# **Attachment C: RPHWTNP Trainee Survey**

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| **Question No.** | **Question** | **Skip Logic** | **Response Options** | **Required** | **Valid Response Restriction** |
| The following survey is designed to assess information on behalf of the Health Resources and Services Administration (HRSA) for the Rural Public Health Workforce Training Network Program (RPHWTN) administered by the Federal Office of Rural Health Policy (FORHP). The purpose of this survey is to understand the population who may benefit from rural health training programs and the training needs of the those enrolled in this program. Please note that your responses within this survey are completely confidential and will never be shared with your employer, your training organization, or anyone outside of the Health Resources and Services Administration. |
| 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 **08/31/2026**. This information collection is **voluntary**. 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. |
| **Today's Training** |
| 1 | Are you participating/ did you participate in a training today? |  | No | **\*** |  |
|  | Yes |
| 2 | Did you receive this survey link due to your participation in a past training? | Skip to Q3 | No, I did not participate in a past training. | **\*** |  |
| Skip to Q4 | Yes, I did participate in a past training. |
| 3 | Please indicate how received this survey link. | Skip to end of survey. | Free-text |  | 250 character limit |
| 4 | We are only collecting data from individuals 18 and over for this program. Are you **under the age of 18**? |  | No, I am 18 years old, or older. | **\*** |  |
| Skip to end of survey. | Yes, I am under the age of 18. |
| 5 | Please indicate your age. |  | 18-19 years old | **\*** | Dropdown |
| 20-24 years old |
| 25-39 years old |
| 30-34 years old |
| 35-39 years old |
| 40-44 years old |
| 45-49 years old |
| 50-54 years old |
| 55-59 years old |
| 60-64 years old |
| 65-69 years old |
| 70-74 years old |
| 75-79 years old |
| 80-84 years old |
| 85+ years old |
| I prefer not to answer |
| 6 | What training did you complete? | Skip to Q8 | behavioral health | **\*** |  |
| care coordination |  |
| case management |  |
| community health workers |  |
| community paramedicine |  |
| COVID-related topics |  |
| community awareness |  |
| cybersecurity |  |
| doula services |  |
| electronic health records (EHR) |  |
| emergency medical technician (EMT) |  |
| health IT |  |
| HIPAA compliance |  |
| insurance benefits counseling |  |
| medical assistant |  |
| medical billing and coding |  |
| nursing |  |
| peer recovery/ peer support |  |
| respiratory care |  |
| telehealth |  |
| Skip to Q7 | None of the above. |  |
| 7 | Please indicate what training you completed. |  | Free-text |  |  |
| 8 | Was the content of this training new to you or was it information that you were already familiar with? Please rank your level of familiarity with the information presented in this training. The content of this training was… |  | Likert scale (Not familiar at all - Extremely familiar) | **\*** |  |
| 9 | Do you feel like you had access to all of the necessary resources to help you successfully complete this training? | Skip to Q10 | No | **\*** |  |
| Skip to Q11 | Yes |
| 10 | What resources would you have needed to help you be more successful in completing this training? |  | Free-text |  | 250 character limit |
| 11 | Do you feel that this training expanded your knowledge base and/or skill set? |  | No | **\*** |  |
|  | Yes |  |
|  | Unsure. Please explain [free-text] |  |
| 12 | How likely are you to use the knowledge/skills gained from this training in your current or future job? |  | Likert scale (Extremely unlikely - Extremely likely) | **\*** |  |
| **Demographics** |
| 13 | Please check all the following that you identify as: |  | White | \* |  |
| Black or African American |
| American Indian or Alaska Native |
| Asian |
| Native Hawaiian or Other Pacific Islander |
| I prefer a different term [free-text] |
| I prefer not to answer |
| 14 | Do you identify as Hispanic or Latino/Latina/Latinx? |  | Yes | \* |  |
| No |
| I prefer not to answer |
| 15 | What is the primary language that you speak **at home**? |  | English | \* |  |
|  | Spanish |  |
|  | Not listed here - please indicate what language you speak at home [free-text] |  |
| 16 | What language(s) do you speak **at work**? (Select all that apply.) |  | Free-text | \* |  |
| 17 | Where are you currently located? Please indicate the state and country where you currently live. |  | State [dropdown] | \* |  |
|  | County [dropdown] |  |
| 18 | What is the ZIP code where you currently live? |  | Free-text, numeric |  | 5 digits |
| **Background**  |
| 19 | What is the highest level of education you have completed? |  | High school diploma/ GED | \* |  |
| Associate's Degree |
| Bachelor's Degree |
| Postgraduate Degree - Master's Level. Please specify what degree: [free-text] |
| Postgraduate Degree - PhD Level. Please specify what degree: [free-text] |
| None of the above. |
| 20 | Have you completed any trainings or coursework in the past 5 years? | Skip to Q22 | No | \* |  |
|  | Yes |  |
| 21 | Which topics have you successfully completed trainings on in the past 5 years? These can include professional certifications, standalone trainings, etc. Select all that apply. | Skip to Q23 | behavioral health | \* |  |
| care coordination |  |
| case management |  |
| community health workers |  |
| community paramedicine |  |
| COVID-related topics |  |
| cultural competence |  |
| cybersecurity |  |
| doula services |  |
| electronic health records (EHR) |  |
| emergency medical technician (EMT) |  |
| health IT |  |
| HIPAA compliance |  |
| insurance benefits counseling |  |
| medical assistant |  |
| medical billing and coding |  |
| nursing |  |
| peer recovery/ peer support |  |
| respiratory care |  |
| telehealth |  |
| Skip to Q22 | None of the above. |  |
| 22 | Please indicate what other topics have you completed trainings on in the **past 5 years.** |  | Free-text |  | 250 character limit |
| 23 | Are you currently employed? |  | No, I am not currently employed. | \* |  |
|  | Yes, I am currently employed at **1 job.** |
|  | Yes, I am currently employed at **2 or more jobs.** |
| 24 | Please select your current type of employment:(Select all that apply.) |  | Part-time (less than 35 hours/week) | \* |  |
| Full-time (35 hours or more/week) |  |
| Contract |  |
| Self-employed |  |
| 25 | I currently work in the following industry/industries (select all that apply): | Skip to 27 | architecture and engineering | \* |  |
| arts and design |  |
| building and grounds cleaning |  |
| business and financial |  |
| community and social service |  |
| computer and information technology |  |
| construction and extraction |  |
| education, training, and library |  |
| entertainment and sports |  |
| farming, fishing, and forestry |  |
| food preparation and serving |  |
| Skip to 26 | healthcare and healthcare support |  |
| Skip to 27 | installation, maintenance, and repair |  |
| legal |  |
| life, physical, and social science |  |
| management |  |
| media and communication |  |
| military |  |
| office and administrative support |  |
| personal care and service |  |
| production |  |
| protective service |  |
| sales |  |
| transportation and material moving |  |
| 26 | You have indicated that you work in the healthcare and healthcare support industry. Please indicate which of the following best categorizes your current job:  |  | community health support | \* |  |
| health IT and/or telehealth technical support |  |
| community paramedicine |  |
| case management |  |
| respiratory therapist |  |
| None of these options describe my current job. My current job is: [free-text] |  |
| 27 | Please indicate your current annual salary range, including income for all jobs you currently work. |  | Less than $10,000 | \* |  |
| $10,000 - $19,999 |  |
| $20,000 - $29,999 |  |
| $30,000 - $39,999 |  |
| $40,000 - $49,999 |  |
| $50,000 - $59,999 |  |
| $60,000 - $69,999 |  |
| $70,000 - $79,999 |  |
| $80,000 - $89,999 |  |
| $90,000 - $99,999 |  |
| More than $100,00 |  |
| I prefer not to answer |  |
| 28 | Are you currently seeking new employment opportunities? |  | No, I am not seeking new employment opportunities. | \* |  |
| Skip to Q29 | Yes, I am seeking new employment opportunities. |  |
| 29 | What types of positions are you seeking employment in? (Select all that apply.) |  | administrative (i.e., receptionists, secretaries, administrative assistants, information clerk, general office clerks, etc.) | \* |  |
| community health support (i.e., community health workers, health education specialists, interpreters, translators, peer recovery specialists, substance use counselors, mental health counselors, etc.) |  |
| dental (i.e., dental assistants, dental hygienists, etc.) |  |
| financial (i.e., medical billing and coding, bill and account collectors, bookkeeping, accounting, auditing, financial clerks, etc.) |  |
| IT and computer specialty (i.e., health information technologists, computer support specialists, database administrators, information security analysts, cybersecurity specialists, network specialists, etc.) |  |
| medical support (i.e., home health aides, personal care aides, medical assistants, etc.) |  |
| medical technician (i.e., pharmacy technicians, radiologic technologists, diagnostic medical sonographers, etc.) |  |
| nursing (i.e., registered nurses (RN), licensed practical nurses (LPN), nurse anesthetists, nurse midwives, nurse practitioners, nursing assistants, orderlies, etc.) |  |
| paramedics and/or emergency medical technicians (EMT) |  |
| recordkeeping (i.e., medical records specialists, scribes, medical transcriptionists, etc.) |  |
| respiratory therapy |  |
| none of the above. Please specify what types of positions you are currently seeking employment in: [free-text] |  |
| **Accessibility** | The Americans with Disabilities Act (ADA) defines a person with a disability as someone who: "has a physical or mental impairment that substantially limits one or more major life activities, has a history or record of such an impairment (such as cancer that is in remission), or is perceived by others as having such an impairment (such as a person who has scars from a severe burn)." There are several types of disability including learning disabilities, intellectual disabilities, physical disabilities, mental/intellectual disabilities, etc. More information on the ADA can be found at https://www.ada.gov/.Reasonable accommodations are adjustments made that give people with disabilities an equal opportunity at achieving success. Examples of reasonable accommodations can be found at https://www.dol.gov/agencies/odep/program-areas/employers/accommodations. The following section will ask questions regarding your accessibility and accommodation needs. |
| 30 | Do you currently have, or anticipate having any accessibility and/or accommodation needs for this training? | Skip to 32 | No, I **do not** have any accessibility or accommodation needs. | \* |  |
| Skip to 31 | Yes, I **do** have accessibility or accommodation needs. |
| Skip to 32 | I prefer not to answer. |
| 31 | Did this training meet your accessibility and/or accommodation needs? |  | No, this training **did not** meet my accessibility and/or accommodation needs. | \* |  |
|  | Yes, this training **did** meet my accessibility and/or accommodation needs. |
|  | I prefer not to answer. |
| **Cost**  |
| 32 | Are you paying/ have you paid for this training? | Skip to Q35 | No, the training has been made available to me free of cost. | \* |  |
| Skip to Q34 | Yes, I am paying for the training completely on my own. |
| Skip to Q33 | Yes, but I am getting assistance with the cost |
| 33 | Which of the following best describes the source of this training cost assistance? (Select all that apply.) |  | My family members/ friends are assisting me with the training cost. | \* |  |
|  | The training program has subsidized some of the training cost. |  |
|  | My employer is assisting with some of the training cost. |  |
|  | My source of training cost assistance is something else. Please specify: |  |
| 34 | How much are you paying/have you paid for this training? |  | Slider | \* | $0 - 3000 |
| **Skills**  |
| 35 | Please rank how **strong** you feel your skills are in the following topics: |  |  | \* |  |
| **Technical Skills** | Likert scale (Very weak - Very strong) |
| Benefits counseling | Likert scale (Very weak - Very strong) |
| Billing and coding | Likert scale (Very weak - Very strong) |
| Case management | Likert scale (Very weak - Very strong) |
| Contract management | Likert scale (Very weak - Very strong) |
| CPR/AED | Likert scale (Very weak - Very strong) |
| Crisis intervention | Likert scale (Very weak - Very strong) |
| Math and science | Likert scale (Very weak - Very strong) |
| Physical strength | Likert scale (Very weak - Very strong) |
| Programming | Likert scale (Very weak - Very strong) |
| Service coordination | Likert scale (Very weak - Very strong) |
| **Soft Skills** |  |
| Analytical | Likert scale (Very weak - Very strong) |
| Coordination | Likert scale (Very weak - Very strong) |
| Critical thinking | Likert scale (Very weak - Very strong) |
| Decision making | Likert scale (Very weak - Very strong) |
| Listening | Likert scale (Very weak - Very strong) |
| Interpersonal | Likert scale (Very weak - Very strong) |
| Problem-solving | Likert scale (Very weak - Very strong) |
| Time management | Likert scale (Very weak - Very strong) |
| Verbal communication | Likert scale (Very weak - Very strong) |
| Written communication | Likert scale (Very weak - Very strong) |