PRA Questions for the Community Engagement Network

ATW Health Solutions

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# **Anticipated Level of Burden for CEN**

CEN Meetings

The CEN meetings will be 120 minutes. We anticipate asking 3 - 5 questions, depending on the depth and breadth of the answers. The facilitators will also encourage multiple respondents’ answers to the same question.

# **Community Engagement Network (CEN) Proposed Questions**

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| **Table 1: Community Engagement Network (CEN) Proposed Questions** | | | |
| **Trends Analysis**  **(April-May)** | **Scenario Development-** Will review the 10-15 scenarios prompts and Drivers  **(May-June)** | **Backcasting-**  **(August-September)** | **Strategy Development-** Will be provided with scenarios to consider  **(September-December)** |
| What current or emerging trends that may drive the future of health care are missing? | Which future scenarios are most critical for BPHC and health centers to be prepared for? | What actions will BPHC, health centers, and other organizations need to take to respond to potential futures? | Implications Wheel: “If this scenario event happens, what will happen in the political environment? |
| What aspects of these trends should be further explored? | How reasonable is it to believe the spectrum of choices in each scenario prompt may occur? | How can health centers ensure the sustainability of their operations and address potential challenges to their operations and address potential challenges to their financial viability? | Implications Wheel: “If this scenario event happens, what will the implications be for historically underserved populations? |
| Do the presented [workforce] trends accurately represent what you are seeing as emerging in primary health care? | Will the uncertainties reflected in the scenario prompts highly impact the health care environment once they become reality? | What steps can be taken by BPHC and health centers to promote community partnership and engagement to support health care initiatives? | After the group is provided the Scenarios for review:  SWOT Analysis  **Strengths**: What organizational strengths are identified or assumed in these scenarios?  **Weaknesses**: What organizational weaknesses are identified or assumed in these scenarios?  **Opportunities**: What opportunities present themselves in the scenario? How do they change over time?  **Threats**: What threats present themselves in the scenario? How do they change over time? |
| What trends do you see in the current health care workforce? | In what ways do these potential scenarios take into account the lived experiences of diverse groups? How can they be adapted to better take the experiences of historically underserved groups? |  |  |
| Who is most impacted by the trends in the health care workforce? Are any groups disproportionately impacted? |  |  |  |
| How will changing patient demographics impact the services and resources community health centers provide? |  |  |  |

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|  | Do the presented [health care delivery] trends accurately represent what you are seeing as emerging in primary health care? | In what ways do these potential scenarios take into account the lived experiences historically underserved groups? | What are the implications for patients and community stakeholders, particularly those who may be traditionally underrepresented or marginalized? |
|  | What aspects of health care delivery should be further explored? |  |  |
| **Special Populations** | **Trends Analysis**  **(April-May)** | **Scenario Development**  **(May-June)** | **Strategy Development**  **(September-December)** |
|  | What is preventing you from receiving high quality health care? | From the perspective of migrant and seasonal agriculture workers and people experiencing homelessness, which future scenarios are most critical for BPHC, health centers, and communities to be prepared for? | From the perspective of migrant and seasonal agriculture workers and people experiencing homelessness,  **Strengths**: What organizational strengths are identified or assumed in these scenarios?  **Weaknesses**: What organizational weaknesses are identified or assumed in these scenarios?  **Opportunities**: What opportunities present themselves in the scenario? How do they change over time?  **Threats**: What threats present themselves in the scenario? How do they change over time? |
|  | What current and emerging changes in your community promote health and wellness? | If this scenario happened what would be the impact on special populations? | If this scenario happened what would be the impact on migrant and seasonal agriculture workers and people experiencing homelessness? |
|  | What are the current and emerging social trends in your community impacting how community health centers deliver care? | In what ways do these potential scenarios take into account the lived experiences of special populations? |  |
|  | What are the current and emerging demographic changes in your community impacting how community health centers deliver care? |  |  |
| **Subject Matter Experts** | **Trends Analysis**  **(April-May)** | **Scenario Development**  **(May-June)** | **Strategy Development**  **(September-December)** |
|  | What are the current and emerging social trends in your community impacting how community health centers deliver care? | From your perspective as an SME, which future scenarios are most critical for BPHC, health centers, and communities to be prepared for? | From your perspectives as a SME,  **Strengths**: What organizational strengths are identified or assumed in these scenarios?  **Weaknesses**: What organizational weaknesses are identified or assumed in these scenarios?  **Opportunities**: What opportunities present themselves in the scenario? How do they change over time?  **Threats**: What threats present themselves in the scenario? How do they change over time |
|  | Do the presented health care costs trends accurately represent what you are seeing as emerging in primary health care? | Will the uncertainties reflected in the scenario prompts highly impact the health care environment and communities once they become reality? | If this scenario happened what would be the impact on primary health care? |
|  | What aspects of the cost of health care should be further explored? | How can these scenarios be adapted to better account for the experiences of historically underserved groups? |  |
| **TTA Partners** | **Trends Analysis**  **(April-May)** | **Scenario Development**  **(May-June)** | **Strategy Development**  **(September-December)** |
|  | What are the current and emerging social trends in your community impacting how community health centers deliver care? | Which future scenarios are most critical for BPHC, health centers, and communities to be prepared for? | From your perspective as a TTA partner,  **Strengths**: What organizational strengths are identified or assumed in these scenarios?  **Weaknesses**: What organizational weaknesses are identified or assumed in these scenarios?  **Opportunities**: What opportunities present themselves in the scenario? How do they change over time?  **Threats**: What threats present themselves in the scenario? How do they change over time |
|  | Do the presented health/medical misinformation trends accurately represent what you are seeing as emerging in primary health care? | Will the uncertainties reflected in the scenario prompts highly impact the health care environment and communities once they become reality? | If this scenario happened, what would be the impact on primary health care and the technical assistance needed by health centers? |
|  | What aspects of health/medical misinformation should be further explored? | In what ways do these potential scenarios take into account the lived experiences of diverse groups? How can they be adapted to better take the experiences of historically underserved groups? |  |