

Attachment 3: RPHWTNP Grantee Follow-up Survey

Question No.	Question	Skip Logic	Response Options	Required	Valid Response Restriction
<p>This survey is designed to collect follow-up 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 ongoing program activities. Data should be entered biannually throughout the period of performance. Information collected from this survey will be utilized by the Federal Office of Rural Health Policy (FORHP) to understand a snapshot of your program activities. 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 0.125 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	What is 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 x 3 columns: formally selected in application, informally selected, N/A	*	
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) network organizations/ entities, or consortium members, are currently involved in this organizations training network? Please enter a numeric value.		Free-text	*	numeric, 1-1000

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>For the purposes of this survey, a "training" refers to a type of content-based training and not a unit of training or format of training. (e.g., 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>				
4	To date, how many trainings have been offered through the RPHWTNP? <i>(Please enter a number in each box.)</i>		free-text 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)	*	Numeric only
5	To date, which of the following topics has your consortium offered trainings for through the RPHWTNP? <i>(Please select all that apply).</i>		Multi-select, 20 options from training list	*	
6	Are there additional trainings that have been offered by your consortium not listed in the previous options?		No	*	
			Yes, our consortium has offered trainings on additional topics such as (please enter 1 training per line):		

7	What types of credentials or certificates have been awarded for the trainings offered to date?		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]		
	None of the above.				
Trainees					
General Text	The following questions will ask about information relating to the types of individuals that trainings are available to within the RPHWTNP.				
8	To date, how many trainees have completed trainings that have been offered through the RPHWTNP?		Free-text Matrix response, 5 tracks x 3 columns: formally selected in application, informally selected, N/A	*	Numeric only
9	How many of the following individuals has the consortium made trainings available to in the tracks selected?			*	

	a. currently employed individuals		Matrix: Individual type (currently employed individuals, non-employed individuals) x track selected (within consortium, outside of consortium).		Numeric only
	b. non-employed individuals		Matrix: Individual type (currently employed individuals, non-employed individuals) x track selected (within consortium, outside of consortium).		Numeric only
Access & Equity					
10	To date, what languages have trainings be offered in?	Skip to Q12	Multi-select. English, Spanish	*	
		Skip to Q11	Not listed here		
11	To date, what modalities have trainings been offered in?		Multi-select + Free-text; web-based (live), web-based (self-paced), in-person, other (please indicate all languages that you do not see an option for above)	*	
Costs					
General Text	The following questions will ask about information relating to costs associated for trainings administered through training networks within the RPHWTNP.				
12	Out of the funding received from HRSA, has your organization provided any of the following to one or more individuals enrolled in this program to date? (Select all that apply.)	Skip to Q13	Scholarships for trainings	*	
		Skip to Q14	Transportation		
		Skip to Q14	Childcare		
		Skip to Q14	Food assistance		
		Skip to Q14	Internet/ Internet access		
		Skip to Q14	Equipment (computer, headphones, tablets, etc.)		
		Skip to Q14	Other. Please specify [free-text]		
		Skip to Q14	None of the above has/have been provided to any individuals in the RPHWTNP to date.		

13	What is the total amount of funding (\$) in scholarships that your organization has distributed?		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.				
14	Is HRSA the primary funding source your organization will utilize to implement this program?		Yes	*	
			No		