

Attachment 2: RPHWTNP Grantee Baseline Survey

Question No.	Question	Skip Logic	Response Options	Required	Valid Response Restriction
<p>This survey is designed to collect baseline data from grantees that have been awarded funds for the Rural Public Health Workforce Training Network Program (RPHWTNP) through the Health Resources and Services Administration (HRSA). The following questions will ask information about program plans and activities. Information collected from this survey will be utilized by the Federal Office of Rural Health Policy (FORHP) to understand the existing landscape of rural health training networks, prior to award funding on August 1, 2022. Should you have any questions regarding this survey, please direct your questions to your HRSA Project Officer.</p>					
<p>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. The OMB control number for this information collection is 0915/0906-XXXX and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit (42 U.S.C. § 254c(f) (§ 330A(f) of the Public Health Service Act); Section 2501 of the American Rescue Plan Act of 2021 (P.L. 117-2) via the following funding opportunity: HRSA-22-117). Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.</p>					
General					
1	Please select the name of your lead grantee organization.		Drop-down (32 grantees)	*	
2	Which workforce training track(s) has/have been selected for this program?		Matrix response, 5 tracks (Track 1: Community Health Support, Track 2: Health IT and/or Technical Support, Track 3: Community Paramedicine, Track 4a: Case Management, Track 4b: Respiratory Therapists) x 3 columns (Formally selected in application, Informally selected, Not applicable/Not selected)	*	
Consortium (Training Network)					
General Text	<p>The following questions will ask about information relating to the training network, or consortium, that your organization has created/ is creating for the RPHWTNP.</p> <p>Internal consortium members are organizations that have signed a memorandum of understanding, or MOU, with the lead grantee organization for the purposes of the RPHWTNP.</p> <p>External consortium members are organizations that have not signed a MOU, but will work with the lead grantee organization in some capacity for the purposes of the RPHWTNP.</p>				

3	How many total (both internal and external) entities, or consortium members, will be involved in this organization's training network throughout the duration of this program? Please enter a numeric value.		Free-text	*	numeric, 1-100
4	Will any of the above entities, or consortium members, be responsible for the delivery of training content?	Skip to Q5	Yes	*	
		Skip to Q6	No		
5	Please provide the names of organizations outside of your consortium (external organizations/ entities) that will be responsible for the delivery of training content?		N/A - there will be no organizations outside of our consortium that will be responsible for the delivery of training content.	*	max 500 characters
			The following external organizations will be responsible for the delivery of training content (please include 1 organization per line): [Free-text required]		
6	Which types of organizations (both internal and external) will be involved in this consortium throughout the duration of this program? Please select all that apply.		Area Health Education Center (AHEC)	*	
			community-based organization (CBO)		
			health center or FQHC		
			health department		
			hospital/health system (including critical access)		
			nonprofit or not-for-profit organization		
			other health care provider		
			state office of rural health (SORH)		
	university/academic institution				
7	Are there any types of organizations that will be involved with this consortium not listed in the previous question? Please specify.		No	*	
			Yes, the following types of organizations were not listed in the previous question: [Free-text]		
Training					

General Text	<p>The following questions will ask about information relating to the trainings that are provided through the Rural Public Health Workforce Training Network program. Training is defined as competency-based high-quality education, training, and other services, that:</p> <p>a.) aligns with the skill needs of the workforce training tracks identified in the Rural Public Health Workforce Training Network Program (RPHWTNP);</p> <p>b.) prepares an individual (trainee) to be successful in any of a full range of secondary or postsecondary education options, including apprenticeships;</p> <p>c.) includes, as appropriate, education offered concurrently with and in the same context as workforce preparation activities and training for a specific occupation or occupational cluster;</p> <p>d.) organizes education, training, and other services that are culturally and linguistically competent to meet the particular needs of an individual (trainee) in a manner that accelerates the educational and career advancement of the individual (trainee) to the extent practicable;</p> <p>e.) helps an individual (trainee) enter or advance within a specific occupation or occupational cluster as listed in the RPHWTNP.</p> <p style="text-align: right;">For the purposes of this survey, a “training” refers to a type of content-based training, and not a unit of training or modality of training. For example, if a consortium is providing a motivational interviewing training on Monday’s, Wednesday’s, and Thursday’s, this is considered as one training. If a consortium is providing a motivational interviewing training in person on Monday, virtually on Wednesday, and in person on Friday, this is still considered as one training.</p>				
Current Training Offerings	<p>Current training offerings are trainings that already exist within the framework of the consortium and were offered prior to August 1, 2022. The following questions will ask about the trainings that are already being offered by the consortium.</p>				
8	Does your training network or consortium, currently offer , or have access to an organization that offers, training programs for the tracks that were selected in question 2?	Skip to Q13	No	*	
			Yes		
9	How many trainings does your organization currently offer relating to, or supporting professionals working in:			*	
	1. Community Health Support (such as Community Health Workers)		Free-text + numeric		numeric only
	2. Health IT/Telehealth Technical Support		Free-text + numeric		numeric only
	3. Community Paramedicine		Free-text + numeric		numeric only
	4a. Case management		Free-text + numeric		numeric only
	4b. Respiratory Therapists		Free-text + numeric		numeric only
10	For which topics are trainings currently offered through your consortium?		Multi-select (20 options from training list)	*	

11	Are there additional trainings offered by your consortium not listed in the previous options?		No	*	
12	What types of credentials or certificates are currently offered for these training programs? Please select all that apply.		Associate Degree (please specify): [free-text Billing and Coding Specialist Certified Doula: Birth Doula, Antepartum Doula, Postpartum Doula, End of Life Doula Certified Health Care Interpreter Certified Nurse Assistant Certified Respiratory Therapist (CRT) / Registered Respiratory Therapist Clinical Medical Assistant/ Certified Medical Assistant Community Health Worker certification Electronic Health Records (EHR) Specialist EMT: Basic, Intermediate, Advanced, General (no specific level) Paramedic/ Mobile Integrated Health Patient Navigator and/or Peer Support Specialist certification Pulmonary Rehabilitation Certificate Something else: Please specify [free-text]	*	
Future Offerings	Future training offerings are trainings that did not already exist within the framework of the training network, or consortium as of August 1, 2022 . The following questions will ask about the future trainings that the consortium will offer to trainees throughout the duration of the RPHWTN.				
13	How many new trainings does your training network, or consortium, plan to offer relating to, or supporting professionals working in the tracks selected: (If this organization does not anticipate offering additional trainings, please indicate this by entering "0")			*	

	1. Community Health Support (such as Community Health Workers)		Free-text + numeric		numeric only
	2. Health IT/Telehealth Technical Support		Free-text + numeric		numeric only
	3. Community Paramedicine		Free-text + numeric		numeric only
	4a. Case management		Free-text + numeric		numeric only
	4b. Respiratory Therapists		Free-text + numeric		numeric only
14	What trainings does your consortium plan to offer ?		Multi-select (20 options from training list)	*	
15	Are there trainings that your consortium plans to offer which are not listed in the previous options?		No	*	
			Yes, our consortium plans to offer trainings on additional topics such as (please enter 1 training per line): [free-text]		
16	What credentials or certificates does this training network, or consortium, plan to offer for completion of these training programs? Please select all that apply.		Associate Degree (please specify): [free-text	*	
			Billing and Coding Specialist		
			Certified Doula: Birth Doula, Antepartum Doula, Postpartum Doula, End of Life Doula		
			Certified Health Care Interpreter		
			Certified Nurse Assistant		
			Certified Respiratory Therapist (CRT) / Registered Respiratory Therapist		
			Clinical Medical Assistant/ Certified Medical Assistant		
			Community Health Worker certification		
			Electronic Health Records (EHR) Specialist		
			EMT: Basic, Intermediate, Advanced, General (no specific level)		
			Paramedic/ Mobile Integrated Health		
			Patient Navigator and/or Peer Support Specialist certification		
			Pulmonary Rehabilitation Certificate		
	Something else: Please specify [free-text]				
17	Throughout this program, will any efforts be made to equip trainees with the skills necessary to support delivery of care for patients with long COVID-19 ?		Yes		
		Skip to 20	No	*	

18	What efforts will your program make in equipping trainees with the skills necessary to support delivery of care for patients with long COVID-19 ?		Free-text		500 character max
19	Throughout this program, will any efforts be made to equip trainees with the skills necessary to support patients in need of behavioral health care services ?		Yes		
		Skip to 22	No	*	
20	What efforts will your program make in equipping trainees will the skills necessary to support patients in need of behavioral health care services ?		Free-text		500 character max
Access & Equity					
22	In what languages will trainings be offered? Select all that apply.		Multi-select. English, Spanish	*	
			Not listed here. Please specify (1 language per line):		
23	In what formats will trainings be offered?		Multi-select + Free-text; web-based (live), web-based (self-paced), in-person, other	*	
24	How does your organization define "cultural responsiveness and racial equity?" (Note: This definition does not need to be extensive. FORHP is using this information so that we may better understand the context of your responses.)		Free-text	*	500 character max
25	How likely is cultural responsiveness and racial equity to be accounted for in the trainings that will be offered through your training network, or consortium?		Likert Scale (Extremely unlikely - Extremely likely)	*	
26	Please provide some examples of strategies your training network or consortium, is using to incorporate cultural responsiveness and racial equity in the trainings that will be offered.		Free-text	*	
Trainees					
General Text	The following questions will ask about information relating to the types of individuals that trainings are available to within the RPHWTNP.				

27	How many of the following individuals does the training network, or consortium, plan on making trainings available to in the tracks selected? (Please enter a number in each box.)			*	
	a. currently employed		Matrix: Individual type (currently employed individuals, non-employed individuals) x track selected (within consortium, outside of consortium).		Numeric only
	b. individuals		Matrix: Individual type (currently employed individuals, non-employed individuals) x track selected (within consortium, outside of consortium).		Numeric only
Costs					
General Text	The following questions will ask about information relating to costs associated for trainings administered through the training network, or consortium, within the RPHWTNP.				
28	Will trainees be required to pay any fees out of pocket to attend any trainings that will be offered through this program?	Skip to Q30	Yes	*	
		Skip to Q31	No		
		Skip to Q33	Not sure		
29	Please indicate the reason why your organization is not sure whether trainees will be required to pay out-of-pocket costs to attend trainings offered through the RPHWTNP.		Additional funding has not yet been secured		
			Program contracts have not yet been finalized		
			Other - please specify: [free-text]		
30	Please indicate the range of fees associated with attending trainings offered through this program.		Cost per training min: free-text, cost per training max: free-text	*	Numeric only
31	Are there any trainings offered at a reduced cost as a result of HRSA's funding?		No		
			Unsure		
			Yes. Training costs will be reduced by the following dollar (\$) amount: [free-text]		
			Yes. Training costs will be reduced by the following percentage (%) : [free-text]	*	

32	How many trainings will be offered at a reduced cost as a result of HRSA's funding?		Slider		Jan-50
33	Out of the funding received from HRSA, does your organization plan to provide any of the following to individual(s) enrolled in this training program: (Select all that apply).	Skip to Q34	Scholarships for trainings	*	
			Transportation		
			Childcare		
			Food assistance		
			Internet/ Internet access		
			Equipment (computer, headphones, tablets, etc.)		
			Other. Please specify [free-text]		
			None of the above.		
34	What is the total amount of funding in scholarships that your organization plans to distribute?		Free-text		Numeric only
Funding					
General Text	The following questions will ask about information relating to funding, and funding sources, for your activities within the RPHWTNP.				
35	Is HRSA the primary funding source your organization will utilize to implement this program?		Yes	*	
			No		
36	Does your organization anticipate receiving additional, or supplementary, funding outside of HRSA's funding to support your efforts in this program?	Skip to Q38	No	*	
			Yes		
37	What other funding sources are you using, or anticipate to using, to support your efforts in this program?		I prefer not to answer/ Free-text		
Skills					

38	In building a stronger workforce, how would you rate the importance of the skills listed below? Please rate on a scale of 1 (not at all important) to 5 (very important).			*	
	Technical Skills				
	Benefits counseling		Likert scale (not at all important - extremely important)		
	Billing and coding		Likert scale (not at all important - extremely important)		
	Case management		Likert scale (not at all important - extremely important)		
	Contract management		Likert scale (not at all important - extremely important)		
	CPR/AED		Likert scale (not at all important - extremely important)		
	Crisis intervention		Likert scale (not at all important - extremely important)		
	Math and science		Likert scale (not at all important - extremely important)		
	Physical strength		Likert scale (not at all important - extremely important)		
	Programming		Likert scale (not at all important - extremely important)		
	Service coordination		Likert scale (not at all important - extremely important)		
	Soft Skills				
	Analytical		Likert scale (not at all important - extremely important)		
	Coordination		Likert scale (not at all important - extremely important)		
	Critical thinking		Likert scale (not at all important - extremely important)		
	Decision making		Likert scale (not at all important - extremely important)		
	Listening		Likert scale (not at all important - extremely important)		
	Interpersonal		Likert scale (not at all important - extremely important)		

	Problem-solving		Likert scale (not at all important - extremely important)		
	Time management		Likert scale (not at all important - extremely important)		
	Verbal communication		Likert scale (not at all important - extremely important)		
	Written communication		Likert scale (not at all important - extremely important)		
39	Please list up to 5 additional skills not previously mentioned that your consortium prioritizes with respect to one more specific training tracks.		Free-text, up to 5 options	*	