

## Grantee Survey

OMB Control Number: XXX (Expires XX/XX/XX)

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?

- 1. Yes [GO TO CONSENT]
- 0. 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 identity of or the responses from any specific grantee or organization. Your responses about your organization's Public Health AmeriCorps grant will remain private. 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?

- 1. Yes, I agree [GO TO Q1]
- 0. 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 previously implemented in the communities your organization is serving or other communities).
  - b. It is an existing intervention or service (E.g., expanding or improving the quality of an existing intervention).

[SKIP to Q3]

c. Other, please specify:

\_\_\_\_\_ [70-character limit]

[SKIP to

Q3]

2. How did your organization identify the public health needs it should address with the Public Health AmeriCorps grant? Please answer this question for all communities your organization is serving with the Public Health AmeriCorps grant. **Select all that apply.**
  - a. Conducted a community needs assessment (including research activities or recognizing service gaps)
  - b. Met and spoke with community or neighborhood leaders
  - c. Worked with partners or stakeholders to identify community needs
  - d. Reviewed health data from the community or neighborhood
  - e. Gathered community input (e.g., surveys, focus groups, forums, working-groups, meetings)
  - f. Other way(s), please specify:

\_\_\_\_\_ [70-character limit]

g. Don't know

3. Which of the following best describes how your Public Health AmeriCorps program meets the needs of the community(ies)? **Select all that apply.**
- a. Brings in needed health services that were not available
  - b. Expands capacity for 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 (i.e., resource navigation)
  - h. Raises awareness of health resources that already exist in the community
  - i. Trains people to be health care workers
  - j. Other, please specify:  
\_\_\_\_\_ [70-character limit]
  - k. Don't know
4. Which of the following does your organization use to measure program progress or program effectiveness? *If your organization uses other methods or tools not listed here, please specify up to three of them.*
- a. Community stakeholder surveys, feedback forms, or interviews
  - b. Internal performance tracking tools
  - c. Member experience surveys, feedback forms, or interviews
  - d. Partner surveys, feedback forms, or interviews (excluding service sites where members conduct service activities)
  - e. Program evaluation conducted by an external partner
  - f. Program evaluation conducted internally
  - g. Service site supervisor surveys, feedback forms, or interviews (where members conduct service activities)
  - h. Another method or tool, please specify one:  
\_\_\_\_\_ [70-character limit]
  - i. Another method or tool, please specify one:  
\_\_\_\_\_ [70-character limit]
  - j. Another method or tool, please specify one:  
\_\_\_\_\_ [70-character limit]

**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 type(s) of community(ies) your program serves.

**5. Which of the following describes the population(s) that receives services from your Public Health AmeriCorps program? **Select all that apply.****

	YES
a. Racial/ethnic minorities	
b. Immigrant population	
c. Low-income population	
d. Unemployed population	
e. LGBTQIA+ population	
f. Children or adolescents less than 18 years old	
g. Young adults 18-26 years old	
h. Older adults 55 and above	
i. Teen mothers	
j. Expectant mothers or new mothers	
k. Homeless/unhoused population	
l. Rural community(ies)	
m. Military veterans	
n. Population(s) with certain health condition(s), please specify health condition(s) [70-character limit]: _____	
o. Substance use disorder	
p. Behavioral health needs	
q. Disabled population	
r. Uninsured/underinsured population	
s. Medicaid population	
t. Medicare population	
u. Other, please specify [70-character limit]: _____	

**Recruitment, Retention, Training, and Service Activities of Public Health AmeriCorps Members**

The following questions ask about member recruitment and Public Health AmeriCorps members your organization has hosted.

6. Which locations or strategies did your organization use to recruit Public Health AmeriCorps members? Please select the best response for each strategy listed.

Recruitment location/strategy	We did not use	Yes, we used it and it was effective AND SUSTAINABLE	Yes, we used it and it was effective BUT NOT SUSTAINABLE	Yes, we used it but it was NOT effective
a. Local high schools				
<b>b.</b> Local colleges, universities, or other post-secondary academic institutions				
<b>c.</b> Career fairs				
d. Handshake job search site				
<b>e.</b> Other job search sites (e.g., LinkedIn, Indeed)				
<b>f.</b> Your organization's own social media				
<b>g.</b> Informational webinars or application workshops				
<b>h.</b> Offline advertisements (e.g. poster, flyer, billboard, newspaper/magazine/radio ad)				
<b>i.</b> AmeriCorps social media or other materials (e.g., brochures, videos, graphics, customizable fliers)				

j. AmeriCorps portal				
k. Word of mouth				
l. Offering incentives to candidates (e.g., transportation or housing support)				
m. Hiring an internal program recruiter				
n. Training internal staff on recruitment strategies/techniques				
o. Hiring a marketing firm				
p. Other location/strategy, please specify:  _____ [70-character limit]				

7. Where does your organization recruit members from?
- a. From the same geographic area(s) served by our organization
  - b. From the same demographic(s) or group(s) of people our organization serves (e.g., age group, race/ethnicity, income level, health conditions)
  - c. Both
  - d. Neither, please briefly describe where members are recruited from:  
\_\_\_\_\_ [70-character limit]
  - e. Don't know

8. Has your organization experienced challenges with member recruitment?
- a. Yes
  - b. No [SKIP to Q10]
  - c. Don't know [SKIP to Q10]

9. Please briefly describe the challenges with member recruitment.
- \_\_\_\_\_ [200-character limit]

10. Did you review the *Public Health AmeriCorps External Communications Toolkit* pamphlet?
- 1. Yes

0. No

[SKIP to Q13]

99. Did not receive it

[SKIP to Q13]

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

1. Yes [SKIP to Q13]

0. No

12. Please briefly describe what your organization needs from Public Health AmeriCorps to support member recruitment.

\_\_\_\_\_ [200-character limit]  
\_\_\_\_\_

13. Which of the following skills or experiences does your organization **require** when recruiting Public Health AmeriCorps members? **Select all that apply.**

- a. Bachelor's degree
- b. Basic computer skills (including experience with Microsoft Office programs)
- c. Communication skills
- d. Cultural awareness skills
- e. Current college student or some college education
- f. Mental health counseling experience
- g. Multilingual, please specify desired language(s) other than English:

\_\_\_\_\_ [70-character limit]

- h. National service or community service experience
- i. Patient care experience (either clinical or non-clinical)
- j. Public health experience
- k. Social services experience
- l. Substance use counseling experience
- m. Teamwork skills
- n. Writing skills
- o. Other required skill(s) or experience(s), please specify:

\_\_\_\_\_ [70-character limit]

- p. We do not require specific skills or experiences

14. Does your organization currently have at least one active Public Health AmeriCorps member?

a. Yes

b. No, but we've had an active member in the past

- c. No, and we have not had an active member in the past [SKIP to Q29]

15. Does your organization provide members with a mentor during their term of service?

1. YES, please briefly describe your organization's mentorship structure:  
\_\_\_\_\_ [70-character limit]

0. NO

99. Don't know

16. What trainings or resources does your organization offer to members to prepare them **for their service activities**? Please provide 1-3 different examples of trainings or resources. It is not necessary to describe them in detail.

a. \_\_\_\_\_ [70-character limit]

b. \_\_\_\_\_ [70-character limit]

c. \_\_\_\_\_ [70-character limit]

d. Don't know

e. We do not provide training/resources to prepare members for service activities

17. Which of the following program areas are your members' service activities related to? **Select all that apply.**

- a. Chronic/non-communicable diseases
- b. Clinical services (excluding mental health services)
- c. Communicable diseases
- d. Community health (including resource navigation)
- e. Community partnership building (developing/strengthening relationships between organizations)
- f. COVID-19 relief efforts
- g. Disability services
- h. Emergency preparedness
- i. Environmental health
- j. Epidemiology
- k. Global health
- l. Health education (including food/nutrition education)
- m. Health promotion
- n. Injury prevention/violence prevention
- o. Maternal and child health
- p. Mental health or suicide prevention
- q. Program/policy evaluation



- r. Program/policy implementation (e.g., implementing health department policies)
- s. Substance use (including tobacco control or harm reduction)
- t. Other, please specify:

\_\_\_\_\_ [70-character limit]

18. What are the service activities your members do to support your organization's goals? **Select all that apply.**

- a. Collect data to assess the health or social needs of communities or community members
- b. Analyze quantitative (numerical) or qualitative (text) data
- c. Present analytical findings to stakeholders or organizational partners
- d. Help local, county, state, county, or tribal health department implement policies or programs
- e. Educate community members on health improvement or disease prevention (including the dissemination of education materials)
- f. Connect community members to health services or social service programs (e.g., food stamps, housing assistance, disability assistance, supplemental income program)
- g. Support the provision of mental health services (e.g., scheduling patients, supporting mental health counseling sessions, facilitating group therapy sessions)
- h. Answer suicide prevention calls, texts, or chats
- i. Support the provision of substance use counseling services
- j. Support the provision of clinical services (e.g., scheduling patients, providing medical or non-medical care to patients, administering vaccinations)
- k. Support COVID-19 recovery, testing, or vaccination services
- l. Coordinate/facilitate community events, classes, or workshops related to public health (including nutrition classes/workshops)
- m. Coordinate or manage dissemination of newsletters, flyers, or other communications
- n. Provide/facilitate mentoring services
- o. Other activity(ies), please specify:

\_\_\_\_\_ [70-character limit]

19. Where do your organization's members carry out their service activities? **Select all that apply.**

- a. College campus
- b. Community health organization (excluding healthcare facilities)
- c. Crisis call center
- d. Early childhood education center
- e. Elementary school

- f. Federally Qualified Health Center (FQHC)
- g. Food distribution center
- h. Government agency (other than a health department)
- i. Healthcare facility (other than FQHCs and hospitals)
- j. High school
- k. Homeless shelter
- l. Hospital
- m. Local, county, state, or tribal health department
- n. Long-term care facility
- o. Middle school/junior high school
- p. Nursing home
- q. Public health institute
- r. Public housing authority or agency
- s. Recreation center
- t. Religious institution (e.g., church, synagogue, mosque)
- u. Other location(s), please specify:  
 \_\_\_\_\_ [70-character limit]

20. How much of an impact have your members' service activities had on the community(ies) your organization serves?

- a. No impact
- b. Slight impact
- c. Moderate impact
- d. Substantial impact
- e. Not sure

21. Which of the following trainings, courses, webinars, or information sessions (e.g., presentations, meetings) does your organization offer members during their service? **Select all that apply.**

- a. Community health worker (CHW) training
- b. Courses or training on core public health concepts
- c. Health equity training/webinar/presentation
- d. Health policy analysis training
- e. Mental health counseling training
- f. Nursing training
- g. Participation in meetings with partners or stakeholders
- h. Public health career pathways webinar/presentation/information session
- i. Research process training (e.g., data collection, data analysis, research methods, research ethics)
- j. Social determinants of health training/webinar/presentation
- k. Substance use counseling training
- l. Other(s), please specify:  
 \_\_\_\_\_ [70-character limit]

22. Which of the following competencies does your organization expect members to gain during their Public Health AmeriCorps service? **Select all that apply.**
- a. Assessing the health status of a community or population
  - b. Describing factors that affect the health of a community or population
  - c. Collecting, analyzing, or managing quantitative data
  - d. Collecting, analyzing, or managing qualitative data
  - e. Implementing or evaluating a health policy or program
  - f. Communicating with internal and external audiences
  - g. Recognizing the diversity of individuals and populations
  - h. Addressing systemic and structural barriers that contribute to health inequities
  - i. Understanding the importance of a diverse and inclusive public health workforce
  - j. Establishing or maintaining community partnerships to improve community health and resilience
  - k. Collaborating with community members and organizations
  - l. Using scientific evidence to develop or improve a health program or intervention
  - m. Helping create key values and a shared vision for an organization
  - n. Other skill(s), please specify:  
\_\_\_\_\_ [70-character limit]

### **Professional Support and Career Support for Public Health AmeriCorps Members**

Please answer the following questions about the professional and career support provided to members during their service.

23. Which of the following types of support/resources does **your organization** provide to members during their term of service? **Select all that apply.**
- a. Accessing AmeriCorps member benefits
  - b. Accessing health benefits
  - c. Financial literacy training
  - d. Meal stipend
  - e. Transportation stipend
  - f. Peer support groups
  - g. Education planning

- h. Job opportunity within the organization
- i. Career counseling
- j. Career fair/job fair
- k. Networking opportunities with individuals who work in public health
- l. Practice (“mock”) interview
- m. Resume/cover letter workshop
- n. Other type(s) of support, please specify:  
\_\_\_\_\_ [70-character limit]

24. Please select the public health jobs/occupations your organization’s members may qualify for after they complete service. **Select all that apply.**

- a. Clinical provider (e.g., physician, registered nurse, physician assistant)
- b. Community health worker (CHW)
- c. Community outreach coordinator/specialist
- d. Healthcare case manager
- e. Health policy analyst
- f. Health program analyst
- g. Mental health counselor
- h. Nutritionist/dietician
- i. Public health physician or nurse
- j. Recovery coach or peer support specialist
- k. Social worker (including clinical social worker)
- l. Substance use counselor
- m. Suicide prevention interventionist
- n. Other job(s)/occupation(s), please specify:  
\_\_\_\_\_ [70-character limit]

25. Are the service site(s) (where members conduct their service activities) potential sources of employment for members after service?

- 1. YES
- 0. NO
- 99. Don’t know

26. Members may face challenges and barriers during their service. Which of the following may pose a challenge or barrier for members during their service?

	<b>Yes, this may</b>	<b>No, this is not</b>	<b>Not sure</b>
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	<b>be a challenge/barrier for members during service.</b>	<b>a challenge/barrier for members during service.</b>	
Transportation needed to serve	( )	( )	( )
The AmeriCorps stipend not being sufficient to cover their expenses while serving	( )	( )	( )
Finding sufficient health insurance coverage	( )	( )	( )
Their comfort level communicating in English	( )	( )	( )
Their comfort level communicating with a non-English speaker	( )	( )	( )
Limited options for affordable housing during service	( )	( )	( )
Personal safety in the communities they serve	( )	( )	( )
Not having the skills or knowledge related to their role	( )	( )	( )
Balancing service hours with school, work, or other	( )	( )	( )

educational/profession al commitments			
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[SKIP to Q29 if “No” or “Not sure” for each row]

27. Which of the challenges/barriers impact member retention (i.e., members completing their service term)? **Select all that apply.**

- a. Transportation needed to serve
- b. The AmeriCorps stipend not being sufficient to cover their expenses while serving
- c. Finding sufficient health insurance coverage
- d. Their comfort level communicating in English
- e. Their comfort level communicating with a non-English speaker
- f. Limited options for affordable housing during service
- g. Personal safety in the communities they serve
- h. Not having the skills or knowledge related to their role
- i. Balancing service hours with school, work, or other educational/professional commitments
- j. Other challenge(s) or barrier(s), please specify:  
\_\_\_\_\_ [70-character limit]
- k. Don't know

28. Please briefly describe how your organization has helped members address some of those challenges/barriers.

\_\_\_\_\_  
\_\_\_\_\_ [200-character limit]

### **Grantee Partnerships**

29. Public Health AmeriCorps grantees may engage different partners as part of their program. Does your organization engage any partners as part of their Public Health AmeriCorps program?

- a. Yes, our organization engages partners
- b. Our organization is not seeking partners for its Public Health AmeriCorps program [SKIP to Q33]
- c. Our organization has not yet formed partnerships for its Public Health AmeriCorps program [SKIP to Q33]

30. What types of partners does your organization engage with as part of its Public Health AmeriCorps program? **Select all that apply.**

a. Another AmeriCorps program, please specify which one(s):

\_\_\_\_\_ [70-character limit]

- b. College/university
- c. Community health organization (excluding healthcare facilities)
- d. Crisis call center
- e. Early childhood education center
- f. Elementary school
- g. Federally Qualified Health Center (FQHC)
- h. Healthcare facility (other than FQHCs and hospitals)
- i. High school
- j. Homeless shelter
- k. Hospital or hospital system
- l. Law enforcement or fire department
- m. Local, county, state, or tribal health department
- n. Marketing firm
- o. Middle school/junior high school
- p. Nonprofit foundation
- q. Pharmacy
- r. Public health institute
- s. Public housing authority or agency
- t. Workforce development firm
- u. Other type(s) of partner(s), please specify:

\_\_\_\_\_ [70-character limit]

31. What roles do the partners play in your Public Health AmeriCorps program? **Select all that apply.**

- a. Train members or assist with member training (including curriculum development)
- b. Onboarding of members (including background checks)
- c. Service site for members (where members conduct service activities)
- d. Mentor members
- e. Support members with their service activities
- f. Support outreach and recruitment of members
- g. Technical assistance to our organization
- h. Support with monitoring and reporting
- i. Provide funding to our organization
- j. Support program evaluation activities
- k. Support data collection activities
- m. Other role(s), please specify:

\_\_\_\_\_ [70-character limit]

32. What were the strategies or practices that helped your organization **establish** partnerships?  
**Select all that apply.**

- a. Applications or proposals from prospective partners
- b. Formal agreements with prospective partners
- c. Joining community coalitions
- d. Leveraging existing partnerships or networks
- e. Networking events
- f. Outreach to stakeholders
- g. Word of mouth
- h. Other strategy(ies), please specify:  
\_\_\_\_\_ [70-character limit]
- i. No specific strategies helped establish partnerships

33. Which of the following have been challenges or barriers when **establishing** partnerships?  
**Select all that apply.**

- a. AmeriCorps grant restrictions/stipulations
- b. Awareness or understanding of Public Health AmeriCorps among prospective partners
- c. Budget constraints at our organization
- d. Bureaucracy within prospective partners
- e. Contracting process with prospective partners
- f. Differences between our organization's mission/goals and those of prospective partners
- g. Insufficient funding among prospective partners
- h. Interest in Public Health AmeriCorps among prospective partners
- i. Qualifications or experience level of prospective partners
- j. Staff capacity at our organization
- k. Staff capacity within prospective partners
- l. Staff turnover within prospective partners
- m. Other challenge(s)/barrier(s), please specify:  
\_\_\_\_\_ [70-character limit]
- n. There have been no challenges/barriers in establishing partnerships [SKIP TO Q35]

34. What has been most useful in overcoming these challenges in **establishing** partnerships?  
**Select all that apply.**

- a. Active communication/engagement with prospective partners (e.g., information sessions, outreach, marketing)
- b. Collaboration with our organization's AmeriCorps portfolio manager
- c. Educating prospective partners about Public Health AmeriCorps (including program benefits)



- d. External consultants or liaisons
- e. Hiring or training internal staff to help establish partnerships
- f. Offering financial incentives to prospective partners
- g. Recognizing the limitations of prospective partners
- h. Other, please specify:

[70-character limit]

- i. We have not overcome the challenges/barriers with establishing partnerships.

35. 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?

35a. Name of your organization \_\_\_\_\_

35b. Your First Name: \_\_\_\_\_

35c. Your Last Name: \_\_\_\_\_

35d. Your work Phone: \_\_\_\_\_

35e. Your work Email: \_\_\_\_\_

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

Email \_\_\_\_\_ Phone number \_\_\_\_\_