

Process and Implementation Evaluation of Public Health AmeriCorps: Grantee Survey
May 20, 2023

NOTIFICATION EMAIL WITH SURVEY LINK

Public Health AmeriCorps invites you to participate in a national evaluation. The survey will take approximately 30 minutes to complete. You may also be contacted to participate in a focus group.

JBS International, an independent research and evaluation firm, will conduct the national evaluation of Public Health AmeriCorps. The survey and focus group are important part of the evaluation to build a deeper understanding of the experiences of Public Health AmeriCorps partners to identify any gaps in grantee resources and program delivery that can inform continuous improvement. The purpose is (1) to document implementation and facilitate “real-time” learning and process improvement; and (2) to assess the program’s progress toward goals and capture program outcomes and impacts.

[LINK TO SURVEY HERE]

For more information about the survey, please contact JBS International at 800-207-0750 or email at PublicHealthAmeriCorpsEval@jbsinternational.com.

SCREENER

Your participation in the survey is greatly appreciated. This is an opportunity for you to share your experiences related to Public Health AmeriCorps.

Are you the best person in your organization to complete a short survey about the Public Health AmeriCorps grant?

- a. Yes [GO TO CONSENT]
- b. No [GO TO bc]
 - bc. Full name of the best contact person to complete the survey _____
 - bd. Email address of the best contact person _____
 - be. Phone number of the best contact person _____

Thank you for your participation. If you have any questions, you can reach the JBS evaluation team at

Email _____ Phone number _____

CONSENT:

Before we proceed to the survey, we need your consent to participate. JBS will report survey responses in the aggregate and will not reveal the identify or the responses for any specific grantee or organization. Your responses about your organization’s Public Health AmeriCorps grant will remain confidential. Participation in the survey will not affect any decisions about your program. The survey will take approximately 30 minutes to complete. The JBS evaluation team may also contact you within the next month to participate in a remote focus group to explore in depth topics related to program implementation that will facilitate “real-time” learning and process improvement. You can withdraw your participation in the data collection activities at any time.

- 1. Do you agree to participate in the survey?
 - a. Yes, I agree [GO TO Q1]
 - b. No, I do not agree [END SURVEY]

Program Design and Implementation

Please answer the following question about your organization Public Health AmeriCorps program [INSERT NAME OF PROGRAM IF ALL GRANTEES HAVE PROGRAM NAME OR LEAVE GENERIC]

1. Which of the following best describes your Public Health AmeriCorps program?
 - a. It is a new intervention or service [A new intervention is an intervention that your organization specifically developed for the Public Health AmeriCorps grant. This new intervention has not been implemented in the communities your organization is serving or other communities.] [GO TO Q2]
 - b. It is an expansion of an existing intervention or service [This could be expanding an intervention your organization is already implementing, or it can be an existing intervention from another program or another organization.] [GO TO Q3]
 - c. It is improving the quality of an existing intervention [Improving quality may be of an existing intervention your organization is already implementing in the communities to be served, or it can be an existing intervention from another program or another organization in other communities] [GO TO Q3]
 - d. Other, please specify [GO TO Q3]

2. How did your organization identify the public health needs to address with the Public Health AmeriCorps grant? Please answer this question for all communities your organization is serving with the Public Health AmeriCorps grant. [CHECK ALL THAT APPLY]
 - a. Conducted a community needs assessment
 - b. Discussed and met with community and neighborhood leaders
 - c. Reviewed health data for the community or neighborhood
 - d. Gathered community input (e.g., surveys, focus groups, forums, working-groups, meetings)
 - e. Please explain other ways the organization identified the public health needs
 - f. I don't know how the public health needs were identified

3. Which of the following best describes how your Public Health AmeriCorps program meets the needs of the community(ies)? [SELECT ONE]
 - a. Brings in needed health services that were not available
 - b. Expands capacity to health services and/or organizations
 - c. Helps serve more people
 - d. Helps employ community members

- e. Helps bring awareness of health issues/preventative health care
- f. Promotes community advocacy and engagement
- g. Links community members to existing health resources / increases knowledge of health resources that already exist in the community
- h. Trains people to be health care workers
- i. Provides diversity to existing staff
- j. Other, specify
- k. Other, specify
- l. Other, specify
- m. I don't know

Communities Served with the Public Health AmeriCorps Grants

Public Health AmeriCorps grantees describe the community(ies) they serve in different ways. Some grantees may provide services to certain demographic groups or at-risk health populations, and others might serve specific neighborhoods. Please select the characteristics that represent the community(ies) your program serves.

4. Which of the characteristics and health conditions represent the population that receives services from your Public Health AmeriCorps program? [SELECT ALL THAT APPLY]

	YES
a. Race and ethnicity	
b. Immigration status	
c. Income / poverty status	
d. Sexual orientation/sexual identify status	
e. Employment	
f. Newborn aged less than 1 year	
g. Infants and toddlers age 1-5	
h. Children age 6-11	
i. Adolescents aged 12-17	
j. Young adults aged 18-26	
k. Older adults aged 55 and above	
l. Teen mothers	
m. Maternal health	

n. Housing/unhoused status	
o. At risk/vulnerable populations, please specify _____	
p. Cisgender	
q. Transgender	
r. Genderfluid	
s. Non-binary	
t. Health conditions, specify	
u. Substance use	
v. Behavioral health needs	
w. Disability status, specify	
x. Uninsured/ Underinsured	
y. Medicaid	
z. Medicare	
aa. Other, please specify	
bb. Other, please specify	
cc. Other, please specify	

Recruitment, Retention, and Training of Public Health AmeriCorps Members

The following questions ask about the Public Health AmeriCorps members your organization plans to recruit or has recruited.

- Which strategies does your organization use to recruit Public Health AmeriCorps members from the community(ies) it serves? Please select the best response for each strategy listed.

Recruitment strategy	Did not use	Yes use it and it was effective AND IS SUSTAINABLE	Yes use it and it was effective BUT NOT SUSTAINABLE	Yes use it but was NOT
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				effective
a. Local high schools				
b. Local colleges, universities or other institutions				
c. Career fairs				
d. Advertising (e.g., LinkedIn, Indeed, Idealist, local newspaper)				
e. Organization's own social media				
f. Informational webinars or application workshops				
g. Public transportation serving the community and neighborhood				
h. AmeriCorps social media or other materials (e.g., brochures, videos, graphics, customizable fliers)				
i. AmeriCorps portal				
j. Word of mouth				
k. Offer incentives to candidates (e.g., transportation or housing support)				
l. Hire program recruiter				
m. Train staff on recruitment strategies/techniques				
n. Post flyers/public postings in target community and neighborhood				
o. Other ways the organization recruits from the community/neighborhood, specify				

p. Other ways the organization recruits from the community/neighborhood, specify				
q. Other ways the organization recruits from the community/neighborhood, specify				

6. Did you review the Public Health AmeriCorps External Communications Toolkit pamphlet?

- a. Yes
- b. No [GO TO Q8]
- c. I did not receive it [GO TO Q8]

7. Does the Public Health AmeriCorps External Communications Toolkit include what your organization needs to support member recruitment?

- a. Yes
- b. No, please describe what would support your member recruitment targets

8. Are there specific qualifications your organization look for when recruiting Public Health AmeriCorps members.

- a. Yes, please describe the three most important qualifications your organization look for (for example: demonstrate teamwork, strong oral and written communication, knowledge of public health needs in their communities)
 - a1. _____
 - a2. _____
 - a3. _____
- b. No, when recruiting for Public Health AmeriCorps grant the organization does not require any specific qualifications
- c. Don't know

9. What are the three most common skills your members are trained on before they start their service? (for example: advocating to reduce health inequities, communication skills to engage with community partners, evidence based decision to improve health)
- _____
 - _____
 - _____
 - Members do not have specific training or skills before they start their service
10. Does your organization provide members with training that may help them prepare for a public health professional certification?
- YES, please describe the training that will help members prepare for a public health professional certification
 - NO
 - Don't know
11. Does your organization provide members with internship credit?
- YES please describe your organization's internship structure
 - NO
 - Don't know
12. Does your organization provide each member with a mentor during their term of service?
- YES please describe your organization's mentorship structure
 - NO
 - Don't know

Professional Support and Potential Career Pathways for Public Health AmeriCorps members

Please answer the following questions about the type activities Public Health AmeriCorps members will do during their service.

13. What are the three most common public health activities that your members will do during their service? Please indicate how each activity impacts your organization and the community(ies).

Public health activity members do (For example: community	Expand type of services offered	Expand staff capacity	Serve more people	Other	Other
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outreach, collect and analyze data)					
a. _____					
b. _____					
c. _____					

14. Where are members carrying out their service activities?

- a. within the organization
- b. local or state health department,
- c. community-based organization,
- d. community colleges
- e. coalitions
- f. high schools
- g. other, please specify
- h. other, please specify
- i. other, please specify

Please answer the following questions about the type of work Public Health AmeriCorps members could pursue after completing their service with your organization.

15. Please describe the three most important public health skills members will gain during their service? (For example: training in public health policy analysis, use data for decision making, community outreach)

- a. _____
- b. _____
- c. _____

16. Please describe the top three occupations you anticipate members may seek (or may qualify for) after they complete their service. (For example: community health worker, social worker, outreach specialist)

- a. _____
- b. _____
- c. _____

17. Are the service site(s) potential sources of employment for members?

- a. YES
- b. NO
- c. Don't know

18. What types of support do you provide (or intend to provide) members **during their service**? (For example: career development, accessing AmeriCorps member benefits, setting career goals)

- a. _____
- b. _____
- c. _____

Grantee Partnerships

19. Public Health AmeriCorps grantees engage different partners as part of their program. What type of partners does your organization engage with as part of their Public Health AmeriCorps program [SELECT ALL THAT APPLY]

- a. Our organization is not seeking partners for its Public Health AmeriCorps program [GO TO Q22]
- b. Our organization has not yet formed partnerships for its Public Health AmeriCorps program [GO TO Q22]

Your organization partners for Public Health AmeriCorps	Formal	Informal
c. local or state health departments		
d. community-based organizations		
e. faith-based organizations		
f. community colleges		
g. Four-year colleges and universities		
h. coalitions		
i. high schools		
j. other partnerships, please specify		

20. What roles do the partners play in your Public Health AmeriCorps program? [SELECT ALL THAT APPLY]

- a. Training of members
- b. technical assistance to our organization

- c. member service assignment/host site for members
- d. mentor members
- e. curriculum development for member training
- f. support with monitoring and reporting
- g. provide funding to the organization
- h. support program evaluation activities
- i. support data collection activities
- j. support outreach and recruitment of members
- k. other, specify

21. Are there particular strategies or practices that helped your organization establish partnerships?

- a. Yes, please describe: _____
- b. No, no specific strategies to help establish partnerships

22. Are there specific challenges your organization faces in establishing partnerships?

- a. Yes, please briefly describe your organization's challenges (For example: sustaining partner's interest and engagement, limited staff hours from partners, building community recognition with partners)_____
- b. There are no challenges

23. What has been most useful in overcoming these challenges? [100 characters limit]

- a. Please briefly describe how your organization overcame these challenges _____
- b. Please briefly describe if your organization has not overcome these challenges

Thank you again for taking the time to participate in the Public Health AmeriCorps survey.

The JBS evaluation team will only use your responses for research and statistical purposes. For purposes of tracking the survey's response will you confirm your organization's contact information?

24a. Name of your organization _____

24b. Your First Name: _____

24c. Your Last Name: _____

24d. Your work Phone: _____

24e. Your work Email: _____