a certificate program?
(Select only one.)

1 Degree Program (SKIP TO Q4a)

2 Certificate Program (SKIP TO Q4b)

4a. IF Q4=1

What degree were you awarded or do you anticipate being awarded upon completion of the program?

Please type in your answer: _____

[DISPLAY LIST OF DEGREES—INCLUDING THE LENGTH OF THE PROGRAM—OFFERED BY THE SCHOOL ATTENDED. OFFER AN 'OTHER, SPECIFY' OPTION AS WELL.]

(SKIP TO Q5)

4b. IF Q4=2

What certificate were you awarded or do you anticipate being awarded upon completion of the program? _____

[DISPLAY LIST OF CERTIFICATES OFFERED BY THE SCHOOL ATTENDED. OFFER AN 'OTHER, SPECIFY' OPTION AS WELL.]

5. When did you enroll in the program?

Month _____ **Year** _____

6. Have you completed the program?

- 1 Yes (SKIP TO Q7a)
2 No (CONTINUE TO NEXT QUESTION, Q6a)

6a. Are you still enrolled in the program?

- 1 Yes (CONTINUE TO NEXT QUESTION, Q7)
2 No (SKIP TO 7b)

7. IF YES TO Q6a...

When do you expect to complete the university-based health IT training program?

Month _____ **Year** _____

(SKIP TO Q10)

7a. IF YES TO Q6...

When did you complete the university-based health IT training program?

Month _____ **Year** _____

(SKIP TO Q10)

7b. IF NO TO 6a...

Do you expect to complete the university-based health IT training program?

- 1 Yes (CONTINUE TO NEXT QUESTION, Q8)
2 No (SKIP TO Q8a)

8. Why did you temporarily leave the program?

(Select all that apply.)

- 1 Program required more of a time commitment than I anticipated
2 Financial reasons

- 3 Employment-related reasons **(IF YOU CHECKED #3 PLEASE ANSWER Q9)**
- 4 Personal reasons
- 5 Medical reasons
- 6 Not receiving the education I felt I needed
- 7 Not satisfied with the courses
- 8 Assignments and exams were more difficult than I anticipated
- 10 Some other reason. Please provide more detail about why you left the program. _____

[RANDOMIZE OPTIONS 1-9.]

(IF Q8 NOT = 3, SKIP TO Q10)

8a. Why did you leave the program?
(Select all that apply.)

- 1 No longer interested in the field of health IT
- 2 Program required more of a time commitment than I anticipated
- 3 Financial reasons
- 4 Employment-related reasons **(IF YOU CHECKED #4 PLEASE ANSWER Q9)**
- 5 Personal reasons
- 6 Medical reasons
- 7 Not receiving the education I felt I needed
- 8 Not satisfied with the program instructors
- 9 Not satisfied with the courses
- 10 Assignments and exams were more difficult than I anticipated
- 11 Some other reason. Please provide more detail about why you left the program. _____

[RANDOMIZE OPTIONS 1-10.]

(IF 8a NOT = 4, SKIP TO Q10)

9. IF YOUR ANSWER for Q8=3 or Q8a=4...PLEASE ANSWER THE FOLLOWING QUESTION.
Since leaving the university-based health IT training program have you accepted or started a new job?

- 1 Yes (CONTINUE TO NEXT QUESTION, Q9a)
- 2 No (SKIP TO Q10)

9a. My new position is:

- 1 In the field of health IT
- 2 Health-related, but not in the field of IT
- 3 In the field of IT, but not in health
- 4 A position that is not related to IT or health

9b. IF “Health-related, but not in the field of IT” were selected, is your position clinical or non-clinical?

- 1 Clinical
- 2 Non-clinical

10. We would like to know a little about your background.

What motivated you to pursue an educational program in health IT?
(Select all that apply.)

- 1 To improve my skills/knowledge for my current job

- 2 To increase my opportunities for promotion or advancement in my current job
- 3 To obtain a new job
- 4 For personal interest
- 5 Some other reason. Please briefly state your reason for entering the program. _____

[RANDOMIZE OPTIONS 1-4.]

11. IF YOU SELECTED MORE THAN ONE ANSWER IN Q10...

Which one was your primary motivation? _____

12. How did you learn about the program? *(Select all that apply.)*

- 1 Advertisement about the program (e.g., poster, radio, TV, web, etc.)
- 2 News report about health IT education or jobs
- 3 Orientation program that I attended
- 4 Conversation with a student or instructor
- 5 Career counselor
- 6 Family member or friend
- 7 Mentioned in registration materials/course catalogue
- 8 Some other way. Please briefly state how you learned about the program. _____

[RANDOMIZE OPTIONS 1-7.]

13. Why did you select this particular Health IT program?
(Select all that apply.)

- 1 Reputation of the institution
- 2 Quality of the instructors
- 3 Geographic location
- 4 Financial assistance (e.g., scholarship and/or tuition assistance)
- 5 Offered desired degree/certificate
- 6 Program accepted me
- 7 Flexibility of learning options (e.g. distance learning)
- 8 Already attending university
- 9 Some other reason. Please briefly state this other reason. _____

[RANDOMIZE OPTIONS 1-8.]

Of the answers you checked above, which one describes the primary manner in which you participated in the program's courses? _____

14. While you were enrolled in the university-based health IT program were you also enrolled in any other formal education program?

- 1 Yes
- 2 No (SKIP TO Q15)

14a. In addition to your UBT training, what other education program were you enrolled in?

	Coursework, but no degree	Certificate	Associate's/ Baccalaureate degree	Master's degree	Other degree
Health ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Health IT ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other area ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹If “Health” or “Health IT” is selected, was your training in public health? _____

²If “Other area” is selected, please describe this other degree. _____

14b. FOR EACH RESPONSE OPTION SELECTED IN 14A:

Have you completed this [DEGREE/CERTIFICATE] program in [TOPIC]?

DEGREE/CERTIFICATE= Certificate, Associate’s/Baccalaureate degree, Master’s Degree, Other degree

TOPIC= Health, IT, Health IT, or Another area

IF NO, when do you expect to complete the program?

Month _____ Year _____

15. Please indicate if you have completed any formal education **prior** to your enrollment in the university-based health IT training program.

	Coursework, but no degree	Certificate	Associate’s/ Baccalaureate degree	Master's degree	Other degree
Health ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health IT ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other area ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹IF “Health” or “Health IT” were selected, was your training in public health? _____

³IF “Other degree” was selected describe this other degree. _____

**IF ”Certificate”, “Associate’s/Baccalaureate Degree”, “Master’s Degree”, or “Other Degree”, SKIP TO Q15a;
ELSE SKIP TO Q16**

15a. How long ago did you complete your training in this other program *prior* to your enrollment in the university-based health IT training program?

- 1 One year or less
- 2 Between 1 and 3 years
- 3 Between 3 and 5 years
- 4 More than 5 years

16. In your recent Health IT program at [PRELOAD INSTITUTION OR IF Q1=2 SHOW EDITED INSTITUTION NAME FROM RESPONSE IN Q2], for which health IT role did you receive training?

- 1 Clinician/Public Health Leader
- 2 Health Information Management and Exchange Specialist
- 3 Health Information Privacy and Security Specialist
- 4 Research and Development Scientist
- 5 Programmers and Software Engineer
- 6 Health IT Sub-specialist
- 7 Not sure

16a. Did your training focus on preparing you to work in a public health setting?

1 Yes

2 No

17. What was your primary reason for choosing to train in this specific role?

1 To build on the training I've received in previous jobs.

2 To build on my previous education.

3 To best prepare me for the type of job I would like to have

4 To give me the most job opportunities

5 Personal interest

6 Some other reason. Please briefly state this other reason. _____

[RANDOMIZE OPTIONS 1-5.]

18. We'd like to know about your employment history.

Prior to enrolling in the program, have you ever worked in any of these fields (Please do not include internships as work experience.)? *(Select all that apply.)*

1 Health IT (**GO TO NEXT QUESTION, Q19**)

2 Health care-related, but not in the field of IT (**SKIP TO Q20**)

3 In the field of IT, but not in health (**SKIP TO Q21**)

4 A position that is not related to IT or health (**SKIP TO Q22**)

5 None of the above (**SKIP TO Q22**)

19. For how long over the course of your career prior to enrollment in the program have you worked in the field of health IT?

- 1 One year or less
- 2 2-3 years
- 3 4-5 years
- 4 6 years of more

19a. As part of your health IT career prior to enrollment in the program, please indicate whether you have worked in any of the following settings. (*Select all that apply.*)

- 1 Hospital
- 2 Physician's office
- 3 Another provider setting or organization. Please describe the setting in which you worked. _____
- 4 Regional Extension Center (REC)
- 5 Other organization that provides IT consulting/providers. Please describe the setting in which you worked. _____
- 6 Health department or Governmental agency
- 7 IT vendor
- 8 EHR vendor
- 9 Health plan
- 10 Other. Please describe the setting in which you worked. _____

**IF YOUR ANSWER IN Q18=2, ANSWER Q20;
IF YOUR ANSWER IN Q18=3, SKIP TO Q21;
ELSE SKIP TO Q22**

20. For how long over the course of your career prior to enrollment in the program have you worked in the field of health?

- 1 One year or less
- 2 2-3 years
- 3 4-5 years
- 4 6 years of more

20a. As part of your health career prior to enrollment in the program, please indicate whether you have worked in any of the following settings. *(Select all that apply.)*

- 1 Hospital
- 2 Physician's office
- 3 Another provider setting or organization. Please describe the setting in which you worked. _____
- 4 Health department or Governmental agency
- 5 Health plan
- 6 Other. Please describe the setting in which you worked. _____
[RANDOMIZE OPTIONS 1-5.]

IF YOUR ANSWER TO Q18=3, GO TO Q21, ELSE SKIP TO Q22

21. For how long over the course of your career prior to enrollment in the program have you worked in the field of IT?

- 1 One year or less
- 2 2-3 years
- 3 4-5 years
- 4 6 years of more

21a. As part of your IT career prior to enrollment in the program, please indicate whether you have worked in any of the following settings. *(Select all that apply.)*

- 1 Organization that provides IT consulting
- 2 Organization that provides IT training
- 3 IT support division of an office, company, or organization
- 4 IT vendor
- 5 Other. Please describe the setting in which you worked. _____

[RANDOMIZE OPTIONS 1-4.]

22. **IF YOU ARE STILL ENROLLED IN THE PROGRAM (Q6a=1):** Thinking about all of the classes you have taken in the program so far, which of the following methods of participation have you experienced?
(Select all that apply.)

- 1 In-person
- 2 Webinar
- 3 Self-paced on-line course
- 4 Video conference
- 5 Online discussion boards
- 6 Other. How would you describe the format in which you took your courses? _____

Of the answers you checked above, which one describes the primary manner in which you participated in the program's courses? _____

- IF YOU ARE NO LONGER ENROLLED IN THE PROGRAM, (Q6=1 or Q6a=2):** Thinking about all of the classes you took as part of the program, which of the following methods of participation did you experience?
(Select all that apply.)

- 1 In-person
- 2 Webinar
- 3 Self-paced on-line course
- 4 Video conference
- 5 Online discussion boards
- 6 Other. How would you describe the format in which you took your courses? _____

Of the answers you checked above which one describes the primary manner in which you participated in the program's courses? _____

23. Please indicate whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with the following statements.

In general, I am satisfied with the courses offered by the program.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree

- 23a. Please indicate which of the following sentences best describes your experience with your courses?

IF YOU ARE STILL ENROLLED IN THE PROGRAM (Q6a=1)

- 1 In general, my courses are not challenging enough.
- 2 In general, my courses challenge me to an appropriate degree.
- 3 In general my courses are too challenging.

IF YOU ARE NO LONGER ENROLLED IN THE PROGRAM (Q6=1 or Q6a=2)

- 1 In general, my courses were not challenging enough.
- 2 In general, my courses challenged me to an appropriate degree.
- 3 In general my courses were too challenging.

23b. **IF YOU ARE STILL ENROLLED IN THE PROGRAM (Q6a=1):** Approximately how many hours per week do you spend doing work related to your health IT program outside of the time spent in the classroom?

- 1 Fewer than 5 hours per week
- 2 5-9 hours per week
- 3 10-14 hours per week
- 4 15 hours or more per week

IF YOU ARE NO LONGER ENROLLED IN THE PROGRAM (Q6=1 or Q6a=2):

Approximately how many hours a week did you spend doing work related to your health IT program outside of the time spent in the classroom?

- 1 Fewer than 5 hours per week
- 2 5-9 hours per week
- 3 10-14 hours per week
- 4 15 hours or more per week

23c. Please indicate whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with the following statements.

IF YOU ARE STILL ENROLLED IN THE PROGRAM (Q6a=1): The program will help me obtain a position in health IT.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree

IF YOU ARE NO LONGER ENROLLED IN THE PROGRAM (Q6=1 or Q6a=2): The program helped me obtain a position in health IT

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree

24. As part of your program, did you participate in a practicum, a research project or a mentorship assignment in the field of health IT? *(Select all that apply.)*

- 1 A practicum
- 2 A research project
- 3 Mentorship assignment in the field of health IT
- 4 None of the above **(SKIP TO Q25)**

24a. If you answered 1, 2 or 3 to Q24 please answer the following question for each. How useful was the component in your training program?

A practicum 1 <input type="checkbox"/> Very useful	A research project	Mentorship assignment in the field of health IT
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2 <input type="checkbox"/> Somewhat useful	1 <input type="checkbox"/> Very useful	1 <input type="checkbox"/> Very useful
3 <input type="checkbox"/> Neither	2 <input type="checkbox"/> Somewhat useful	2 <input type="checkbox"/> Somewhat useful
4 <input type="checkbox"/> Not very useful	3 <input type="checkbox"/> Neither	3 <input type="checkbox"/> Neither
5 <input type="checkbox"/> Useless	4 <input type="checkbox"/> Not very useful	4 <input type="checkbox"/> Not very useful
	5 <input type="checkbox"/> Useless	5 <input type="checkbox"/> Useless

25. **IF YOU ARE STILL ENROLLED IN THE PROGRAM (Q6a=1):** How satisfied are you with your overall experience with your program?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not too satisfied
- 4 Not at all satisfied

IF YOU ARE NO LONGER ENROLLED IN THE PROGRAM (Q6=1 or Q6a=2): How satisfied were you with your overall experience with your program?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not too satisfied
- 4 Not at all satisfied

26. How would you describe your current employment status?
(Select all that apply.)

- 1 I am currently working and am not seeking another job.
- 2 I have a job lined up but it has not yet started.

- 3 I am currently seeking a job.
4 I am not currently working or seeking a job. (SKIP TO Q33)

IF YOU ANSWERED 1 AND/OR 2, GO TO Q27
IF YOU ANSWERED ONLY 3, SKIP TO Q28
IF YOU ANSWERED ONLY 4, SKIP TO Q33

27. In which field is your current job or the job you have lined up?
(Select all that apply.)

- 1 Health IT
2 Health related, but not in the field of IT
3 In the field of IT, but not in health
4 A position that is not related to IT or health (SKIP TO Q33, UNLESS Q26=3 THEN SKIP TO Q28)

27a. What is the setting of your current job or the job you have lined up? (Select all that apply.)

- 1 Hospital (PLEASE ANSWER Q27b)
2 Physician's office
3 Another provider setting or organization. Please describe. _____
4 Regional Extension Center (REC)
5 Other organization that provides IT consulting/providers. Please describe.

6 Health department or Governmental agency
7 EHR vendor
8 IT vendor
9 Other. Please describe the setting in which you worked. _____

[RANDOMIZE OPTIONS 1-8.]

IF Q27=1, GO TO Q27b; ELSE SKIP TO Q33, UNLESS Q26=3 THEN SKIP TO Q28.

27b. IF WORKING IN HEALTH IT (Q27=1)

What is the name of your current employer for your health IT position? *If you are self-employed, please write "self-employed" and the name of your company if you have one.* _____

In what city and state is your current employer located. _____

27c. When did you first begin to work for that employer?

- 1 Prior to enrolling in the health IT training program.
- 2 While enrolled in, but independent from the health IT training program.
- 3 During a practicum or internship with the employer while I was enrolled in the health IT training program.
- 4 **[IF Q6=1 GRADUATED FROM PROGRAM]** After I graduated from the health IT training program.
- 5 **[IF Q6a=2 NO LONGER ENROLLED IN THE PROGRAM]** After I left the health IT training program.

SKIP TO Q31 UNLESS Q26=3, THEN SKIP TO Q28.

28. IF SEEKING A JOB (Q26=3)...

In which field(s) are you currently seeking a job? *(Select all that apply.)*

- 1 Health IT
- 2 Health related, but not in the field of IT **(SKIP TO Q33 UNLESS Q27=1 THEN SKIP TO Q31)**

- 3 In the field of IT, but not in health (**SKIP TO Q33 UNLESS Q27=1 THEN SKIP TO Q31**)
4 A position that is not related to IT or health (**SKIP TO Q33 UNLESS Q27=1 THEN SKIP TO Q31**)

29. IF SEEKING A JOB IN HEALTH IT...(Q28=1)

IF YOU ARE STILL ENROLLED IN THE PROGRAM (Q6a=1): The skills I am learning will help me obtain the type of position in health IT I am seeking.

- 1 Strongly Agree
2 Somewhat Agree
3 Neither Agree nor Disagree
4 Somewhat Disagree
5 Strongly Disagree

IF YOU ARE NO LONGER ENROLLED IN THE PROGRAM (Q6=1 or Q6a=2): The skills I learned will help me obtain the type of position in health IT I am seeking.

- 1 Strongly Agree
2 Somewhat Agree
3 Neither Agree nor Disagree
4 Somewhat Disagree
5 Strongly Disagree

30. IF SEEKING A JOB IN HEALTH IT (Q28=1)

IF YOU ARE STILL ENROLLED IN THE PROGRAM (Q6a=1): The skills I am learning will adequately prepare me for the type of health IT job I am seeking.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree

IF YOU ARE NO LONGER ENROLLED IN THE PROGRAM (Q6=1 or Q6a=2): The skills I learned have adequately prepared me for the type of health IT job I am seeking.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree

(SKIP TO Q33)

31. IF WORKING IN HEALTH IT/HAVE A JOB LINED UP IN HEALTH IT (Q27=1)...

IF YOU ARE STILL ENROLLED IN THE PROGRAM IF Q6a=1: In general, I feel the skills I am learning in the program helped me to obtain my health IT job.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree

6 Not Applicable – I held the job prior to the program

IF YOU ARE NO LONGER ENROLLED IN THE PROGRAM (Q6=1 or Q6a=2): In general, I feel the skills I learned in the program helped me obtain my health IT job.

1 Strongly Agree

2 Somewhat Agree

3 Neither Agree nor Disagree

4 Somewhat Disagree

5 Strongly Disagree

6 Not Applicable – I held the job prior to the program

32. IF WORKING IN HEALTH IT/HAVE A JOB LINED UP IN HEALTH IT (Q27=1)...

IF YOU ARE STILL ENROLLED IN THE PROGRAM IF Q6a=1: In general, I feel the skills I am learning in the program will help me perform well in my health IT job.

1 Strongly Agree

2 Somewhat Agree

3 Neither Agree nor Disagree

4 Somewhat Disagree

5 Strongly Disagree

IF YOU ARE NO LONGER ENROLLED IN THE PROGRAM (Q6=1 or Q6a=2): In general, I feel the skills I learned in the program will help me perform well in my health IT job.

1 Strongly Agree

2 Somewhat Agree

- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree

33. **IF YOU ARE STILL ENROLLED IN THE PROGRAM** IF Q6a=1: While in the program, have you started a job search?

- 1 Yes
- 2 No (**SKIP TO Q36**)

IF YOU ARE NO LONGER ENROLLED IN THE PROGRAM (Q6=1 or Q6a=2): Did you start a job search while you were still in the program?

- 1 Yes
- 2 No (**SKIP TO Q36**)

34. Which of the following resources, if any, have you used in your job search? (*Select all that apply.*)

- 1 Career-counseling services offered by the university where I did my training
- 2 Advice or references from my former professors
- 3 Advice or references from former fellow students
- 4 Word of mouth
- 5 Attending job fairs
- 6 Attending professional meetings/conferences
- 7 On-line or print classifieds
- 8 Contact with employer I worked for as part of my training program (e.g., as a practicum)
- 9 Job recruiter or recruiting agency
- 10 Other

IF Q34=1, GO TO Q35; ELSE SKIP TO Q36

35. To what extent do you agree with the following statement?

My school offered valuable career-counseling services.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 Neither Agree nor Disagree
- 4 Somewhat Disagree
- 5 Strongly Disagree

36. Which of the following best describes how the field of health IT fits into your long-term career goals?

- 1 I plan to work in the field of health IT for the foreseeable future.
- 2 My current interests are in the field of health IT, but I do not plan on staying in the field in the long run.
- 3 I sought training in the field of health IT primarily because it offers more options in the current job market.
- 4 I am not sure.

37 Do you plan to seek additional formal education in the future?

- 1 Yes
- 2 No (**SKIP TO Q38**)
- 3 Not sure (**SKIP TO Q38**)

37a. In what field to you plan to seek additional formal education?

- 1 Health IT
- 2 Health related, but not in the field of IT
- 3 In the field of IT, but not in health
- 4 Some other field

38. What has been the best aspect of the program?

Please type your answer in this box: _____

39. What would you like to see improved in the program?

Please type your answer in this box: _____

40. IF Q6a=1: Which of the following are sources of financial support for your program enrollment?
(Select all that apply.)

- 1 University-based training program grant
- 2 Fellowship, scholarship
- 3 Government grant
- 4 Other grant
- 5 Internship/traineeship
- 6 Student loan
- 7 Private loan
- 8 Personal earnings and/or savings
- 9 Employer reimbursement/assistance
- 10 Other. Please list other sources of financial support for the program. _____

IF Q6=1 or Q6a=2: Which of the following were sources of financial support for your program enrollment? *(Select all that apply.)*

- 1 University-based training program grant
- 2 Fellowship, scholarship
- 3 Government grant
- 4 Other grant
- 5 Internship/traineeship
- 6 Student loan
- 7 Private loan
- 8 Personal earnings and/or savings
- 9 Employer reimbursement/assistance
- 10 Other. Please list other sources of financial support for the program. _____

41. IF MORE THAN ONE SELECTED IN Q40...

IF Q6a=1: Which source just mentioned provides the most support?
(Select only one.)

- 1 University-based training program grant
- 2 Fellowship, scholarship
- 3 Government grant
- 4 Other grant
- 5 Internship/traineeship
- 6 Student loan
- 7 Private loan
- 8 Personal earnings and/or savings

- 9 Employer reimbursement/assistance
10 Other. Please list other sources of financial support for the program. _____

IF Q6=1 or Q6a=2: Which source just mentioned provided the most support?
(Select only one.)

- 1 University-based training program grant
2 Fellowship, scholarship
3 Government grant
4 Other grant
5 Internship/traineeship
6 Student loan
7 Private loan
8 Personal earnings and/or savings
9 Employer reimbursement/assistance
10 Other. Please list other sources of financial support for the program. _____

42. Are you...

- 1 Male
2 Female

43. Are you Hispanic or Latino?

- 1 Yes
2 No

44. What is your race?

(Select all that apply.)

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or Other Pacific Islander
- 5 White

**IF Q18=1, GO TO Q45; IF Q18=2, SKIP TO Q46; IF Q18=3, SKIP TO Q47;
ELSE SKIP TO Q48.**

45. IF HISTORY OF WORKING IN HEALTH IT (Q18=1)...

You mentioned earlier that you have worked in the field of health IT prior to enrolling in the program. Think of the highest paying health IT job you held prior to enrolling in the program. Please report your pay before deductions by using one of the two ways provided below:

If you hold more than one job, please report your earnings for your primary job. Your best estimate is fine.

<p><i>Annual salary</i> If your pay is calculated in an annual salary, please enter your current annual salary before deductions.</p> <p>_____</p>	<p><i>Weekly earnings</i> If it is easier to report your weekly earnings, please enter your earnings before deductions during a typical week.</p> <p>_____</p>
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(Enter either Annual or Weekly. Use whole numbers, no commas.)

46. IF HISTORY OF WORKING IN HEALTH (Q18=2)...

You mentioned earlier that you have worked in the field of health prior to enrolling in the program. Think of the highest paying health job you held prior to enrolling in the program. Please report

your pay before deductions by using one of the two ways provided below:

If you hold more than one job, please report your earnings for your primary job. Your best estimate is fine.

<p><i>Annual salary</i> If your pay is calculated in an annual salary, please enter your current annual salary before deductions.</p> <p>_____</p>	<p><i>Weekly earnings</i> If it is easier to report your weekly earnings, please enter your earnings before deductions during a typical week.</p> <p>_____</p>
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(Enter either Annual or Weekly. Use whole numbers, no commas.)

47. IF HISTORY OF WORKING IN IT (Q18=3)...

You mentioned earlier that you have worked in the field of IT prior to enrolling in the program. Think of the highest paying IT job you held prior to enrolling in the program. Please report your pay before deductions by using either your annual salary or your weekly earnings.

If you hold more than one job, please report your earnings for your primary job. Your best estimate is fine.

<p><i>Annual salary</i> If your pay is calculated in an annual salary, please enter your current annual salary before deductions.</p> <p>_____</p>	<p><i>Weekly earnings</i> If it is easier to report your weekly earnings, please enter your earnings before deductions during a typical week.</p> <p>_____</p>
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(Enter either Annual or Weekly. Use whole numbers, no commas.)

48 Because we are interested in how your education and employment experiences progress over time,

we would like to contact you again to complete another brief survey next year. Once again, please note that your responses and any contact information you provide will be kept completely confidential and will not be shared with your school or program.

Please provide the best contact information for reaching you in the future:

EMAIL ADDRESS

Email address (not school related): _____

Re-enter email address (not school related): _____

Secondary email address: _____

Re-enter secondary email address: _____

TELEPHONE

Telephone number (primary): _____

Please indicate if this number is for your home, work or cellphone: _____

Telephone number (secondary): _____

Please indicate if this number is for your home, work or cellphone: _____

MAILING ADDRESS

Street: _____

City: _____

State: _____

Zip: _____

- 49 In case we are unable to reach you, please provide the name and contact information of someone who would know how to reach you:

NAME OF CONTACT PERSON: _____

RELATIONSHIP TO YOU (PARENT, SIBLING, SPOUSE, ETC.): _____

CONTACT PERSON'S EMAIL ADDRESS

Email address: _____

Re-enter email address: _____

CONTACT PERSON'S TELEPHONE NUMBER

Telephone number (primary): _____

Please indicate if this number is for your home, work or cellphone: _____

CONTACT PERSON'S MAILING ADDRESS

Street: _____

City: _____

State: _____

Zip: _____

Thank you very much for your participation.

Proposed Invitation Contacts

Letter

Dear [STUDENT NAME],

We are writing to you in your capacity as a student funded to participate in the Health IT Workforce Program being implemented at [INSERT UBT NAME] and other universities across the United States. To help provide a better understanding of the training being provided, we are hoping that you would be willing to take a very brief survey that will inform the independent evaluation of the overall Program. This study is being conducted by NORC at the University of Chicago on behalf of the Office of the National Coordinator for Health Information Technology (ONC) at the U.S. Department of Health and Human Services (HHS).

By taking no more than 20 minutes to complete this online survey at your convenience, you will be able to provide invaluable information to researchers and policymakers that will help to improve the academic and career opportunities available for other students interested in obtaining a degree in the field of health IT. This is also an opportunity to voice your opinions about the Program and whether you feel it prepared you sufficiently for the workforce.

We will be following up soon with an e-mail that will allow you to take the survey. If you would like to complete it beforehand, please go to the following URL address to access the Health IT Workforce Program Evaluation survey:

[INSERT WEB SURVEY LINK]

Because this format is completely secure and confidential, you'll need to use the unique Personal Identification Number (PIN) and Password below to access the survey:

PIN: [WEBPIN] Password: [WEBPWD]

Should you need to stop the survey at any time while taking it, you may suspend and re-access the survey to finish it later.

Please keep in mind that NORC will keep your data private to the extent permitted by law (Privacy Act of 1974). Your participation in this survey is voluntary and your responses will be reported in summary form only.

Additional information on the Health IT Workforce and other HITECH programs may be found at <http://healthit.hhs.gov>. If you would like more details about the evaluation of the Workforce Program itself, please go to [\[INSERT LINK TO EVALUATION WEBSITE\]](#). NORC at the University of Chicago has a long history of conducting high-quality social science research to inform public policy and promote the public interest. For more information on NORC, please visit: <http://www.norc.org>.

If you have any questions regarding the survey, please e-mail us at HITWorkforce@norc.uchicago.edu or call our toll-free number at (877) 389-3429. If you have questions about your rights as a study participant, you may call the NORC Institutional Review Board (IRB) Administrator at (866) 309-0542 (also toll-free).

Again, thank you for your time and we look forward to hearing from you.

Sincerely,

Kristina Hanson Lowell, Ph.D.
Project Director
NORC at the University of Chicago

Email Prompt

[DATE]

Dear [STUDENT NAME],

Hopefully you have received our previous email inviting you to participate in an important study for students who enrolled in health IT academic programs at universities across the nation. We would greatly appreciate your participation by completing a short 20-minute online questionnaire.

Accessing the Survey

To access the Health IT Workforce Program Evaluation survey, please go to the following URL address:

[INSERT WEB SURVEY LINK]

Because this format is secure and confidential, you'll need to use a unique Personal Identification Number (PIN) and Password to access the survey after you have gone to the URL address. Your unique PIN and Password are as follows:

PIN: [WEBPIN] Password: [WEBPWD]

Should you need to stop the survey at any time while taking it, you may suspend and re-access the survey to finish it at a later time.

As a reminder, NORC at the University of Chicago (www.norc.org) on behalf of the Office of the National Coordinator for Health Information Technology (ONC) at the U.S. Department of Health and Human Services (<http://healthit.hhs.gov>) is conducting an evaluation to gain knowledge about the Health Information Technology (IT) Workforce Program being implemented at [INSERT NAME] and other universities offering the program. Your feedback and insight will help ONC understand the Program's effectiveness in meeting health IT workforce needs.

Confidentiality. Please keep in mind that NORC will keep your data private to the extent permitted by law (Privacy Act of 1974). Your individual data will not be shared with your school, employer or anyone else. Your participation in this survey is voluntary.

Contact Us. If you have any questions regarding the survey, please e-mail us at HITWorkforce@norc.uchicago.edu or call our toll-free number at 1-877-389-3429. If you have questions about your rights as a study participant, you may call the NORC IRB Administrator; toll free, at 866-309-0542.

Again, thank you for your time.
Sincerely,

Kristina Hanson Lowell, Ph.D.

Prepared for ONC by NORC – UBT Student Survey

Project Director
NORC at the University of Chicago

Flow Chart for UBT Student Baseline Web Questionnaire



