

Program Completer Interview Protocol

Tribal HPOG Program Completers

The purpose of the interview is to obtain information from Participants who completed the program about their experiences with and perceptions of the tribal HPOG program. The following topics are addressed:

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All background information relevant to these topics will be consulted prior to the telephone interview in order to provide contextual information. The interviewer will also confirm the contact information for delivery of the respondent incentive.

Tribal HPOG program	<ul style="list-style-type: none"> ▪ Blackfeet Community College ▪ Cankdeska Cikana Community College ▪ Cook Inlet Tribal Council ▪ College of Menominee Nation ▪ Turtle Mountain 	Study ID	
Interviewed by		Date & time	

Directions to Interviewer: Obtain consent then read the following statement to the respondent:

Good morning/afternoon. My name is [insert name] and I work for NORC at the University of Chicago. NORC has been contracted by the Administration for Children and Families to evaluate the Health Professions Opportunities Grants in tribal communities. The program you participated in through [Grantee site name] is part of the Health Professions Opportunities Grants.

The Tribal HPOG Evaluation is a comprehensive evaluation of the design, implementation, and outcomes of the five Tribal HPOG programs. The interview questions will focus on your perceptions of the Tribal HPOG program, including the program design and curriculum, recruitment, supportive services, family engagement, the quality of instruction, educational attainment and employment outcomes of participants, implementation barriers and facilitators, and overall satisfaction. Your participation is voluntary, but it is very important because your responses will help us to improve the program. As explained in the consent form you signed, we will keep information about you private and you will not be identified in any report or publication of this study or its results. You may decline to answer any question you wish. If you have any questions, please let me know.

Program Structure

Have grantees incorporated structures necessary to enhance the health care workforce needs of the community?

Program Design and Curriculum

1. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 1a-1d] First, we are interested in learning about the curriculum of your program, such as academic lectures and internships, and in learning about ways in which the program was designed to meet your needs.*
 - a. What program did you participate in? Why did you choose this program?
 - Competencies to be developed (i.e., skill requirements of the target occupation)
 - Pre-requisites
 - Start and end dates.
 - Program location
 - Convenience
 - Accessibility
 - b. Did you find the tribal HPOG program to be relevant to your culture? Please describe.
 - c. Were your needs discussed? This may include needs related to your education, finding a job or any other social support needs. Were your family's needs discussed?
 - d. What career do you hope to pursue following this training? *Allied health, LTC, child care health advocate training, health IT, nursing.*

Skills and Competencies for Local Health Care Workforce

2. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 2a] Next we would like to learn about whether the training program provided you the skills needed to do a job in your community?*
 - a. Do you think the training program helped you develop the skills or ability to do a job needed in your community? Please describe.

Program Processes

Have grantees implemented processes to prepare participants for employment in the tribal health care sector?

Recruitment

3. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 3a-3f] Now we would like to learn about how you found out about the program and your decision to enroll in the program.*
 - a. Stepping back for a moment, can you tell us how you learned about the program?
 - b. Were you referred to the program? By whom?
 - c. Were you recruited to participate? By whom?
 - d. Did you talk to anyone about whether you were a good fit for the program? Do you feel that you received enough information about the program before you joined?
 - e. Did you have any concerns about the program? Did program staff address these concerns when you were joining the program?
 - f. Were you accepted? Wait-listed? Placed on a modified track?

Orientation to the Program

4. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 4a-4b] Building on the last questions, we would now like to discuss how you were introduced and welcomed to the program.*
 - a. Once enrolled, how were you welcomed or oriented to the program? What did the program staff do? Please describe.
 - b. Was this helpful? Please describe.

Supportive Services

5. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 5a-5g] Next, we would like to ask you some questions about the support services, such as transportation, mentoring, and other services, that were offered to you as part of the program.*
 - a. What kinds of services did you receive once you joined the program?
 - Social services (e.g., food stamps, childcare, transportation)
 - Employability services (e.g., essential skills, life skills, job readiness)
 - Employment related services (e.g., job development and placement, job coaching)
 - Retention services (e.g., mentoring)
 - Post-program supportive services (e.g., mentoring, peer support groups)
 - b. How did you learn about the support services that were available?
 - c. How did you go about seeking help?
 - d. Who provided this/these the service(s)?
 - i. The tribe (administration, departments, programs)?
 - ii. Tribal organizations?
 - iii. Non-tribal partners (IHS, local social services)?
 - e. Where were the supportive services provided? Onsite? Off-site?
 - f. Did these services meet your needs? What additional services would have helped you complete the program and/or find a job?
 - g. Did you receive financial support?
 - i. If yes: What support did you receive? (e.g., grant, student loan, work study, etc)

Family Education Model

6. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 6a-6b] We would now like to discuss any strategies that were used to inform your families about the program.*
 - a. Did the program engage your family in any way? If so, how? *Examples are provided information, participated in orientation, participated in college activities, provided support for studying, other.*
 - b. If your family did not participate, can you tell us why not? Did this affect your participation in the program in any way?

Quality of Instruction

7. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 7a-7c] Next we would like to hear your thoughts about your teachers and your classes.*
 - a. Were the teachers good?
 - b. Was the training content good?
 - c. Do you feel prepared to work in your chosen profession?

Program Outcomes

Is there evidence that participants in the program achieved successful employment and work force capacity building outcomes?

Educational Attainment

8. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 8a-8f] Next, we would like to learn if you earned a degree or certificate as a result of participating in the program and whether or not after you completed the program you pursued a licensure or certification issue through a state or industry entity.*
 - a. Did you earn a certificate or degree? If so, what certificate or degree or licensure did you earn?
 - b. If yes, specify which.
 - i. What program components (e.g. competency based curricula, supportive/cultural services, family education/engagement/employment and employability activities) were important to your success?
 - ii. What personal factors were important to your success?
 - iii. Do you have plans to continue your education?
 - c. If no, why not? What do you plan to do?
 - d. Did you pursue a state or industry licensure or certificate after completion of the program? Did you receive the licensure?
 - e. If yes specify which:
 - i. What program components (e.g. competency based curricula, supportive/cultural services, family education/engagement/employment and employability activities) were important to your success?
 - ii. What personal factors were important to your success?
 - iii. Do you have plans to continue your education?
 - f. If no, why not? What do you plan to do?

Employment Outcomes

9. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 9a-9d] Next we would like to learn about your employment prior to and after completion of the program.*
 - a. Did you have a job prior to participating in the program? If yes, were you working in a healthcare field?
 - b. Are you currently employed? Please indicate whether you are:
 - Employed full-time
 - Employed part-time
 - Serving internship
 - i. ***[If yes]***
 - What is your job?
 - Did the program help you find this job?
 - Is it in your chosen field?

- With what employers? *With tribe: In area/out of area; Other tribe; Non-tribal*
 - Where is it located? *Examples are Tribal health services, IHS, local health care provider, out of area*
 - How long have you been in your position?
 - Are you working with tribal populations?
 - Is it in your own tribal community?
 - Are you supervised or mentored while on the job/practicum site?
 - Have you advanced in this job—higher pay, more responsibilities, promotion? Do you think you will be able to advance in the future?
 - How does your salary compare to before participating in the program? Do you feel like your current salary is enough to provide for you and/or your family?
- ii. **[If no]**, why not?
- c. Did you continue to receive any support after you completed the program? If so, describe. *Examples are job retention and advancement supports (e.g., mentoring, peer support groups)*
- d. Was it hard to find a job in your tribal community? If so, please describe.

Employability Outcomes

10. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 10a-10c] We are now interested in learning ways in which the program has impacted your life.*
- a. In what other ways has your life changed, since enrolling/completing the program? *Examples are increased life skills, self efficacy, confidence, social supports*
 - b. Do you consider yourself more independent after completing the program?
 - c. Do you rely on other sources of financial and non-financial support?
 - TANF or tribal General Assistance
 - SNAP (food stamps), tribal Commodities
 - Child care subsidies
 - Transportation
 - Housing
 - Informal support
 - Other

Satisfaction with tribal HPOG program

11. *[READ ALOUD TO RESPONDENTS BEFORE ASKING 11a-11c] Finally, we would like to hear how satisfied you are with the program.*
- a. On a scale of 1 to 5, where 1 is ‘not satisfied at all’ and 5 is ‘very satisfied’, how satisfied are you with the program?
 - b. Did you meet your goals?
 - c. What would you say about the tribal HPOG program if you were asked by an interested family member or friend?

Recommendations for Program Improvement

12. Is there anything that you would change about the program that could be helpful to future participants?

Conclusion

13. Is there anything you would like to add before concluding the interview?

Thank you very much for your time. It has been a pleasure to speak with you.