Attachment B: RPHWTNP Grantee Exit Survey

Question No.	Question	Skip Logic	Response Options	Required	Valid Response Restriction
This survey is designed to collect exit/completion 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 completed program activities. Data should be collected after grantees have completed programs, after the period of performance ends. Should you have any questions regarding this survey, please direct your questions to your HRSA Project Officer.					
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 **0915/0392** and it is valid until **8/31/2026**. 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.					
General					
1	Please select the name of your lead grantee organization.		Drop-down (32 grantees)	*	
2	Which workforce training track(s) was/were selected for this program?		Matrix response, 5 tracks x 3 columns: formally selected in application, informally selected, N/A	*	
Consortium (Training Network)					
General Text	The following questions will ask about information relating to the training network, or consortium, that your organization has created for the RPHWTNP. 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. 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.				
3	How many total (both internal and external) network organizations/ entities, or consortium members, were involved at the end of the RPHWTNP? Please enter a numeric value.		Free-text	*	numeric, 1-100
4	Were any of the above network members, or consortium members, responsible for the	Skip to Q6	No	*	
			Yes		

	delivery of training content?				
5	Please provide the names of organizations **outside** of your consortium (external consortium members) that were responsible for the delivery of training and training content?		Free-text		max 500 characters
6	Which types of organizations (both internal and external) were involved in this consortium throughout the duration of this program? (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	Were there any types of network members, or consortium members, within your consortium not listed in the previous question? Please specify.		No	*	
			Yes, the following types of organizations were not listed in the previous question:		

Training

General Text	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: a.) aligns with the skill needs of the workforce training tracks identified in the Rural Public Health Workforce Training Network Program (RPHWTNP); b.) prepares an individual (trainee) to be successful in any of a full range of secondary or postsecondary education options, including apprenticeships; 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; 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; e.) helps an individual (trainee) enter or advance within a specific occupation or occupational cluster as listed in the RPHWTNP. 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.					
8	How many **total trainings** did your training network, or consortium, offer through the RPHWTNP in the tracks selected:		Free-text Matrix response, 5 tracks x 3 columns: formally selected in application, informally selected, N/A		*	
9	**What trainings** did this training network, or consortium, offer throughout the duration of the RPHWTNP?		Multi-select (20 options from edited training list)		*	
10	Were there **additional trainings** offered by your consortium not listed in the previous options? (please enter 1 entry per line)		No		*	
			Yes, our consortium offered trainings on additional topics such as (please enter 1 training per line): [free-text]			
11	What credentials or certificates did this training network, or consortium, **offer for completion** of these training programs?		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			
			Clincal 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]			

12	Throughout this program, were any efforts made to equip trainees with the skills necessary to support delivery of care for patients with **long COVID-19?**		Yes		
		Skip to Q14	No	*	
13	What efforts were made in equipping trainees with the skills necessary to support delivery of care for patients with **long COVID-19?**		Free-text		500 character max
14	Throughout this program, were any efforts made to equip trainees with the skills necessary to support patients in need of **behavioral health care services?**		Yes		
		Skip to Q16	No	*	
15	What efforts were made in equipping trainees will the skills necessary to support patients in need of **behavioral health care services**?		Free-text		500 character max
Access					
16	In what **languages** were trainings offered? (Select all that apply.)		English	*	
			Spanish		
			Not listed here. Please specify (1 language per line):		
17	In what **formats** were trainings offered? (Select all that apply.)		In-person, live	*	
			Web-based, live		
			In-person, self-paced		
			Web-based, self-paced		
			Not listed above. Please specify: [free-text]		
18	Please provide some **examples of strategies** your training network, or consortium, utilized to ensure the trainings offered were responsive to the needs of communities in your service area(s).		Our consortium **utilized the following strategies** to ensure trainings offered were responsive to the needs of communities in our service area(s):	*	
			Our consortium **did not utilize any strategies** to ensure trainings offered were response to the need of communities in our service area(s).		
Trainees					

General Text	The following questions will ask about information relating to the types of individuals that trainings were available to within the RPHWTNP.				
19	How many of the following individuals were trainings made available to in the tracks selected? *(For tracks that your organization did not select, please type "NA" under the column titled "Not applicable/ Not selected.")*			*	Numeric only
	a. currently employed		Matrix: Individual type (currently employed individuals, non-employed individuals) x track selected (within consortium, outside of consortium).		
	b. individuals		Matrix: Individual type (currently employed individuals, non-employed individuals) x track selected (within consortium, outside of consortium).		
20	Of those trained in the RPHWTNP, how many trainees successfully completed their trainings and **received a certification, degree, and/or other credential?** *(For tracks that your organization did not select, please type "NA" under the column titled "Not applicable/ Not selected.")*		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
21	Of those trained in the RPHWTNP, how many trainees were **hired** into employment with an organization **in the consortium?** *(For tracks that your organization did not select, please type "NA" under the column titled "Not applicable/ Not selected.")*		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
22	What is the **annual salary range offered** to trainees that were hired into employment **within the consortium**, through the following tracks: (Please enter numbers only. For example, "$36,000 should be written as "36000")		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 2 columns (Minimum Salary Offered, Maximum Salary Offered)	*	Numeric only

23	Of those trained in the RPHWTNP, how many trainees were **hired** into employment with an organization **outside of the consortium?** (For tracks that your organization did not select, please type "NA" under the column titled "Not applicable/ Not selected.")		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
24	What is the **annual salary range** offered to trainees that were hired into employment **outside of the consortium**, through the following tracks: (Please enter numbers only. For example, "$36,000 should be written as "36000")		Free-text Matrix response, 5 tracks (Track 1: Community Health Support, Track 2: Health IT and/or Technical Support, Track 3: Community Paramedicine, Track 4a: Case Management, Track 4b: Respiratory Therapists) x 2 columns (Minimum Salary Offered, Maximum Salary Offered)	*	Numeric only
Costs					
General Text	The following questions will ask about information relating to costs associated for trainings administered through the training network, or consortium, within the RPHWTNP.				
25	Were trainees required to pay any fees out of pocket to attend trainings that were offered through this program?		Yes	*	
		Skip to Q27	No		
26	Please indicate the range of fees associated with attending trainings offered through this program.		Cost per training min: free-text, cost per training max: free-text	*	Numeric only
27	Were there any trainings offered at a reduced cost as a result of HRSA's funding?		No		
			Unsure		
			Yes. Training costs will be reduced by the following **dollar ($)** amount: [free-text]		Numeric only
			Yes. Training costs will be reduced by the following **percentage (%)**: [free-text]	*	Numeric only
28	Out of the funding received from HRSA, did your organization ever provide any of the following to one or more individuals enrolled in this program? (Select all that apply.)		Scholarships for trainings	*	
		Skip to Q30	Transportation		
		Skip to Q30	Childcare		
		Skip to Q30	Food assistance		

		Skip to Q30	Internet/ Internet access		
		Skip to Q30	Equipment (computer, headphones, tablets, etc.)		
		Skip to Q30	Other. Please specify [free-text]		
		Skip to Q30	None of the above was/ were provided to any individuals in the RPHWTNP.		
29	What is the total amount of funding in scholarships that your organization distributed to trainees in this program?		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.				
30	Was HRSA the primary funding source your organization utilized to implement this program?		No	*	
			Yes		
31	Did your organization receive additional, or supplementary, funding **outside of HRSA's funding** to support your efforts in this program?	Skip to Q33	No		
			Yes	*	
32	What other funding sources were used to support your efforts in this program?		I prefer not to answer	*	
			Please describe other funding sources for this program. [Free-text]		
Sustainability					
General Text	The following questions will ask about information relating to sustainability of the RPHWTNP after the period of performance ends.				
33	Does your organization anticipate continuing the program and maintenance of the training consortium after HRSA's period of performance ends?	Skip to Q35	No		
			Yes	*	
34	How does your organization anticipate continuing the program?		Free-text		500 character max
35	What challenges hinder your organization's ability to continue the RPHWTNP? Please select all that apply.		Lack of funding	*	
			Low trainee participation		
			Limited partners to collaborate with		
			Challenges in managing partnerships		

Attachment 4: RPHWTNP Grantee Exit Survey

		Limited/decreased buy-in from organization leadership			
		Other. Please explain [free-text]			500 character max

36	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)		
37	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		